

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

Annual Progress and Services Report

**Submitted to the U.S. Department of
Health and Human Services**

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FREQUENT ACRONYMS

APSR	Annual Progress Services Report
AREVA	Adoption Resource Exchange of Virginia
DBHDS	Virginia Department of Behavioral Health and Developmental Services
CAPTA	Child Abuse Prevention and Treatment Act
CASA	Court Appointed Special Advocate
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	Children's 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
EEAP	Employee Educational Award Program
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 Children's 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 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 seven 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;
- 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.

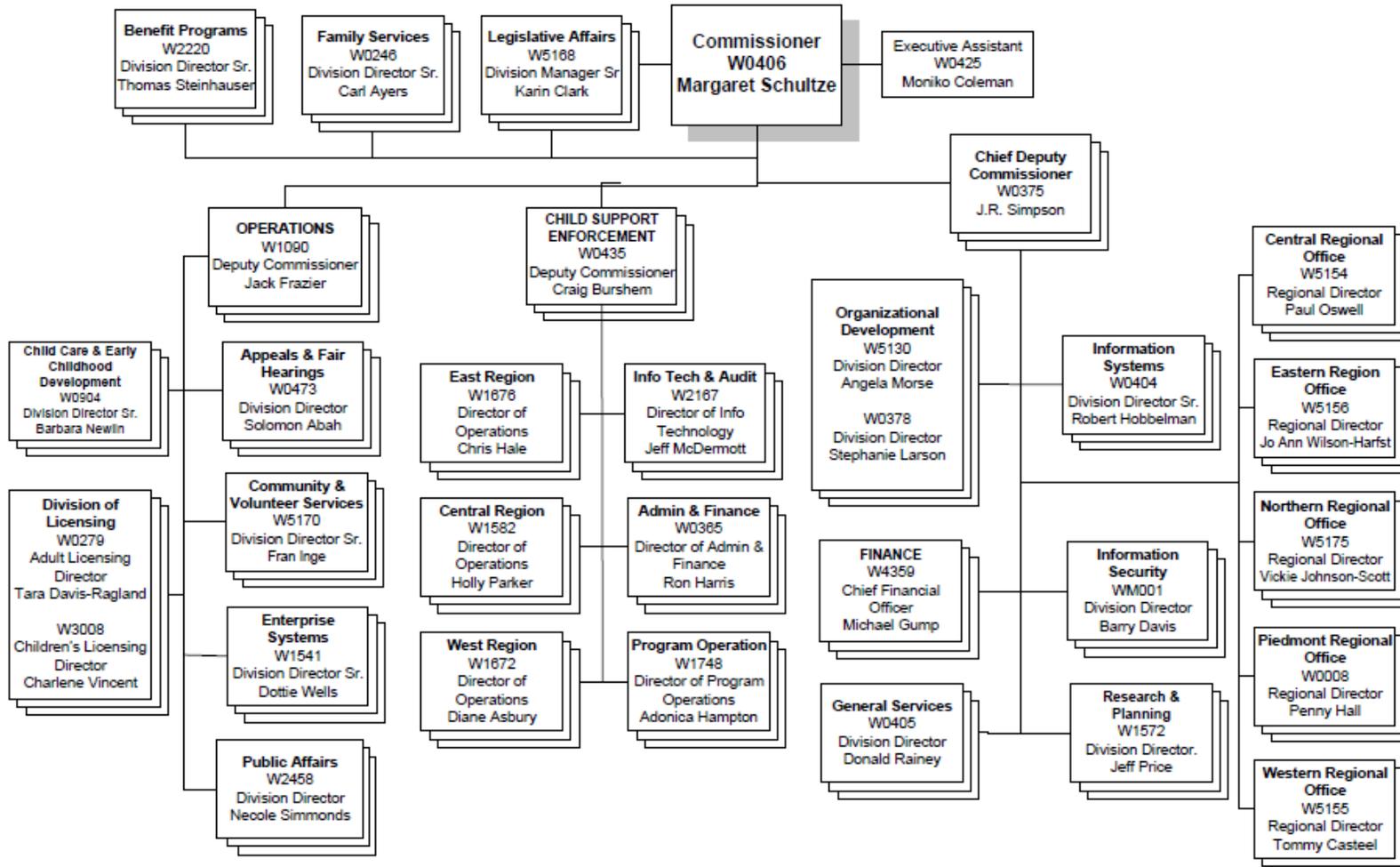
Division of Family Services

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, and practice. DFS leadership is committed to providing guidance, training, technical assistance and support to local agencies. DFS collaborates with state level partners in the following program areas:

- 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 presented on the following pages.

VIRGINIA DEPARTMENT OF SOCIAL SERVICES



VDSS Overview
2017
Rev. Mar. 13, 2017

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 report.

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.

The Court Appointed Special Advocate/Children's Justice Act (CASA/CJA) Advisory Committee, which serves as a Citizen Review Panel, is a subcommittee of the Criminal Justice Services Board and advises that board on the CASA program and the administration of the CJA in Virginia. The Advisory Committee to CASA and CJA Programs has served as a citizen review panel since 1999 and its primary focus is evaluation and recommendations concerning Child Protective Services (CPS) regulations, policies, and practices. The CASA/CJA Advisory Committee assisted VDSS on several aspects of the CPS program and collaborates with the creation of strategic plans.

VDSS also partners with the Office of Children’s Services (OCS), the Department of Education (DOE), the Department of Medical Assistance Services (DMAS), the Department of Behavioral Health and Developmental Services (DBHDS), 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). Work with DBHDS has included training for local workers on trauma-informed care and meeting the mental health and developmental services needs of foster youth transitioning into adulthood. VDSS works with CIP through several projects. 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. CIP has been involved with work around creation of a new service plan.

NewFound 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.” NewFound Families 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 the expansion of Medicaid for former foster youth to the age of 26.

The Pamunkey tribe became Virginia’s first federally recognized tribe on January 28, 2016. VDSS reached out to Robert Gray, Chief of the Pamunkey Tribal Government, in the first six months of 2016 to establish initial contact. While the Pamunkey are new to federal recognition and do not currently have child members of the Tribe, VDSS is dedicated to providing all relevant information and resources available to the tribes 203 members, and to strengthening collaboration with them. Additional information about Virginia’s collaboration with the tribes is described in Section III.G. Collaboration with Tribes.

VDSS applied for and received a second Three Branch Institute award in July 2016. The Three Branch Institute is sponsored by the National Governor’s Association with partnership from the National Conference of State Legislatures, Casey Family Programs, National Council of Juvenile and Family Court Judges and National Council of State Courts. The Three Branch Institute focuses on bringing all branches of government (judicial, executive, and legislative) together to achieve common goals. Virginia was selected through a competitive process as one of 8 participating states, leading the effort by partnering with the Virginia Department of Medical Assistance Services, the Virginia Department of Health, the Virginia Supreme Court, the Virginia House of Delegates, the Virginia Senate and several other community partners. The Institute’s central focus this year is improving child safety and reducing child fatalities. Virginia has elected to focus on children under the age of four, with a special focus on children

under the age of one, through the work of four primary goals: 1) Increase understanding of risk and protective factors that are predictive/associated with child maltreatment and child fatalities 2) Assess the effectiveness of existing screening, safety and risk tools and explore the development of new or expanded policies, practices and protocols 3) Strengthen existing efforts to enhance child safety through primary prevention and family engagement strategies across the systems and 4) Enhance child welfare recruitment and retention efforts in order to create and sustain a culture of safety in the workforce.

VDSS presented a webinar featuring the National Child Fatality Review Tool and its use by CPS for the investigations of child deaths. Goals for the participants included:

- Becoming familiar with the unique role and contribution of CPS to child fatality review teams in Virginia;
- Understanding the purpose of using a child fatality review tool;
- Knowing where to find and how to complete the tool;
- Recognizing the important and appropriate use of the Data Dictionary for the case report; and
- Practicing completion of the CPS portion of the tool.

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.

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 PROTECTIVE SERVICES

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 33,020 completed reports of suspected child abuse and neglect involving 49,868 children. There were 6,592 children in founded reports and 33,809 children in the Family Assessment Track. In SFY 2014 -2015, 48 children died as a result of abuse and neglect.

NOTE: The Virginia APSR 2015 reported incorrect information for the above description of Children Served. The information should be amended as follows. In SFY 2013-14, 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 2013-14, 47 children died as a result of abuse and neglect.

In SFY 2015-16, there were 51,327 children involved in 33,877 completed reports of suspected child abuse and neglect. Of those children, 6,429 were in a founded investigation; 9,255 were in an unfounded investigation; and 35,613 were in a family assessment. In SFY 2015-16, 46 children died as a result of abuse or 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.

Regional office staff provides technical assistance, case consultation, training, and monitoring to the 120 LDSS. LDSS staffs 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. Family Assessments account for 67% of all CPS responses throughout the state.

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; including Sex Trafficking. Virginia law now specifically includes Sex Trafficking in the definition of "child abuse and neglect." In addition, CPS guidance has been revised, the Court Improvement Program is adding related information to their training and VDSS has added a new training course CWSE4000: Identifying Sex Trafficking in Child Welfare.

CHILD ABUSE 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 provide home visiting services to new parents who are at-risk of child maltreatment in 82 communities across the state. Funding for the Healthy Families Programs will continue at level funding of \$9,035,501 for SFY 2017-18. Contracts to thirty-four (34) sites will be renewed based on a formula using the 2013 number of live births and the 2013 child abuse reports, weighted equally, for each service area. The program plans to fund an additional site once the community network and program infrastructure are positioned to fully support the program and its services. The goals of the Healthy Families Program 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.

2016 Update

For SFY 2016, a total of 21 programs supporting child abuse and neglect prevention were funded with federal Community-Based Child Abuse Prevention (CBCAP) (\$500,000), federal Child Abuse Prevention and Treatment Act (CAPTA) (\$150,000), and state funds from the Virginia Family Violence Prevention Program (\$500,000), totaling \$1,150,000 in combined funding to support evidenced-informed and evidenced-based programs and practices. Funded programs provide statewide or locally based primary and/or secondary prevention services targeting families and children who are at risk for child abuse and/or neglect. The prevention programs are varied in scope 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.

Twenty-one contracts were awarded representing the following geographic areas (two programs serve more than one region):

- Eastern - six programs serving: counties of, Franklin, Gloucester, Isle of Wight, York, James City, Prince George, South Hampton, Windsor and the cities of Chesapeake, Hampton, Newport News, Norfolk, Poquoson, Portsmouth and Williamsburg.
- Western - five programs serving: counties of Floyd, Giles, Lee, Montgomery, Pulaski, Scott and Washington and Wise; and the cities of Bristol, Norton and Radford.
- Northern - five programs serving: counties of Arlington, Caroline, Clarke, Fairfax, Frederick, King George, Loudoun, Prince William, Spotsylvania, Stafford and Warren; and the cities of Alexandria, Falls Church, Fredericksburg, Manassas, Manassas Park, and Winchester.
- Central - three programs serving: counties of Charles City, Hopewell, New Kent
- Piedmont - two programs serving: the county of Albemarle and the cities of Charlottesville and Roanoke.
- Statewide - two programs are designated as statewide Child Abuse and Neglect Prevention programs funded to provide services in multiple regions across Virginia.

2017 Update

For SFY 2017, a total of Twenty (20) programs supporting child abuse and neglect prevention were funded with federal Community-Based Child Abuse Prevention (CBCAP) (\$450,000), federal Child Abuse Prevention and Treatment Act (CAPTA) (\$150,000), and state funds from the Virginia Family Violence Prevention Program (\$500,000), totaling \$1,100,000 in combined funding to support evidenced-based and evidenced-informed programs and practices. Funded programs provide statewide or locally based primary and/or secondary prevention services targeting families and children who are at risk for child abuse and/or neglect. The prevention programs are varied in scope to address unmet, identified needs within the different communities. These services include parent education and support groups, child sexual abuse prevention, home visiting, and public awareness efforts. Twenty contracts were awarded representing the following geographic areas (two programs serve more than one region):

- Eastern - six programs serving: counties of, Franklin, Gloucester, Isle of Wight, York, James City, Prince George, South Hampton, Windsor and the cities of Chesapeake, Hampton, Newport News, Norfolk, Poquoson, Portsmouth and Williamsburg.
- Western - five programs serving: counties of Floyd, Giles, Lee, Montgomery, Pulaski, Scott and Washington and Wise; and the cities of Bristol, Norton and Radford.
- Northern - four programs serving: counties of Arlington, Caroline, Clarke, Frederick, King George, Loudoun, Prince William, Spotsylvania, Stafford and Warren; and the cities of Alexandria, Falls Church, Fredericksburg, Manassas, Manassas Park, and Winchester.
- Central - three programs serving: counties of Charles City, Hopewell, New Kent
- Piedmont - two programs serving: the county of Albemarle and the cities of Charlottesville and Roanoke.

- Statewide - two programs are designated as statewide Child Abuse and Neglect Prevention programs funded to provide services in multiple regions across Virginia.

CBCAP funds are distributed through a competitive Request for Application (RFA) process to distribute CBCAP, CAPTA and VFVPP funds cumulatively. Funding must be directed to statewide or locally-based primary and/or secondary child abuse and neglect prevention services. Funds were previously distributed using a similar Request for Proposals (RFP) process. The Child Abuse and Neglect Prevention Program Request for Proposals (RFP) were originally released on January 23, 2015. In SFY 2017, Twenty contracts totaling \$1,100,000 were renewed. Contracts for SFY 2018 will use the second (final) renewal available under the previous RFP. Contracts for SFY2018 will become effective on July 1, 2017.

Child Abuse Prevention Play: VDSS annually contracts with Virginia Repertory Theatre for the production and delivery of approximately 160 performances of the child sexual abuse prevention play “Hugs and Kisses” for children K-5 in elementary schools across Virginia. The play is a partnership between Virginia Repertory Theatre, PCAV, and VDSS. PCAV receives funding from a Virginia Repertory Theatre subcontract and from VDSS for coordination with LDSS and schools and continued evaluation of the program. VDSS and PCAV jointly provide training on child sexual abuse to each touring cast. In SFY 2015, approximately 48,000 children participated in one of the 145 performances of the child sexual abuse prevention play “Hugs & Kisses”. In the fall of 2015, there were 65 performances held in 43 schools reaching approximately 20,464 children.

2017 Update

In SFY 2016, 47,678 children participated in one of the 166 performances of the child sexual abuse prevention play “Hugs & Kisses” held in 106 schools.

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 the level 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, 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.

2016 Update

Thirty-six contracts were renewed for the SFY2016 in the amount of \$1,916,519. The funded programs provide expedited direct treatment services to child victims of abuse in the following geographic areas.

- Piedmont areas served: 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 6)

- Central areas served: counties of Chesterfield, Hanover, and Henrico; and the cities of Colonial Heights, Hopewell, Richmond, and Petersburg. (Total 6)
- Northern areas served: counties of Prince William, Spotsylvania, Stafford, Caroline, Arlington, Warren, Loudoun, King George, Fairfax and Rockingham; and the cities of Fredericksburg, Harrisonburg, and Alexandria. (Total 10)
- Eastern areas served: counties of Prince George, York, James City, and the cities of Suffolk, Norfolk, Williamsburg, Newport News, Hampton, Virginia Beach, Chesapeake, Portsmouth, and Franklin. (Total 8)
- Western areas served: counties of Lee, Scott, Montgomery, Pulaski, Buchanan, Wythe, Floyd, Giles, Bland, Wise, Tazewell, and Washington; and the cities of Norton, Bristol, and Radford. (Total 7)

The SFY2017 VOCA RFP was released on April 1, 2016; a total of \$1.7 million is available for funding under the current RFP. These proposals will be reviewed utilizing a multidisciplinary review committee on June 6-7, 2016. Recommendations for funding will be made and the selected programs will be funded effective July 1, 2016.

2017 Update

In SFY 2017, the Department of Criminal Justice Services (DCJS) separated the VOCA funding to VDSS into two categories, Purpose Area 1 for Children's Advocacy Centers (CAC's), and Purpose Area 2 for other specialized child abuse services. Currently, a combined total of 34 programs (Child Advocacy Centers and other/VOCA), utilizing \$3,127,340 in federal VOCA funds, support child abuse and neglect treatment services for child victims. An RFP was released on April 1, 2016 for a total of \$1.7 million for Purpose Area 2. Programs could apply for one or more categories: Continuation, Expansion and Evidence Based/Evidence Informed. A total of 19 programs were awarded funding for SFY 2017 in the following geographic areas:

- Piedmont areas served: 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.
- Central – areas served: counties of Chesterfield, Dinwiddie, Hanover, and Henrico; and the cities of Colonial Heights, Hopewell, Richmond, and Petersburg.
- Northern – areas served: counties of Prince William, Spotsylvania, Stafford, Caroline, Arlington, Warren, Loudoun, King George, Fairfax and Rockingham; and the cities of Fredericksburg, Harrisonburg, and Alexandria.
- Eastern- areas served: counties of Prince George, York, James City, Isle of Wight, and the cities of Suffolk, Norfolk, Williamsburg, Newport News, Hampton, Virginia Beach, Chesapeake, Portsmouth, and Franklin.
- Western – areas served: counties of Lee, Scott, Montgomery, Pulaski, Buchanan, Wythe, Floyd, Giles, Bland, Grayson, Wise, Tazewell, and Washington; and the cities of Norton, Bristol, Galax, and Radford.

VDSS anticipates funding for the nineteen VOCA to continue at level funding for SFY 2018 from the Department of Criminal Justice Services (DCJS). In April 2017, VDSS submitted an application to DCJS

for the continuation of funding. Once the application is approved, VDSS will renew contracts for the nineteen programs to continue to provide services to children who are victims of crime.

Child Advocacy Centers: There are currently 15 Child Advocacy Centers (CACs) 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.

2016 Update

Fifteen contracts were awarded to local CAC programs in FY 2016 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 – three programs serving the counties of Lee, Montgomery, Pulaski, Washington and Scott; and the cities of Radford, Norton, and Bristol.

The State funds in the amount of \$931,000 to support CACs and the Child Advocacy Center of Virginia (CACVA) were awarded in SFY 2016 based on a formula proposed by CACVA and approved by the General Assembly and the governor. The formula used subjective criteria including CAC certification level, rate of abuse/neglect, and localities served. In July 2016, CAC programs will receive an increase in state funding to \$1,231,000. In addition, local CAC programs will receive a total of \$1,425,000 in Victims of Crime Act (VOCA) funds based on the state funding formula. The increase in funding will enhance the current CAC programs and support expansion of the CAC model in Virginia. 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.

2017 Update

The State funds of \$1,231,000 to support CACs and the Child Advocacy Center of Virginia (CACVA) were awarded in SFY 2017 based on a formula proposed by CACVA and approved by the General Assembly and the Governor of Virginia. The formula used subjective criteria including CAC certification level, rate of abuse/neglect, and localities served. In addition, local CAC programs received a total of

\$1,425,000 in Victims of Crime Act (VOCA) funds based on the state funding formula. The increase in funding enhanced the CAC programs and supported expansion of the CAC model in Virginia. CAPTA funds are used to support a part-time staff person to administer the funding for the CACs as well as provide technical assistance and consultation to grantees. Fifteen contracts were awarded to local CAC programs in FY 2017 representing the following geographic areas:

- Piedmont – four programs serving counties of Albemarle, Franklin, Roanoke, Augusta; and the cities of Roanoke, Salem, Staunton, and Waynesboro.
- Central – one program serving counties of Chesterfield, Hanover, Henrico, Louisa, Powhatan, Prince George; and the cities of Richmond, Colonial Heights, Hopewell, and Petersburg.
- Northern – six programs serving 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 – three programs serving counties of Lee, Montgomery, Pulaski, Washington and Scott; and the cities of Radford, Norton, and Bristol.

VDSS anticipates funding for the fifteen Child Advocacy Programs and the Child Advocacy Center of Virginia to continue at level funding for SFY 2018. State funds will be awarded to the current 15 local CAC programs serving the above localities and the Child Advocacy Center of Virginia. Additionally, in April 2017, VDSS submitted an application to DCJS for the continuation of funding. Once the application is approved, VDSS will renew contracts for the Child Advocacy Centers to continue to provide services to children who are victims of crime. *For FY 2018, CACs are applying for additional TANF and VOCA funds to start three new Child Advocacy Centers.*

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 (FACT), 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 PCAV on child abuse prevention initiatives including the statewide child abuse prevention conference.

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. 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 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, professional development and public awareness. During 2013 – 2014, the Consortium developed a comprehensive sustainability work plan to identify strategies to provide statewide leadership to scale-up services in Virginia. In February 2015, the Consortium hired an Executive Director to manage the organizational change from an informal to a more formal organization. In September 2015, in response to a recommendation from the Commonwealth Council on Childhood Success, the Consortium created a Five Year Expansion Plan. The Governor included additional funds in his budget for home visiting and the General Assembly approved a substantial part of this increase for the state's 2017 – 2018 biennium budget.

2017 Update

In SFY 2017, The Home Visiting Consortium (HVC) underwent a change in the name and infrastructure of the group. HVC now known as Early Impact Virginia, - Alliance for Family Education and Support in the Home, was formerly The Home Visiting Consortium.

Early Impact Virginia: Early Impact Virginia, formerly 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, Early Impact Virginia was coordinated by the Virginia Department of Health (VDH) until February 2015. At that time, a Director was hired to lead the organization and support the long-term sustainability needs of Virginia's statewide home visiting model programs. Early Impact Virginia, a public-private partnership, includes 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. VDH administers the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) federal grants and Early Impact Virginia serves as the Advisory Board for this funding. VDSS administers funds appropriated by the General Assembly for Healthy Families programs and the Head Start Collaboration Grant. Early Impact Virginia sponsors a home visiting website and training through a VDH contract with James Madison University. Early Impact Virginia also addresses issues such as data collection, centralized intake, professional development and public awareness. In September 2015, in response to a recommendation from the Commonwealth Council on Childhood Success, Early Impact Virginia created a Five-Year Expansion Plan that included the capacity building activities necessary for effective scaling of local services. This resulted in the Governor including additional funds in his budget for home visiting and the General Assembly approving an additional \$6.75million to expand home visiting services in communities throughout the Commonwealth. This additional funding, together with the federal investment in home visiting through MIECHV, is not only substantially increasing the number of families receiving services, but is also supporting Virginia's efforts to ensure high quality service delivery through professional development, technical assistance, quality assurance and continuous quality

improvement activities. Virginia's unique approach to collaborative leadership is building the foundation necessary for long-term success by leveraging resources, strengthening systems and driving innovation.

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, Virginia Department of Criminal Justice Services. 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 develops a three-year plan in coordination with child welfare and the Child and Family Services Review. The most recent plan was developed in 2016.

Child Abuse Prevention Month/Conference: The Child Abuse Prevention Month packet is developed collaboratively with PCAV. Approximately 1,500 packets were printed and distributed for April 2016. 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/2015-prevention-month-packet/> for wider distribution.

A Child Abuse Prevention Conference is held annually in April to recognize Child Abuse Prevention Month. The conference serves as a mechanism to bring community stakeholders, professionals, and others engaged in the field of child welfare together around pertinent topics of to advance the work of protecting children. The conference has traditionally involved over 300 participants.

2017 Update

The 2017 conference was limited to a count of 175 for a one-day symposium. And, although registration was at the maximum, 162 participants actually attended. The theme was "Together for Children;" and the issue of neglect was spotlighted.

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 LDSS and local school divisions has also been revised and updated.

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.

2017 Update

The report of findings was made known to the CPS Program and to all LDSS Directors on 4/19/17. It was announced and highlighted as follows:

The new report, *Overdose Poisoning Deaths to Children in Virginia, 2009-2013*, focuses on the 41 children aged 0 to 17 who lost their lives in Virginia between 2009 and 2013 due to ingesting a poisonous substance. A comprehensive review of the circumstances of these deaths was conducted to identify preventive strategies to protect the health and safety of Virginia's children. Key findings from the Team's review include:

Teenagers

- Nearly two-thirds of child overdose victims were teenagers between the ages of 13 and 17. These adolescents were most commonly male (54%) and white (89%). Their deaths were typically attributed to accidental circumstances (65%) or to suicide (27%). Teenagers most at risk for an overdose death lived in the Southwest (1.38 per 100,000) or Northwest (1.11 per 100,000) Health Planning Regions of Virginia. See Appendix C for a map outlining Virginia's five Health Planning Regions.
- Almost one-half of teenagers had a history of misusing prescription medications. Drugs of abuse were most often hydrocodone and oxycodone, followed by alprazolam (Xanax), clonazepam (Klonopin), amphetamine, methadone, and morphine.
- Nearly three-quarters of adolescents had a history of illicit substance use (73%) that mainly involved marijuana use (69%) followed by heroin, MDMA/ecstasy, cocaine, inhalant (huffing), Lysergic Acid Diethylamide (LSD), and methamphetamine.
- About three-fourths of teens had a diagnosed mental or behavioral health condition at the time of their death or in their past. Diagnoses included depression, Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD), anxiety, and Oppositional Defiant Disorder (ODD). More than one-half of these teens had received some form of treatment in their past. Treatment was typically with medication and did not involve counseling or therapy.
- While mental health disorders and substance misuse were frequently co-occurring conditions, coordinated and concurrent treatment for both was rarely provided.

- Adolescents often had prior suicidal ideations (46%) and at least one prior suicide attempt (31%). Females constituted the vast majority of those with prior suicidal ideations (71%) and suicide attempts (88%).
- Most of the teenagers had troubled lives, reflected by prior contacts with law enforcement and/or the juvenile justice system. School records revealed a history of poor attendance and performance, disciplinary issues, suspensions and expulsions. They grew up in substance abusing families, witnessed or experienced domestic violence at home, and were described as having serious interpersonal conflicts with family and friends.

Young Children

- Infants and young children up to age seven represented 37% of all child victims from overdose poisoning.
- These young children were more often male (60%) than female. Rates per 100,000 suggest that black children are at higher risk for such deaths (.58) when compared with white (.20) or asian children (.27). Their deaths were from undetermined circumstances (47%), from accidental ingestions, (40%), or from intentional homicidal poisonings (13%). Like teenagers, young children in the Southwest Health Planning Region were at highest risk for an overdose death (.98).
- Poisonings among infants and young children were caused by caregiver neglect, by inappropriate and unsafe storage of medications and household products, and by caregivers administering incorrect medications and/or dosages of medications.
- In 53% of cases, the child's caregiver or caregivers had a history of substance misuse. Substance misuse often impaired caregivers' ability to appropriately supervise the child and keep them safe from harm.
- Toddlers have an innate curiosity that prompts them to put objects into their mouths. Given this tendency, inadequate caregiver supervision and inappropriate storage of fatal substances, 47% of children under age 7 died from ingesting a poisonous substance that was often mistaken for candy or a drink.

Children of All Ages

- Prescription medications caused or contributed to more child deaths than any other substance (68%). More specifically, methadone and oxycodone were detected in more deaths than any other substances, causing or contributing to six deaths each. Morphine was the second most common substance detected, accounting for five non-heroin deaths. Diphenhydramine (Benadryl) and fentanyl caused or contributed to four deaths each, and fluoxetine (Prozac) and hydrocodone were each responsible for three deaths.
- Familial substance misuse was prevalent throughout the review. One-half of biological parents had substance misuse histories. Particularly among teenagers, parents or caregivers facilitated the child's substance misuse by providing drugs or using drugs with their children.
- Some or all of the fatal substances were obtained from the child's own home in nearly three-fourths of cases. Children were most likely to ingest the fatal substance(s) at their own home (85%).
- The majority of children grew up in poor families which were unstable and chaotic. Over one-half were receiving Medicaid, indicating families lived at or below poverty level.

- After careful review and discussion of each child poisoning overdose case, the Team concluded that close to three in four children were inappropriately supervised or supervised by an incapacitated caregiver at the time of the fatal incident (73%).
- The Team determined that 93% of child poisoning deaths reviewed were preventable. Safe storage of medication and other hazardous household materials is critical to infant and child safety, including teenagers. The other critical factors needed are readily available points of intervention that can assist in identifying children at risk; creating an efficient route to get children, parents and caregivers in touch with services and treatment; and providing a robust and responsive mental and behavioral health system with the capacity to comprehensively respond to Virginia's overdose crisis.
- To these ends, the State Child Fatality Review Team offers the following recommendations to strengthen Virginia's capacity to respond to drug use and misuse.

The Team concluded that the majority of these children's deaths were preventable and offered recommendations for change in the following areas: legislation, education, primary prevention, parent and caretaker response, and child death investigation. These recommendations can be found on pages 6-10 of this report which is available at the [Team's website](#).

The Team is now reviewing child drownings, which occurred over past five years. Otherwise noteworthy, the Child Protective Services Program Manager serves as a permanent member of the Team. Respectively, 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.

Assessment of Strengths and Gaps in Services

Strengths: Program staff routinely utilizes 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 (FPMs) and purpose for the meeting.
- Completion of Family Strengths and Needs Assessment; and
- Completion of Risk Reassessment

Gaps: CPS staff continues to monitor timeliness of data entry, merging of duplicate clients, timeliness of first response, and the timeliness of closing investigations.

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 FPMs and purpose for the meeting.

Several new reports to assess if the Family Strength and Needs Assessment (FSNA) and the Risk Re-Assessment tools are being completed as instructed are under development and are targeted to be available by July 1, 2016. This information is used to inform guidance and training. Two new reports were added in Safe Measures in 2016, 1) Completion of Family Strengths and Needs Assessment and 2) Completion of Risk Reassessment.

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 with 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 on 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 share information and solicit input regularly.

The Prevention Advisory Committee (PAC), albeit periodically and with regard to CPS overlapping issues, e.g., Should Prevention staff be required to adhere to the CPS training standards, also serves as a stakeholder group for the CPS Program. Diversion, also, is an overlapping issue.

The three Citizen Review Panels (CRPs) 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.

Procedures for Identifying, Assessing, and Providing Comprehensive Services to Victims of Trafficking, and Related Training

CPS Program Guidance was updated in January of 2016 to incorporate the provisions of the Justice for Victims of Trafficking Act of 2015. Sex trafficking was added to the definition of sexual abuse, and information regarding screening of all children and youth at risk for sex trafficking as well as the recommended course, CWSE4000: Identifying Sex Trafficking in Child Welfare, was introduced. Program Guidance includes indicators of sex trafficking; that is, screening criteria, requirements of the LDSS upon discovery of victimization, and resources on which to rely, including instructions to report suspicion to law enforcement within 24 hours of identifying or receiving information suggesting that a child or youth has been trafficked and document notification in the automated data system, a link and phone listing to the National Human Trafficking Resource Center (NHTRC) and a listing for the U. S. Department of Justice. Guidance also suggests safety considerations specific to this type of victimization. Guidance also enumerates conceivable service needs related to a myriad of life domains, e.g., physical and mental health, education, and legal involvement, a list taken from Child Welfare and Human Trafficking, Child Information Gateway—to which there is a link.

On July 1, 2016, the definition of an abused or neglected child found in Section § 63.2-100 of the *Code of Virginia* was amended to include a child who is a victim of sex trafficking. Specifically, it states that an abused or neglected child means any child less than 18 years of age: “Who has been identified as a victim of sex trafficking or severe forms of trafficking as defined in the Trafficking Victims Protection Act of 2000, 22 U.S.C § 7102 et seq., and in the Justice for Victims of Trafficking Act of 2015, 42 U.S.C. § 5101 et seq.”

On July 1, 2017 the regulation which guides Virginia Child Protective Services became effective. The regulation, 22VAC40-705, also includes a definition of sex trafficking as well as a child who has been sex trafficked as an abused or neglected child. Specifically, 22VAC40-705-10: "Sex trafficking" means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act as defined in § 18.2-357.1 of the *Code of Virginia*. And, in 22VAC40-705-30: D., Sexual abuse occurs when the child's caretaker commits, or allows to be committed, any act of sexual exploitation, including sex trafficking as defined in 22VAC40-705-10, or any sexual act upon a child in violation of the law.

Otherwise noteworthy, sex trafficking is now included as a type of sexual abuse, sub-category per se, within the automated data system. Therefore, CPS staff can now track specific CPS reports that include an allegation of sex trafficking.

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.

PROMOTING SAFE AND STABLE FAMILIES (PSSF)

Children and Families Served. The following tables show the number of children and families that received services by service type in FY2016 and FY2017

2016/2017

Estimated Children and Families Served by Service Type for the most recent 12-Month Period 120 of 128 Agencies reporting March 2015 to February 2016		
Service Type	Total Children	Total Families
Preservation	6,701	4,569
Support	9,522	6,858
Reunification	1,388	901
Adoption *	20	16
Total	17,631	12,344
*\$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 Served by Service Type for the most recent 12-Month Period 115 Agencies reporting March 2016 to February 2017		
Service Type	Total Children	Total Families
Preservation	7,561	7,061
Support	12,214	9,547
Reunification	,1998	1,727
*Adoption	38	22
Total	21,795**	18,373**
*\$1.5M PSSF funds were allocated for adoption initiatives at the home office level, therefore, localities were not required to spend 20% on adoption promotion. This number includes localities that provided local adoption services.		
**Number of children and families served are reported by sub-grantees' quarterly reports; may be duplicative.		

2016 Update

Many children and families receiving PSSF funds are assessed by the local **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. Of the estimated 21,795 children reported as served using PSSF funds for fiscal year 2016, an estimated 628 new founded dispositions were reported by LDSS. Of this number, an estimated 374 children entered foster care as reported by LDSS. Fiscal year 2016 data for new founded dispositions and number of children who entered foster care will be reported in the next APSR.

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.

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

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

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

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 more than 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 2017, of the 120 LDSS, 115 LDSS had approved plans. There are 133 counties and cities (localities) in Virginia. Of this number, 115 LDSS served 131 localities.

2017 Update

Applications for 2017 PSSF funding were submitted in April 2016, with approval of 131 localities out the total 133 in Virginia. This is an increase of 16 communities from SFY 2016. As in prior years slightly over one million PSSF funds are allocated for adoption initiatives at the home office level; however, some localities provide local adoption services. Other services include:

- Family Preservation:
- Family Support:
- Time-limited Family Reunification:
- Adoption Promotion and Support:

Program Monitoring & Outputs: The PSSF state 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. According to the Division of Family Services Sub-Recipient Monitoring Plan for SFY 2017, PSSF state staff is required to complete a combined total of 60 programmatic and financial monitoring reviews. Monitoring may be conducted on-site or through desk reviews.

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-founded disposition of abuse or neglect was determined; and
- Families served by ethnicity.

FOSTER CARE SERVICES

Children served.

2017 Update

On January 1, 2017, there were 4,723 children between the ages of zero and 17 in foster care. This represents a less than 0.5% increase (23) in the overall number of children in care at the same point in time last year (4,700). An additional 487 youth between the ages of 18 and 21 were also being served on January 1. The majority of 18 year olds were receiving foster care services through Virginia's recent extension of foster care to 21 program, Fostering Futures. Those youth ages 19 and 20 on January 1 (208) were being provided with independent living services.

Virginia continues to support increased use of foster family homes. On January 1, 2016 there were 3,297 foster care children (63.7%) in foster homes. On January 1, 2017, the percentage of all children and youth in non-relative foster home placements was 62.8% (3,272 children.) There were an additional 236 (4.5%) placed in pre-adoptive homes on January 1, 2016. The percentage of children placed in relative homes decreased slightly from 5.68% on January 1, 2016 to 5.26% on January 1, 2017.

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 decreasing again slightly in 2016, from 16.1% (810) to 15% (775). On January 1, 2017, 14.9% (778) of children in foster care were in congregate care placements.

The percent of clients discharged to permanency during calendar year 2014 increased slightly to 78.2% from 77% in calendar year 2013. In 2015, the percentage decreased again slightly to 77%. In 2016, the percent of children discharged to permanency during the fiscal year is again 78%. 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 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 on foster care to all localities.

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 have provided additional support to the LDSS as this policy becomes effective. Additionally, the VDSS Training unit substantially revised the mandated Concurrent Planning training course available to LDSS staff. In Virginia, concurrent planning practice requires that a Family Partnership Meeting (FPM) be held prior to the development of the written foster care plan for any Court Review or Permanency Planning Hearing. OASIS has been updated to facilitate the selection of “concurrent planning” as the purpose of a FPM and a report has been developed in SafeMeasures® which will permit monitoring of this activity.

Changes to the foster care case plan document in OASIS will result in increased focus on concurrent planning and achievement of permanency in the information which is provided to the court. Those revisions are expected to be released in fall 2017. The release will be supported through training which addresses not only the format and requirements of the revised foster care plan, but also the best practice expectations the plan will document.

For the 2016 General Assembly, VDSS presented a plan for implementing the Fostering Futures Program, the extension of foster care provision of the Fostering Connections Act for Virginia. The plan included needed code and regulatory changes, drafts of amendments to the title IV-E plan, fiscal impacts and impacts on families and children. Although the accompanying bill, which would have made the code changes, was not passed, ultimately the required funds were included in the state budget with accompanying language providing the authorization for VDSS to implement the Fostering Futures program beginning July 1, 2016. VDSS developed guidance which was released in June 2016 and revised the state plan to include the extension of foster care to 21. LDSS began implementing Fostering Futures for each youth in foster care who turned 18 on or after July 1, 2016. As of December 2016, approximately 100 youth had entered the program.

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 updated 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 were effective in July 2015, included substantial improvements to directions regarding what the LDSS should do when a child or youth runs away from foster care. Foster care guidance was updated again for 2017 to include the additional federal requirements of October 2016, related to locating runaways. The VDSS Training Unit developed an on-line training to educate LDSS family service workers; private provider group home, residential, and therapeutic foster home staff; LDSS foster parents; private provider foster parents; and other community partner agency staff 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. Finally, VDSS representatives serve on a joint committee with DCJS and Housing and Community Development to develop and address strategies across state agencies related to increasing awareness, available services, and training.

In September 2015, VDSS provided direction through Broadcast 9386 to the LDSS regarding the change from 14 to 16 in the allowable age of the child regarding when a “non-permanency” foster care goal of Another Planned Permanent Arrangement (APPLA) or Permanent Foster Care (PFC) can be established. The Broadcast was followed by direct outreach by the regional permanency consultants to those LDSS which had previously established one of these goals for children or youth younger than 16. Compliance with this requirement is monitored by the title IV-E review team during the ongoing review process. This change is also reflected in Foster Care guidance published this spring with an effective date of June 1.

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. 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. A Normalcy Steering Committee which includes youth, foster parents, state and local agency DSS representatives, and representatives of various licensing organization has been meeting for the last two years. This group has reviewed written materials, provided input on training, and will support continued efforts to implement normalcy in Virginia.

2017 Update

As of spring 2017, The Foster Care guidance has been revised to include direction to the LDSS around implementing “normalcy” for children and youth in foster care. VDSS has developed an eLearning, *Normalcy for Youth in Foster Care*, to provide training for LDSS approved foster parents to make

informed decisions and for LDSS staff as they support the foster families. This training has also been made available on the public website for congregate care staff and licensed child placing agency (LCPA) staff and therapeutic foster parents. VDSS is currently researching the option of providing liability insurance to foster parents. The Code of Virginia already permits VDSS to do so for LDSS approved families; but no funding has been made available, nor has the best procedure for doing so been determined. Finally, VDSS has requested assistance from the Capacity Building Center for States in developing a state-wide campaign to increase awareness and address barriers to implementation on a regional basis during calendar year 2017.

In order to meet the requirements regarding the provision of information about youth rights to youth, VDSS revised the signature page of the current Transition to Independent Living Plan to include education, health, visitation, and court participation rights. VDSS 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. As of March 2016, the revised transition document must be submitted to court with the foster care plan including the youth's signed acknowledgement that they have received a copy of their plan and a statement of their rights which have been explained to them.

These and other aspects of the Sex Trafficking Act were addressed through legislation which was passed into law during the 2016 General Assembly session. House Bill (HB) 600 added sex trafficking to the definition of "child abuse and neglect"; required the involvement of a child age 14 and older in the development of his/her foster care plan; required that a child be consulted about their preferred permanency goal; changed the age at which a child can have the goal of PFC or APPLA; added a definition of sibling; added the reasonable and prudent parent standard; changed the ages from 16 to 14 when annual credit checks are required; added a new section requiring essential documents be provided to a child aging out of foster care; and, established the authority for VDSS to set out training requirements for workers and supervisors related to children who were victims of sex trafficking.

Foster care guidance specifically addressing the requirements of the Preventing Sex Trafficking and Strengthening Families Act for youth in foster care 14 and older was published in June 2016 in advance of the implementation of the Fostering Futures program. The remaining items have been addressed in a foster care guidance release in spring 2017.

In FY 18, VDSS will continue to support the implementation Normalcy across the state and will be partnering with the Capacity Building Center for States to plan and hold regional Normalcy forums. The forums will include youth, foster parents, LDSS staff and community providers and facilitate discussions around the benefits and challenges to implementing normalcy. The intention is for the forums to provide an opportunity to develop solutions to certain barriers and challenges, but also to allow for the recruitment and development of regional Normalcy "champions" who will be able to continue the conversation over time.

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.

2017 Update

In SFY 2017, PAC was instrumental in providing input towards the foster care guidance manual. Members made numerous suggestions regarding the overall organization of the manual to make the manual more "user-friendly" while continuing to provide pertinent information regarding Virginia's Practice Model and a complete understanding of the Child and Family Services Review outcomes. As a stakeholder group, PAC reviewed and provided feedback on the permanency regulations as part of the final approval process. Virginia's efforts to develop a new Comprehensive Child Welfare System were discussed and the group was given the opportunity to make suggestions for the new system. Additionally, the group generated ideas and suggestions on ways to celebrate Reunification Month which will be June 2017.

Office of Children's 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. OCS and VDSS have published several critical joint broadcasts regarding use of title IV-E and CSA funds relative to the provision of services to older youth in foster care, especially concerning the implementation of Fostering Futures. These broadcasts have clarified practice expectations regarding the provision of independent living services, requirements for independent living arrangements with youth over 18, use of CSA funding to provide supportive independent living services to the population, and the expectation that youth turning 18 after July 1, 2016 be fully informed regarding the opportunities available to them through Fostering Futures and be provided with the opportunity to enter the program. OCS and VDSS also continued to work closely on the release of the revised Child and Adolescent Strengths and Needs (CANS) assessment instrument in early 2017. The tool is used for all children in foster care and has been revised to include reports identifying treatment progress for the planned caregiver as well as the child. The revised instrument also includes enhanced questions for use in

screening for trauma. VDSS is provided introductory material to the CANS training thanking OCS for their partnership and pointing out the enhanced value of the revised instrument to LDSS.

2017 Update

SFY 2017 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.

Court Improvement Program (CIP): VDSS continues to work in partnership with the CIP in Virginia to insure that title IV-E requirements are adequately documented in court proceedings. CIP staff are involved in the on-going efforts of the CWAC and the CWAC permanency sub-committee. CIP also collaborates with VDSS around the full implementation of concurrent planning in foster care cases. CIP staff worked collaboratively with VDSS around the development of the petition and court order forms necessary for full implementation of Fostering Futures, and provided training to the Juvenile and Domestic Relations Court Judge and Guardians ad Litem regarding the program. CIP has also been actively involved in the implementation of the Memorandum of Agreement (MOA) between DJJ and DSS promoting the continued collaboration between LDSS foster care staff and DJJ Court Services and facility staff when a child in foster care has been committed to DJJ. CIP has provided feedback around the various court proceedings which impact the child and suggested language to address best practice for the MOA. VDSS and CIP continue to work towards 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): While the majority of the collaboration between DOE and VDSS is directed at improving the educational stability and attainment outcomes of older youth in foster care, educational stability and attainment for all children in foster care is also addressed. VDSS has mandated the DOE State Testing Identification (STI) in OASIS. This will allow VDSS and DOE to share foster children’s aggregated educational data. Additionally, the education screens in OASIS were updated so that information regarding educational stability can be printed and submitted to court along with the foster care plan, increasing awareness of the importance of educational stability and accountability regarding practice in this area.

2016 Update

With the enactment of *Every Student Succeeds Act* (ESSA) in December 2015, the Fostering Connections Act education workgroup composed of VDSS, DOE, OCS, the Legal Aid Justice Center, and other key stakeholders, has been largely focused on revising the education stability joint guidance (last updated in 2013) to incorporate best practice, clarify policies and procedures, and incorporate the ESSA provisions for youth in foster care.

2017 Update

The joint guidance was published in June 2017 and training is being provided.

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 settings, 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. Foster and adoptive 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. 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.

DMAS is also working with VDSS to better understand strengths and concerns regarding the provision of medical care for children in foster care. In order to gather baseline data, DMAS has commissioned a study regarding the care of children in foster care provided through Medicaid in Virginia. The study addressed a variety of variables including timeliness of medical and dental exams; prevalence of sick child visits; incidence of diagnoses (medical and psychiatric); and, prescription of psychotropic medication. The results of the study were expected to be available in June 2016. However, VDSS has not yet received a full report on the study's findings. Additionally, the study did not include benchmarks comparing Virginia's data to that of other states. Instead, it is intended to facilitate comparison from year to year of care provision for children in foster care in Virginia. As a result, the report has been of less utility than anticipated. VDSS and DMAS will continue to work together to use the annual study findings to leverage managed care providers to incorporate outreach, risk identification and oversight strategies where problems are noted.

Permanency Subcommittee of the Child Welfare Advisory Committee (CWAC): The Subcommittee is composed of interested members of the full CWAC committee, and includes representation from VDSS, LDSS and DMAS; LCPA staff; foster parents; child welfare advocates; and, other stakeholders. When necessary, the Subcommittee may consult other relevant stakeholders and staff outside the Subcommittee and the full CWAC committee for input. The Subcommittee is the entity within CWAC to advise the full committee on issues pertaining to permanency within child welfare issues. The Subcommittee's focus is on several policy areas within child welfare programs:

- Adoption
- Health Care
- Transitions Out of Foster Care
- Family & Youth Engagement (the "practice" of Permanency)
- Support of Relative Placements

- Support of Return to Biological Family
- Educational Stability of Youth In Care

The objectives of the Subcommittee include:

- Advise the full CWAC committee on policy, training & practice issues within the Subcommittee scope.
- Advise the full CWAC committee on the pertinent areas of the five-year Child and Family Services Plan and any other relevant reports within the Subcommittee's scope.
- Advise the full CWAC committee on any relevant areas of the Subcommittee scope related to Virginia's Program Improvement Plan, if necessary.

2017 Update

In FY 2017, the Permanency Subcommittee supported the implementation of Fostering Futures, conducted a stakeholder survey on barriers to timely adoption, and provided input on the development of the youth advisory council, SPEAKOUT, as well as functioning at Virginia's Health Plan Advisory Committee (see below.)

Health Plan Advisory Committee (HPAC): The work of HPAC was formally rolled into the efforts of the Child Welfare Advisory Committee's (CWAC) Permanency subcommittee. The group has formally incorporated the goal of reducing unnecessary prescription of psychotropic medication and raising awareness regarding the importance of assessing for and treating trauma among the foster care population. A Richmond area child psychiatrist with an interest in the topic has been recruited to work with the committee on this endeavor.

2017 Update

The Permanency Subcommittee hosted a psychotropic medication policy workday in April 2017 to look specifically at foster care guidance re: assessment and monitoring of prescription medications for children in foster care. (Additional information about the results of the workday are addressed in the Health Plan section of this report.) The group has additionally committed to review data regarding the timeliness of routine medical and dental exams.

Continuous Quality Improvement in foster care services

Assessment of Strengths and Gaps in Services

Strengths: The overall number of children in foster care in Virginia has been 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 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. While the establishment of Fostering Futures is a significant accomplishment for Virginia and will provide additional support for those youth aging out of foster care, VDSS continues to be committed to reducing the number of youth aging out.

Practice improvements were also seen in a number of other areas. For example, foster care visits are routinely exceeding the target monthly standard of 95% completion. Additionally, significant progress has been made towards the integration of assessment and service planning in the statewide automated child welfare data system.

Finally, VDSS has re-established the Child Welfare Stipend program in Virginia. It is anticipated that within four years, this program will be graduating a combined total of 40 BSW and MSW students each year who will be seeking employment in a foster care position with a LDSS. This program is anticipated to address one of the most significant barriers to quality practice- the lack of a well-trained and committed workforce.

Gaps: Although the degree of cooperation between OCS and VDSS is currently very positive, LDSS and communities continue to struggle to consistently interpret guidance and use available funding to support best practice. 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.

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. There are some significant enhancements to OASIS in terms of the foster care plan screens which are planned for release later this year, but these revisions have been in development for several years.

To address this gap, VDSS is actively working towards providing an improved child welfare information system in the next five years. The implementation plan is based on stages. The initial stage will be a "mobility solution" to improve access to information in the field and accuracy and timeliness of documentation in child welfare cases. In addition, a transcription service was piloted at several agencies in the fall of 2016; LDSS staff participating the pilot found the service to be very helpful and to improve

timeliness of data entry. VDSS is, therefore, also making funding available to allow LDSS to purchase transcription services for FY 2018.

Managing by Data

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, timely provision of physical and dental examinations, sharing of credit report findings with youth, and the use of Family Partnership meetings. There is an increasing amount of data available to evaluate timeliness to permanency. A variety of practice strategies have been implemented to improve permanency outcomes; data will be utilized to assess progress in this area.

Finally, the revisions 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. As the data is entered by the LDSS, it will be used to identify unmet needs of the foster care population and to measure the success of interventions over time.

Feedback to Stakeholders

There are a number of ways that feedback is provided to stakeholders. The PAC meets quarterly and information about initiatives and proposed changes to Code, regulation, or guidance is shared with this group during these meetings. Another important way that information is provided to 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. Foster Care information is also presented at the bi-monthly CWAC and CWAC Permanency subcommittee meetings, where a wide-range of stakeholders are able to provide input.

INDEPENDENT LIVING PROGRAM

Children served.

2016 Update

According to FFY 2016 data entered in OASIS by the LDSS, a total of 1,548 youth ages 14 and over, received at least one independent living (IL) service. This number represents 78% of the total population. Youth were served in all five regions of the state. In FY 2017, 109 of 120 LDSS submitted funding applications to VDSS to develop programs in order to provide IL services to this population. The 11 LDSS not participating did not have age appropriate youth or they opted 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. Of particular note, Virginia's FY 2017 Appropriations Act included the funding and authority for VDSS to implement

the extension of foster care services to age 21 for youth turning 18 on or after July 1, 2016 while in foster care in Virginia. Called the Fostering Futures program, the extension of foster care went into effect on July 1, 2016 and provides the much needed support and assistance or “safety net” for participants as they transition into adulthood.

2017 Update

For FY 2017, VDSS developed and provided training to LDSS supervisors and staff on two additional chapters of Foster Care guidance entitled, *Independent Living Program, serving youth ages 18-21*, and *Fostering Futures (extension of foster care to 21.)* Because Fostering Futures, excludes those youth who turned 18 in foster care prior to July 1, 2016, it was necessary to provide guidance specific to the population of 18 to 21 year olds being served. Along with a previous chapter, *Achieving Permanency for Older Youth*, these three chapters provide guidance to the local departments of social services (LDSS) regarding working with youth in and transitioning out of care and reinforce the need for all children and youth to learn life skills and engage in age or developmentally-appropriate IL activities. 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 is responsible for developing policies, procedures, and new programs as necessary to improve 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, ensuring fair and equitable treatment.

VDSS allocates its CFCIP/ILP funds in two primary spending categories; the basic allocations to LDSS and the funding of Project LIFE, a service provided by 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 (Chafee funds) or provided by VDSS, LDSS, and Project LIFE.

According to LDSS IL Quarterly Reports, the three main areas of expenditures of the basic allocations for FY 2017 were:

- 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, medical 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; and

- IL General-life skills trainings, IL workshops and conferences, refreshments and drinks at IL youth meetings/activities, training supplies, incentives

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 2017 IL and ETV 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.

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

In 2014, 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. Project LIFE (Living Independently, Focusing on Empowerment) is a program of UMFS with and funded by VDSS. UMFS is an independent 501(c) (3) corporation in the Commonwealth of Virginia. UMFS is an Equal Opportunity Agency. No one is denied care, assistance or employment on the basis of race, religion, national origin, color, disability, gender, veteran/military status, sexual orientation, ancestry or marital status.

The goal of Project LIFE is to coordinate and enhance the provision of IL and permanency services to youth statewide. The partnership with UMFS has helped VDSS and LDSS 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. Permanence should be a goal for every child in foster care regardless of age. While efforts toward permanency may be delayed or challenges encountered, it is essential that VDSS has an integrated approach to achieving permanency while offering comprehensive preparation for adulthood for all children and youth. Project LIFE's contract goals include youth development and engagement, and training and technical assistance for LDSS workers.

2017 Update

By the end of FY 2017, Project LIFE will have met and/or exceeded the benchmark of the annual contract goals:

Contract Goals	Benchmark (# participants)	Actual (# participants April 2017)
Implement strategies and training for youth and workers that promote positive youth development and youth engagement	60	70
Prepare youth to serve on panels and committees for foster care policy development, conducting life skills and self-advocacy training, and increasing youth's understanding and embracement of the concept of	25	13
Deliver public speaking training to youth to prepare them to speak to audiences.	25	15
Deliver training to youth on the importance of good credit reports (ages 18 and over)	100	92
Provide training and technical assistance to LDSS staff on the purpose, importance, and requirements of NYTD	125	151
Train youth ages 14 and over on NYTD	125	111
Provide life skills training for eligible youth between the ages of 14-21 in each region that supports permanency and teaches self-sufficiency	150	703
Provide local, regional, and statewide events focusing on post-secondary education	50	56
Provide training, technical assistance, resources, and tools to LDSS in partnership with VDSS and other stakeholders/partners	500	1084

Youth engagement is a powerful way to ensure that the youth's voice is incorporated in service planning, policy, and legislation. It is the youth who know their own lives, capacities and desires. Their perspective makes them valuable partners in efforts to improve foster care outcomes. VDSS is committed to facilitating youth voice and engagement in policy development and program planning. During FY 2017, VDSS requested and received technical assistance from Capacity Building Center for States, a contractor with Children's Bureau, to develop a statewide youth board. The purpose of the board is to be a stakeholder group for VDSS and facilitate youth input on legislation, policies and issues affecting youth in foster care. VDSS partnered with the Capacity Building Center for States to ensure the youth board is developed and sustained. Project LIFE played a crucial role in providing logistical support. A group of 10 youth and young adults from all over Virginia, who are in foster care or alumni of the foster care system, participated in two weekend planning meetings (January and March 2017). The group named themselves SPEAKOUT (Strong Positive Educated Advocates Keen on Understanding the Truth). During the planning meetings, SPEAKOUT developed their mission and vision statements, and bylaws that outline the roles of adults and alumni supports, membership, annual meeting, and strategies for communicating and working with VDSS and Project LIFE. SPEAKOUT has determined that the total membership will include 25 youth; 4 from each region and 5 at-large members. SPEAKOUT will elect officers, finalize their strategic plan for the coming year, and recruit to fill the vacancies remaining on the board at the statewide spring youth conference scheduled for May 19-21, 2017 in Richmond, VA. As required by the IL contract, two statewide conferences were coordinated by Project LIFE during FY 2017. The spring conference was held in Alexandria, Virginia May 13-15, 2016.

Approximately, 60 youth from all regions of the state attended this conference. During the welcome ceremony, the director of social services spoke to youth about the Fostering Futures Program and how this legislative act will benefit many of them in the near future. He also shared how a group of foster youth and alumni advocated for Fostering Futures at the 2016 General Assembly. Youth were engaged in the discussion and they asked follow-up questions. They seemed to enjoy and appreciate VDSS administrators talking with them directly. Youth received training on advocacy, National Youth In Transition Database (NYTD), public speaking, and credit reports during the conference. One of the highlights of the conference was the FosterWalk that was facilitated by the Foster Care Alumni of America (FCAA). Project LIFE assisted with the FosterWalk event by getting foster youth involved in the event. Young people participated in the event by walking for the cause and volunteering. Youth also passed out water, held up posters and encouraged others to reach the finish line.

The fall conference was held in Roanoke, VA and 51 youth participated from across the state. The theme was around permanency and how to build positive relationships. Workshop topics included networking, youth-adult partnerships and permanency, and the youth advisory council for Virginia was introduced.

Virginia's LDSS have the flexibility to design services to meet a wide range of individual needs and circumstances for foster youth based on needs, local demographics, and available resources. LDSS are expected to coordinate services with local private agencies and community organizations 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, to help youth develop adult living skills, and to track older youth as required by NYTD. VDSS realized the state and LDSS could benefit from additional support from a contractor such as Project LIFE on best practices and services to older youth in the achievement of four goals:

- Develop and engage 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;
- 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 services that enable youth to be self-sufficient and to achieve permanent connections.

For FY 2017, VDSS provided seven regional trainings on the ILP and National Youth in Transition Database (NYTD), Credit Checks and Educational Stability for youth in care to over 200 LDSS workers. VDSS also facilitated three teleconferences to over 125 LDSS workers. VDSS and Project LIFE facilitated two Independent Living Refresher Trainings to 30 participants in the Piedmont region. IL trainings were also provided at two quarterly IL Coordinator's meeting in the Northern and Western regions, approximately 30 LDSS staff members were in attendance. VDSS in partnership with Project Aware offered a Youth Mental Health First Aid Training in the Central region where 19 LDSS and Project LIFE staff members attended and gained knowledge in identifying mental health needs for youth. The ETV Specialist provided five additional trainings on the ETV Program specifically for multiple stakeholder groups including resource families and youth (via a webinar for NewFound Families which

remains accessible online); community partner agencies (including presenting at Great Expectations' bi-annual coaches conference and the Richmond School Social Workers Association quarterly meeting); and via teleconferences (for Great Expectations and CRAFFT quarterly meetings).

During FY 2017, the ETV Specialist provided technical assistance in response to over 350 inquiries from LDSS, community partners, youth and families. Additionally, IL and ETV staff provided individualized, one-on-one or agency-specific training for new staff and refresher courses for LDSS throughout the year. These trainings were provided online (via a webinar), over the phone and in person (to Central Region LDSS). In addition, Project LIFE provided training, coaching, informational presentations/technical assistance (TA) on IL services, ETV, NYTD, Permanency, Casey Life Skills Assessment (CLSA), and Transition Plans to LDSS workers, private service providers and stakeholders.

LDSS continue to work closely with the local Children Services Act (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. Until the implementation of Fostering Futures (July 1, 2016) in Virginia, youth were not 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 Innovation and Opportunity Act (WIOA) programs, Virginia Cooperative Extension offices, Behavioral Health and Development Services, Great Expectations Program). In addition, as controversy regarding LGBTQ rights continues in some states, on May 10, 2016 Virginia's Attorney General affirmed that the commonwealth's existing non-discrimination protections on the basis of sex are correctly interpreted to include discrimination on the bases of sexual orientation and gender identity. Chapter D of the division's Child and Family Services Manual for foster families addresses discrimination both in approving families and in the treatment of foster children. These standards include but are not limited to:

- The provider shall provide care that does not discriminate on the basis of race, color, sex, national origin, age, religion, political beliefs, sexual orientation, disability, or family status.
- The provider shall ensure that he can be responsive to the special mental health or medical needs of the child.
- The provider shall establish rules that encourage desired behavior and discourage undesired behavior. The provider shall not use corporal punishment or give permission to others to do so and shall sign an agreement to this effect.

For FY 2018, VDSS will continue to work with Project LIFE and community partners to enhance services to foster youth and provide training, information and support to the LDSS and other stakeholders working with this population.

2017 Update

In FY 2017, Project LIFE added information on their website for young adults titled “LGBTQ Resources.” An array of resources is now available at vaprojectlife.org to support LGBTQ youth in foster care in Virginia. The following websites are located on Project LIFE’s website for informational information: gsanetwork.org, stopbullying.gov, thetrevorproject.org, and itgetsbetter.org.

Also this year VDSS and LDSS began offering the New Generation *FosterPRIDE/AdoptPRIDE*, a pre-service training and assessment step of the *PRIDE Model of Practice*, to potential foster parents. The hybrid in-person/on-line approach builds upon PRIDE’s five *core* competency categories: protecting and nurturing children; meeting developmental needs and addressing developmental delays; supporting children’s relationships with birth families; connecting children to safe and nurturing relationships intended to last a lifetime; and working as a member of a professional team. The new generation of *FosterPRIDE/AdoptPRIDE* is organized into the five group in-person sessions and four online clusters of courses. Cluster 3, entitled *Cultural Issues in Parenting*, provides information on sexual orientation and gender identity to prospective foster and adoptive parents.

During FY 2017, VDSS offered or coordinated in collaboration with key stakeholders the following trainings, activities and/or meetings:

- DSS and DOE hosted a multidisciplinary, interagency retreat to discuss educational stability and the incorporating of new provisions for children and youth in foster care, as established by Every Student Succeeds Act (ESSA) of 2015. The workshop provided an opportunity to discuss barriers to educational stability, problem solve around complex issues such as provision of transportation to students who remain in their school of origin following a change in foster home placement, and collect input on best practice and implementation of ESSA. Input from this meeting informed the initial phases of the new joint guidance document and procedures that was then developed throughout FY 2017. An educational stability workgroup dedicated to the intensive development of new joint guidance, collaborative trainings and updated procedural information is comprised of DOE representatives, VDSS staff, Children’s Services Act (CSA) representatives and attorneys from DOE and a juvenile justice non-profit.
- State staff work with the VDSS Training Division to update the eLearning course on Foster Connections-Educational Stability to include the ESSA provisions for youth in foster care. This training will be made available in the Knowledge Center for LDSS workers. The educational stability workgroup is in the process of designing and preparing to deliver trainings to LDSS and school divisions throughout the state on educational stability as soon as the new guidance is published.
- State staff are working with the VDSS Training Division to develop a course on Transition Planning for LDSS workers.

- For CFCIP, State IL staff and the Training Division are working together to produce an e-learning version of the new staff/refreshers ILP and ETV training based on the recorded webinar provided to LDSS in FY 2018.
- IV-E Training Courses to provide specific training in support of the goals and objectives of the state's CFCIP and help foster parents, relative guardians, adoptive parents, workers in group homes, and case managers understand and address the issues confronting adolescents preparing for independent living such as CWSE4000-Identifying Sex Trafficking in Child Welfare at <http://www.dss.virginia.gov/family/trafficking/index.cgi> and <http://www.dss.virginia.gov/family/fc/story.html> and CWSE 3030 Normalcy for Youth in Foster Care at http://www.dss.virginia.gov/family/fc/CWSE3030/story_html5.html are available on the VDSS public website.
- VDSS in collaboration with several key stakeholders updated the document, *Virginia Department of Social Services Transition of Youth with Disabilities Out of Foster Care*. This document will be used as a tool for LDSS staff. The workgroup was composed of representatives from the following agencies: Department of Aging and Rehabilitative Services (DARS), Virginia Department of Education (DOE), Department of Medical Assistance Services (DMAS), Department of Behavioral Health and Development Services (DBHDS), Virginia Board of People with Disabilities (VBPD), Virginia Housing Development Authority (VHDA), Supplemental Nutrition Assistance Program (SNAP), Virginia Department of Licensing, and disAbility Resource Center.
- IL staff and DOE staff collaborated on an educational document that provides information on the role of a LDSS representative when a foster youth leaving Juvenile Justice Services (commitment/detention) must re-enroll in the public school. In addition, DOE planned and implemented a statewide tour for LDSS staff to encourage workers to visit their local detention centers and get to know the staff. As a result, LDSS have a better understanding of the experiences of young people entering detention and better able to convey to the youth's parents the type of education and services provided in the local detention center.
- A steering committee was formalized with representation from the VDSS Foster Care, Family Engagement & Resource Family, Licensing, and Training units, the Department of Behavioral Health and Developmental Services, and private foster and adoptive home providers to continue collaborative efforts in Virginia for implementing normalcy for children in foster care. The committee reviewed the normalcy work plan and discussed future training needs for foster parents, and group home and residential program staff. This year, the committee added members from organizations that represent foster parents and older youth in foster care, as well as recruiting foster parents and older youth members. The committee also decided to get ongoing input from stakeholders through the Permanency Advisory Committee (PAC), Child Welfare Advisory Committee (CWAC) and the Virginia League of Social Services Executives (VLSSE).

- A focus on “normalcy” ensures that youth in foster care have the same opportunities to participate in extra-curricular, enrichment, cultural and social activities as do their peers who are not in foster care. Examples of these types of activities include sleep-overs at friends’ homes, school field trips, having a cell phone, participation in school clubs or extracurricular activities, etc. The Reasonable and Prudent Parent Standard, a specific component of the *Preventing Sex Trafficking and Strengthening Families Act* (Public Law 113-183) requires that foster parents and caregivers, rather than the local department service worker, make day-to-day decisions about a child’s participation in activities based on the child’s age, maturity, mental and physical development in order to facilitate normalcy.

For FY 2018, VDSS and Project LIFE will continue to provide training and TA to LDSS to support young people, focus on improving the process for providing feedback to stakeholders and decision-makers on NYTD data, and comply with federal NYTD requirements. In addition, VDSS will continue to improve NYTD 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.

At this time, Virginia has no NYTD Review schedule in FY 2017 or 2018. However, in preparing for the review, the state will inform stakeholders (i.e., Permanency Advisory Committee (PAC), Child Welfare Advisory Committee (CWAC), youth advisory council (SPEAKOUT) of the NYTD Review for the state. Information on the NYTD Review will be presented at the CWAC and CWAC Permanency subcommittee meetings, where a wide-range of stakeholders are able to provide input and shared with the youth for their feedback.

National Youth in Transition Database (NYTD)

2016 Update

According to FFY 2016 data entered in OASIS by the LDSS, a total of 1,548 youth ages 14 and over, received at least one IL service. This number represents 78% of the total population.

LDSS workers documented IL services provided to youth 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 continues to be a priority for Virginia.

2017 Update

For FY 2017, Virginia improved NYTD data collections by having 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. The three services most often provided were IL needs assessment, academic support, and budget/fiscal management.

In addition, the two statewide youth conferences coordinated by Project LIFE in FY 2017 provided opportunities to engage and train youth, LDSS, and other key stakeholders on NYTD. A NYTD subcommittee composed primary of youth in or transitioning out of foster care was formed and they

developed a logo for Virginia's NYTD. The NYTD logo is currently being used for NYTD marketing materials provided by VDSS and Project LIFE.

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Fostering Connections to Success and Increasing Adoptions Act

In accordance with options in the Fostering Connections to Success and Increasing Adoptions Act of 2008, Virginia continues to develop or refine guidance addressing youth engagement, educational stability and attendance, health, transition planning for young adults aging out, and how VDSS and LDSS will support youth who are adopted after reaching 16 years of age. The extension of foster care to 21 program, Fostering Futures, went into effect in Virginia on July 1, 2016. It is expected to provide much needed support and assistance for participants as they transition into adulthood. VDSS prepared foster care guidance, training, forms and tools to implement the Fostering Futures program.

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.

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, and support in transitioning from foster care, emotional support, access to medication, and access to financial literacy resources.

Credit Checks for Foster Youth

Preventing Sex Trafficking and Strengthening Families Act of 2014 and § 63.2-905.2 of the Code of Virginia require that annual credit checks be conducted on all youth age 14 and older in foster care. VDSS signed service agreements with the three Credit Reporting Agencies (CRA) (Equifax, TransUnion, Experian), and became the "head designate" with administrative rights to the systems which permits VDSS to run batch reports for youth in the custody of the LDSS. Once VDSS receives the credit reports, they are sent to the LDSS via intra-agency "pouch."

2016 Update

Effective October 1, 2015, VDSS implemented statewide the credit check mandate in the month following the foster youth's birthday to identify cases of identity theft and misuse of personal information. The reports are provided to the LDSS which allows the local agencies to identify problems and provide assistance in correcting any identity theft or other fraudulent use of the youth's identity by others. A Credit Check Guidebook and Sample Letters of Dispute forms for use by LDSS were developed by the state IL staff and can be accessed on VDSS' internal website. These reports are free to the youth. Most youth in the general population do not have credit reports because minor children do not have the legal capacity to sign a contract to apply for credit on their own. Among the foster youth in Virginia, approximately 5% had activity on their credit report. VDSS shared these results with the appropriate LDSS to begin working with the affected youth to resolve their credit issues.

For FY 2018, VDSS will provide more technical assistance to LDSS and explore credit check resources to support workers. VDSS will also implement a quarterly report where LDSS will submit to the state their progress in removing erroneous information/discrepancies from the youth's credit reports.

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. Virginia administers its own ETV Program through the state IL staff. LDSS process ETV applications, disburse funds to educational vendors, and monitor the progress and needs of ETV students. 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. While youth must be eligible for Virginia’s ILP to be considered for ETV funds, they do not need to be participating in an ILP in order to participate in the ETV Program. Youth who were adopted from foster care after the age of 16 are also eligible for ETV funds. Youth are made aware of program services and eligibility guidelines through social workers, IL coordinators, life skills training and educational workshops, Project LIFE, and the Great Expectations Program.

2017 Update

For SFY 2017, VDSS served approximately 236 youth, and 112 were new students. In addition, VDSS returned approximately \$144,050 in ETV funds to the federal government. For SFY 2017, the state IL staff including the ETV Specialist developed a work plan and strategies to ensure ETV funds are expended and used for eligible youth. VDSS IL staff identified strategic efforts to improve ETV Program access, including continued collaboration with the regional foster care consultants to bring awareness about the ETV Program to local supervisors and workers; developing updated marketing material geared toward a broader audience (i.e. young adults who may not be connected with a LDSS, youth from out of state); and providing increased training, including distance learning (webinars and teleconferences) and technical assistance to LDSS. ETV staff began producing an ETV Newsletter that is distributed every three months to LDSS IL Coordinators and advocates, community partners and is posted on VDSS’ public website. The newsletter is geared to informing readers on programmatic changes and reminders, providing post-secondary financial and educational resource information, and strengthening the access to and consistency of the ETV Program throughout the state.

For FY 2018, VDSS will provide regional trainings on the ILP and National Youth in Transition Database (NYTD), Credit Checks and Educational Stability for youth in care to LDSS workers. VDSS also will facilitate teleconferences to LDSS workers. VDSS and Project LIFE facilitate regional Independent Living Refresher Trainings to participants. The ETV Specialist will provide additional presentations on the ETV Program, specifically for multiple stakeholder groups including resource families, youth and community partners.

Attachment E: Annual Reporting of Education and Training Vouchers Awarded

Name of State: **Virginia**

	Total ETVs Awarded	Number of New ETVs
<u>Final Number: 2015-2016 School Year</u> (July 1, 2015 to June 30, 2016)	236	112
2016-2017 School Year* (July 1, 2016 to June 30, 2017)	250 (estimate)	115 (estimate)

Comments:

During the 2015-2016 school year VDSS served approximately 236 youth which is comparable to last year (SFY 2014-2015). In addition, VDSS returned \$144,050 in ETV funds to the federal government. The state's ETV Specialist position was vacant for approximately three months before being filled, which may have contributed to difficulties using the full allocation of ETV funds.

In SFY 2017, the ETV Specialist provided technical assistance (TA) in response to over 350 inquiries on the ETV Program, including general eligibility information as well as complex case staffing and technical assistance requests from LDSS partnering youth-serving agencies, foster care alumni, youth in foster care and parents. In SFY 2018, VDSS IL staff and contracted staff will continue to provide student support services to address issues of retention within post-secondary programs, particularly focusing on youth receiving ETV funds who may be experiencing stressors or challenges that could affect their eligibility (i.e. dropping grades due to a need for tutoring or financial stressors impacting ability to concentrate on academics). Services will include telephone or email check-in, new student orientations, outreach and training on the ETV program, and linking with resources (including ensuring collaboration with LDSS and other community providers). IL and ETV staff produced refresher webinar training for staff on the IL and ETV Program in which approximately 30 LDSS workers participated. IL staff and the Training Division are currently in the process of producing the recorded webinar into an e-learning course that will be accessible to all LDSS workers via the Virginia Learning Center (VLC). VDSS will continued to review ETV quarterly reports submitted by LDSS and monthly budget reports to ensure there are no duplication and funds are fully and appropriately utilized.

For FY 2018, VDSS will continue to develop and implement significant outreach efforts in partnership with LDSS, Project LIFE and public and private partners to increase in the number of eligible youth participating in the ETV program each year. VDSS will continue to collaborate with several educational

initiatives and stakeholders such as 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.

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 Stability 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 youth in foster care or foster care alumni attending community college. Great Expectations is primarily funded through donations and fund-raising efforts of the program which is now operating in 21 of Virginia's 23 community colleges. This program provides educational supports to assist this youth population in attaining their associates' degrees, vocational certificates, or GEDs. Supports include: assistance in applying for college admission and financial aid (including linking students with the ETV Program); personalized counseling; career exploration and coaching; student and adult mentors; life skills training; individualized tutoring; internet-based resource center (www.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. The state ETV Specialist provides technical assistance to Great Expectations coaches to encourage greater access to the ETV program for youth attending community colleges. Additionally, in SFY 2017 the ETV Specialist presented on ETV at the bi-annual Great Expectations coaches conferences and participated in quarterly coaches' teleconferences to promote greater ETV Program awareness and programmatic consistency. ETV staff focused efforts on facilitating collaboration and communication between LDSS workers and Great Expectations coaches through partnering often to staff specific cases and arrange resources for youth in care. Great Expectations coaches served to be helpful guides in illuminating barriers at the local agency level to students' ability to access the ETV Program. VDSS ETV staff was then able to address any issues via trainings and TA provided to LDSS. Great Expectations coaches and LDSS workers worked collaboratively and with VDSS staff on many occasions to identify eligible students and provide appropriate services and assistance through the ETV Program. As a result of interagency collaboration, professionals, internal website, resource parents, and other stakeholders are better equipped to assist youth in educational attainment, a significant predictor of successful transitioning to adulthood.

2017 Update

In SFY 2017, VDSS played a significant role in promoting educational stability throughout the state, particularly in response to the ESSA provisions pertaining to children and youth in foster care. Children and youth in foster care are very likely to experience multiple foster home placements, placement disruptions and other transitions that can cause instability in their lives. Ensuring that their school environment remains constant in the midst of all of the other changes they experience contributes greatly to their well-being and overall stability. VDSS staff continued the partnership with DOE, OCS, local school divisions, legal justice non-profits and other key stakeholders to collaboratively revise and update procedures and practice surrounding school stability throughout Virginia. VDSS, DOE, select LDSS and legal representatives met regularly throughout SFY 2017 to revise and update the joint guidance regarding educational stability for children and youth in foster care. The new guidance incorporates ESSA provisions for students in foster care and clarifies procedures for the joint best interest determinations for educational stability, establishes point of contact resources and dispute resolution procedures, and elaborates on the complex nature of the required coordination of transportation. VDSS and DOE hosted a full day professional retreat that solicited comments on best practice currently engaged in in the field; suggestions for clarifying existing forms and procedures; and consolidated myriad perspectives from the multi-disciplinary group which served to bolster the robust knowledge base from which the guidance was then redeveloped. VDSS delivered a point of contact list for the newly designated “Educational Stability Liaisons at LDSS, to serve as counterparts to the DOE points of contact, called the “Foster Care Liaisons,” assigned to deal specifically with ensuring educational stability for each student in foster care. The VDSS and DOE work team plans to provide trainings to school divisions and LDSS throughout the state this summer, as well as develop an online training on educational stability for school staff and LDSS workers to access. Throughout SFY 2017, VDSS IL staff in collaboration with DOE team members, provided assistance in educational service coordination for children and youth in foster care, in response to requests from local workers’ (school division and LDSS) questions regarding educational stability procedures, issues with immediate enrollment, best interest determination processes, dispute resolution and other school stability issues.

Effective January 1, 2014, youth in foster care 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 2017, VDSS continued to coordinate with DMAS and LDSS to implement provisions of the Affordable Care Act (ACA). All youth who turn 18 while in foster care are to be automatically evaluated for the “Medicaid to 26” category by the LDSS eligibility staff and switched over to that category. Youth should then maintain their eligibility to age 26. Virginia’s efforts to enroll former foster youth include utilizing social media (intra-agency and public websites), and working with the state foster parents’ association. 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 get them enrolled.

The Interagency Partnership to Prevent and End Youth Homelessness (IPPEYH) was established to focus on youth homelessness in Virginia. The Partnership’s overarching mission is to coordinate state resources more effectively in order to support stable housing, permanent connections, education or employment and social well-being of young people ages 14-24 that are homeless or at risk of being homeless. 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.

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. For SFY 2017, the group updated the plan including metrics which will assist in evaluating 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. Also, four subcommittees were identified to address the goals and objectives of the strategic plan. They are:

- 1) Statutory & Regulations Framework;
- 2) Data;
- 3) Housing; and,
- 4) Quality of Services and Funding Streams.

For SFY 2018, VDSS, Great Expectations and other key stake holders will continue to work on Goal #3: *Increase access to and success in education and employment for the target population.* During SFY 2017, this subcommittee met regularly to discuss resources and funding streams, supports and outreach to promote education and employment for older youth.

Despite substantial declines in teen births in the United States, teen pregnancy continues to be an issue in Virginia. Many of the foster youth with babies face many challenges in regard to housing, school, employment and securing quality daycare. Some of the LDSS have partnered with the local health departments to provide workshops, information and programs on pregnancy prevention, sexually transmitted diseases, healthy relationships, etc. For SFY 2018, VDSS will explore with the Virginia Department of Health possible resources and programs to support the LDSS in working with this population.

VDSS will continue to work with LDSS, Project LIFE, and other stakeholders to ensure children who are likely to remain in foster care until 21 years of age have regular, ongoing opportunities to engage in age or developmentally-appropriate activities. Also, staff will continue to work with the state Adult Services Program to develop a statewide protocol for foster youth with disabilities transitioning out of foster care.

For SFY 2018, VDSS will be working with the Capacity Building Center for States on enhancing processes related to SPEAKOUT.

Independent Living Collaborations:

APSR 2017

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

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

Great Expectations: Great Expectations helps Virginia's youth in foster care and foster care alumni gain access to a community college education, supports their educational attainment and academic success, and assist with the transition from the foster care system to adulthood. The program helps young people to establish and maintain personal connections and receive 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. For FY 2017, Virginia was able to get 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 2016 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:

- Work with the Center for States on enhancing processes related to SPEAKOUT;
- Continue to work with Project LIFE to engage youth and provide TA to LDSS;
- 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;
- Engage and involve youth in service planning, committees, workgroups, policy and legislation that impact them;
- Provide TA to LDSS on permanency for older youth, youth engagement and other promising practices and resources that promote permanency and self-sufficiency; and
- Continue to implement the credit check mandate statewide and provide guidance to LDSS on addressing credit report discrepancies.

Training

2016 Update

For SFY 2016, VDSS provided seven regional trainings on the ILP and services, ETV Program, and NYTD, Credit Checks and Educational Stability for youth in care to over 200 LDSS workers. Chafee funds were used for these trainings. Project LIFE (public/private partnership with VDSS) provided training, coaching, informational presentations/technical assistance (TA) on Independent Living (IL) services, ETV, NYTD, Permanency, Casey Life Skills Assessment (CLSA), and Transition Plans to a total of 1073 LDSS workers, private service providers and stakeholders. During FY 2016, VDSS and the Virginia Department of Education (DOE) trained over 150 staff members from LDSS and local school divisions. The four trainings 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.

2017 Update

During SFY 2017, VDSS and DOE provided training on educational stability, including the revisions outlined in the upcoming joint guidance, to school divisions and LDSS on a request basis. SFY 2017 and 2018 will bring statewide, regional and select local trainings to deliver updated educational stability information that includes ESSA provisions for children and youth in foster care. VDSS and DOE plan to design and deliver joint trainings throughout FY 2017 and 2018 for LDSS and school divisions, as well as a reference resource and trainings to courts and legal representatives. VDSS IL staff and the Training Division will work to update the Educational Stability e-learning course to include ESSA components and provide LDSS with readily accessible school stability instruction. For SFY 2017, VDSS provided seven regional trainings on the ILP and services, including the ETV Program NYTD, Credit Checks and Educational Stability for youth in care to over 200 local departments of social services (LDSS) workers. Additionally, five ETV Program trainings were provided to individual agencies, community partners (including Project LIFE and Great Expectations), resource families (via a webinar provided through NewFound Families and available on their website) and youth (via Project LIFE and CRILAY presentations). VDSS staff provided individualized, agency trainings on the IL and ETV program throughout SFY 2017 on an as-needed or by request basis. Project LIFE (public/private partnership with VDSS) provided training, coaching, informational presentations/technical assistance (TA) on IL services, ETV, NYTD, Permanency, Casey Life Skills Assessment (CLSA), and Transition Plans to LDSS workers, private service providers and stakeholders. VDSS and DOE staff plan to provide a variety of regional trainings and e-learning opportunities on educational stability for youth in foster care, following release of the updated Joint Guidance on Educational Stability currently in review.

For SFY 2018 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.

PERMANENCY 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.

2016 Update

In FFY 2016, PAC was instrumental in providing input towards the implementation of the “prudent parent standard.” Members have reviewed and provided input on the draft foster care guidance and regarding the plan for addressing a “culture change” as a requirement for successful implementation. Additionally, PAC stakeholders were invited to provide suggestions and input into the development of Virginia’s first Reunification Month campaign (during the month of June 2016.)

Office of Children’s 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.

OCS and VDSS have published several critical joint broadcasts regarding use of title IV-E and CSA funds relative to the provision of services to older youth in foster care. These broadcasts have clarified practice expectations regarding the provision of independent living services, requirements for independent living arrangements with youth over 18, use of CSA funding to provide supportive independent living services to the population, and the prohibition regarding the use of APPLA and permanent foster care goals for children younger than 16. OCS and VDSS also continue to work closely towards the release of the revised Child and Adolescent Strengths and Needs (CANS) assessment instrument, anticipated in July 2016. The tool will be used for all children in foster care and has been revised to include reports identifying treatment progress for the planned caregiver as well as the child. The revised instrument also includes enhanced questions for use in screening for trauma. VDSS is providing introductory material to the CANS training thanking OCS for their partnership and pointing out the enhanced value of the revised instrument to LDSS.

SFY 2016 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, in SFY 2014 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 title IV-E requirements are adequately documented in court proceedings. CIP staff are involved in the on-going efforts of the CWAC and the CWAC permanency sub-committee. CIP also collaborates with VDSS around the full implementation of concurrent planning in foster care cases. CIP staff worked collaboratively with VDSS around the development of the petition and court order forms necessary for full implementation of Fostering Futures, and will provide training to the Juvenile and Domestic Relations Court Judge and Guardians ad Litem regarding the program. VDSS and CIP continue to work towards 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): While the majority of the collaboration between DOE and VDSS is directed at improving the educational stability and attainment outcomes of older youth in foster care, educational stability and attainment for all children in foster care is also addressed. In FFY 2016, VDSS and DOE trained over 150 staff members from LDSS and local schools through regional trainings including dialogue between the DOE staff and LDSS, which lead to improved practices to promote educational stability for foster youth. VDSS and DOE are also working with DJJ to discuss school enrollment issues and strategies for foster care youth re-entering the community following a commitment to DJJ.

VDSS mandated the DOE State Testing Identification (STI) in OASIS. This will allow VDSS and DOE to share foster children's aggregated educational data. Additionally, the education screens in OASIS were updated so that information regarding educational stability can be printed and submitted to court along with the foster care plan, increasing awareness of the importance of educational stability and accountability regarding practice in this area.

The Fostering Connections Act education workgroup composed of VDSS, DOE, and key stakeholders is committed to revising The Fostering Connections Joint Guidance for School Stability of Children in Foster Care for Virginia which was last updated in August 2013. However, with the enactment of the *Every Student Succeeds Act* (ESSA) in December 2015, the workgroup has been largely focused on understanding how Virginia's current practice and policies will be impacted.

2017 Update

The group will move forward in FY 2017 with providing joint guidance, as needed, for ESSA. Best practices and issues that were discussed in the educational trainings will be incorporated into any guidance documents developed.

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 percent of children in foster care are now enrolled in Medicaid Managed Care. The remaining 20 percent are those children placed in congregate care settings, 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. Foster and adoptive 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. 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.

DMAS is also working with VDSS to better understand strengths and concerns regarding the provision of medical care for children in foster care. In order to gather baseline data, DMAS has commissioned a study regarding the care of children in foster care provided through Medicaid in Virginia. The study will address a variety of variables including timeliness of medical and dental exams; prevalence of sick child visits; incidence of diagnoses (medical and psychiatric); and, prescription of psychotropic medication. The results of the study are expected to be available in June 2016. VDSS and DMAS will then use the study findings to leverage managed care providers to incorporate outreach, risk identification and oversight strategies where problems are noted.

DMAS has requested assistance with getting contact information updated by the LDSS in the Medicaid Management Information System (MMIS) more quickly. Children in foster care have more frequent address changes than children in the general public and when changes are not communicated in a timely manner to DMAS there can be delays in communication between DMAS and the foster parent. There can also be issues when a new foster parent contacts DMAS requesting assistance. VDSS is involving LDSS stakeholders in the development of strategies to address this issue.

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 the Permanency subcommittee. The group has formally incorporated the goal of reducing unnecessary prescription of psychotropic medication to children in foster care through raising awareness regarding the importance of assessing for and treating trauma, as well as raising awareness regarding the overuse of psychotropic medication among the foster care population. As the DMAS study is completed, additional work towards informing the MCO's oversight policies will be incorporated. A Richmond area child psychiatrist with an interest in the topic has been recruited to work with the committee on this endeavor. The group has additionally committed to review data regarding the timeliness of routine medical and dental exams.

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 charts show Virginia's adoption initiatives and funding for these initiatives in SFY 2015 and 2016, respectively.

2016 Update

Adoption Activity SFY 2015	Funding Source	Allocation & Services
Adoption Support	SSBG State General Funds	\$1,125,099 Post Adoption Legal System
One Church, One Child	SSBG State General Funds Adoption Incentive Funds	\$245,312 Recruitment
Adoption Services	title IV-B, Subpart 2 and State General Funds	\$1,940,083 Adoption Services Performance Based Contracts for Finalized Adoptions
Adoption Subsidy Payments	title IV-E and State General Funds	\$80,370,952 - title IV-E \$34,614,344 - State

2017 Update

Adoption Activity SFY 2016	Funding Source	Allocation & Services
Adoption Support	SSBG	\$1,125,099 Post Adoption Legal Services (SSBG)
One Church, One Child	SSBG and Adoption Incentive Funds	\$359,749 Recruitment (\$315,749 SSBG and \$44,000 Post Adoption Legal System)
Adoption Services	title IV-B, Subpart 2 and State General Funds	\$1,896,729 Adoption Services (title IV-B, 2 and state Funds) \$2,900,000 Reinvestment of Savings (state Funds)
Adoption Subsidy Payments	title IV-E and State General Funds	\$85,453,496 Adoption Subsidy (\$42,726,748 title IV-E and \$42,726,748 state match) \$32,944,098 State Adoptions (state funds)

Adoption Assistance

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.

2016 Update

Number of Children Served during SFY 2015:

- A total of 7568 children per month received Adoption Assistance;
- 5951 children received title IV-E Adoption Assistance;
- Total allocation for title IV-E Adoption Assistance was \$80,370,952;
- 1617 children received State Adoption Assistance;
- Total allocation for State Adoption Assistance was \$34,774,376; and,
- The local departments of social services provided for a total of 561 adoptions in FFY 2015.

2017 Update

Number of Children Served during SFY 2016:

- A total of 7580 children per month received Adoption Assistance;
- 6063 children received title IV-E Adoption Assistance;
- Total allocation for title IV-E Adoption Assistance was \$85,453,496;
- 1517 children received State Adoption Assistance;
- Total allocation for State Adoption Assistance was \$32,944,095; and,
- The local departments of social services provided for a total of 611 adoptions in FFY 2016.

Adoption Resource Exchange of Virginia (AREVA)

VDSS administers AREVA, providing statewide recruitment efforts for children in foster care who are legally free for adoption. AREVA maintains an Internet website featuring photographs and narrative descriptions of waiting children at http://www.dss.virginia.gov/family/ap/children_for_adoption.html. AREVA supports 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.

The AREVA Coordinator works collaboratively with LDSS and private child placing agencies during November of each year to promote Adoption Day Celebrations on the third Saturday and other adoption celebratory events throughout the month.

2016 Update

For SFY 2015, the AREVA Coordinator was a key participant in the planning of the Connecting Hearts initiated November Adoption Summit for professionals. The coordinator assisted with the identification of youth who were featured in the "30 Kids in 30 Days" partnership with the local Richmond CBS

television station. Children available for adoption were featured daily and information was shared about foster-to-adopt.

2017 Update

For SFY 2016, the AREVA Coordinator was a key participant in the planning of the Connecting Hearts initiated November Adoption Summit for professionals. The coordinator assisted with the identification of youth who were featured in the “30 Kids in 30 Days” partnership with the local Richmond CBS television station. Children available for adoption were featured daily and information was shared about foster-to-adopt. Also during National Adoption Awareness Month, children were collaboratively featured in the Wendy’s Wonderful Children and the Leigh Ann Touhy Facebook campaign. The AREVA Coordinator developed and published a video on the Commonwealth of Virginia Learning Center to assist LDSS staff with timely transfer of cases in AREVA.

Governor Terry McAuliffe signed and issued a proclamation declaring November Adoption Awareness Month. As a result of activities launched, DFS became aware of the many ways that families are learning about adoption. The families’ interest is commonly spurred by the children’s photographs displayed on the website for AdoptUSKids. Some families already have home studies from Virginia or outside the state. Many families would like to adopt and need information about how to begin the process. DFS increased resources by adding two contract workers to help respond to these families. The Division’s goal is to respond in a timely manner to the initial inquiries with a follow-up in 30 days. Listed below is a report on the number of inquiries coming to the DSS adoption inquiries email box.

2016 Update

Adoptioninquiries@dss.virginia.gov			
December 2015 – February 2016		February 2016	
Total Inquiries	1074	Total Inquiries	315
Completed Follow-ups	1024	Completed Follow-ups	314
Missing Follow-ups	50	Missing Follow-ups	1

(05-03-2016) AREVA Data:

Children w/Goal of Adoption, w/TPR 1,724
 AREVA Listed with Photo Listed 262
 AREVA Listed No Photo 1,462

[Source: Safe Measures]

Additionally, as of July 2016, two contractors support the AREVA Specialist to respond to adoption inquiries, manage the deferment cases and the photo listing. The goal is to increase the number of youth who are photo listed in AREVA. There have been over 845 inquiries captured since August 2016. Over 98% of the inquiries are emails.

2017 Update

Adoptioninquiries@dss.virginia.gov			
December 2016 – January 2017		February 2017	
Total Inquiries	423	Total Inquiries	222

Completed Follow-ups	527	Completed Follow-ups	160
Missing Follow-ups	0	Missing Follow-ups	0

Current (03-28-2017) AREVA Data:

Children w/Goal of Adoption, w/TPR 1,039
 AREVA Listed with Photo 216
 AREVA Listed No Photo 775
 Source: Safe Measures

Extreme Recruitment®

2016 Update

The contract for Child Specific Recruitment using the Extreme Recruitment model began on September 1, 2015. The purpose of the contract is to conduct Extreme Recruitment for youth with termination of parental rights and have been waiting the longest for an adoptive family. The contracts were awarded to C2Adopt (formerly Coordinators2, Inc.), United Methodist Family Services (UMFS) Tidewater office, and UMFS Northern Virginia office. C2Adopt serves the Central Region. UMFS Tidewater office serves Eastern Region and UMFS Northern Virginia office serves the Northern Region.

2017 Update

Although there were no proposals submitted for the Western Region, with the interest expressed by LDSS in that region and the persistent efforts of the regional Family and Permanency Consultants, a Memorandum of Agreement (MOA) was executed with Radford Department of Social Services and the City of Radford effective March 1, 2016 through June 30, 2017. The Radford MOA includes partnerships with three other Western Region LDSS county agencies: Montgomery, Floyd and Giles. The objective of Extreme Recruitment® is to reconnect 90% of youth served with a safe and appropriate adult from their past. In SFY 2016, the contractors received referrals from 12 LDSS agencies. The contractors served 28 children and approximately 50% of the children served made reconnections with family members or significant adults from their past and 25% were matched with prospective adoptive families. Of the children served, 40% were placed in either a group home or residential treatment facility at the time of referral.

Lesson Learned from Previous Contract	The Extreme Recruitment model has its own stated outcome measures which are Reconnections and Adoption Matches. It ends with the Roadmap to Permanency, but it does not include the finalization of an adoption. It is the responsibility of the custodial agency to complete the finalization.
Course Correction in New Contract	The new RFP has an optional renewal clause. This gives a longer potential window to monitor the Extreme Recruitment cases and will give a longer time to evaluate finalized adoption outcomes.
Measureable Progress	Contractors are required to collaborate with the youth’s custodial agency to document in the official case plan how the reconnections (Extreme Recruitment goal) of the key responsible reconnected adults will be a part of the youth’s Transitional Living Plan.

Post Adoption Services

2016 Update

The new Post Adoption Services contracts began on July 1, 2015. The purpose of the contracts are to provide innovative post adoption services and support to adoptive families. These services provided are designed to help families build upon their strengths to stabilize and to prevent adoption disruptions (pre-finalization) and, in particular, adoption dissolutions (after legal finalization). Underserved areas in Virginia and unmet post adoption services were given greater consideration. Contracts were awarded to the Center for Adoption Support and Education (C.A.S.E.), DePaul Community Resources and Frontier Health. Collectively the three contractors serve the Eastern and Piedmont Regions and seven localities in the Western Region.

<p>Measureable Progress From previous contract (2013-June, 2015)</p>	<p>From two contracts (in the first RFP) to fill service gaps (Western and Piedmont) to three contracts (in the new RFP) to fill service gaps (Western, Piedmont and Eastern)</p>
<p>C.A.S.E. Piedmont</p>	<p>The C.A.S.E. contract outcomes that involve training clinicians and professionals to be adoption competent exceeded goals. The goal was to train between 10-20 mental health clinicians and 18 were trained. The curriculum used was TAC (Training for Adoption Competency). The Consortium therapists provided adoption competent services to 27 families (32 children) with another 180 adoptive families receiving adoption competent clinical services from the students/clinicians that successfully completed the TAC course.</p> <p>The C.A.S.E. services under this contract are evaluated by PolicyWorks, Ltd, a program evaluation and policy research firm based in the Richmond area. They have extensive experience in external evaluation of a wide range of child welfare-related programs and services. Following are the initial results from the client satisfaction surveys that were administered by PolicyWorks:</p> <ul style="list-style-type: none"> • 83% of families that responded reported that they were very satisfied with their treatment. • 100% of the families that responded agreed that their therapist had an in-depth understanding of the many issues associated with being an adoptive family. • 100% strongly agreed that they have a better understanding of how early trauma can affect behavior and relationships years later in life. • “Our experience has been wonderful. The therapist is very easy to talk to and understands the numerous issues of adoption.”

	<ul style="list-style-type: none"> • “Since beginning therapy, my child has been able to ask us questions about his birth family for the first time, and has been working through the grief of loss.” • “We are very happy with our therapist. She has really helped us to start our family off on the right foot. She helps us to understand our daughter and why she acts and feels the way that she does.” <p><u>2017 Update</u> The goal in 2016 was to train between 10 and 20 mental health clinicians. Eighteen were trained.</p>
<p>Frontier Health Western</p>	<p>The Frontier Health contract outcome was to increase the number of adoption-competent professional and mental health providers and to provide services to families who may not know about post adoption services. The Post Adoption Forum staff were trained and provided training using the Circle of Security curriculum. Active supervision and follow up training in Circle of Security is ongoing. The Frontier Health contract is a partnership with Planning District One Behavioral Health Services.</p> <p>A point in time view of services provided by Frontier Health to families was the following: Number served, 92. Of the number served, the presenting problems were: Attachment Disorders (22); Behavioral Problems (30); and Post-Traumatic Stress/Trauma (40). The types of services provided to these clients were: Psychiatric, Evaluation/Medications, Psychological Evaluation, Individual and Family Therapy, and Targeted Case Management.</p> <p>The types of services provided to these clients were: Psychiatric, Evaluation/Medications, Psychological Evaluation, Individual and Family Therapy, and Targeted Case Management.</p> <p><u>2017 Update</u> In SFY 2016, Frontier Health served 105 families (136 children).</p>
<p><u>2017 Update</u> DePaul Family Resources</p>	<p>The DePaul Family Resources contract outcome was to prevent adoption disruption and dissolutions in the Piedmont region through a comprehensive plan of service delivery to adoptive parents that is innovative, flexible, and involves varying levels of intensity.</p> <p>For SFY2016, Families have reported learning how to communicate in an effective manner by closely working with Parent Engagement Team as well as learning coping strategies and parenting techniques. All families have indicated that some of their initial identified goals have been met and continue to make progress towards obtaining their goals.</p>

Statewide Post-Adoption Services

The Adoption Unit of the Division of Family Services realized in the 1990s that a state system of post adoption services was critical. If a family knows that adoption services are available to them after their adoption is legally finalized, they are more likely to consider and proceed with adopting children with special needs. At that time, there were no coordinated services available to children and families after the final order of adoption. Some of the large local departments of social services provided selected post legal adoption services, but smaller local departments of social services were unable to provide any services. The Adoption and Safe Families Act (ASFA) of 1997 made federal funding available to the states for the provision of post legal (after finalization) adoption services to families who adopt children with special needs. Using Title IV-B, subpart 2 funds, the Virginia Department of Social Services (VDSS) issued a Request for Proposals in October 1999 to launch a statewide system for these services. After a competitive process, a contract was awarded to United Methodist Family Services (UMFS) to establish a statewide system for Virginia coined Adoptive Family Preservation (AFP). Although considered a statewide adoption services network with staff willing to travel considerable distances, the AFP program has never been reasonably accessible to families in far western and remote eastern localities.

2017 Update

This UMFS contract expired June 30, 2016. A new RFP was issued in 2016 for SFY2017 for statewide post adoption services. The purpose of the new RFA was to provide innovative post adoption services and support to adoptive families across the commonwealth. These services are designed to help families build upon their strengths to stabilize and to prevent adoption disruptions (pre-finalization) and in particular adoption dissolutions (after legal finalization). The contractors awarded the contract are as follows: Center for Adoption Support and Education (C.A.S.E) serving areas of the Northern, Eastern and Piedmont regions, Catholic Charities of Eastern VA serving the Eastern region, Children's Home Society serving areas of the Central and Northern regions, DePaul Community Resources serving areas of the Western and Piedmont regions and United Methodist Family Services serving areas of the Central, Eastern and Piedmont regions.

Adoption Through Collaborative Partnerships (ATCP)

The goals of the Adoptions through Collaborative Partnerships strategy are to:

1. Increase the number of finalized adoptions for the pool of children prioritized within this RFP;
2. Utilize specific adoption processes (milestones) and provide services that prepare children and families for an adoptive placement and a final adoption;
3. Support families through the stages of the adoption process; and
4. Increase the pool of Virginia families interested, trained, qualified and dedicated to adopt eligible Virginia youth in foster care.

The primary outcome expected by VDSS from the use of collaborative partnerships is to achieve *finalized* adoptions for a minimum of 315 children and youth in foster care. The federal measure for timely adoptions is within 24 months of the eligible child's entry into foster care.

The secondary outcome expected by VDSS from the use of collaborative partnerships is to increase the pool of new/additional Virginia families trained, qualified and dedicated to adopt eligible. The pool of new/additional families ensures 1) available resources to meet the needs of Virginia children that continue to come into foster care and 2) home study services and training for Virginia families who have limited access to adoption services through the LDSS where they reside.

2017 Update

SFY16 was the second renewal of the contract with one additional one (1) year renewal remaining. In SFY16, 680 children served by 12 contractors (9 private LCPA and 3 LDSS agencies). This year, the contractors served a total of 680 children, 32 more than in 2015, significantly greater than either 2013 or 2014. The typical child served by the ATCP contractors was: male; non-Hispanic white. For 86%, it was the first removal, typically at age 6 years, and usually through a court order or emergency removal. The most likely reasons for removal were: neglect, parental drug abuse, physical abuse, and inadequate housing. Nearly two-thirds (64%) had siblings or other relatives in foster care. Additional contractor outcomes for SFY 2016 are as follows:

- Contractors finalized adoptions for 266 children
- 39% available children served were adopted
- Contractors met 84% of their adoption goals.
- Average cost per adoption (payment to contractors): \$6,100.

One Church One Child (OCOC)

The purpose of the OCOC contract is to provide a specialized program of recruitment services aimed at identifying adoptive families within congregations with an outcome of more families applying for adoption. This work is conducted among churches of diverse religious persuasions and community organizations within the African-American community. OCOC has been a contract provider for recruitment since the early 1990s. The current contract began July, 2013; year-one ending June 30, 2014. The agreement has the option for four successive one-year renewals.

2016 Update

For the SFY 2016, the following contract services were provided by OCOC:

Children Served

- OCOC served 40 children.
- 26 children were featured in the Heart Gallery.
- Conducted 115 targeted child specific recruitment activities for the year. Recruitment activities included presentations before church congregations, and community groups; Calling Out Ceremonies during November, Adoption Awareness Month; displays and literature distribution at church and community festivals, Comcast Cablevision broadcasts; and presentations for specific children at information sessions and church conventions.

Families Served

- Held 24 Information Sessions. Information sessions discussed who are the waiting children, the adoption process in Virginia, what adoption is; and what is Foster-to-Adopt, etc.
- Referred 45 families to LDSS.

Collaborations

- Connecting Hearts- VA OCOC was a part of the planning team, contributed paper products, some food products, and provided volunteer assistance at the Treasure Hunt Picnic—a Match Event for waiting children and prospective held on June 26 in Powhatan, VA.
- Adoption Coalition for Southwest, VA. Kick-Off Meeting on May 9, 2016 in Wytheville, VA. At the invitation of DePaul, VA OCOC shared a Heart Gallery Display and gave a presentation on “How to Get Waiting Children into the VA Heart Gallery.” The audience included 20 child welfare professionals.
- Eastern Area Committee to Strengthen Families- 5th Regional Forum. VA OCOC provided Heart Gallery Display for this event held in Norfolk, VA on May 17.
- 2nd Annual Adoption Summit hosted by Connecting Hearts, A Deborah J. Johnston Charity in partnership with VDSS and NewFound Families of Virginia was held in celebration of Adoption Month, as approximately 200 staff from both public and private agencies attended the event. There was an evening session for families added this year.

Outputs:

- Recruitment Events 95
- Heart Gallery Set Ups 51
- AdoptUSKids Responses 516
- Adoption Inquiries 270
- Information Sessions 24
- Families Referred 45

2017 Update

SFY 2016 was the final year for this sole source contract and a new Request for Agreements (RFA).

ADOPTION INITIATIVES

Recruitment & Market Segmentation

2016 Update

At the request of VDSS, the National Resource Center (NRC) for Diligent Recruitment provided 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.

2017 Update

A new contract was awarded to the M Network in October 2016. This contract ended and DFS is working in collaboration with the VDSS Division of Public Affairs to develop a strategic campaign with a pilot of LDSS to increase foster care awareness and utilize recruitment strategies to increase the number of foster and adoptive parents. A new RFA was issued in February 2017 for Foster and Adoptive Family Recruitment.

Change Who Waits (CWW)

The CWW contract with VDSS is intended to increase the visibility of children waiting to be adopted. The CWW website can be found at <http://changewhowaits.org>. The website has video clips of waiting children. CWW demonstrated amazing capacity to engage professional videographers to produce the videos for the children. During a video shoot, these volunteers are well-prepared and sensitive to the nature of the child “stars”. The design of the website is engaging since it has a constant movement that gives the pictures energy. CWW is a no cost contract and the funding source is the contractor and a network of community faith-based contributors. CWW works independently but, also, frequently works in partnership with Virginia One Church One Child (OCOC). With the work of CWW and OCOC, the recruitment effort is broadly focused to include outreach to more culturally diverse churches and community groups. In SFY 2016, CWW produced 32 videos for waiting children and made over 400 referrals to LDSS agencies on behalf of prospective adoptive families.

Connecting Hearts Charity

Debbie Johnson, CEO of Care Advantage, Inc. and appointed by Governor McAuliffe in 2014 as Virginia’s Adoption Champion, established the Connecting Hearts Charity. The charity collaborates with VDSS, LDSS, and private licensed child placing agencies across the state of Virginia. The purpose of the charity is to ensure every child has the opportunity for a loving home. Connecting Hearts Charity enhances public understanding and creates positive attitudes about adoption and foster care. Goals of the Connecting Hearts Charity include:

- To increase education, awareness and advocacy for adoption and foster care.
- To educate the public as to the positive values of adoption and foster care.
- To provide educational programs that will strengthen area adoption and foster care non-profits.
- To find affordable ways for adoptions to happen and lessen the financial burden to families.
- To facilitate connections between organizations and VDSS by lobbying General Assembly.
- To execute an annual conference to include all related agencies and Virginia’s Adoption Champion.
- To offer continuous communication; including e-mails, monthly newsletter etc.; and,
- To create community events with awareness and fundraising components.

Highlights of Connecting Hearts Events for 2016 include:

- Golf Event – included business and community leaders and youth for adoption awareness;
- 30 Kids in 30 Days – a partnership with local CBS Channel 6 affiliate to use media to highlight available children;
- 2nd Annual Adoption Summit hosted by Connecting Hearts, A Deborah J. Johnston Charity in partnership with VDSS and NewFound Families of Virginia was held November 9, 2016 in

Richmond, VA. In celebration of Adoption Month, approximately 200 staff from both public and private agencies attended the event. There was an evening session for families added this year.

- Foster & Adoptive Family Celebration for National Adoption Month – provided workshops and trainings to current foster and adoptive parents and prospective foster and adoptive parents.
- Photo shoots for waiting children to display at recruitment venues and websites.

ADOPTION FAMILY PRESERVATION SERVICES

2016 Update

Beginning in 1994, the Virginia Adoptive Family Preservation program has been providing services to adoptive families. The contractor for AFP is United Methodist Family Services (UMFS). The AFP service delivery model is a public-private collaboration between nine sites serving all regions of Virginia: Center for Adoption Support and Education (C.A.S.E.), C2Adopt (formerly Coordinators2, Inc.), DePaul Community Resources, UMFS/Charlottesville, UMFS/NOVA (Northern Virginia), UMFS/Lynchburg, UMFS/South Central, UMFS/Tidewater, UMFS/Clinical Services.

2017 Update

For SFY 2016, unduplicated counts of 310 families were served through AFP services. The unduplicated count of families served includes those families for whom a formal case record was opened. In addition to the 310 families who had a formal case record opened, AFP staff responded to a total of 426 service inquiries. The total number of hours of service provided including clinical services and information/referral services, totaled 9,834 hours. Families who received services such as attending Parent Support Groups, participate in trainings and educational opportunities, or receive information and referral services, but do not have a formal case record opened for their families are not included in the total number of families served. There were 22 training events held throughout the state for adoptive families. This included adoption specific training that was provided to the community at large. There were 1328 attendees for all training events. Families served through AFP services can receive multiple services throughout their time in care. In SFY 2015, services included 7663 hours of case management, 2171 hours of Supportive Counseling, 2070 hours of Therapeutic Services.

AFP Data Excerpt on Disruption/Dissolution of Families Served, Families with International Adoptions Compared with All Families Served – April 2016

Families with International Adoptions: No disruptions/dissolutions since 4/1/2011

Five-year profile		One-year profile	
Families with international adoptions served since 4/1/11		Families with international adoptions served since 8/1/16	
Total families:129 (unduplicated counts) Total children: 191		Total families: 79 (unduplicated counts) Total children: 110	
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)	7	Child out of home (no dissolution)	0
Family moved	2	Family moved	0
No longer need services	25	No longer need services	16
No contact for 60 days	12	No contact for 60 days	4

All Families Served: • In past 1 year (4/1/15through 3/31/16), 0 disruptions. In past 5 years (since 4/11), 2 disruptions/dissolutions.

Five-year profile		One-year profile	
All families served since 4/1/11		All families served since 7/1/15	
Total served: 536 (unduplicated count)		Total served:310 (unduplicated count)	
Total 2 families whose cases were closed due to dissolution/disruption		Total 0 families whose cases were closed due to dissolution/disruption	
2 Foster Parent Adoptions			
Breakout of all cases closed:		Breakout of all cases closed	
Reason for Case Closure	Count	Reason for Case Closure	Count
Disruption/Dissolution	2	Disruption/Dissolution	0
Child out of home (no dissolution)	19	Child out of home (no dissolution)	5
Family moved	14	Family moved	5
No longer need services	88	No longer need services	59
No contact for 60 days	85	No contact for 60 days	32
Total	221	Total	2

Of the total 248 adoptive families served during the fourth quarter, 63 families have adopted internationally. These 63 families represent 25.40% of total families served in this fiscal year. In the 63 families, there are 83 children adopted internationally. The cumulative numbers of international adoptive families served for the FY15/16 are: 79 adoptive families, with 110 children being served. This represents a cumulative of 25.48% of the AFP clients served for the year.

ADOPTION INCENTIVE FUNDS

2017 Update

In SFY 2015 and 2016, VDSS received Adoption Incentive Awards in the amount of \$323,965. Some of the funds were utilized to support faith-based adoptive parent recruitment events, adoption services contractors “Adoption Through Collaborative Partnerships” which was re-issued in 2014, the Virginia Adopts Initiative for adoption recruitment services, adoption post-legal services, and adoption disclosure activities.

During FY 2015, local departments of social services had the opportunity to apply for adoption incentive funds through proposal submissions. There were approximately twenty-two agencies out of 120 local departments of social services across the Commonwealth that applied and were awarded funds. Local agencies utilized the funds to provide adoption trainings for post adoption services, purchased adoption and trauma training materials for adoptive families, held recruitment initiatives for prospective foster to adopt families and celebrated adoptions during adoption month in November. In addition, during SFY 2016, VDSS provided an opportunity for LDSS to apply for adoption incentive funds. Each locality submitted an itemized proposal to include one or more of the following criteria: purchase of training materials for adoptive families and prospective adoptive families, such as books, videos; support Adoption Month activities, such as celebrations of finalized adoptions; purchase of services toward a credentialed speaker who specializes in post adoption services and creation of a post adoption support group for adoptees or adoptive parents. Over 25 localities applied and were awarded funding per approved proposals. Expenditures also include adoption training for staff and families, cost for background checks for home assessments, and travel for meetings with prospective families. The same plan is in place for FY 2017.

Virginia plans to utilize any future Adoption and Legal Guardianship Incentive funds in FY 2018 to support adoption services for families statewide.

Adoption Savings

VDSS DFS and Finance conducted the second title IV-E Adoption savings calculations and case reviews in 2016. As a result of the project above, approximately \$2 million was calculated as adoption savings in FY 2016. VDSS plans to spend the funds in FY 2017 by providing services to support and sustain adoptive placements for foster care adoptions. The Mutual Family Assessment Consultant and Specialist positions were hired beginning April 2016 to assist local departments of social services in completing mutual family assessments for prospective foster and adoptive families which is required for a foster care or an adoption placement. In addition, at least 30% of the savings will be spent on post-adoption services as required by P.L. 113-183 modified section 473(a) (8) of the Act effective October 1, 2014. Adoption Savings monies will be used in the same manner for FY 2018 by providing services to support and sustain adoptive placements for foster care adoptions.

A new Request for Application (RFA) was developed to provide post adoption case management services to all new foster care adoptions after July 1, 2017. The RFA should be awarded no later than August 1,

2017. 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 experts through workshops and trainings for both public and private community partners and current and prospective families about post adoption services. A new public microsite was developed for Adoption Month in November 2016 to increase awareness and provide detailed information on foster care and adoption to the public.

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.

**The state-supported post-adoption services contracts are also available to families that have been adopted from other countries.*

2017 Update

The Division is working collaboratively with VDSS I.T. and Security on a document management project. Specifically, the Division will be working with a vendor to scan current adoption records from microfiche and new records into a software program.

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.

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.

In SFY 2013, the Governor's budget included language directing the Department to negotiate all adoption assistance agreements with both existing and prospective adoptive parents as a means of providing consistency, objectivity and neutrality in determining adoption assistance across the state for adoptive youth and families. Five negotiators were hired, one per region. Adoption Negotiators conducted research on other states to assess adoption negotiation processes. Tennessee was reviewed because they have a similar adoption negotiation process. The DFS adoption negotiation process and forms were developed in collaboration with the Adoption Negotiators, Adoption Program Manager and the Sr.

Adoption Policy Consultant. The process was implemented in three phases with full implementation effective July 1, 2015. There have been 1,307 adoption assistance agreements have been negotiated or modified since the implementation of the program.

VDSS is collaborating with the Center for States, Capacity Building, to facilitate peer-to-peer technical assistance from other states that have a similar models negotiating adoption assistance. The Center for States is coordinating with Tennessee and Michigan for peer-to-peer technical assistance sessions. Additional areas of possible TA, include monitoring of gaps in services, 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.

The Adoption Unit is coordinating with the Division's Continuous Quality Improvement Program Manager to review the efficiency and effectiveness of the unit that will support the mission of the division by enhancing the quality of services and improve expected outcomes for children and families. This work began March 2016.

VDSS needs to identify a data system to support the monitoring of open and post adoption cases. The Quality Assurance and Accountability Unit conduct monthly CFSR reviews. Per the VDSS data elements and monthly reviews, Virginia is not meeting the goal of permanency through timely adoptions. In addition, the qualitative reviews also show disparities in the work. This information is shared via reports and will be assessed by the CQI Program Manager and the Special Projects Manager. Information will be disseminated to help inform and improve current practice and guidance. The Division is seeking to replace the current information system because 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. The Adoption Unit consulted with General Services to address concerns with the microfiche that preserve adoption records. It appears that the cost to preserve the aging microfiche may not be cost effective and a proposal is needed to address modernizing case management of closed adoption records along with ICPC records. The adoption records are currently kept on microfiche and retrieved by a microfiche reader.

***The program area has experienced some challenges in expending adoption incentive funds. For the past two out of three years, local departments of social services have had the opportunity to apply for funding through proposal submissions to support adoptions and post adoption resources. Not all of the local departments apply for the funding or expend the funds timely during the fiscal year, resulting in a carryover of grant funding from fiscal year to fiscal year. This year, local departments of social services who applied for funding last year were awarded additional funds this year. The program plans to address the matter on a regional level through quarterly meetings and conference calls to solicit feedback from the local agencies.**

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; and,
- Adoption Goal Change.

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 attorneys, judges, and law professors who practice and have otherwise distinguished themselves in the field of adoption law. It has collaborated with VDSS by participating on various committees regarding adoption and providing input for proposed legislation regarding adoption and custody issues.

Change Who Waits (CWW): 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 is part of the Office of the Executive Director of the Virginia Supreme Court and 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.

NewFound Families: This non-profit is a membership organization for foster, adoptive and kinship families and others who support 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 (OCOC): 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 to 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 Children’s 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.

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 and policy specialist comprise this unit supported by regional consultants. 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).

Adoption and Recruitment Regional 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 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

Consortium for Resource, Adoptive, and Foster Family Training (CRAFFT):

The Community Resource, Adoptive, and Foster Family Training (CRAFFT) program is a joint initiative between the Virginia Department of Social Services and Norfolk State University, Virginia Commonwealth University, and Radford University. The CRAFFT program divides the state into five regions and assigns a CRAFFT Coordinator to each region. The CRAFFT program promotes the safety, permanency and well-being of children through the training of LDSS foster, kinship, adoptive, and resource parents to meet the needs of children in Virginia's child welfare system. CRAFFT's goals are: 1) to increase the knowledge and skills of prospective and currently approved resource families through the development and delivery of standardized, competency-based, pre-and in-service training, as required by VDSS; and 2) to build capacity among (LDSS) to train and assess their own families.

To achieve the program goals, the CRAFFT Coordinators provide the following services:

- Deliver pre-service training sessions to prospective foster and adoptive parents using standardized curriculums: Parent Resources for Information, Development, and Education (PRIDE); *A Tradition of Caring* (ToC); and New Generation PRIDE (NG PRIDE)
- Develop and deliver in-service training for currently approved foster and adoptive families, based on input from local agencies, VDSS as well as families;
- Develop and maintain a regional training plan, based on results of the annual needs assessment;
- Conduct training courses for LDSS staff on foster and adoptive family development, assessment, and support which includes the following courses: Introduction to the PRIDE Model (CWS 3101); Mutual Family Assessment (CWS 3103) and Traditions of Caring a Day of Preparation for Workers;
- Collaborate with the Regional Adoption and Family Recruitment Consultants about regional training needs and around the delivery of the Mutual Family Assessment course (CWS 3103) which covers both assessment skills and a review of resource family approval policy and is team-taught;
- Collaborate with LDSS and NewFound Families-Virginia (Virginia's foster, adoptive and kinship parents' association) to promote membership, participate in NewFound Families activities, and develop relationships with regional NewFound Families board members and NewFound Families staff; and
- Participate in trainings, meetings, conference calls, and activities related to regional and statewide initiatives as needed and/or requested.

CRAFFT also helps local Departments of Social Services shape stronger families by supporting their capacity to assess and train foster and adoptive families. Technical assistance provided to LDSS staff includes:

- Identification of pre-service and in-service training needs of foster and adoptive families (Information gathered via completion of a Needs Assessment);
- Assistance with establishment of a plan to meet the pre-service and in-service training needs of foster and adoptive families. Plans include logistics such as identification of trainer (CRAFFT Coordinator, LDSS staff, or both as co-trainers) date, time, location, and topics;
- Identification of training needs of staff interested in providing pre-service and in-service training to foster and adoptive families;
- Assistance with establishment of a plan to meet LDSS staff training needs. Plans include logistics such as identification of course, prerequisites, date, time, and location (In region and out of region).
- Notification of upcoming trainings, events, and conferences offered by CRAFFT, neighboring agencies/organizations, and statewide entities; and
- Identification of free and for purchase training resources for foster, adoptive and kinship families.

CRAFFT also provides coordination of Regional Roundtable meetings for LDSS staff to meet with colleagues in their respective regions to share and exchange information, ideas, and resources on training, recruitment, development, and support of resource families. Additionally, the Coordinators invite guest speakers to the Roundtable meetings to share information on various regional and statewide programs and initiatives.

Pre-Service Training

During the 2016 calendar year, the CRAFFT Coordinators facilitated 245 pre-service training sessions for a total of 779 prospective foster and adoptive parents. The pre-service training was provided using the Parent Resource for Information, Development and Education (PRIDE) curriculum, the Traditions of Caring (ToC) curriculum, or the New Generation PRIDE (NG PRIDE) curriculum. Both the PRIDE pre-service training and the ToC training are comprised of nine in-person sessions and each session is three hours for a total of 27 hours of training. The New Generation PRIDE curriculum consists of five in-person sessions, and four on-line courses. Each in person session is three hours and the on-line courses are self-paced and each course takes a minimum of three hours to complete. The PRIDE pre-service curriculum and the NG PRIDE are designed for all prospective resource families (non-kinship and kinship) and the ToC curriculum is exclusively for kinship families.

The pre-service trainings facilitated by CRAFFT consisted of 25 New Generations PRIDE series, seven PRIDE series, and one Traditions of Caring series. The CRAFFT Coordinators also facilitated five NG PRIDE orientation sessions to inform prospective foster and adoptive families of the training requirements for the new curriculum. Additionally, the coordinators facilitated 23 PRIDE sessions towards the completion of three additional PRIDE series, eight sessions towards the completion of an additional Traditions of Caring series, and four sessions towards the completion of one additional NG PRIDE series.

In addition to the pre-service series that were solely facilitated by the CRAFFT Coordinators, they assisted and filled-in for LDSS staff that needed assistance with facilitating specific pre-service sessions but did not need assistance with an entire series. The CRAFFT Coordinators facilitated six PRIDE sessions and one NG PRIDE sessions to assist LDSS staff. Along with the scheduled pre-service training series that were facilitated in group settings, the CRAFFT Coordinators also facilitated pre-service series or sessions for individuals or couples that needed training immediately due to time sensitive placement needs or for those that needed to make-up a missed session. During the 2016 calendar year, the coordinators facilitated 132 sessions for 66 individuals that had time sensitive placement needs or missed a session.

In-service Training

The CRAFFT Coordinators facilitated a total of 56 in-service group sessions for 761 current foster and adoptive parents. Additionally, the coordinators facilitated 11 in-service sessions for 18 foster and adoptive parents on topics that were specifically selected for their cases. The in-service sessions varied from one to six hours and some of the in-service trainings were conducted using the PRIDE Core curriculum. The PRIDE Core curriculum consists of 11 modules that includes the following topics: Module 1: The Foundation for Meeting the Developmental Needs of Children at Risk; Module 2: Using Discipline to Protect, Nurture, and Meet Developmental Needs; Module 3: Addressing Developmental Issues Related to Sexuality; Module 4: Responding to the Signs and Symptoms of Sexual Abuse; Module 5: Supporting Relationships between Children and Their Families; Module 6: Working as a Professional Team Member; Module 7: Promoting Children's Personal and Cultural Identity; Module 8: Promoting Permanency Outcomes; Module 9: Managing the Fostering Experience; Module 10: Under revision;

Module 11 Understanding and Promoting Child Development; and Module 12: Understanding and Promoting Preteen and Teen Development.

In addition to the in-service sessions that were facilitated using the PRIDE Core curriculum, the coordinators facilitated in-service sessions that were developed by the CRAFFT program or other resources and these sessions included topics such as: The Parentified Child; Divided Loyalties; Trauma Informed Parenting; Life books; Parenting with Love and Logic; Understanding Educational Delays and IEPs, Strengthening Teamwork Skills; Supporting Visitation/Supporting Reunification; Managing Anger; Shared Parenting; Reunification/Letting Go; PRIDE in Review; Addressing Lying, Stealing and Hoarding Behaviors in Foster Children: Domestic Violence; Parenting the Sexually Abused Child; Navigating the Education System; Treat them Like Gold; Secondary Trauma in Families; and Foster Care Placement Agreement/Code of Ethics and Mutual Responsibility.

LDSS Staff Training and Support

The CRAFFT Coordinators provided assistance to local department of social services to help them increase their capacity for offering training for foster and adoptive parents more frequently. To accomplish this goal, the CRAFFT Coordinators provided the 2-day *Introduction to PRIDE* course for LDSS workers six times for a total of 43 LDSS workers and the *Tradition of Caring/Worker Preparation* course five times with a total of 87 workers in attendance. The CRAFFT Coordinators and the Adoption and Family Recruitment Consultants co-facilitated the two-day *Mutual Family Assessment (MFA)* course to provide policy and skills assessment information. The *MFA* course was provided 12 times and had a total of 75 attendees. The CRAFFT Coordinators also facilitated 15 roundtable meetings for agency workers to network and exchange ideas for training foster and adoptive families. A total of 251 workers participated in the roundtable meetings. Regional summaries are provided below.

Central Region: The Central Region CRAFFT Coordinator facilitated a total of 45 training sessions for a total of 158 prospective and current foster and adoptive parents. Forty-three of the sessions were pre-service trainings for a total of 138 prospective foster and adoptive parents and the remaining two sessions were in-service training for 20 current foster and adoptive parents. The Central Region CRAFFT Coordinator also facilitated 78 pre-service sessions for 22 foster and adoptive parents that needed training immediately due to time sensitive placement needs or to make-up a missed session. The Central Region CRAFFT Coordinator facilitated a two-day *Introduction to PRIDE* course for 11 LDSS workers; the two-day *Mutual Family Assessment* course twice for a total of 17 LDSS workers; a one day *Traditions of Caring Day of Preparation for Workers* course for three LDSS workers, and two roundtable meetings for a total of 32 agency workers.

Eastern Region: The Eastern Region CRAFFT Coordinator facilitated a total of 65 training sessions for a total of 436 prospective and current foster and adoptive parents. Fifty-two of the sessions were pre-service trainings for a total of 232 prospective foster and adoptive parents and the remaining 13 sessions were in-service training for 204 current foster and adoptive parents. The Eastern Region CRAFFT Coordinator also facilitated 18 pre-service sessions for 21 foster and adoptive parents that needed training immediately due to time sensitive placement needs or to make-up a missed session. The Eastern Region CRAFFT

Coordinator facilitated a two-day *Introduction to PRIDE* course for four LDSS workers; the two-day *Mutual Family Assessment* course three times for a total of 27 LDSS workers, and three roundtable meetings for a total of 85 agency workers.

Northern Region: The Northern Region CRAFFT Coordinator facilitated a total of 83 training sessions for a total of 322 prospective and current foster and adoptive parents. Sixty-two of the sessions were pre-service trainings for a total of 158 prospective foster and adoptive parents and the remaining 21 sessions were in-service trainings for 164 current foster and adoptive parents. The Northern Region CRAFFT Coordinator also facilitated 28 pre-service sessions for 15 foster and adoptive parents that needed training immediately due to time sensitive placement needs or to make-up a session. Additionally, the coordinator facilitated six in-service sessions for ten foster and adoptive parents on topics that were specifically selected for their cases. The Northern Region CRAFFT Coordinator facilitated the two-day *Introduction to PRIDE* course for seven LDSS workers; the two-day *Mutual Family Assessment* course three times for a total of 12 LDSS workers; the one-day *Traditions of Caring Day of Preparation for Workers* course once and four LDSS workers and four roundtable meetings for a total of 79 agency workers.

Piedmont Region: The Piedmont Region CRAFFT Coordinator facilitated a total of 53 training sessions for a total of 538 prospective and current foster and adoptive parents. Thirty-seven of the sessions were pre-service trainings for a total of 188 prospective foster and adoptive parents and the remaining 16 sessions were in-service training for 350 current foster and adoptive parents. The Piedmont Region CRAFFT Coordinator also facilitated one pre-service session for two foster and adoptive parents that missed a session and five in-service sessions for eight foster and adoptive parents on topics that were specifically selected for their cases. The Piedmont Region CRAFFT Coordinator facilitated a two-day *Introduction to PRIDE* course for three LDSS workers; a two-day *Mutual Family Assessment* course twice for a total of six LDSS workers; a *Traditions of Caring/Worker Preparation* course twice for a total of 79 LDSS workers; and two roundtable meetings for a total of 32 agency workers.

Western Region: The Western Region CRAFFT Coordinator facilitated a total of 55 training sessions for a total of 86 prospective and current foster and adoptive parents. Fifty-one of the sessions were pre-service trainings for a total of 37 prospective foster and adoptive parents and the remaining four sessions were an in-service training for 23 current foster and adoptive parents. The Western Region CRAFFT Coordinator also facilitated seven pre-service sessions for six foster and adoptive parents that needed training immediately due to time sensitive placement needs. The Western Region CRAFFT Coordinator facilitated the two-day *Introduction to PRIDE* course twice for a total of 18 LDSS workers; the two-day *Mutual Family Assessment* course twice for a total of 13 LDSS workers; a *Tradition of Caring/Worker Preparation* course for one LDSS worker; and four roundtable meetings for a total of 23 agency workers.

NewFound Families

NewFound Families 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.” NewFound Families activities are based on contractual goals including maintaining a “Warm

Line” for support of current and potential foster, adoptive, and kinship care providers. NewFound Families 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, NewFound Families 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.

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.

Assessment of Strengths and Gaps in Services

Strengths: The Resource Family program has contributed significantly to efforts to improve practice in working with relatives statewide. They have provided technical assistance and promoted the use of 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) FOR PERMANENCY

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 have been implemented to improve permanency outcomes; data will be utilized to assess progress in this area.

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. As the data is entered by the LDSS, it will be used to identify unmet needs of the foster care population and to measure the success of interventions over time.

VDSS is has been looking at information and 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).

Assessment of Strengths and Gaps in Services

Strengths: The overall number of children in foster care in Virginia has been 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. While the establishment of Fostering Futures is a significant accomplishment for Virginia and will provide additional support for those youth aging out of foster care, VDSS continues to be committed to reducing the number of youth aging out. Practice improvements were also seen in a number of other areas. For example, foster care visits are routinely exceeding the target monthly standard of 95% completion. Additionally, significant progress has been

made towards the integration of assessment and service planning in the statewide automated child welfare data system.

VDSS has re-established the Child Welfare Stipend program in Virginia. It is anticipated that within four years, this program will be graduating a combined total of 40 BSW and MSW students each year who will be seeking employment in a foster care position with a LDSS. This program is anticipated to address one of the most significant barriers to quality practice- the lack of a well-trained and committed workforce. More detail about this program is included in the Child Welfare Training segment of this APSR.

Gaps: Although the degree of cooperation between OCS and VDSS is currently very positive, LDSS and communities continue to struggle to consistently interpret guidance and use available funding to support best practice. 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.

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. To address this Gap, VDSS issued a RFI and received demonstrations from 14 vendors on potential solutions in August 2015. Based on those demonstrations and conversations with vendors, Virginia is in the final stages of awarding a contract to a vendor to develop requirements for replacement of our OASIS system. We have received PAPD approval from the federal government and expect to have these requirements completed by May 31, 2017.

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 on 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. Foster Care information is also presented at the bi-monthly CWAC and CWAC Permanency subcommittee meetings, where a wide-range of stakeholders will be able to provide input.

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:

2016 Update

As of May 1, 2016, Virginia had 1,771 open ICPC cases and 3,347 open Interstate Compact on Adoption and Medical Assistance (ICAMA) cases.

2017 Update

As of May 1, 2017, Virginia has 1,430 open ICPC cases and 3,648 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 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.

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, Scott, Smyth, Washington and Wise; and the cities of Bristol, Lee, and Norton. 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."

2016 Update

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, 2015 to May 1, 2016 there were seven cases that used the Border Agreement. All seven cases were Virginia children going to Tennessee.

Virginia continued to 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 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. Virginia and Tennessee are currently meeting once a week via telephone conference. During these meetings, the committee discusses any needed revisions to the Border Agreement and they are planning a fall 2016 conference for all workers, many of whom are new to their agencies, judges and all interested parties.

2017 Update

The Border Agreement remains in effect and there are no changes at this time.

2016 Update

On April 18, 2016, Virginia on boarded with the National Electronic Interstate Compact Enterprise (NEICE) system. The NEICE is a cloud-based electronic system for exchanging the data and documents needed to place children across state lines as outlined by the ICPC. NEICE was launched in November 2013 as a pilot project with six states which are the District of Columbia, South Carolina, Florida, Wisconsin, Indiana and Nevada. NEICE significantly shortened the time it takes to place children across state lines, and saved participating states thousands of dollars in mailing and copying costs. To date, Virginia is rolling out the NEICE on an agency basis and there are currently six localities that are piloting the system. They are Fairfax County Department of Social Services, Harrisonburg/Rockingham Department of Social Services, Newport News Department of Social Services, Norfolk Department of Social Services, Virginia Beach Department of Social Services, and Wise County Department of Social Services.

2017 Update

It is anticipated that Arlington County Department of Human Services will join the LDSS that participate in NEICE.

2. PREVENTION SERVICES

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

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

- Parental resilience;
- Social connections;
- Knowledge of parenting and child development;
- **Concrete support in times of need;** and
- 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 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. The Early Prevention Committee has been re-established as the Prevention Advisory Committee, which provides an ongoing opportunity for collaboration, feedback, and evaluation. A protocol for collecting client case counts for reasonable candidacy has been developed and a major training initiative was facilitated 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: Overview of Prevention for Practice and Administration (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: VDSS remains committed to enhancing Prevention efforts around the state and convenes the Prevention Advisory Committee to provide 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, 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 (TICN): 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.

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.

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: Overview of Prevention for Practice and Administration (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 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 2014 and 2015, the TICN had many accomplishments, including the following: dispatch of monthly eNotes that contain updates about the TICN (such as training opportunities, job announcements, etc.) and the inclusion of trauma specific resources and research; facilitated focus groups for front line workers, child welfare

supervisors, and resource families for Henrico County DSS; formed a TICN Richmond Committee; co-sponsored a community screening of the educational documentary Paper Tigers; developed a TICN webpage; assisted with the needs assessment process for the Vision 21: Linking Systems of Care demonstration project; supported the development of Trauma-Informed Leadership Team (TILT) within Chesterfield-Colonial Heights DSS and Henrico DSS; and continued facilitation of subcommittees to review TICN project goals (e.g., Trauma Informed Workforce Development, TIWD Education Subcommittee, Trauma Certification for Providers, Trauma Informed Practice Training, Trauma Informed Brief Screening Tool, Trauma Informed Quality Enhancement, and Richmond TICN Committee). 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.

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. To accomplish this task, VDSS established an Advisory Group in order to help identify, refine, and prioritize issues of the study. The Advisory Group 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.

In response, VDSS will continue to seek the development of clear and consistent best practice guidance to LDSS regarding diversion. Issues to be addressed include defining the role of LDSS, birth parents, and relatives in the development of meaningful permanency plans; appropriate assessment of kin caregivers; finding, preparing, and supporting kin caregivers; and helping families to assess their options and collaborate in the decision making process. Without a comprehensive approach to the enhancement of guidance and practice in this area, VDSS cannot adequately determine the impact on important goals and benchmarks relating to child safety, permanence, and well-being. As a result of the study, VDSS identified specific programmatic and practice recommendations that will seek to improve outcomes for children and kin caregivers involved with the child welfare system. Those recommendations are as follows:

- Recommendation 1: VDSS should develop and implement a state supported kinship care program that would provide appropriate financial assistance, services, safeguards, and permanency planning for children and kin caregivers.
- Recommendation 2: VDSS should exercise the option to implement the Kinship Guardianship Assistance Program (KGAP) as a permanency option for children in foster care who cannot be reunified with the family from which they were removed and when adoption has been ruled out.
- Recommendation 3: VDSS supports the development of a Kinship Navigator program in Virginia, which will provide information, resource, and referral services to children and kin caregivers.

2016 Update

During the 2016 General Assembly Session, VDSS was directed to conduct a pilot project on data collection and reporting for LDSS in the Western region regarding facilitated care arrangements (i.e., foster care diversion). In addition to the 22 pilot agencies in the Western region, agencies in the Northern, Piedmont, Central, and Eastern regions of the state have volunteered to participate in the pilot – specifically, Alexandria, Arlington, Fairfax, Prince William, Albemarle, Campbell, King William, Middlesex, New Kent, and James City.

Quarterly data will be collected for a period of 18 months with ongoing technical assistance and guidance provided by Family Services. Family Services will also establish a data sharing agreement with Child Trends to share and exchange data for the purpose of gaining an understanding of what the current kinship diversion practices are in Virginia. These diversion practices may include which staff are involved in facilitating diversion arrangements, under what circumstances the arrangements are made, child outcomes, and factors that influence these outcomes. Through this understanding, Family Services can begin to define elements of best practices for diversion and inform future data collection.

VDSS has been directed by Budget Amendment, Item 339(s) to partner with Patrick Henry Family Services to evaluate the Safe Families for Children (SFFC) model as an alternative to placement in foster care for children in Planning District 11. The SFFC model utilizes a network of volunteer host families to assist parents in securing a temporary alternative living arrangement due to unmanageable or critical circumstances. DFS will evaluate the pilot program and determine if this model of prevention is

effective. Findings and recommendations generated from pilot project will be submitted to the Governor, the Chairmen of the House Appropriations and Senate Finance Committees, and the Commission on Youth by December 1, 2017.

2017 Update

During 2017, VDSS has continued to support piloting the foster care diversion program with Patrick Henry Family Services. The intent of the pilot is to provide alternative living arrangements, supervision, support and care for children who require placements due to varying reasons such as family issues, parental substance abuse, mental health challenges and child behavioral needs. Through ongoing communication and collaboration with the staff of Patrick Henry Family Services, the Safe Families for Children (SFFC) model is utilized to provide a framework for practice and service delivery. Continual data collection, case tracking and outcome monitoring is emphasized to aid in evaluating the effectiveness of the model and whether it may be replicated in other areas within the state. At the inception of this pilot, it was determined that all findings and recommendations will be reported to the Governor, the Chairmen of the House of Appropriations and Senate Finance Committees and the Commission on Youth. A report will be submitted by December 1, 2017.

For FY 2018, prevention practices will continue to be assessed, monitored and evaluated to identify methods to further enhance the program. Further, there is anticipation of stronger connections with prevention, CPS, Foster Care and Adoption. One primary function of prevention will focus on ways to better document and monitor diversion practices throughout LDSS. Additionally, emphasis will be placed on linking children to relatives and seeking such placements before entry into foster care. Regarding a prevention standpoint, LDSS will be encouraged to conduct casework practice, supervision and engagement practices via the use of the Practice Profiles guided by the Children's Practice Model. Ultimately, prevention will focus on aiding in achieving outcomes for children and families in areas of safety, well-being and permanency. Prevention will continue with practices centered around early intervention and strategies to respond to the needs of those requiring services short and long term. Additionally, it is expected that changes to guidance will be completed to provide clearer guidelines for practice. The possibility of utilizing a risk assessment tool will be considered to help support case decisions of closing cases and assessing for service referrals and community-based supports. Prevention will also focus on engaging with faith-based partners.

3. QUALITY ASSURANCE AND ACCOUNTABILITY UNIT (QAA)

The current DFS Quality Assurance and Accountability Unit (QAA) is comprised of three key areas of responsibility: title IV-E Foster Care/Adoption Assistance, Child and Family Services Review (CFSR) and Sub-Recipient Monitoring (SRM). The QAA Unit staffing includes: a QAA program manager, two QAA supervisors, a sub-recipient monitoring coordinator, 18 full-time program consultants, six part-time consultants, a full-time data analyst, and a part-time data analyst. Each team has distinct responsibilities which frequently intersect with each other.

Title IV-E Foster Care and Adoption Assistance

The QAA Unit is responsible for oversight, monitoring, guidance, and training for both state and local agencies' staff for compliance and accurate financial reporting for all title IV-E foster care and adoption assistance clients. For foster care clients, this includes validating within approximately 90-120 days all children who enter foster care for the correct determination of funding eligibility. In addition, the unit reviews all established title IV-E foster care cases yearly to ensure on-going compliance to meet federal and state requirements. The Unit also monitors and ensures local departments are able to provide local financial data to support reimbursement requests. Data integrity of the OASIS reporting, with regards to foster care and adoption assistance clients, is also a responsibility for the Unit. They work closely with the VDSS Child Protective Services, Foster Care and Adoption Program Managers to ensure coordinated communication and application of compliance guidance and regulations.

For the first time in August 2016, VDSS/DFS passed a primary federal title IV-E review.

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 include 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 programs.

4. CONTINUOUS QUALITY IMPROVEMENT UNIT (CQI)

The Continuous Quality Improvement (CQI) program within the Division of Family Services provides consultation and technical assistance to all units within the division at the state level; regional directors, consultants, and contractors; and local departments of social services (LDSS). The program follows the five key components of CQI as identified by the Children's Bureau, ACY, US DHHS, as well as numerous practitioners and scholars across child welfare nationally.

These key components of CQI are:

1. Foundational Administrative Structure
2. Quality Data Collection
3. Case Record Review Data and Process
4. Analysis and Dissemination of Quality Data
5. Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process

2017 Update

In 2016-2017 the Division made substantial progress specifically in three of the above areas as described briefly below:

Case Record Review Data and Process.

In late 2016, the division adopted a two-pronged approach to case file reviews. Following the successful model of monthly visits to monitor and maintain valid and reliable IV-E expenditures, the QAA unit began bi-monthly visits to each LDSS in the state. These New Child Welfare Case Reviews provided the opportunity for state-level consultants to visit and become familiar on a regular basis with each LDSS, and to measure compliance with basic best practices. Measures reviewed for these visits included items such as: was the investigation/family assessment (FA) completed and approved in OASIS timely (60 days); Does the case have a current foster care service plan with a goal and concurrent goal; and Child's birth certificate, social security card, 501's; appropriate system checks.

The second part of the Division's new case review process includes the five regional offices across the state. In January 2017, each regional consultant began a process to review all LDSS in their region with a protocol of in-depth case file reviews and discussions with each agency. Consultants in child protective services, permanency and foster care, adoption, and resource families perform these reviews and provide both the local agency and the Division with a narrative summary and data appendix. CQI analyses these data and provides reports to VDSS leadership monthly with reporting to regional directors and consultants set for the next ROCO meeting in October 2017. The following is the agreed process:

“This Child Welfare Case Review is designed to use targeted observations to assist the local department in maintaining areas of practice noted as strengths and support growth in areas noted as needing improvement. This child welfare case review does not address all guidance and practice expectations in any of the child welfare programs.

To adequately address all items in the review, the expectation is that the regional review team will spend a work day at the agency to include record reviews as needed, informal interaction with LDSS staff, and the debriefing meeting.

Through the case review process, VDSS intends to:

- 1) increase consultant face to face availability and the development of supportive relationships with LDSS staff with sensitivity to staff turnover;
- 2) use targeted observations to support appreciative inquiry and development of LDSS strategies to enhance practice;
- 3) facilitate opportunities to explore with LDSS how to use training and practice profiles to support LDSS staff development;
- 4) utilize data collected to assess systemic issues and identify state-level responses or supports as needed by region or state-wide; and,
- 5) provide a written report documenting findings of the review and strategies identified by the LDSS to support the development of cross program areas of practice that impact timely and appropriate child and family outcomes.

Following an agency case review, VDSS' follow-up with the LDSS will be largely dependent upon the assessed need of the LDSS. VDSS is not requiring a formal Program Improvement or System Improvement Plan.

In LDSS where concerns are identified around meeting basic expectations of the program in terms of protection or safety of children, responses are likely to be more directive and follow-up will need to include periodic monitoring and checking in around these issues until such time as they are resolved. Program managers and regional directors should be involved in the development of a plan with these LDSS.

In LDSS where LDSS are generally meeting the basic expectations, follow-up will be focused on providing support for practice enhancement including the use of the coaching strategies and the practice profiles in encouraging staff development. This may include providing additional resources or facilitating discussions between LDSS with similar challenges or goals, or who can provide support to each other.

After the agency reviews have taken place, the child welfare case review reports should be completed within two weeks of an agency visit. The report should be approved by the regional director and then sent to the LDSS and placed on the W drive; W:/Family Services/Agency Case Reviews/Corresponding regional folder. Once the report has been posted notify the child welfare program managers and CQI program manager (Eleanor Brown) via email.

During the review process, program managers and policy specialists will provide support, identify barriers to best practice, look for trends, utilize data/reports to contribute to statewide planning, participate in agency visits and build relationships with LDSS.”

Analysis and Dissemination of Quality Data.

CQI relies on several other sources of information or “listening buckets” to provide the clearest and most in-depth knowledge about experiences of children and families across the state, as well as the workers who strive to serve them. Data and information from the case file reviews are a valuable source of information about practice. The recent Training Mandate analysis provides excellent information about the status of workers across child welfare in Virginia.

In addition, as part of the Transformation in Child Welfare for Virginia, a focus on “Managing by Data” is quite prominent for the Division. Specific tools to measure both process and outcomes evolved from this work and form the basis of analysis and dissemination of quality data. These tools include VCWOR, SafeMeasures, and the Chapin Hall Data Center. VCWOR is maintained by the VDSS ORP and provides reports directly from the state electronic case management system OASIS. It is the report of record and includes measures of CPS, foster care, well-being, and adoption. Safe Measures, from the National Council on Crime and Delinquency (NCCD), allows state and local agencies to obtain data and analysis across a large set of metrics that include length of stay in foster care, time to adoption, completion of monthly worker visits, and many others. Finally, Virginia has renewed its contract with the Chapin Hall Data center to obtain longitudinal case histories of children and families in contact with the child welfare system as well as comparison data from other states. CQI is in the process of sharing these data with localities upon request, and identifying specific analytic reports to share with small to mid-size agencies that lack staff to perform research or analysis.

Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process.

In response to Virginia’s 2013 CFSR, Virginia developed the Child Welfare Advisory Committee to provide for regular dialogue across a wide variety of stakeholders and decision-makers across the state. This group meets bi-monthly and is comprised of state, regional, and local department of social services leadership; other state entities involved with children and families such as VDOE, VDH, OSA, DJJ, and CIP; private providers of child welfare services and adoption services; and interested scholars in child welfare. In the past year, several of Virginia’s recent initiatives, e.g. Practice Profiles, Three Branch Initiatives, Substance Exposed Infants and Plan of Safe Care, have benefited from input and dialogue with CWAC.

In particular, Virginia has a long practice of identifying a concern, studying various approaches, piloting a promising intervention, studying results from the pilot, making modifications, and if feasible taking the initiative statewide. The recent campaign for Safe Sleep is an example of this approach.

The Senior Policy Analyst is responsible for several key areas of reporting to the Division’s Federal Partners with the US DHHS, ACF, Children’s Bureau including development/coordination of: Virginia’s Five Year Child and Family Services Plan (CFSP), Annual Progress and Services Report (APSR), Title IV-E State Plan and quarterly Program Improvement Plans (PIP); and the title IV-E Training Grant to LDSS. Both the Program Manager and Senior Policy Analyst support the Division’s CFSR process, as well as reporting on all Program Improvement Plans.

5. DIVISION OF FAMILY SERVICES TRAINING

VDSS decentralized all of its training units in June 2014, and the mandated in-service CORE child welfare training system is now fully integrated into the Division of Family Services (DFS). This statewide competency-based skills training system is delivered by a team of four curriculum developers (three eLearning & instructor-led), 15 part-time trainers, a trainer coordinator, a training support staff, and a training program manager. Program specific on-going guidance training (guidance transmittal training) is conducted by VDSS program staff from the Home or Regional Office.

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 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. 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 with the help of a training tracker job aid provided by DFS Training.

In addition to SME trainings, Family Services Training email notifications 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 regional training schedules are posted on the Family Services Training SPARK website for a period of six months for planning purposes. All required and specialty training course descriptions for both on-line and instructor led sessions are also listed on the Family Services Training SPARK website. The Family Services Training Program Manager 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. All new course development is

advertised on SPARK and flyers are emailed to all family services specialists, supervisors, and directors statewide. Additionally, all mandated training requirements are listed in the DFS Guidance Manuals.

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 MCOs 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 MCOs 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

D. CHILD AND FAMILY WELL BEING SERVICES

1. SERVICES TO ADDRESS CHILDREN'S EDUCATIONAL NEEDS

While the majority of the collaboration between DOE and VDSS is directed at improving the educational stability and attainment outcomes of older youth in foster care, educational stability and attainment for all children in foster care is also addressed. In FFY 2016, VDSS and DOE trained over 150 staff members from LDSS and local schools through regional trainings which lead to improved practices to promote educational stability for foster youth. These trainings fostered communication between DOE and LDSS staff. VDSS and DOE are also working with DJJ to discuss school enrollment issues and strategies for foster care youth re-entering the community following a commitment to DJJ.

2016 Update

In February 2016, VDSS mandated that users enter the DOE State Testing Identification (STI) in OASIS. This will allow VDSS and DOE to share foster children's aggregated educational data. Additionally, the education screens in OASIS were updated so that information regarding educational stability can be printed and submitted to court along with the foster care plan, increasing awareness of the importance of educational stability and accountability regarding practice in this area.

The Fostering Connections Act education workgroup composed of VDSS, DOE, and key stakeholders is committed to revising The Fostering Connections Joint Guidance for School Stability of Children in Foster Care for Virginia which was last updated in August 2013. However, with the enactment of the Every Student Succeeds Act (ESSA) in December 2015, the workgroup has been largely focused on understanding how Virginia's current practice and policies will be impacted. The group will move forward in FY 2017 with providing joint guidance, as needed, for ESSA. Best practices and issues that were discussed in the educational trainings will be incorporated into any guidance documents developed.

VDSS and DOE met several times to address improving the 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 selected 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 and ESSA is still underway.

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 living wage.

The Interagency Partnership to Prevent and End Youth Homelessness (IPPEYH) was established to focus on youth homelessness in Virginia. The Partnership's overarching mission is to coordinate state resources

more effectively in order to support stable housing, permanent connections, education or employment and social well-being of young people ages 14-24 that are homeless or at risk of being homeless. For FY 2016, VDSS, Great Expectations and other key stake holders were assigned to work on Goal #3: *Increase access to and success in education and employment for the target population*. This subcommittee met regularly to discuss resources and funding streams, supports and outreach to promote education and employment for older youth.

2017 Update

In FY 2017, VDSS and DOE worked with other key stakeholders including CSA and the Legal Aid Justice Center to revise the education stability joint guidance (last updated in 2013) to incorporate best practice, clarify policies and procedures, and incorporate the ESSA provisions for youth in foster care. VDSS and DOE provided multiple trainings throughout the state to LDSS, school division staff and community providers (such as the Richmond School Social Workers Association) to provide a thorough understanding of the impact of new requirements and expectations for implementations to ensure not only compliance but to further Virginia's leadership role in understanding and implementing educational stability practice.

VDSS and DOE met several times to address improving the 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 selected 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 and ESSA is still underway.

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 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 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 came to an end, VDSS 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 Virginia's Child Welfare Advisory Committee (CWAC).

Child Welfare Advisory Committee

While multiple stakeholders provide input to DFS, CWAC is the primary organization to advise VDSS on child welfare issues in Virginia. 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. The CWAC charter was revised to include sub-committees focused directly on strengthening state efforts related to safety, permanency and well-being. In particular, the Permanency subcommittee of CWAC focuses on the well-being of children in foster care and has been charged with providing oversight for the Health Care Oversight and Coordination plan. The CQI subcommittee of CWAC focuses on resources, tools, and communications that support implementation of CQI across the diverse 120 LDSS. 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 Permanency sub-committee will also include pediatricians and other medical experts as well as representatives from DMAS. More information about the Permanency subcommittee can also be found on the following subsections of the public VDSS website.

https://www.dss.virginia.gov/files/division/dfs/cwac/cwac_subcommittees/permanency/CWACPermanencyScope_Woolard.pdf

https://www.dss.virginia.gov/files/division/dfs/cwac/cwac_subcommittees/permanency/CWACPermanency_Subcommittee_Charter.pdf

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.

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

2017 Update

In January 2017, the Permanency Regulation was amended to include the requirement that if a child has not had a dental appointment in the past six months, and it is developmentally appropriate, a dental appointment shall be scheduled as soon as possible. The medical and dental evaluation requirements have been specified in the Foster Care Chapter of the VDSS Child and Family Services Manual since July 2015, whether or not the child has Medicaid coverage.

In order to support LDSS to adopt this practice behavior, OASIS revisions have been made to facilitate the regular documentation of medical and dental appointments. The health screen of OASIS is now a printable report, which the LDSS are required to submit to court with the child's foster care plan. The requirement that the report be included with court documents reinforces regular updating of medical information in OASIS. The OASIS revisions also permitted the development of reports in SafeMeasures® which will make it possible for LDSS supervisors, regional permanency consultants, and VDSS 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.

Foster and adoptive parents and service workers are able to communicate directly with the managed care plans and HelpLine staff and MCO mail is sent directly to the foster parents.

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 out of state placements.
- Children in nursing home placements.

Approximately 90% of all foster care children are served through MCOs at any point in time. VDSS is now being provided with data from DMAS regarding the care of children in foster care provided by the MCOs. Data made available through DMAS indicates 95% of enrolled foster care children saw a primary physician at least one time during the last year. For 2016, DMAS reports the following:

Percentage of Foster Care Youth Seen by a Primary Care Physician within the First Year of Medicaid Enrollment (2016)		
Region	Managed Care	Fee for Service
Tidewater	95%	98%
Central	92%	97%
Northern	98%	93%
Charlottesville	94%	98%

Halifax	92%	92%
Roanoke	97%	97%
Southwest	97%	99%

Note: DMAS regions do not coincide with VDSS regions.

Coordination of Care

In addition to improving documentation and monitoring abilities, the revision to the Health screens in OASIS permits a Health Report to be printed for each child in foster care. The report includes known health information for the foster child and the child's birth family, any diagnosis, medications prescribed, dates of last dental and physical, immunization status, and health providers' contact information. 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. This report is also printed and submitted to court as part of each child's Foster Care Plan.

Focus Area Two: Improve Mental Health Outcomes for Children and Youth in Foster Care	
Goal	Measure
1) Increase children screened and assessed for mental health needs.	a. 100% of children screened for mental health needs and referred to qualified mental health providers for full assessments when indicated on screen, within 72 hours of entry into foster care.
	b. 100% of children referred from screening receive comprehensive mental health evaluation, within 30 days by qualified mental health provider.
	c. 100% of children assessed with CANS and referred to qualified mental health provider for full assessment when indicated, within 30 days entry into foster care
	d. 100% of children referred to qualified mental health provider after CANS administration received comprehensive mental health evaluation within 60 days entry into foster care.
	e. 100% of children have CANS reassessment based on needs of child and family and on intensity of services provided, and have comprehensive CANS assessment annually.
	f. 100% of children have comprehensive CANS assessment within 90 days prior to exiting foster care.
2) Increase access to appropriate mental health care services.	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.
3) Improve appropriate use of psychotropic medication.	a. Increased percentage of children who receive pediatric medical exams within 30 days prior to starting psychotropic medications.
	b. Increased percentage of children who receive psychiatric diagnostic evaluations within 14 days prior to starting new psychotropic medications.
	c. Increased percentage of children with medication plans implemented.

	d. Decreased percentage of children under age 6 receiving atypical antipsychotic medications.
	e. Decreased percentage of children receiving multiple psychotropic medications.

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 Family Assessment and Planning Teams (FAPT) 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.

As of July 1, 2015, the CANS assessment was 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 became 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. The revised version of CANS and the enhanced CANS on-line system became available in early 2017.

The revised version of the CANS 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. Guidance is being developed which will direct LDSS to utilize the trauma module as well as various behavioral indicators captured in the CANS as a screening tool to determine when a child in foster care should be referred for additional trauma assessment and/or services. Revisions in the CANS on-line 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.

VDSS, after experiencing significant delays in the development and release in OASIS of the revised service plan which will better tie assessment with service planning, is now anticipating that the enhancements will be made available in the fall of 2017. The goal of having the CANS data integrated automatically into the service plan has been abandoned. Instead, family service specialist will be provided with direction around how to use a CANS report to guide service plan development. Over the next year, efforts will continue to be directed towards developing guidance which emphasizes integrated assessment and treatment planning for children and families and the screening and referral for treatment of trauma.

Psychotropic medication protocol and addressing trauma

Over the last year, VDSS has continued to work towards reducing the unnecessary or inappropriate prescription of psychotropic medication to children in foster care through two primary strategies. The first involves raising awareness and improving LDSS practice regarding the monitoring of psychotropic medication prescribed to children in foster care. The second involves partnering with DMAS to incorporate the medical review of psychotropic prescriptions when appropriate through requirements established in their contracts with the MCOs.

LDSS staff have been 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 through enhancements to Foster Care Guidance. Additionally, through the Learning Collaborative, the VDSS training unit developed an eLearning course which serves as an orientation to the effects of trauma on children as well as an in person course which focuses 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.

More recently, the Permanency Subcommittee hosted a psychotropic medication policy workday to look specifically at innovative practices which has been undertaken in several LDSS and regions. Participants also focused on the importance of addressing informed consent for youth who are prescribed medication, as this is an area that SPEAKOUT, Virginia's Youth Advisory Council, has identified as needing improvement. As a result of the workday, VDSS is working to make additional resources available to LDSS to guide decision-making around the process of having a child or youth evaluated for the possible prescription of psychotropic medication and the monitoring of existing prescriptions of time. Particular focus will be given to enhancing foster care guidance to address the involvement of the birth parent in decision making, the informed consent process for youth in foster care, and the provision of adequate information to the child's caregivers to ensure that meaningful reports about changes in the child's behaviors, or evidence of side effects, are reported to the prescriber.

Additionally, 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 information is now available in a report in SafeMeasures® which makes it possible for LDSS supervisors, regional permanency consultants, and home office staff to monitor the incidence of psychotropic medication use.

In FY 18, VDSS will continue to focus on improving practice around the monitoring of the use of psychotropic medications with children in foster care. In particular, efforts to ensure that caregivers, children and youth, and their biological parents are provided with information about medications being recommended and have an opportunity to participate in decision-making will be a major focus. The Permanency Subcommittee of the Child Welfare Advisory Committee will continue to examine current and proposed policies and procedures in an effort to ensure that medication is not overprescribed and are being prescribed appropriately.

Data sharing agreement and coordination of mental health services with DMAS

In 2014, 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 medications. DMAS has instituted this policy for children covered by fee-for-service Medicaid. However, this only addressed about 10% of the children in foster care, as the majority of children in foster care are now covered through MCOs.

In the last year, however, the MCOs have been incorporating a medical review process for psychotropic medication into their protocols for all children who are enrolled in their plan, including children in foster care. Specifically: 1) Payment for the prescription of typical and atypical antipsychotic medications for any member under the age of 18 requires prior service authorization. The drug must be prescribed by a psychiatrist or neurologist or the prescriber must supply proof of a psychiatric consultation. The antipsychotic must be prescribed within FDA approved daily dosing guidelines. The member must have appropriate diagnosis, must be participating in a behavioral management program and written, informed consent for the medication must be obtained from the parent or guardian; and 2) Most antipsychotics are not FDA approved for use in children ages 5 and under. Requests for coverage of antipsychotics in children age 5 and under is generally not considered to be medically necessary and will be reviewed thoroughly before service authorization is granted. Currently data related to the service authorization process is only available for the Fee-for-Service population. Over the next year, DMAS and VDSS will work together to evaluate the impact of the MCO policy changes.

DMAS did engage the Health Service Advisory Group (HSAG) to conduct a baseline study regarding the care children in foster care are provided through Medicaid. HSAG utilized quantitative and qualitative study methodology to address the following question:

To what extent did children in foster care receive the expected preventive and therapeutic medical care in the first year of managed care service delivery?

HSAG identified approximately 500 children eligible for inclusion in the study population using a random sample stratified equally across three age groups based on the child's age at the end of the measurement period (children younger than three years, children ages three through 11 years, and adolescents ages 12 through 17 years). For these children, HSAG evaluated: expected well-child visits; expected immunizations; access to primary care providers; annual dental visit; use of multiple concurrent antipsychotics; use of first-line psychosocial care for children prescribed antipsychotics; overall use of psychosocial care for children prescribed anti-psychotics; follow-up after hospitalization for mental illness; prevalence of antidepressant medication; and, prevalence of children prescribed ADHD medication. The complete results of the study have not yet been shared with VDSS. Additionally, VDSS has been informed that the baseline study did not include benchmarking or targets with which to compare the provision of care for Virginia's foster care children to the care provided in other states.

DMAS has indicated that the intention is to periodically reassess the foster care population in order to evaluate the provision of care over time. VDSS expects this process to provide data to drive decision-

making regarding the identification of high-risk cases and the development of strategies for reviewing these cases.

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 are now documented in OASIS which will permit monitoring of compliance with the expectations by LDSS supervisors, regional consultants, and VDSS. Additionally, receipt of data through DMAS confirms 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.

Through the Learning Collaborative, VDSS conducted a Trauma Systems Readiness Tool (TRST) pilot with eight agencies (representative of size, region) to assess their current status as a trauma-informed agency in December 2015. The findings from these assessments were presented at the Virginia League of Social Services Executives Spring conference in May 2016. Based on the recommendations generated by attendees, information about tools, process, frequency, etc. for screening processes for both children and parents has been made available to LDSS on the VDSS website. The absence of such was identified as one of the major weaknesses of the current system in terms of being trauma-informed. Additionally, the trauma module of the CANS and trauma training is now available for LDSS staff.

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 can 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 element of Virginia's health plan is that the MCOs are 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.

There are no plans, at present, for VDSS to develop medical homes in the Commonwealth. However, 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. In particular, Magellan, the behavioral health MCO for DMAS, has instituted a small work group to look at a particular integrated model of health/mental health care currently being provided through the Children's Hospital of the King's Daughters (CHKD) in the Tidewater area. Their medical home model includes the integration of services across their health system including the immediate screening and referral for evidenced-based treatment interventions for children in foster care and their families. Magellan is

encouraging expansion of the model to other Children's Hospitals or Hospital systems in other regions in Virginia.

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 18 in the fee-for-service population, including children in foster care. Similar authorization requirements for medical review of psychotropic medication prescription for children in foster care served through the MCOs in Virginia have been instituted.

Partial findings of the HSAG study were presented to a workgroup hosted by the CWAC Permanency subcommittee to inform recommendations regarding enhancements of the foster care psychotropic medication monitoring policy. The work that Fairfax County LDSS has done in instituting some internal protocols aimed at increasing family services specialists' knowledge about psychotropic medication and empowering them to take an active role in decision making around prescriptions was also shared. In the Central region, a workgroup including state and LDSS staff is working with private mental health providers and a child psychiatrist to develop strategies to increase awareness of prescribers and foster parents about the potential for over-prescription of psychotropic medications to children in foster care. VDSS will continue to work with this stakeholder group to refine foster care guidance and establish a psychotropic medication protocol for children in foster care with DMAS and through the MCOs.

The CWAC Permanency 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 subcommittee 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);
- Youth; and,
- Birth parents.

How the State actively consults with and involves physicians or other appropriate 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. VDSS continues 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 (NewFound Families), 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 getting them enrolled. All youth who turn 18 while in foster care are automatically evaluated for Medicaid in one of two eligibility categories and automatically enrolled into the 26 category should they exit care. These youths should then maintain their eligibility to age 26.

Beginning at age 14, youth in foster care participate in the development of an Independent Living Transition Plan that among many things, addresses 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, and providing them education about designating a health care power of attorney. The Foster Care chapter directs LDSS 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 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, local opportunities for mentors and continuing support services, work force 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 can identify a health care power of attorney using the form on the Virginia Department of Health's website, entitled "Virginia Advance Medical Directive."

<http://www.vdh.virginia.gov/OLC/documents/2008/pdfs/2005%20advanced%20directive%20form.pdf>

Additionally in the **Plan for Successful Transition** section of the 90 day Transition Plan, the following information is reviewed and collected:

Health Care and Insurance (e.g., contact information, policy numbers)			
I have health insurance:		Yes	No
Name of insurance company:			
Policy ID #:			
Phone number of insurance provider:			
Date of last medical exam:		Date of next medical exam:	
Date of last dental exam:		Date of next dental exam:	
I have identified someone to make health care treatment decisions on my behalf if I become unable to make them (a Health Proxy/ Healthcare Power of Attorney) using the form on the Virginia Department of Health’s website, entitled “Virginia Advance Medical Directive”. Yes No (circle one)			

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

III. ADDITIONAL REPORTING INFORMATION

A. MONTHLY CASEWORKER VISITS

Workers have been able to increase visitation despite receiving very few additional resources and have been consistently meeting the compliance expectation that 95% of children in foster care are visited face to face each month as established in October 2014.

2016 Update

As of April 2016, 95.09% of children in foster care had been visited monthly and 75% of these visits had taken place in the child’s residence.

2017 Update

As of April 4, 2017, 95.05% of children in foster care had been visited monthly and 77.46% of these visits had taken place in the child’s residence.

Steps taken to address compliance include:

- Continued communication with the LDSS around the need to comply with both visitation expectations and timely and appropriate documentation. Any potential data issues identified through this process are being assessed and corrected as necessary. Regional Foster Care Consultants continue to reach out to provide technical assistance specifically to those LDSS whose compliance rate appears problematic.
- 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 the federal requirement. In addition, a new report has been added to

SafeMeasures® which identifies when the narrative section of a worker visit has not been completed adequately. These two reports facilitate supervisory oversight and intervention at the LDSS level, as well as potentially identifying when technical assistance from the Regional Office may be beneficial.

- Instituting FPM as a statewide initiative has also contributed to children's placement in their home community and decreased travel time for workers, and routine use of FPMs statewide has contributed to children being placed more frequently in their home community which decreases travel time for workers. As Virginia continues to focus 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.
- Federal title IV-B funds are also used to pay for training to help staff understand the importance of having meaningful and purposeful visits with children in care and helping staff gain skills in planning, preparing, engaging in, and conducting appropriate visits, and to provide small performance rewards to workers who successfully meet program expectations.
- The state CFSR Review Process conducted in 2016, in preparation for the official review in 2017, also focused on monthly caseworker visits. While results of these reviews are mixed, the opportunity to emphasize the importance of these visits has been greatly enhanced.
- A significant challenge identified by the LDSS to meeting the requirement is documenting the visits in OASIS timely. The state is in the early stages of procuring a mobility application that will ultimately allow workers to access OASIS in the field to facilitate the documentation of worker visits immediately following the visit. The projected availability of the mobility application is Fall 2018. Additionally, the state is actively exploring ways to provide transcription services to LDSS to assist them in completing documentation within appropriate timeframes.

2017 Update

This calendar year, Regional Consultants began completing annual case reviews with agencies to support good practice and identify areas of practice that need to be strengthened. Regional Foster Care Consultants visit two agencies per month, review 5 foster care cases per agency, and gather information and provide feedback to the LDSS. This is an opportunity to provide agencies with information and technical assistance regarding monthly worker visits in addition to ensuring that documentation is meaningful and addresses the safety, permanency, and well-being of the child.

In FY 18, as part of efforts to improve outcomes related to timely permanency for children in foster care, VDSS will continue the practice of regional consultants completing agency case reviews for each agency on an annual basis. The cases being selected for review for foster care are those which have been open between 9 and 12 months. Reviewing cases early in the foster care timeline permits a focus on early permanency efforts including concurrent planning, relative searches, and family engagement. The case review process permits VDSS to assess the degree to which LDSS are experiencing challenges and/or successes in these areas and to provide timely and specific feedback and TA to the LDSS as part of the debriefing process. The items reviewed currently include items a number of items which are directly related to the CFRS instrument. As VDSS moves forward in developing a CFRS PIP, the review instrument used for the case review process may be modified to better target those practice areas which are the focus of the PIP.

B. NATIONAL YOUTH IN TRANSITION DATABASE

2016 Update

According to FFY 2015 data entered in OASIS by the LDSS, a total of 1,720 youth ages 14 and over, received at least one IL service. This number represents 74% of the total population.

LDSS workers documented IL services provided to youth 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. For FY 2016, Virginia improved NYTD data collections by having 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. According to SafeMeasures® for FFY 2015, LDSS purchased or provided a total of 6,506 services from a menu of 14 service categories. The three services most often provided were IL needs assessment, academic support, and budget/fiscal management.

NYTD data can be used to improve service delivery and practice. For example, VDSS Office of Research and Planning analyzed FFY 2014 NYTD data and some of the key findings included:

- The proportion of IL eligible clients who received services has been on a downward trend since its high in FFY 2012 when 98.9% of clients received at least one IL service. Between FFY 2011 and FFY 2014, the number of clients served increased less than one percent (0.4%) and the total IL eligible population decreased 2.8 percent.
- Although the IL needs assessment was provided to 41.4 percent (n = 788) of eligible clients, most (58.6%, n = 1,115) did not receive this required annual assessment.
- The three services most often provided were IL needs assessment (47.1%, n = 788), academic support (46.6%, n = 780), and budget/fiscal management (35.5%, n = 510).

VDSS used the data about the IL needs assessment to develop strategies that would increase the number of youth receiving IL needs assessment. VDSS offered training and technical assistance on IL needs

assessment to LDSS. This support helped to increase the number of eligible youth who received the assessment. Additionally, Foster Care guidance has been revised to emphasize the importance of basing the youth's transition plan on an annual IL needs assessment.

2016 Update

In addition, the two statewide youth conferences coordinated by Project LIFE in FY 2016, provided a session on NYTD. A NYTD subcommittee was formed which comprised of youth in the youth network and other adults interested in NYTD. The subcommittee developed a logo for Virginia's NYTD and is working on a NYTD brochure for youth.

According to FFY 2016 data entered in OASIS by the LDSS, a total of 1,548 youth ages 14 and over, received at least one IL service. This number represents 78% of the total population.

LDSS workers documented IL services provided to youth 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 continues to be a priority for Virginia. For FY 2017, Virginia improved NYTD data collections by having 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. The three services most often provided were IL needs assessment, academic support, and budget/fiscal management.

2017 Update

For FY 2017, 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. NYTD data has been shared with LDSS, youth, Interagency Partnership to Prevent and End Youth Homelessness (IPPEYH), and other stakeholders.

In addition, the two statewide youth conferences coordinated by Project LIFE in FY 2017 provided opportunities to engage and train youth, LDSS, and other key stakeholders on NYTD. A NYTD subcommittee composed primarily of youth in or transitioning out of foster care was formed and they developed a logo for Virginia's NYTD. The NYTD logo is currently being used for NYTD marketing materials provided by VDSS and Project LIFE.

C. TIMELY HOME STUDIES- MUTUAL FAMILY ASSESSMENTS

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, 2015 to April 30, 2016

Type of Placement	Public Agency	Private Agency	Court	Individual	None
Parent(s)	164	1	1	2	
Relative	16				
Foster Home	551	3	3	1	
Adoptive	170	77		25	
Group Home					
Residential	157	2	6	68	
Institutional Care (Article VI)					
Child Care Institution					
Other					
Total	1,061	83	10	96	

Sex of Children	Male		Female		Unknown	
	614		520		1	
Ages of Children	Under 1	1-5	6-10	11-15	16-18	19-21
		199	273	232	314	109
Ethnic Group	White	African American	Asian	American Indian	Hawaiian/Pacific Islander	Unable to determine
	561	303	14	12	8	237
Hispanic	Yes	No	Unable to determine	Declined		
	127	746	261			
# of Calendar Days Between Sending ICPC-100A and Receipt Back with Decision			0-30	31-60	61-90	Over 90
			196	30	33	134

Unaccompanied Refugee Minor=0; Adoption Assistance Subsidy=4; Retroactive compliance Into VA=2

Total Number of Agreements into Virginia Terminated

Adoption Finalized	108	Total: 1,175
Age of Majority/Emancipation	102	
Legal custody returned to parents (concurrence)	39	
Legal custody to relative (concurrence)	39	
Treatment complete	96	
Sending state jurisdiction terminated (concurrence)	1	
Unilateral termination	11	
Child returned to sending state	121	
Child moved to another state	13	
Proposed placement request withdrawn	43	
Approved resource will not be used for placement	74	
Other	528	

Number of children returned to Virginia: 159

Placement Requests Out of Virginia - April 1, 2015 to April 30, 2016

Type of Placement	Public Agency	Private Agency	Court	Individual	None
Parent(s)	195	1	4		
Relative	8				
Foster Home	433		1		
Adoptive	47	46		18	
Group Home				1	
Residential	51	2	7	89	
Institutional Care (Article VI)					
Child Care Institution					
Other					
Total	734	49	12	108	

Sex of Children	Male		Female		Unknown	
	378		364			
Ages of Children	Under 1	1-5	6-10	11-15	16-18	19-21
	109	174	149	191	117	0
Ethnic Group	White	African American	Asian	American Indian	Hawaiian/Pacific Islander	Unable to determine
	388	225	10	1	1	117
Hispanic	Yes	No	Unable to determine			
	66	550	126			

# of Calendar Days Between Sending ICPC-100A and Receipt Back with Decision	0-30	31-60	61-90	Over 90
		61	15	11

Unaccompanied Refugee Minor=1; Adoption Assistance/Subsidy=11; #Placements OUT of VA brought into Compliance=1

Total Number of Agreements Out of Virginia Terminated

Adoption Finalized	81	Total: 893
Age of Majority/Emancipation	104	
Legal custody returned to parents (concurrence)	46	
Legal custody to relative (concurrence)	46	
Treatment complete	47	
Sending state jurisdiction terminated (concurrence)	2	
Unilateral termination	14	
Child returned to sending state	60	
Child moved to another state	5	
Proposed placement request withdrawn	63	
Approved resource will not be used for placement	44	
Other	381	

Number of children returned to Sending state=102

National Electronic Interstate Compact Enterprise (NEICE) System

On April 18, 2016, Virginia on boarded to the National Electronic Interstate compact Enterprise (NEICE) system. The NEICE is a cloud-based electronic system for exchanging the data and documents needed to

place children across state lines as outlined by the ICPC. NEICE was launched in November 2013 as a pilot project with six states which are the District of Columbia, South Carolina, Florida, Wisconsin, Indiana and Nevada. NEICE significantly shortened the time it takes to place children across state lines, and saved participating states thousands of dollars in mailing and copying costs. To date, Virginia is rolling out the NEICE on an agency basis and there are currently six localities that piloting the system. They are Fairfax County Department of Social Services, Harrisonburg/Rockingham Department of Social Services, Newport News Department of Social Services, Norfolk Department of Social Services, Virginia Beach Department of Social Services, and Wise County Department of Social Services. It is anticipated that the new NEICE system will expedite the case management process and therefore reduce the placement time for children and families.

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.

Of the total 248 adoptive families served during the fourth quarter, 63 have adopted internationally. These 63 families represent 25.40% of total families served in this quarter. In the 63 families, there are 83 children adopted internationally. For the entire fiscal year of 2015-16, there were 79 unduplicated families, with 110 children that adopted internationally. This represented 25.48% 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, 2015 through June 30, 2016. Included in the table are countries of origin for children, and numbers and percentages of families served by AFP who adopted internationally:

Country	July - Sept 2015	Oct – Dec 2015	Jan – Mar 2016	April – June 2016	July 2015 – June 2016
China	26	27	27	23	28
Russia	17	17	15	16	18
Guatemala	15	13	13	12	15
Bulgaria	8	5	6	6	14
Ukraine	7	5	5	5	8
Haiti	5	5	5	5	5
Columbia	3	3	3	3	3
Ethiopia	2	2	4	2	4
Kazakhstan	2	2	2	3	3
Ecuador	1	1	1	1	1
El Salvador	1	1	1	1	1
Ghana	1	1	1	1	1
Malawi	1	0	0	0	1
Mexico	1	1	1	0	1
Philippines	1	1	1	1	1
South Korea	1	0	0	0	1
Uganda	1	1	1	1	1
Vietnam	1	3	3	2	3
West Africa	1	1	1	1	1
Total # Children	95	89	90	83	110
Total # Families	72	68	71	63	79
% of Total Families	28.13%	24.91%	28.17%	25.40%	25.48%

Country	July - Sept 2015	Oct – Dec 2015	Jan – Mar 2016	April – June 2016	July 2015 – June 2016
Served					

Table below represents information as reported by VDSS ICPC:

1/1/13 – 3/31/13		4/1/13 – 6/30/13		4/1/14 – 4/30/15		2/1/15 – 12/30/15	
Country	# Children	Country	# Children	Country	# Children	Country	# Children
Uganda	3	Uganda	1	China	2	Bangladesh	1
China	1	Korea	1	Bangladesh	1	Korea	3
Korea	3	Japan	1	Ethiopia	3	Liberia	1
Pakistan	1			Nigeria	1	Pakistan	1
				Pakistan	3	Russian Federation	1
				Philippines	4	Thailand	2
				Thailand	1	United Kingdom	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.

2017 Update

This year, Resource Family consultants reviewed and agreed with 87 variances for relative foster families.

Juvenile Justice Transfers

Through the OASIS data system, Virginia tracks reasons why children exit foster care. For SFY 2015, 49 children left foster care due to a commitment to corrections. For SFY 2016, 62 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

Virginia has 10 state recognized tribes and, since January 28, 2016, one federally recognized tribe. The Pamunkey Tribe was officially recognized by the Bureau of Indian Affairs on July 2, 2015 and after an appeal was dismissed, is now fully recognized. *There are several other Virginia tribes which are currently pursuing federal recognition.*

Contacts have been updated to include all state recognized tribes in Virginia. 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. Several tribes participated in the stakeholder interviews as part of the CFSR process. Follow up letters will be sent to each Virginia tribe to begin/continue 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.

Barriers to collaboration: VDSS will continue to make attempts to build/maintain relationships with the federal and state tribes in Virginia although there has been little to no response in past attempts to build relationships. As noted in the chart below, the number of Native American children involved in the child welfare system in Virginia is extremely low, so it's not surprising that the tribes have not demonstrated an interest in collaborating with VDSS. Additionally, since child welfare in Virginia is state supervised and locally administered, it is challenging for VDSS to engage tribes across the state when the tribes would be more interested in building relationships with their LDSS and services providers within their communities.

Virginia Court Improvement Program and ICWA

Effective August 10, 2016, Sandra L. Karison is the new Director of the Court Improvement Program (CIP) for Virginia. The Court Improvement Program develops and facilitates integration of procedures and best practices for court cases involving juvenile and family law, and supports implementation of Judicial Council standards for guardians' ad litem for children and incapacitated adults. Ms. Karison becomes a new member of the Virginia CWAC, allowing for enhanced collaboration concerning ICWA and the court system in Virginia.

Federally Recognized Tribe - Pamunkey

<http://www.pamunkey.net/>

Primary Contact: Chief –

Robert Gray Rgray58@hughes.net

191 Lay Landing Rd

Pamunkey Indian Reservation

King William, VA 23086

Virginia State Recognized Tribes

<https://commonwealth.virginia.gov/virginia-indians/tribe-contact-information/>

Children served by VDSS Child Welfare that identify as American Indian or Alaskan Native

2016 Update

Based on the Virginia Child Welfare Outcomes Reports (VCWOR), a relatively small proportion of children involved with CPS in Virginia identified as American Indian or Alaskan Native. The table below shows their involvement with CPS (three months) and Foster Care (12 months).

Statewide Oct-Dec 2015	# of Children by CPS Report Type	% Native American Children
Referrals	27153	0.16%
Accepted	13505	0.12%
Family Assessment	7790	0.10%
Investigated	3491	0.23%
Founded	1318	0.46%

Statewide Jan-Dec 2015	Male	Female
All Children in Foster Care Services	3792	3374
# Native American Children	10	12
Age at Current Removal		
0-3years	4	2
4-10years	4	2
11-14years	1	3
15-16years	1	5
17-18years	0	0
Diagnosed Disability		
Yes	1	5
No	7	5
Unknown	2	2
Case Plan Goal	1	2
Adoption	8	4
PFC	0	1
Relative Placement	2	3

Return Home	0	4
Exits from Care	1	2
Adoption	3	1
Custody transfer to another relative	0	2
Still in care	7	9

2017 Update

VDSS continues to communicate regularly with the Pamunkey tribal point of contact (currently Chief Gray) with the most recent letter having been sent in March 2017. The letter included links to Virginia's State Plan as well as the 2016 APSR and an invitation to provide input on the 2017 APSR. Chief Gray has also been added to the membership and continues to receive invitations for Virginia's Child Welfare Advisory Committee (CWAC) that holds six meetings each year with Virginia's child welfare stakeholders. VDSS will also extend invitations to participate in case specific collaboration, if/when member children are involved in the child welfare system. The final 2017 APSR will also be provided to Chief Gray, in addition to its posting on VDSS Public Website. Possible barriers to coordination include the lack of reciprocity in terms of communication returned to VDSS regarding invitations and initiatives.

Children served by VDSS Child Welfare that identify as American Indian or Alaskan Native

Statewide Oct-Dec 2016	# of Children by CPS Report Type	% Native American Children
Referrals	28,875	0.19%
Accepted	14,605	0.20%
Family Assessment	8560	0.22%
Investigated	3439	0.26%
Founded	1258	0.32%

Statewide Jan-Dec 2016	Male	Female
All Children in Foster Care Services	3822	3513
# Native American Children	10 (.002%)	8 (.002%)
Age at Current Removal		
0-3years	2	2
4-10years	5	1

11-14years	2	1
15-16years	1	4
17-18years	0	0
Diagnosed Disability		
Yes	2	5
No	5	2
Unknown	3	1
Case Plan Goal		
Adoption	4	4
Independent Living	0	1
Relative Placement	2	1
Return Home	4	2
Exits from Care		
Reunification	0	1
Adoption	2	1
custody transfer to another relative	1	0
Other	3	2
Still in care	4	4

ACYF-CB-PI-13-05 and Title IV-E Requirements

2016 Update

In response to ACYF-CB-PI-13-05, Virginia revised foster care guidance to meet the requirements to establish and maintain procedures to work collaboratively with a federally recognized Tribe for the transfer of responsibility and care of a child of Indian heritage to a Tribe or Tribal IV-E agency. Draft guidance was included in the June 2014 Virginia title IV-E PIP Report and was reported in the final 2009-2014 State Plan APSR.

http://spark.dss.virginia.gov/divisions/dfs/fc/files/manual/fc_manual/07_2015/Section_01_Foster_Care_Overview.pdf

Final publication of revised guidance incorporating all requirements is anticipated for May/June 2017. Revised CPS guidance published in January 2016, included requirements from the 2015 ICWA standards.

http://spark.dss.virginia.gov/divisions/dfs/cps/files/manual/01-2016/section_1_introduction_to_cps_.pdf

[http://spark.dss.virginia.gov/divisions/dfs/cps/files/manual/01-2016/section 4 family assessment and investigation.pdf](http://spark.dss.virginia.gov/divisions/dfs/cps/files/manual/01-2016/section%204%20family%20assessment%20and%20investigation.pdf)

On February 23, 2016, VDSS published Broadcast 9594 announcing the revised guidance including:

- Active efforts to assist Indian families make changes to keep a child safely in their home;
- Membership or eligibility of an Indian child in more than one tribe;
- Non-transfer of an Indian child to a tribal agency;
- Placement and placement preference for Indian children; and,
- Building and strengthening relationships with other Virginia tribes.
- Requirement that LDSS treat all children at risk of, or entering, foster care as an Indian child until it is determined that the child does not belong to a federally recognized tribe.

Virginia continues to work 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. Eventually, this information will be located in an introductory chapter to the entire child welfare manual since it is pertinent to all program areas. Those active efforts 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 FP;
- Engaging tribal representatives;
- Documenting how the child's tribal membership was determined.

Virginia's information system, OASIS, has been updated to allow Virginia to better track and report on children of American Indian heritage. Two new mechanisms have been put into place to ensure LDSS compliance with ICWA requirements. First, a new purpose of contact, "Indian status," has been added to OASIS. Foster Care guidance will include a requirement that for every child entering care, information shall be documented in OASIS about how a determination about the child's potential American Indian status was made. The specific contact purpose will permit VDSS to pull reports to track this activity. Secondly, during the new QAA process where the QAA teams review all new foster care cases, the QAA reviewers assess the LDSS' initial compliance with ICWA requirements. When there have been indications that the child is an American Indian child, the QAA team has involved the Regional Foster Care Consultant to provide technical assistance to ensure ICWA requirements are addressed early on in the case, including that these activities are documented appropriately.

Finally, Virginia foster care guidance strongly encourages LDSS to contact Virginia tribes and work with them to address the needs of children associated with state recognized tribes. New Worker Foster Care Policy Training, provided on a regular basis in each region of the Commonwealth, reviews requirements for contact as part of the curriculum. The New Worker Foster Care Policy Refresher Course (for workers hired prior to 2013) also stresses ICWA requirements.

2017 Update

The Foster Care Manual is posted effective June 2017.

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 Services, 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.

	SFY 2014	SFY 2015	SFY 2016
Child Death Investigations	124	131	129
Founded Disposition*	47	52	46
Unfounded Disposition*	73	72	80

This information does not reflect pending investigations and appealed findings

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. 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. For the cases that were not investigated by the LDSS, it was determined that some of the cases involved perpetrators who were not in a caretaking role. Respectively, the alleged perpetrator being in a caretaking role is a statutory requirement, specifically listed in § 63.2-1508 of the *Code of Virginia*, in order to meet the CPS report or complaint validity test. VDSS will continue to work closely with the OCME, and as the regional child fatality review teams become more community-based it is expected to see an increase of cases reported to CPS; such as children who have died in unsafe sleep arrangements. As knowledge and guidance increases around Neonatal Abstinence Syndrome, and the enhancement to policy and guidance around the development of a plan of safe care for an infant born and identified as being affected by illegal substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder; it is expected to see an increase in cases reported to CPS. Activities and strategies undertaken will be addressed in more detail in the State’s 2017 APSR.

2017 Update

In concert with the Three Branch Initiative, and more specifically with a new High Impact Strategy (formally established on April 4, 2017) related to a statewide collective impact safe sleep campaign, connection with the VDSS Healthy Families Grant Administrator and in turn Program grantees is considered as integral. Home visiting has been discussed as a key component to the protection of infants, particularly to mitigate infant mortality. Further, the dyad may also be applied to ensure that substance-exposed infants receive post-natal monitoring in the home so as to evaluate safety and well-being as well as to facilitate follow-up services for the child and his/her caregiver/family.

I. POPULATIONS AT RISK FOR MALTREATMENT

2016 Update

VDSS continues 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 (2011 – 2015), approximately 79% of the founded cases of child maltreatment involved a child less than four years of age and approximately 47% were under the age of one. This is consistent with national data that finds young children to be the most vulnerable. Additionally,

approximately 78% of the unfounded reports involved children under the age of one from SFY2011 through SFY2015. In SFY2015, of the 69 unfounded reports that involved a child less than one year of age, 44 (64%) 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 cases of infants who died unexpectedly in a sleep environment. 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 LDSS participated by distributing information in their communities.

The Western Region has an initiative between LDSS 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.

VDSS also implemented a number of other recommendations from the study. The CPS guidance manual now includes a reference to safe sleep when observing and assessing home environments of families with children less than one-year of age. The new guidance was disseminated in July 2015.

Specialized materials about Abusive Head Trauma and safe sleep practices were developed and disseminated in July 2015 to the LDSS child care staff, VDSS licensing staff, and child care providers; foster, adoptive and kinship care parents, and LDSS foster care and adoption services specialists to be included in their respective curricula for working with these populations. The materials stress the importance of this parenting information and the following links were provided:

http://www.dss.virginia.gov/family/safe_sleep.cgi

http://www.dss.virginia.gov/family/cps/shaken_baby.cgi

Due to the alarming number of drug overdoses both nationwide and in Virginia, the State Child Fatality Review Team decided to examine how children were being affected by this public health epidemic. The Team is currently completing its study of "Poisoning Deaths in Virginia Infants and Young Children". The Team reviewed 41 child deaths due to poisoning from 2009 and 2013 to identify risk factors and develop strategies for prevention and intervention. While the majority of the decedents were teenagers,

15 of those decedents (37%) were infants or young children, ages 0 to 6. The Team determined that 80% of these deaths were preventable and identified five key themes in its review of this target population.

After teens, children most at risk of poisoning deaths are infants and toddlers, particularly those in homes where a parent or caregiver had a history of substance abuse. In fact, the Team found that infant and toddler deaths occurred in homes where parents and caregivers were using prescription drugs. The majority of these infants and children (nine or 60%) died after ingesting prescription medication. Prescription medications included narcotics, analgesics, anti-anxiety medications, antidepressants, anti-psychotics, muscle relaxants, stimulants, and anti-emetics. Prescription medications were prescribed to a family or household member in four cases, and came from a friend of the family or a dealer in three cases. Over-the-counter medications included acetaminophen and diphenhydramine. Other fatal substances included massage oil, fluoride from toothpaste, and carbon monoxide from car exhaust.

The Team found that most of the infants and toddlers who died from poisoning had recently seen their pediatrician and almost half were known to CPS prior to their deaths. Thirteen of the 15 children had seen a pediatrician at least once over the past year prior to their death, and in several cases, the pediatric charts noted concerns about caretaker substance use or misuse. Six of the children who died and their caregivers were known to CPS; this reflects 40% of the families in this review.

While the Team has not yet completed its recommendations, two primary key themes for prevention are supervision of infants and young children by their caregivers and safe storage and administration of medications and potentially lethal household products. The Team determined that 13 (87%) infants and young children were not adequately supervised by a caregiver at the time of the fatal ingestion of poison. In six cases, caregivers knowingly administered a medication not prescribed to the child, administered an incorrect dosage or a medication not intended for children of that age. Four caregivers had a history of inadequately administering the medications; in several cases the caregivers administered these medications to get children to sleep or to manage their behavior. The preliminary report: Poisoning Deaths in Virginia Infants and Young Children: A Preliminary Overview from the State Child Fatality Review Team, published in February 2016 can be found at:

<http://www.vdh.virginia.gov/content/uploads/sites/18/2016/04/Infant-and-Young-Child-Poisoning-Deaths.pdf>

There is still much to learn about this emerging epidemic and the Team is still finalizing its recommendations. VDSS is exploring a change in the timeline for response when 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. VDSS will continue to address this issue in the 2017 APSR and will outline strategies and activities undertaken to target services to this population.

2017 Update

The 2017 General Assembly passed legislation that requires CPS to promulgate a regulation to require a 24-hour response for all reports involving a child less than two years of age. The regulatory process is arduous and time-consuming. Therefore, in the interim, the update will be included only in revised CPS guidance issued in July 2017.

The State Child Fatality Review Team is currently reviewing child drownings, which occurred over the past five years.

Through SB 868, and efforts and recommendations of the Three Branch Goal Groups and Citizen Review Panels, the 2017 General Assembly passed legislation to require that the VDSS State Board of Social Services promulgate a regulation requiring a 24-hour response to all reports or complaints of suspected abuse or neglect of a child less than two years of age. Noteworthy, however, the regulatory process is an arduous and time-consuming one. Therefore, in the interim of it becoming effective, CPS Guidance will be revised effective July 1, 2017.

The following three (3) items relate to the strategies of the Three Branch Initiative and, more specifically, Goal Group 2 to, assess the effectiveness of existing screening, safety, and risk tools and to explore the development of new or expanded policies, practices, and protocols. Firstly, Senate Bill 1086 and House Bill 1786 will impact current law, specifically § 63.2- 1505, § 63.2- 1506, and § 63.2- 1509 of the Code of Virginia, by, effective July 1, 2017, requiring that mandated reporters relay, (i) a finding made by a health care provider within six weeks of the birth of a child that the child was born affected by substance abuse or experiencing withdrawal symptoms resulting from in utero drug exposure; (ii) a diagnosis made by a health care provider within four years following a child's birth that the child has an illness, disease, or condition that, to a reasonable degree of medical certainty, is attributable to maternal abuse of a controlled substance during pregnancy; or (iii) a diagnosis made by a health care provider within four years following a child's birth that the child has a fetal alcohol spectrum disorder attributable to in utero exposure to alcohol. This law change relates to the passage of CARA (Comprehensive Addiction and Recovery Act of 2016), which requires the omission of the word illegal from the definition of substance abuse and the development of a Plan of Safe Care that addresses the needs of both the infant and the caregiver. In addition to Virginia's proactive approach to comply with CARA and otherwise noteworthy with regard to the Virginia law changes, the local department of social services will be required to enter all substance-exposed infant reports into the statewide automation system maintained by the Virginia Department of Social Services (VDSS). The new law will abolish the current provision, which allows local departments of social services to invalidate such reports if the mother sought treatment during pregnancy. It will require a Family Assessment response through which Plans of Safe Care should emerge. And, as stated in provisions ii and iii (above), a child will be defined as one under the age of four years. In addition to the passage of CARA, these measures relate to concerns that the incidence of SEI has risen over the past several years, from 742 in SFY 2009 to 1,334 in SFY 2016.

Also noteworthy, Senate Bill 868 will impact current law, specifically §63.2- 1503 and §63.2- 1508 of the Code of Virginia, by, effective July 1, 2017, requiring that the State Board of Social Services promulgate regulations to require local departments of social services to respond to a valid report or complaint alleging suspected abuse or neglect of a child under the age of two years old within twenty-four (24) hours of receiving such report or complaint. It is important to note, however, that the provision will not become a standalone criterion. Rather, the report or complaint must first meet the current validity test. This measure is in response to the prevalence of child mortality among ages four years and younger, mortality increasing with younger ages, particularly under one year.

Lastly, House Bill 2162 directs the Secretary of Health and Human Resources to convene a work group to study barriers to treatment of substance-exposed infants in the Commonwealth and to provide a report to the Governor by December 1, 2017. VDSS is leading this project so as to form the work group as well as ensure that collaboration, research, and final recommendations ensue. Moreover, this has prompted a new High Impact Strategy, which was formally introduced into the Three Branch Institute Work Plan during the Home Team meeting held on April 4, 2017.

Noteworthy, the aforementioned modifications to law, regulation, and guidance will also impact reporting through the statewide automation system. Respectively, substance-exposed infant and Plan of Safe Care indicators and changes to the Structured Decision-Making Tool with regard to an R1 (24-hour) response

to reports or complaints involving children under two years of age as well as an indicator for identifying a dependent of a member of the Armed Forces (passage of companion bills, SB 1164 and HB 2279) will be added for the purpose of data collection and response facilitation.

J. SERVICES FOR CHILDREN UNDER THE AGE OF FIVE

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.

Additionally, DMAS is tracking this group specifically to ensure that screening for developmental delays and other health or behavioral needs are addressed as soon as possible.

Individualized services for children in this age group are determined at the local level through the Family Assessment and Planning Teams who are aware of local services provided through the schools, the community service boards, and private providers.

2016 Update

As of January 1, 2016, there were 1,297 children under the age of 5 in foster care. Of these children, 1,183 were in placements which were not permanent. That is, they were not in a pre-adoptive placement waiting adoption finalization or on trial home visits. This is 37 fewer children in this age group than last year, which represents a 3% decrease. Forty-seven percent of these children were female and 53% percent were male. The majority of the children, 54%, were white. Thirty-two percent were black and 11% were mixed race. As of January 1, 2017, there were 1,340 children under the age of 5 in foster care. Of these children, 1,087 were in placements which were not permanent. That is,

they were not in pre-adoptive placements waiting adoption finalization or on trial home visits. This is 96 fewer children in this age group than last year, which represents an 8% decrease. Forty-seven percent of these children were female and 53% percent were male. The majority of the children, 55%, were white. Thirty percent were black and 11% were mixed race.

2017 Update

As of January 1, 2017, there were 1,340 children under the age of 5 in foster care. Of these children, 1,087 were in placements which were not permanent. That is, they were not in pre-adoptive placements waiting adoption finalization or on trial home visits. This is 96 fewer children in this age group than last year, which represents an 8% decrease. Forty-seven percent of these children were female and 53% percent were male. The majority of the children, 55%, were white. Thirty percent were black and 11% were of mixed race.

In addition to the services noted above, VDSS continues to ensure that developmentally appropriate services are provided to this age group. These services include, but are not limited to:

- Medicaid's Early Intervention Program
- Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT)
- Infant and Toddler Early Intervention Program (Child Protective Services guidance outlines under what circumstances the referral is required by CPS)
- Head Start and Early Head Start

K. PROGRAM IMPROVEMENT PLAN UPDATES

The Adoption and Foster Care Analysis and Reporting System (AFCARS) PIP

This Program Improvement Plan was initially submitted in August of 2012 following the AFCARS review in June 2010. Virginia has submitted two updates since the last APSR to address minor changes to the AFCARS extract files.

2017 Update

Work continues on the PIP and contained within the next release of OASIS scheduled for October 2017, there will be significant updates to the AFCARS extract to meet some of the remaining items identified in the PIP.

IV. STATEWIDE ASSESSMENT OF PERFORMANCE

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 is able to begin providing insight to performance on outcomes and systemic factors. As such, Virginia completed the third round of the CFSR in April through June 2017, the data from the case reviews will be used to assess performance

in the coming year and will be included in the next APSR.

CHILD AND FAMILY OUTCOMES

A. SAFETY

OUTCOME I: CHILDREN ARE, FIRST AND FOREMOST, PROTECTED FROM ABUSE AND NEGLECT

Item 1. Timeliness of Initiating Investigations of Reports of Child Maltreatment

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

2016 Update

To allow for time for data entry, the reports will be pulled from February 2016. For the Timeliness of First Attempted or Completed Contact report, for referrals received during February 2016, contact or attempted contact was made within the response time priority limits for 86.3% of cases. For the Timeliness of First Completed Contact report, for referrals received during February 2016, contact was made within the response time priority limits for 83% of cases. The Time to First Meaningful Contact report details how much time passed between the referral date and first meaningful contact. For referrals received in February 2016, 6.9% of cases have contact pending; 39.7% had contact within 24 hours; 12.6% had contact within 48 hours; 7.4% had contact within 72 hours; 14.2% had contact in less than 6 days; 11% had contact in less than 11 days; 5.2% had contact in 11+ days; and 1.8% of cases were closed without contact. For the Timeliness of First Attempted or Completed Contact with Victim report, for referrals received in February 2016, contact made within the response time priority with the victim in 59.9% of cases; in 4.4% of cases, attempted contact with made within the response time priority; and in 35.4% of cases contact was not timely.

For case reviews conducted between January and April 2016 (n=64, na=43), item 1 Timeliness of Initiating Investigations of Reports of Child Maltreatment, 86% of cases reviewed received a rating of Strength and 14% received a rating of Area Needing Improvement (ANI). Overall, Safety Outcome 1 was substantially achieved in 86% of cases and not achieved in 14% of cases.

2017 Update

Case reviews conducted during this reporting year are currently under review and will be reported with the entire CFSR at a later time (for Timeliness of Initiating Investigations of Reports of Child Maltreatment as it pertains to Safety Outcomes).

2016 and 2017 Data Comparison

Reports included in SafeMeasures®. Results are shown for referrals received during months indicated.

Timeliness of First Contact	Feb 2016	Feb 2017
Completed timely	83.0	84.0
Attempted timely	3.3	3.9
Time to First Meaningful Contact	Feb 2016	Feb 2017
Contact pending	6.9	6.2
Within 24 hours	39.7	30.4
Within 48 hours	12.6	13.1
Within 72 hours	7.4	7.1
Less than six days	14.2	15.3
Less than 11 days	11.0	10.5
11+ days	5.2	4.8
Closed without contact	1.8	2.2
Timeliness of First Contact with Victim (within response time priority)	Feb 2016	Feb 2017
Completed Timely	59.9	64.4
Attempted Timely	4.4	4.1
Not timely	35.4	30.2
Pending	0.0	0.0

OUTCOME II: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE

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

Item 3. Assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care

Virginia is currently still working on a service request (SR) to update service plans in OASIS. The SDM Family Strengths and Needs Assessment (FSNA) and Risk Reassessment 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. The new service plan schematic rollout is expected to occur in Fall 2017. This will serve as a catalyst for training on the proper development and use of the tool as well as application of structured decision-making practices.

CPS issued guidance that mandates the use of the FSNA and Risk Reassessment tools in CPS ongoing cases. Additional guidance was provided regarding the development of service plans.

SafeMeasures® includes several reports on completion and timeliness 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 is currently working on reports for the FSNA and Risk Reassessment tools for CPS ongoing cases. Reports are now included in SafeMeasures® include:

SDM: Intake Tool Completion;
SDM: Time from Referral to Intake Tool Completion;
SDM: Initial Safety Assessment Timeliness;
SDM: Safety Decision;
SDM: Initial Risk Level;
SDM: Risk Assessment Timeliness; and
SDM: Risk Level at Referral Closure

2016 Update

To allow for time for data entry, the reports will be pulled from February 2016. For the report Intake Tool Completion, the intake tool was completed for 98.8% of referrals received during February 2016. For the report Time from Referral to Intake Tool Completion, the intake tool was completed within one day for 90.3% of referrals received during February 2016; the tool was completed within one to two days for 3.3% of referrals received during February 2016; the tool was completed between two and five days for 5.1% of referrals received during February 2016; and the tool was completed in more than five days for 1.4% of referrals received during February 2016. The report Initial Safety Assessment Timeliness details if the initial safety assessment completed within one day of the first meaningful contact. For 59% of referrals received in February 2016, the initial safety assessment was completed on time; 20.4% of referrals received in February 2016 were not completed on time; and 8.7% were not completed. The report also details referrals with no first meaningful contact in 5.4% of referrals and the safety assessment was completed before contact was made in 6.4% of the referrals received in February 2016.

The SDM Safety Decision report details what the safety decision ended up being for all investigated referrals. For referrals received during February 2016, 47.5% were deemed Safe, 50.1% were

Conditionally Safe, and 2.4% were Unsafe. The SDM Initial Risk Level report details the level determined during the initial risk assessment. For referrals received during February 2016, 23.9% were deemed Low Risk, 38.6% Moderate Risk, 28.4% High Risk, and 9.2% Very High Risk. The Risk Assessment Timeliness report details if the risk assessment completed within 45 days of the referral or track change date. For 53.7% of referrals received in February 2016 had a risk assessment completed within 45 days; 7.3% of referrals received in February 2016 had a risk assessment completed between 45 and 60 days; 1.5% of referrals received in February 2016 had a risk assessment completed in more than 60 days; and in 26% of referrals received in February 2016 have a risk assessment that is still pending. The SDM report Risk Level at Referral Closure details the final risk level for referrals closed during February 2016. In 19.8% of referrals, the risk was Low; 40.2% the risk level was Moderate; 29.7% the risk level was High; and in 10.4% the risk level was Very High.

Virginia consistently passes the standard for Item 2: Absence of Maltreatment Recurrence. In the June 2015 Fiscal Year 2014ab State Data Profile, Virginia passed the Standard 94.6% or more with 98.0%. Virginia also consistently passes the standard for Item 3: Absence of Child Abuse and/or Neglect in Foster Care. In the June 2015 Fiscal Year 2014ab State Data Profile, Virginia passed the Standard 99.68% or more with 99.77%.

Virginia's National Standard Data for Safety Outcome 1 (Source: VCWOR > CFSR > Safety Outcome 1)

- Maltreatment in Foster Care 8.50 victimizations per 100,000 days in foster care
- Recurrence of Maltreatment 9.1%

For case reviews conducted between January and April 2016 (n=64), item 2 Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care, 96% of cases were rated Strength and 4% were rated ANI (na=37). For item 3 Risk and Safety Assessment and Management, 94% of cases were rated Strength and 6% of cases were rated ANI (na=0). Over all Safety Outcome 2 was Substantially Achieved in 94% of cases, Partially Achieved in 3% of cases, and Not Achieved in 3% of cases.

Surveys were sent to stakeholders; including Juvenile Court Judges, DSS attorneys and Guardian ad Litem (GAL); Court Appointed Special Advocates (CASA), Foster Parents and residential staff; Family Services staff (FSS), and Family Services Supervisors. All but foster parents were asked to respond to the statement "My LDSS offer services to protect children in their homes." The responses for Agree or Strongly Agree are: FSS, 91%; Supervisors 89%; Judges, 94%; Attorneys, 84%; and CASA, 82%. When asked to respond to the statement "My LDSS offer services to families to prevent removal of children into foster care" the responses for Agree or Strongly Agree are: FSS, 91%; Supervisors 90%; Judges, 97%; Attorneys, 76%; and CASA, 79%. When asked to respond to the statement "My LDSS offer services to families to prevent re-entry into foster care" the responses for Agree or Strongly Agree are: FSS, 66%; Supervisors 75%; Judges, 87%; Attorneys, 64%; and CASA, 68%.

When asked to respond to the statement "My LDSS assesses safety related to children in their homes. (Safety refers to the degree which a child is secure from harm or serious injury now or in the very near future.)", the responses for Agree or Strongly Agree are: FSS, 95%; Supervisors 95%; Judges, 91%;

Attorneys, 83%; and CASA, 84%. When asked to respond to the statement “My LDSS addresses assesses safety of children in their homes” the responses for Agree or Strongly Agree are: FSS, 92%; Supervisors 96%; 83%; Judges, 85%; Attorneys, 77%; and CASA, 79%. When asked to respond to the following statement “My LDSS assesses risk related to children in their homes. (Risk refers to the future likelihood of child maltreatment or how likely the child will be abused/re-abused in the foreseeable future.)” the responses for Agree or Strongly Agree are: FSS, 92%; Supervisors 96%; 80%; Judges, 85%; Attorneys, 78%; and CASA, 78%. When asked to respond to the statement “My LDSS addresses assesses risk of children in their homes” the responses for Agree or Strongly Agree are: FSS, 90%; Supervisors 94%; Judges, 76%; and CASA, 71%.

The following statements include responses from all the above listed stakeholders. When asked to respond to the statement “My LDSS assesses safety related to children while in foster care” the responses for Agree or Strongly Agree are: FSS, 84%; Supervisors 97%; Foster Parents, 84%; Judges, 83%; Attorneys, 79%; and CASA, 82%. When asked to respond to the statement “My LDSS addresses assesses safety related to children while in foster care” the responses for Agree or Strongly Agree are: FSS, 80%; Supervisors 93%; Foster Parents, 83%; Judges, 89%; Attorneys, 76%; and CASA, 76%. When asked to respond to the statement “My LDSS assesses risk related to children while in foster care” the responses for Agree or Strongly Agree are: FSS, 80%; Supervisors 93%; Foster Parents, 80%; Judges, 80%; Attorneys, 77%; and CASA, 70%. When asked to respond to the statement “My LDSS addresses assessed risk related to children while in foster care” the responses for Agree or Strongly Agree are: FSS, 79%; Supervisors 92%; Foster Parents, 77%; Judges, 83%; Attorneys, 72%; and CASA, 67%.

2017 Update

Item 2: Absence of Maltreatment Recurrence. In the June 2016 Fiscal Year 2015ab State Data Profile, Virginia passed the Standard 94.6 % or more with 97.9%.

Item 3: Absence of Child Abuse and/or Neglect in Foster Care: In the June 2016 Fiscal Year 2015ab State Data Profile, Virginia passed the Standard 99.68 % or more with 99.86 %.

Virginia’s National Standard Data for Safety Outcome 1 (Source: VCWOR > CFSR > Safety Outcome 1)

- Maltreatment in Foster Care 0.88 victimizations per 100,000 days in foster care
- Recurrence of Maltreatment 2.87%

Case reviews conducted during this reporting year are currently under review and will be reported with the entire CFSR at a later time (For Item 2-Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care, and for Item 3 Risk and Safety Assessment and Management, as relates to overall Safety Outcomes). In addition, a new SafeMeasures report for Risk Reassessment completion became available in March 2017. Data from this report are considered Preliminary as it has only been in use for three months. The report represents cases open at some point during the month indicated.

Preliminary Report: Risk Reassessment Completion (CPS/CPS & Foster Care)	Feb 2017
Completed	28.5
Not Completed	41.3

Pending	30.1
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2016 and 2017 Data Comparison:

SafeMeasures Report® for referrals received during months indicated	Feb 2016	Feb2017
SDM Intake Tool Completion for referrals received during February 2016.	98.0	95.0
SDM Time from Referral to Intake Tool Completion		
<= one day of referral received	90.3	91.1
1-2 days of referral received	3.3	3.6
2-5 days of referral received	5.1	4.1
>5 days of referral received	1.4	1.2
SDM and OOF Initial Safety Assessment Timeliness <=one day after first meaningful contact for referral received		
completed on time	59.0	63.0
not completed on time	20.4	19.7
not completed.	8.7	6.5
no first meaningful contact	5.4	5.1
completed before contact made	6.4	5.7
SDM and OOF Safety Decision for all investigated referrals		
Safe	47.5	54.1
Conditionally Safe	50.1	43.8
Unsafe	2.4	2.1
SDM and OOF Initial Risk Level determined during initial risk assessment		
Low Risk	23.9	24.0
Moderate Risk	38.6	40.3
High Risk	28.4	26.3
Very High Risk	9.2	9.4
SDM Risk Assessment Timeliness <=45 days of referral or track change date		
<= 45 days	53.7	57.4
45 and 60 days	7.3	12.4
> 60 days	1.5	12.7
Pending	26.0	0.0
SDM Risk Level at Referral Closure		
Low	19.8	19.0
Moderate	40.2	42.4
High	29.7	28.2
Very High	10.4	10.4

Stakeholder Survey Analysis: CASA respondents are consistent in saying that LDSS assesses but is not always addressing both risk and safety, reporting a near four percentage-point difference. Data reports that the LDSS assesses more strongly with safety as compared to risk by approximately seven (7) percentage points. Foster Parents do not identify a substantial difference between assessment and addressing safety and risk in the foster care setting. However, there is a 10-12 percentage-point difference with safety as compared to risk in those settings. This suggests that foster parents' perception may be that LDSS emphasizes and communicates safety while assessing risk and that Foster Parents may be more familiar with safety terminology and action steps to that end. Data present minimal difference for Family

Services Staff in assessment verses addressing safety or risk. Unlike CASA and attorneys, staff report doing better for risk than for safety by 5-7 percentage points but with a high number in the "unable to determine" category. This may reflect a distinction between safety and risk for Family Services Staff.

B. PERMANENCY

OUTCOME III: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS

Item 4. Stability of Foster Care Placement

Foster Care guidance includes Critical Decision in Making Placements, section 6.3 of the Child and Family Services Manual, Chapter E Foster Care. The decision includes the health and safety of the child, the need to place siblings together when appropriate, the timeliness of placement, and maintaining connections to community among others. More information can be found here:

http://www.dss.virginia.gov/files/division/dfs/fc/intro_page/guidance_manuals/fc/07_2015/Section_06_Placement_to_Achieve_Permanency.pdf

2016 Update

Virginia's State Data Profile (June 2015) score for Permanency Composite 4: Placement Stability is 99.2. The national standard is 101.5 or higher which means Virginia does not meet this national standard. Virginia does perform better with the Measures for this composite. (Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months national median = 83.3%, 75th Percentile = 86.0%. Virginia is at 85.1%; above the national median but below the 75th Percentile. Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months national median = 59.9%, 75th Percentile = 65.4%. Virginia is at 66.8% which is above both the national median and the 75th Percentile. Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months national median = 33.9%, 75th Percentile = 41.8%. Virginia is at 37.8%, which is above the national medial but below the 75th Percentile.

Virginia uses Family Partnership Meetings (FPM) at several decision points in the life of a case. One of those decision points is for placement change, in hopes that if a placement is about to disrupt a FPM may allow for compromise and eliminate a placement disruption. SafeMeasures contains the FPM for Placement Change report that details whether or not a FPM was held in the 30 days before or after a placement change. For children who had a placement change during April 2016, 7.5% of children participated in a FPM before placement change; 1.2% participated in a FPM after placement change; 6.4% participated in a FPM that was for a reason other than placement change; and 84.9% did not have any recorded FPM.

Virginia also utilizes the Number of Placement Settings in All Foster Care Episodes report to track the total number of placement settings for all recorded placement episodes for children in foster care. For children in care during April 2016, 57.9% had 0-2 placements; 27.5% had 3-5 placements; 10.4% had 6-10 placements; 2.3% had 11-15 placements; 1.2% had 16 – 20 placements; and 0.7% had 21+ placements.

For case reviews conducted between January and April 2016 (n=31), item 4 Stability of Foster Care Placement was rated Strength in 84% of cases reviewed and rated ANI in 16% of cases reviewed.

2017 Update

Case reviews conducted during this reporting year are currently under review and will be reported with the entire CFSR at a later time (For Item 4, Stability of Foster Care Placement). Below are data from Virginia’s CFSR State Data Profile as of June 2016, as well as data comparisons for children in Foster Care April 2016 and April 2017.

Virginia's State Data Profile (June 2016)	Virginia	National Measure
Permanency Composite 4: Placement Stability		
Measure C4-1 <=two placements for children in care less than 12mths	84.8	>=86.0
Measure C4-2 <=two placements for children in care 12 to 24 mths	63.7	>=65.4
Measure C4-3 <=two placements for children in care 24+ mths	40.64	>=41.8

FPM for Placement Change Report (SafeMeasures)	Apr 2016	Apr 2017
FPM before placement change	7.5	7.3
FPM after placement change	1.2	3.4
FPM for other reason	6.4	5.3
No recorded FPM	84.9	84.0
Number of Placement Settings in All Foster Care Episodes	Apr 2016	Apr 2017
0-2 placements	57.9	57.8
3-5 placements	27.5	26.5
6-10 placements	10.4	10.8
11-15 placements	2.3	3.0
16 – 20 placements	1.2	1.2
21+ placements	0.7	0.7

Item 5. Permanency Goal for Child

2016 Update

Permanency Goal for the Child is asking “Did the agency establish appropriate permanency goals for the child in a timely manner?” For case reviews conducted between January and April 2016 (n=31), item 5 was scored as a Strength in 77% of cases and an ANI in 23% of cases. The cases that were scored as an ANI, in one case the permanency goal was not specified in the case file. In four cases, the goals were not established in a timely manner. In five cases, the reviewer determined that the goals were not appropriate to the child’s needs. In seven cases, the department did not file for TPR and in four of those cases, there was no documented exception for not filing.

Surveys were sent to stakeholders; including Juvenile Court Judges, DSS attorneys and Guardian ad Litem (GAL); Court Appointed Special Advocates (CASA), Foster Parents and residential staff; Family Services staff (FSS), and Family Services Supervisors. FSS and Supervisors were asked to respond to the statement “Permanency goals for children should be established no later than 60 days from the date of the child’s entry into foster care. The children on my caseload have permanency goals established in a timely manner.” Of the FSS that responded 13% responded Sometimes; 29% responded Frequently; and 58% responded Always. Of the Supervisors that responded 2% responded Never; 8% responded Sometimes; 16% responded Frequently; and 75% responded Always. Attorneys, Judges, CASA and foster parents were asked to respond to the statement “A foster child’s permanency goals are established in a timely manner.” The responses for Agree or Strongly Agree are Foster Parents, 49%; Attorneys, 50%; CASA, 39%; and Judges, 74%.

Stakeholders were asked to respond to the statement “Permanency goals presented by the LDSS are appropriate” or “Permanency goals are appropriate for each foster child.” The responses for Agree or Strongly Agree are Foster Parent, 67%; Attorneys 63%; CASA, 67%; Judges, 87%; FSS, 82%; and Supervisors, 86%. Foster Parents, FSS, and Supervisors were asked to respond to the statement “Federal guidelines call for adoption within 24 for a child entering care. If a foster child on your caseload (or your foster child) has had a change of goal from reunification to adoption, do you believe that the goal was established in a timely manner?” The responses were 72% Yes, 28% No for Foster Parents, 74% Yes, 26% No for FSS, and 72% Yes, 28% No for Supervisors.

2017 Update

Stakeholder Survey Analysis:

- Foster Parent responses were >20% negative for timeliness of permanency goals, and appropriateness of goals.
- Attorney responses were >10% negative for timeliness of permanency goals, appropriateness of goals, and inclusion in plans of progress made towards achieving permanency
- In contrast to the above two findings, CASA responses were <10% negative for timeliness of permanency goals, appropriateness of goals, and inclusion in plans of progress made towards achieving permanency.

Case reviews conducted during this reporting year are currently under review and will be reported with the entire CFSR at a later time (For Item 5, Permanency Goal for the Child).

Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement

2016 Update

Item 6 asks “Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?” In Virginia, other planned permanent living

arrangement goals are Permanent Foster Care and Another Planned Permanent Living Arrangement (APPLA). For case reviews conducted between January and April 2016 (n=31), 65% of cases reviewed were rated a Strength and 35% were rated an ANI. None of the children in the cases reviewed had a non-permanency goal. For cases scored as ANI, the reviewers determined that departments did not make concerted efforts to achieve the goals in a timely manner. Several children had the goal of Reunification and had been in care between 31 and 43 months at the time of the review. One child had a concurrent goal of Placement with Relative and Adoption and had been in care 48 months at the time of the review. In the rest of the cases, the children's goals are adoption with children in care between 37 and 76 months.

Virginia utilizes the SafeMeasures reports: Discharges to Reunification within 12 Months, Discharges to Permanency (24+ Months in Care), and Discharges to Adoption in 24 Months. The Discharges to Reunification within 12 Months report examines how many clients that were discharged with a reason of reunification were reunified within 12 months of their removal. For children reunified any time in the 12-month time period ending March 2016, 53.5% were discharged within 12 months and 46.5% had been in care longer than 12 months. The Discharges to Permanency (24+ Months in Care) examines children who had been in care for 24+ months on the first day of the 12 months ending with March 2016, how many were discharged to permanency? For children in care for more than 24 months prior to April 2015, 18.8% discharged to permanency and 81% had a non-permanency discharge. The report Discharges to Adoption in 24 Months examines how many children discharged to adoption did so within 24 months from the date of removal. For children who discharged to adoption at any time during the 12-month period ending on March 31, 2016, 36.3% discharged to adoption within 24 months and 63.4% discharged to adoption after 24 months.

Virginia's performance on State Data Profile (June 2015) Permanency Composite 1: Timeliness and Permanency of Reunification is 108.9 which is below the standard: 122.6 or higher. Virginia is also below the national medians and percentiles for each of the sub-measures in Component A. For Component A: Timeliness of Reunification Measure C1 - 1: Exits to reunification in less than 12 months the national median = 69.9%, 75th percentile = 75.2% and Virginia is at 60.5%. For Measure C1 - 2: Exits to reunification the national median stay = 6.5 months, 25th Percentile = 5.4 months while Virginia's median stay is 8.4 months. With that measure, the lower the number of months, the better. For Measure C1 - 3: Entry cohort reunification in < 12 months the national median = 39.4%, 75th Percentile = 48.4% and Virginia is at 28.2%. Virginia does perform better with Component B: Permanency of Reunification. For Measure C1 - 4: Re-entries to foster care in less than 12 months the national median = 15.0%, 25th Percentile = 9.9% and Virginia is at 8.4%.

Virginia's performance on State Data Profile (June 2015) Permanency Composite 2 Timeliness of Adoptions is 112.4 which is higher than the standard: 106.4 or higher. Virginia's scores exceed Component A: Timeliness of Adoptions of Children Discharged From Foster Care. For Measure C2 - 1: Exits to adoption in less than 24 months the national median = 26.8%, 75th Percentile = 36.6% while Virginia is at 36.2%; just slightly below the 75th Percentile. For Measure C2 - 2: Exits to adoption, the national median = 32.4 months, 25th Percentile = 27.3 while Virginia's median length of stay is 27.3 months. Virginia is the same as the 25th Percentile, which is preferred with this measure. Virginia also exceeds the measures in Component B: Progress Toward Adoption for Children in Foster Care for 17

Months or Longer. For Measure C2 - 3: Children in care 17+ months, adopted by the end of the year the national median = 20.2%, 75th Percentile = 22.7% while Virginia is at 26.2%. For Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months the national median = 8.8%, 75th Percentile = 10.9% while Virginia is at 15.5%. Virginia is slightly below the national median for Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption. For Measure C2 - 5: Legally free children adopted in less than 12 months the national median = 45.8%, 75th Percentile = 53.7% while Virginia is at 43.4%

Virginia’s performance on State Data Profile (June 2015) Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time is above the standard: 121.7 or higher at 124. Virginia falls between the national median and the 75th Percentile for the first sub-measures. For Component A: Achieving permanency for Children in Foster Care for Long Periods of Time Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months the national median 25.0%, 75th Percentile = 29.1% while Virginia is at 28.4%. Virginia falls below the national median and 75th Percentile for Measure C3 - 2: Exits to permanency for children with TPR. The national median= 96.84%, 75th Percentile = 98.0% while Virginia is at 89.6%. Virginia exceeds the national median and 25th Percentile for Component B: Growing up in foster care Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More. The national median = 47.8%, 25th Percentile = 37.5% and Virginia is at 35.9%.

National Standard data for Permanency Outcome1 is below:

Permanency in 12 Months for Children Entering Foster Care40.5 percent.
 Permanency in 12 Months for Children in Foster Care 12 to 23 Months 43.6 percent.
 Permanency in 12 Months for Children in Foster Care 24 Months or More 30.3 percent.
 Re-Entry to Foster Care in 12 Months 8.3 percent.
 Placement Stability4.12 moves per 1,000 days in foster care

For case reviews conducted between January and April 2016, Permanency Outcome 1 was Substantially Achieved in 52% of cases review, Partially Achieved in 42% of cases reviewed, and Not Achieved in 6% of cases reviewed.

2017 Update

Case reviews conducted during this reporting year are currently under review and will be reported with the entire CFSR at a later time (For Permanency Outcomes). Stakeholder Survey Analysis:

- Several items will require follow-up with key stakeholders to understand their perspective on timeliness and appropriateness of permanency goals for foster care youth, and to strategize efforts to improve these elements of practice.
- CASA stakeholders responded >10% that a foster care review hearing is only sometimes held no less frequently than every 12 months after ordering permanent foster care or termination of parental rights.
- Staff also responded >10% that permanency goals are not established in a timely manner.

Virginia's performance on State Data Profile (7/1/2015 – 6/30/2016)	Virginia	National Standard
Permanency Composite 1: Timeliness & Permanency of Reunification		
Component A: Timeliness of Reunification		
<i>Measure C1-1: Exits to reunification <=12 months</i>	54.3	>=75.2
<i>Measure C1-2: Exits to reunification length of stay</i>	10.6mths	<=5.4mths
<i>Measure C1-3: Entry cohort reunification in < 12 months</i>	23.3	>=48.4
Component B: Permanency of Reunification.		
<i>Measure C1-4: Re-entries to foster care in less than 12 months</i>	6.65	9.9
Permanency Composite 2 Timeliness of Adoptions		
Component A: Timeliness of Adoptions of Children Discharged From Foster Care.		
<i>Measure C2 - 1: Exits to adoption in less than 24 months</i>	33.8	>=45.7
<i>Measure C2 - 2: Exits to adoption length of stay</i>	29.0mths	<=27.3mths
Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer.		
Virginia's performance on State Data Profile (7/1/2015 – 6/30/2016)	Virginia	National Standard
<i>Measure C2 - 3: Children in care 17+ months and not Reunified</i>	22.0	>=22.7
<i>Measure C2 - 4: Children in care 17+ months and not reunified/legally Free for Adoption</i>	15.7	>=10.9
Component C: Progress Toward Adoption - Children Legally Free		
<i>Measure C2 - 5: Legally free children adopted <12 months</i>	18.7	>=53.7
Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time		
Component A: Achieving permanency for Children in Foster Care for Long Periods of Time		
<i>Measure C3 - 1: Children in care >=24 months w/TPR who discharged to Permanency prior to age 18yrs</i>	86.0	>=98.0
Measure C3 - 2:		
Component B: Growing up in foster care		
<i>Measure C3 - 3: Children in care >=36 months who emancipated or reached age 18yrs</i>	38.8	<=37.5

Measure (SafeMeasures Reports 12 months ending)	March 2016	March 2017
Discharges to Reunification within 12 Months	53.5	55.4
Discharges to Adoption in 24 Months.	36.3	30.2

OUTCOME IV: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN

Item 7. Placement with Siblings

2016 Update

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. Virginia anticipates being able to include this information by 2017.

For case reviews conducted between January and April 2016 (n= 31), 100% were rated a strength. Of the cases reviewed 18 were not applicable. Of the applicable cases, three children were not placed with siblings, however there was a valid reason documented or not placing siblings together.

FSS and Supervisors were asked to respond to the statement “Efforts are made to place siblings together when they are brought into foster care.” Of the FSS that responded 24% responded Frequently and 76% responded Always and of the Supervisors that responded 20% responded Frequently and 80% responded Always. Foster Parents, Attorneys, CASA and Judges were asked to respond to the same statement. The responses for Agree or Strongly Agree are Foster Parents, 68%; Attorneys, 78%; CASA, 68%; and Judges, 84%.

2017 Update

Case reviews conducted during this reporting year are currently under review and will be reported with the entire CFSR at a later time (For Item 7, Placement with Siblings).

Item 8: Visiting With Parents and Siblings in Foster Care

2016 Update

Virginia utilizes SafeMeasures to help track visits with family and siblings with two reports: Monthly Client Visits with Family Members and Monthly Client Visits with Siblings. For the report Monthly Client Visits with Family Members, 30.6% of children in foster care who were in care the month of April 2016 had at least one face-to-face visit recorded with a family member. For the report Monthly Client Visits with Siblings, 28% of children who were in care in April 2016 saw all their siblings and 2.9% saw some of their siblings.

For case reviews conducted between January and April 2016 (n= 31), 69% were rated as a strength and 31% were rated ANI. For cases rated ANI, the issue was related to never seeing siblings. In most cases, however, the reviewers determined that the frequency and quality of visits were not appropriate with mothers and fathers, when applicable.

Supervisors and FSS were asked to respond to the statement “Visitation between siblings is encouraged and occurs on a regular basis.” FSS responded 17% Sometimes; 56% Frequently; 27% Always, 27% and Supervisors responded 15% Sometimes; 50% Frequently; and 25% Always. Foster Parents were asked to respond to the statement “Visitation between the foster children I work with and their siblings occurs on a regular basis.” Of those that responded, 17% responded Strongly Disagree or Disagree; 15% Neutral; and 45% Agree or Strongly Agree. Attorneys, CASA, and Judges were asked to respond to the statement “Visitation between siblings is encouraged by LDSS.” The responses for Agree or Strongly Agree are 57% Attorneys; 58% CASA; and 76% Judges.

Foster Parents, Attorneys, CASA, and Judges were asked to respond to the statement “Visitation between parents and children are encouraged by LDSS”. The responses for Agree or Strongly Agree are 92% Foster Parents; 59% Attorneys; 79% CASA; and 66% Judges. Supervisors and FSS were asked to respond to the statement “Visitation between parents and children are encouraged and take place on a regular basis.” FSS responded 5% Sometimes; 40% Frequently; and 55% Always. Supervisors responded 3% Sometimes; 41% Frequently; and 56% Always.

2017 Update

2016 and 2017 Data Comparison

Monthly Client Visits with Family & Siblings for children in care for the month (SafeMeasures)	Apr 2016	Apr 2017
Children with at least one face-to-face visit recorded with a family member	30.6	28.7
Children who saw all their siblings	28	21.9
Children who saw some of their siblings	2.9	2.9

Case reviews conducted during this reporting year are currently under review and will be reported with the entire CFSR at a later time (For Visiting with Parents and Siblings in Foster Care).

Item 9: Preserving Connections

2016 Update

VDSS is committed to preserving connections for children and youth that are in foster care. Section 12 of the Child and Family Services Manual, Chapter E Foster care focuses on identifying services to be provided. “To achieve better outcomes for the children and families involved with the child welfare system, the planning and delivery of services should focus on... respecting the cultural heritage and connections to family, community, and social support networks of children.” This section also goes into detail about determining best interest for school placement and how important consistency is for children and youth. VDSS and DOE Project Hope trained over 150 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.

For case reviews conducted between January and April 2016 (n= 31), 72% of cases were rated Strengths and 28% were rated ANI. None of the children are members of or eligible for membership with a Native American Tribe.

Supervisors and FSS were asked to respond to the statement “Concerted efforts are made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother with activities other than just visitation.” FSS responded 34% Sometimes; 49% Frequently; and 17% Always.

Supervisors responded 37% Sometimes; 52% Frequently; and 11% Always. Attorneys, CASA, Foster Parents and residential staff, and Judges were asked to respond to the statement “Family relationships and connections to community are preserved when a child comes into foster care.” The responses for Agree or Strongly Agree are 40% Attorney; 56% CASA; 71% Foster Parents; and 51% Judges.

Supervisors, FSS, and Foster Parents were asked to respond to the question “How often are children placed in foster homes within their communities?” FSS responded 40% Sometimes; 53% Frequently; and 7% Always. Supervisors responded 3% Never; 53% Sometimes; 40% Frequently; 3% Always. Foster Parents responded 5% Never; 48% Sometimes; 34% Frequently; and 12% Always. The same group was asked to respond to the question “How often do children remain in the same school after coming into foster care?” FSS responded 3% Never; 64% Sometimes; 30% Frequently; and 4% Always. Supervisors responded 3% Never; 55% Sometimes; 40% Frequently; 2% Always. Foster Parents responded 10% Never; 55% Sometimes; 27% Frequently; and 8% Always.

2017 Update

Case reviews conducted during this reporting year are currently under review and will be reported with the entire CFSR at a later time (For Item 9, Preserving Connections).

Item 10: Relative Placement

2016 Update

Virginia utilizes SafeMeasures to track Kinship Care Placements through a report. Of foster children who were in care in April 2016, 6.2% are in a kinship foster care placement.

For case reviews conducted between January and April 2016 (n= 31), 91% of cases were rated a Strength and 9% were rated ANI. For cases rated ANI, reviewers did not see concerted efforts to identify, locate, inform, and evaluate maternal and paternal relatives.

Stakeholders were asked to respond to the statement “Relative placements are encouraged and are part of the culture of my LDSS.” Responses for Agree or Strongly Agree are for FSS 96%; Supervisors 92%; Attorney 81%; Foster parents 80%; Judges 94%; and CASA 91%. When Attorneys and CASA were asked to respond to the statement “On-going efforts are made to locate relatives throughout the life of the case” the responses for Agree or Strongly Agree are 61% Attorney and 69% CASA. FSS and Supervisors were asked to respond to the same statement. The FSS responses are 13% Sometimes; 41% Frequently; and 46% Always. The Supervisor responses are 10% Sometimes; 34% Frequently; and 56% Always. Foster parents were asked “Are you a relative of any foster children in your home?” Of those that responded, 4% responded Yes and 83% responded No.

2017 Update

Stakeholder Survey Analysis: Data suggest that attorneys highly rated the LDSS practice of encouraging relative placements and LDSS’ efforts to locate relatives for the child’s placement. At the same time, even if a relative is located, there are some systemic barriers to using relative placements. Policy in Virginia requires a relative home to be a licensed foster home. DFS needs to explore this further, as other

stakeholders have a different perspective. Attorneys may not observe that internal staff works to locate relatives, but only see the results of lower numbers of children placed with relatives. CASA also rates relative placement activities much higher than attorneys with the assertion being that they are closer to the case outside of court.

Case reviews conducted during this reporting year are currently under review and will be reported with the entire CFSR at a later time (For Items related to concerted efforts to identify, locate, inform, and evaluate maternal and paternal relatives).

2016 and 2017 Data Comparison

Kinship Care Placements for Children in Care (SafeMeasures)	Apr 2016	Apr 2017
Kinship foster care placement.	6.2	3.0

Item 11: Relationship of Child in Care With Parents

2016 Update

For case reviews conducted between January and April 2016 (n= 31), 80% of cases were rated as a Strength and 20% were rated as ANI. For cases rated as a Strength, mothers were encouraged to participate in activities with the child such as school activities and doctor’s appointments, opportunities were provided for therapeutic meetings, and foster parents were able to mentor mothers. Fewer activities were recorded for fathers but the most common involvement indicated was father’s being encouraged to participate in activities with the child such as school activities and doctor’s appointments.

For case reviews conducted between January and April 2016, Permanency Outcome 2 was Substantially Achieved in 80% of cases review, Partially Achieved in 10% of cases reviewed, and Not Achieved in 10% of cases reviewed.

Stakeholders were asked to respond to the statement “LDSS make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother.” Responses for Agree or Strongly Agree are for Attorneys 57%; Judges 76%; CASA 77%; and Foster Parents 51%. When asked to respond to the same statement for Fathers; the responses for Agree or Strongly Agree are for Attorneys 54%; Judges 70%; CASA 69%; and Foster Parents 41%. Supervisors and FSS were asked to respond to the statement “Concerted efforts are made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother with activities other than just visitation.” FSS responded 4% Never; 40% Sometimes; 36% Frequently; and 19% Always. Supervisors responded 2% Never; 52% Sometimes; 29% Frequently; and 18% Always. When asked to respond to the same statement for Fathers; FSS responded 5% Never; 40% Sometimes; 35% Frequently; and 19% Always. Supervisors responded 2% Never; 55% Sometimes; 31% Frequently; and 13% Always.

2017 Update

Data suggest that the majority of Foster and Adoptive Parents feel that the recruitment process is sensitive to racial and ethnic diversity with children who are in Foster Care. Attorneys and CASA reported no substantial difference in their perception of the LDSS in promotion, support, and maintenance of positive

relationships between a child in foster care and his/her mother and father. CASA indicates a greater difference between mother and father as compared to Attorneys. It can be asserted that CASA is closer to the family to make this observation outside of the court.

Case reviews conducted during this reporting year are currently under review and will be reported with the entire CFSR at a later time (For Item 11 where parents were encouraged to participate in activities with the child such as school activities and doctor's appointments, therapeutic meetings, mentoring).

Case reviews conducted during this reporting year are currently under review and will be reported with the entire CFSR at a later time (For Permanency Outcomes).

C. WELL-BEING

OUTCOME V: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS

Item 12. Needs and Services of Child, Parents, and Foster Parents

2016 Update

For case reviews conducted between January and April 2016 (n=64), 72% of cases were rated a Strength and 28% were rated ANI. For the assessment of needs and services for children, 86% were rated a Strength and 14% were rated ANI. For cases rated ANI, the majority there was no evidence of an assessment or services provided. There were at least two cases where there was no evidence of an assessment, however services were in place. There was also at least one case where there was an assessment but no services. For assessment of needs and services for parents, 80% of cases were rated a Strength and 20% were rated ANI. The majority of cases that were rated ANI were due to a lack of assessment and services provision for both mothers and fathers. There were a few cases of assessments being completed but no services being provided. For assessment of needs and services for foster parents, 92% of cases were rated a Strength and 8% were rated ANI (na=38). For cases rated ANI, one foster parent was not assessed and services were not provided and the other case the foster parent was assessed but no services were provided.

2017 Update

Case reviews conducted during this reporting year are currently under review and will be reported with the entire CFSR at a later time (For the assessment of needs and services for children).

Item 13. Child and Family Involvement in Case Planning

2016 Update

For case reviews conducted between January and April 2016 (n=64), 81% of cases were rated a Strength

and 19% were rated ANI. For cases rated ANI, seven mothers, seven fathers, and three children were not involved in case planning.

Supervisors and FSS were asked to respond to the statement “Parents are included in case planning.” FSS responded 9% Sometimes; 44% Frequently; 47% Always and Supervisors responded 3% Sometimes; 42% Frequently; and 55% Always.

2017 Update

Case reviews conducted during this reporting year are currently under review and will be reported with the entire CFSR at a later time (as relates to Item 13 and Child and Family Involvement in Case Planning).

Stakeholder Survey Analysis:

The case planning process is well monitored for provisional changes, as nearly 57% of LDSS Supervisors send their case plans back to workers for said changes. DFS asserts this as a strength for children and families in the case planning process.

- Responses for physical, mental, and dental health, as well as education, included some negative perceptions. These should improve over time as DFS now has the ability to gather and monitor the inclusions of these data in OASIS through SafeMeasures® reports.
- Of concern is the relatively large proportion of foster parents; 14.6%, believe that they are not involved in the foster child’s case planning. This is an item for further investigation, follow-up, and monitoring in the future.
- LDSS staff and supervisors report that strong efforts are being made to have parents be involved in case planning. They also report efforts in placing siblings together in foster care and having visitation between siblings be a priority.

2016 and 2017 Data Comparison

Monthly Caseworker Visits	Mar 2016	Mar 2017
SafeMeasures Face-to-face contact with caseworker during the month	92.5	90.4
VDSS/ORP Monthly Worker Visits Report	>95.0	>95.0

Item 14. Caseworker Visits With Child

2016 Update

Virginia utilizes two systems to monitor monthly caseworker visits. SafeMeasures is used on a day-to-day basis to help LDSS staff and supervisors track this benchmark. For children in care during March 2016, SafeMeasures reported 92.5% of children received face-to-face contact with their caseworker during the month. However, the Monthly Worker Visits Report, produced by VDSSS Office of Research

and Planning, provides the most accurate information, with a time lag for updating of documentation. This is also the data source used for Virginia's AFCARS reporting. These reports indicate worker visits at or slightly above the 95% standard, however this measure is monitored closely to remain above the standard.

For case reviews conducted between January and April 2016 for quality of visits (n=64), 92% of cases were rated a Strength and 8% were rated an ANI. For cases rated ANI, two children did not have visits of sufficient frequency or quality, two children were visited; however, the quality of the visit was not appropriate and one child did not receive the appropriate frequency of visitation; however when there was a visit the quality of the visit was acceptable.

2017 Update

Case reviews conducted during this reporting year are currently under review and will be reported with the entire CFSR at a later time (as relates to Item 14-Caseworker Visits with Child).

Item 15. Caseworker Visits With Parents

2016 Update

For case reviews conducted between January and April 2016 (n=64), 76% of cases were rated a Strength and 24% were rated ANI (na=19). For cases rated ANI, the frequency of visitation with mothers was not appropriate in nine cases and the quality was not appropriate in six cases; and the frequency of visitation with fathers was not appropriate in five cases and the quality was not appropriate in three cases.

For case reviews conducted between January and April 2016, Well-Being Outcome 1 was Substantially Achieved in 69% of cases, Partially Achieved in 30% of cases, and Not Achieved in 2% of cases.

2017 Update

Case reviews conducted during this reporting year are currently under review and will be reported with the entire CFSR at a later time (as relates to Item 14-Caseworker Visits with Parent).

Case reviews conducted during this reporting year are currently under review and will be reported with the entire CFSR at a later time (as relates to Well-Being Outcomes).

OUTCOME VI: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS

Item 16. Educational Needs of the Child

2016 Update

For case reviews conducted between January and April 2016 (n=64), 94% of cases were rated a Strength and 6% were rated an ANI (na=31). The majority of assessed needs related to special educational needs

and those needs were addressed through services related to a student's IEP. Two students were given the opportunity to get a GED or go to night school as a way to help them complete their educations. One student's needs were neither assessed nor services provided.

For case reviews conducted between January and April 2016, Well-Being Outcome 2 was Substantial Achieved in 94% of cases reviewed, Partially Achieved in 3%, and Not Achieved in 3%.

Stakeholders were asked to respond to the statement "Children's educational needs are addressed in case planning." The responses for Agree or Strongly Agree are FSS 82%; Supervisors 87%; Attorneys 76%; Judges 75%; CASA 74%; and Foster Parents 71%.

2017 Update

Stakeholder Survey Analysis:

Responses suggest that, while stakeholders feel some services are not available to meet families' needs, the available community services can be personalized to individual families and children. Examining the DFS survey data in conjunction with the CSA services and gaps feedback, indicates that available services may be more easily tailored compared to services where a gap is indicated. It may be useful to clarify in future surveys or discussion groups which practices operationalize individual, person-centered case planning.

Case reviews conducted during this reporting year are currently under review and will be reported with the entire CFSR at a later time (as relates to Well-Being Outcomes).

In 2017 availability of education records was added to OASIS. SafeMeasures developed a report to monitor these data for all LDSS as well as statewide and regionally. For children in care during April 2017, this new report indicated 73.3% of clients statewide had school records updated in the school year.

OUTCOME VII: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS

Item 17. Physical Health of the Child

2016 Update

For case reviews conducted between January and April 2016 (n=64), 91% were rated as a Strength and 9% were rated an ANI (na=29). For cases rated ANI, one CPS ongoing case had not physical or dental assessment and no services offered. There are two foster care cases rated ANI. For one of those cases, the child was not assessed for dental needs and no dental services were provided; however, all other physical assessments and services were provided. The second foster care case rated ANI did not have evidence of any physical or dental assessments or services provided other than medication management.

Stakeholders were asked to respond to the statement “Children's dental health needs are addressed in case planning.” The responses for Agree or Strongly Agree are FSS 73%; Supervisors 86%; Attorneys 70%; Judges 72%; CASA 71%; and Foster Parents 72%. Stakeholders were asked to respond to the statement “Children's medical health needs are addressed in case planning.” The responses for Agree or Strongly Agree are FSS 91%; Supervisors 95%; Attorneys 85%; Judges 97%; CASA 83%; and Foster Parents 89%.

2017 Update

Case reviews conducted during this reporting year are currently under review and will be reported with the entire CFSR at a later time (as relates to Well-Being Outcomes).

In 2017 the availability of current physical examinations' status was added to OASIS. SafeMeasures develop a report to monitor these data for all LDSS as well as statewide and regionally. This report will be made available in mid-summer 2017.

Item 18. Mental/Behavioral Health of the Child

2016 Update

For case reviews conducted between January and April 2016 (n=64), 83% were rated a Strength and 17% were rated an ANI. Two of the cases rated ANI are foster care cases. In one case, the child was receiving services, however there had not been any assessment of mental or behavioral health issues. In the other foster care case, the child had not been assessed and was not receiving services. Four cases rated ANI are CPS on-going cases. In three of those cases, there was no assessment and no services offered. In one case there had been an assessment, but the child was not receiving services.

For case reviews conducted between January and April 2016, Well-Being Outcome 3 was Substantially Achieved in 82% of cases, Partially Achieved in 8%, and Not Achieved in 10%.

Stakeholders were asked to respond to the statement “Children's mental/behavioral health needs are addressed in case planning.” The responses for Agree or Strongly Agree are FSS 89%; Supervisors 94%; Attorneys 82%; Judges 78%; CASA 80%; and Foster Parents 76%.

2017 Update

In 2017 client use of psychotropic medication(s) was added to OASIS. SafeMeasures developed a report to monitor these data for all LDSS as well as statewide and regionally. For children in care during April 2017, this new report indicated 20.6% of clients with psychotropic medication(s) identified in the client OASIS case record. Case reviews conducted during this reporting year are currently under review and will be reported with the entire CFSR at a later time (as relates to the Child Well-being Outcomes, and Item 18, Mental and Behavioral Health of the Child).

Stakeholder Survey Analysis: Responses suggest that while services in the community are available to the LDSS, stakeholders and LDSS staff report more could be available to meet families' and children's needs. Data suggest increasing the availability of services that work to reduce the risk of re-entry into

foster care. Responses also suggest that, while stakeholders feel some services are not available to meet families' needs, the available community services can be personalized to individual families and children. Examining the DFS survey data in conjunction with the CSA services and gaps feedback, indicates that available services may be more easily tailored compared to services where a gap is indicated. It may be useful to clarify in future surveys or discussion groups which practices operationalize individual, person-centered case planning.

AGENCY SYSTEMIC FACTORS 2017 UPDATE

FACTOR I: STATEWIDE INFORMATION SYSTEM

Item 19. Statewide Information System

Virginia is operating a statewide information system, the Online Automated Services Information System (OASIS) that is fully capable of determining the legal status, demographics, location, and goals for every child who is (or within the immediately preceding 12 months, has been) in Foster Care. OASIS is the system of record for Foster Care cases, with supporting documents such as copies/scanning capabilities 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. OASIS is used to meet federal reporting requirements for The Adoption and Foster Care Analysis and Reporting System (AFCARS), National Youth in Transitions Data (NYTD), The **National Child Abuse and Neglect Data System** (NCANDS), as well as monthly worker contacts. Reports and analysis of OASIS data are obtained by state, regional and local family services staff through several tools: the secure VDSS website SPARK, the Virginia Child Welfare Outcome Reporting utility (VCWOR), and the software tool SafeMeasures®. Detailed examples of reports are provided in Attachment 19. Each tool is available 24/7 except for routine maintenance or emergencies.

Local department staff is responsible for entering all information into OASIS. Section 4.3 in the Child and Family Services Manual, *Chapter E Foster Care* instructs workers on how to open a foster care case in OASIS. Information for every child in foster care shall be entered into OASIS as soon as possible but no later than 14 calendar days after the child's custody is transferred to a LDSS or the child is placed in foster care. The worker is responsible for entering and updating all case data in OASIS as soon as possible but no later than 14 calendar days after each activity or event. The exception is the entry of the information regarding the child's placement and funding which shall be entered within five days after each placement change. Foster Care cases should be closed within five business days after the child leaves care. When a child is placed with a Licensed Child Placing Agency (LPCA) home, residential facility, or other type of foster home setting; local department staff work with staff from those organizations to gather the information to be entered into the system. Staff members at these types of facilities do not have access to OASIS.

Foster Care cases in OASIS are identified by case numbers. Family members, including the foster child/children are identified by client id numbers. Information can be searched using either case numbers, client id numbers, or name. The custody status of a child is indicated on Physical Removal and Legal Status screens. Demographic information, including date of birth, sex, race, ethnicity, adoption history,

and tribal status, is client specific and entered on the General Information Screen. Health related information is also client specific and is entered on several “Health” screens. These health screens have recently been revised to allow for a more detailed history of diagnoses, providers, immunizations, and medications (including psychotropic) as well as to ensure all the medical information is grouped together for ease of entry. The child’s physical location is updated on the Placement Screen. The child’s Foster Care goal; including concurrent goal, and service plan are entered in the Case Plan section of OASIS.

Virginia’s QA plan for data validation and reconciliation relies on federal data quality reporting and several state ongoing activities as described below:

1. The September 2016 Virginia Child and Family Services Review (CFSR 3) Data Profile provided an assessment of Virginia’s OASIS systems’ data quality. For the AFCARS Data Quality Checks, Virginia has passed all benchmarks for the 11B thru 16A submissions. For the NCANDS Data Quality Checks, Virginia has passed all benchmarks from the 2013-14 thru 2014-15 submissions.
2. Virginia has an active Quality Assurance Network (QAN) that meets quarterly to review local issues with the data system and daily use of OASIS. Examples in 2016 included: using data for LDSS performance reporting; developing longitudinal analysis of trends; conducting a search by reporter source; conducting a search by abuse type and referral time open; etc.
3. The VDSS Division of Family Services (DFS) contracts with the National Council on Crime and Delinquency for the software SafeMeasures®. This software tool provides reports and analysis of OASIS data. DFS and the Office of Research and Planning (ORP) maintain a monthly call with this vendor to review these reports as well as any data issues identified by any of the three parties. The SafeMeasures® software provides Quality Assurance (QA) reports to examine data quality issues such as: Children in Foster Care Cases without Open Placement Settings; AWOL Settings not Closed; Open Cases That May Contain Duplicate Clients; Children in Cases without a Social Security Number; Duplicate Perpetrators; etc. For each of these data issues’ reports, the software tool has the capacity to drill down to the region, locality, agency, caseworker, and child level; or to obtain a full list of clients. Using data from these reports, DFS is able to obtain Information for follow-up. For example, using the report - Children in Foster Care Cases without Open Placement Settings – DFS found the following:

Of 5200 Youth in care January 2017

124 clients did not have a placement record

58 entered care in January 2017

66 entered care prior to January 2017

29 LDSS with 1 youth missing placement record

9 LDSS with 2 youth missing placement record

6 LDSS with 3 youth missing placement record

4 LDSS with 4 youth missing placement record

7 LDSS with 5-9 youth missing placement record

While these data indicate that the missing placement is often the first placement, some of these missing placements are for children who have been in care over one year. Overall for this report, less than half of all Virginia LDSS indicate youth with no placement record, and many indicate one youth with no placement record. Despite the small numbers, these data issues' reports are reviewed regularly by DFS and/or ORP. In addition, all reports available from the SafeMeasures® tool report on missing data points, which allows DFS and ORP to follow-up where the amounts of missing data are substantially high (approximately 5%). Follow-up on these data issues is conducted with the appropriate LDSS or regional offices, to either correct inaccurate data input, address problems with casework practice, and conduct follow-up review. Other data issues that have been assessed in the past include the reduction of the proportion of duplicate cases to below 10% and the development of new data indicators such as substance abuse, and child physical, mental and dental status; etc.

- In addition, DFS conducted surveys in the spring and summer of 2016 that included a set of questions about the use and functioning of Virginia's OASIS system. Responses to the survey for these questions are provided below. While most staff and supervisors strongly agree, agree, or are neutral as to whether they can locate key information in OASIS, a large proportion also indicate that OASIS does not function well on a daily basis. These survey results reinforce the understanding of state, regional, and local leadership that OASIS, while adequate and fully functioning is not especially "user friendly".

Respondents	Questions	N	Yes (%)	No (%)
Staff	OASIS functions well, enabling me to do my work on a daily basis.	271	64.94	35.05
Staff	I am easily able to locate in OASIS demographic information, permanency goals (if applicable), and the location of each child on my caseload.	271	86.35	13.66
Supervisor	OASIS functions well, enabling me to do my work on a daily basis.	136	65.44	34.56
Supervisor	I am easily able to locate in OASIS demographic information, permanency goals (if applicable), and the location of each child on my caseload.	136	87.5	12.50

- Given these ongoing concerns for the OASIS system, the Virginia General Assembly approved funds in 2016 to develop specifications and requirements for a new Statewide Information System that meet's the Children's Bureau's requirements for a comprehensive child welfare information system (CCWIS). An RFP was published and in the summer of 2016, Public Consulting Group (PCG) was selected to assist VDSS in collecting requirements for a comprehensive child welfare information system. As part of this work, DFS staff and PCG conducted focus group sessions with local agency child welfare and operations staff, foster parents and with foster youth. The purpose of these meetings was to identify key components of a new system, particularly components not currently

available to them. In total, there were 35 requirements gathering sessions held with 286 participants representing 77 of Virginia’s 120 localities. An additional 676 individuals took the online survey to provide their “most wanted” requirements for a new system. A summary of these comments specific to an information system is provided below.

LDSS Staff and Supervisors	Foster Alumni
Mobility (being able to work in the field)	Access to key documents
Electronic document/record management	Communication tool with case workers/supervisors
Standardize and digitize forms to reduce repeat entry	Exit survey
Digitally record interviews and take pictures	Rating tool for case workers
Complete risk assessments and safety plans in the field	Photos from their childhood
Defined Prevention Guidance that is clear	Automatic Medicaid application when they age out
Clarify the Adoption Negotiation Process	Finding and having access to siblings and relatives
Transcribe voice notes to written documentation	Contact information for relevant DSS staff, including on-call
Clarify inter-jurisdictional procedures	Foster Parents
Increased trainings on recruitment.	Access to foster child's medical history
Automated IV-E eligibility determinations	Ability to upload documents to share with case worker
Sensible purchase of service workflow	Access to child's Service Plan
Ability to easily run reports without having to ask VDSS	Ability to upload photos of the child.
Data cleanup of OASIS prior to new system implementation	Contact information for relevant DSS staff, including on-call

FACTOR II: CASE REVIEW SYSTEM

Item 20. Written Case Plan

There is the requirement in the Code of Virginia regulation, as well as guidance, that each child in foster care and each family receiving ongoing child protective services (CPS) have a written case plan. Foster Care and CPS guidance and related Code sections instruct representatives of the department to involve parents and children 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 or placement (whichever comes first) of a child through court commitment, non-custodial foster care agreement, or a permanent entrustment agreement or within 30 days of signing a temporary entrustment for a placement of 90 days or more. Virginia Code and Guidance for this item is included as an attachment to this report ([Attachment 20.1](#)).

In response to new federal requirements of VDSS first issued Broadcast #9531 on January 14, 2016. The Broadcast ([Attachment 20.2](#)), served to highlight the new federal requirements and provide LDSS the means to capture them in the OASIS Foster Care Service Plan and Service Plan Review. In addition to the Broadcast, DFS also provided job aids to support LDSS in complying with case plan requirements ([Attachment 20.3](#)).

The Education and Health screens in OASIS now facilitate the collection of required information. New reports permit the information to be printed and attached to the Service Plan and Review and submitted to the court. The Independent Living Transitional Plan has been modified to meet federal requirements, and has been attached to the Service Plan and Review, and will be updated at least annually.

Timeliness of foster care service plans are monitored through a proxy measurement of the timeliness of court hearings. The court must receive the plan prior to the hearing, which is generally 30 days in advance or 14 days prior for the Dispositional Hearing. A court hearing would not ever be held without a plan. An example of the report used by DFS to monitor these court hearing dates is provided as an attachment to this report ([Attachment 20.4](#)).

Items about client service plans were included in the DFS Stakeholder Surveys conducted in Spring/Summer of 2016 ([Attachment 20.5](#)). Responses serve to validate the need for the new DFS case monitoring process piloted in the fall 2016 and begun formally in January 2017. More about this initiative is provided for Systemic Factor III: Quality Assurance. Highlighted below were the following:

- The case planning process is well monitored for provisional changes, as nearly 57% of LDSS Supervisors send their case plans back to workers for said changes. DFS asserts this as a strength for children and families in the case planning process.

- Responses for physical, mental, and dental health, as well as education, included some negative perceptions. These should improve over time as DFS now has the ability to gather and monitor the inclusions of these data in OASIS through SafeMeasures® reports.
- Of concern is the relatively large proportion of foster parents; 14.6%, believe that they are not involved in the foster child's case planning. This is an item for further investigation, follow-up, and monitoring in the future.
- Foster Parent responses were >20% negative for timeliness of permanency goals, and appropriateness of goals.
- Attorney responses were >10% negative for timeliness of permanency goals, appropriateness of goals, and inclusion in plans of progress made towards achieving permanency
- In contrast to the above two findings, CASA responses were <10% negative for timeliness of permanency goals, appropriateness of goals, and inclusion in plans of progress made towards achieving permanency.
- CASA responses were also <10% negative for the LDSS utilizing Family Partnership Meetings (FPM) or a similar type meeting when doing case planning.

Item 21: Periodic Reviews

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) VDSS uses and provides a Guide, developed specifically for attorneys and judges who handle child welfare cases (*Attachment 21.1*). Formal reviews are held at least every six months. Dispositional hearings are held within 60 days after removal and foster care plans are filed within 45 days from removal. Foster care reviews are held within four months (§ 16.1-282) from the dispositional hearing. Petitions for permanency planning hearings are filed 30 days prior to the scheduled court date for the hearing which will be held within 10 months of the dispositional hearing (§ 16.1-282.1). For all and any review, considerations include the child's safety, the continuing necessity for foster care placement, compliance and progress with the case plan for both child and family, transition planning for youth 14 or older whether an out-of-state placement is viable. When possible and appropriate, a projected date for reunification, adoption, or other permanency goal is identified as well.

SafeMeasures® includes the Approved Court Hearing Status Report (*Attachment 21.2*). This report shows whether or not the child in placement has had an AFCARS-approved court hearing on the Hearing/Review screen according to the timeline provided by the Juvenile and Domestic Relations District Courts timeline for child dependency cases. The hearing types include; 60-day Dispositional, Court Review, Permanency Planning, and Admin Panel Review Hearing. VDSS monitors the SafeMeasures® report regularly. Because the LDSS are permitted 30 days to enter the court hearing

information, DFS always looks at reporting from two months earlier. When the percent of timely hearings drops below 90%, the regional Foster Care consultants are provided with information about specific LDSS. They then reach out to those LDSS to encourage and insure timely data entry. In most cases, the LDSS have simply failed to enter the hearing/ panel review information appropriately. On one occasion, when one LDSS was actually not having hearings as required due to staff shortages, the consultant and Regional Director worked with the LDSS Director to develop an action plan to improve compliance.

Once the case is at initial foster care review, the next case is scheduled at the time of the current case. For example:

- The 4-month foster care review is scheduled at the end of the initial foster care review.
- The initial permanency planning is scheduled at the end of the 4-month foster care review.
- The second permanency planning is scheduled at the end of initial permanency planning, if an interim plan is approved at initial permanency planning.
- The annual foster care review is scheduled at the end of initial permanency planning case; or at the time of the current annual review.

To support courts with scheduling cases/hearings on a timely basis, the Juvenile Case Management System (JCMS) includes an electronic scheduling feature that lists the court's events and time periods. The clerk identifies the court event to be scheduled and selects the applicable time period. The scheduling feature then identifies possible hearing dates within the statutory time guidelines. The court picks a date convenient to the parties and attorneys. Approximately 70% of J&DR District Courts use this scheduling feature. Courts not using this feature identify court dates manually, which involves the court identifying the next court event and required time frame and counting the number of days out on a calendar.

Virginia's Court Improvement Program (CIP) recommends against continuances, except under extenuating circumstances (i.e. a party or attorney is ill, service of process has not yet been completed, etc.). To support the potential of a continuance, CIP encourages courts to schedule all cases early, prior to the last date permitted by the applicable time line requirement. If a case is scheduled early enough, the court can often reschedule it within the required time guidelines if necessary. The process for scheduling cases prior to the 4-month foster care review stage is dependent upon how the child is entering foster care and the hearings associated with that particular case type (i.e. abuse or neglect; at-risk of abuse or neglect; relief of custody or entrustment agreement, or disposition of a child in need of services, child in need of supervision, etc.).

At the Dispositional Hearing, the Judge decides who should have custody of the child. The Court may return custody to the parent or guardian from whom the child was removed with certain conditions and requirements, place the child with a relative, or keep the child in foster care with the LDSS. If the child stays in foster care, the Judge will review the Foster Care Plan prepared by the LDSS. The plan will identify a goal for timely reunification or other permanent placement. The Judge reviews the Foster Care Plan to ensure the goals for the child and family are clear and achievable. At the Foster Care Review Hearing, the Judge reviews progress made towards reunification as well as services provided including medical, educational, and mental/behavioral health services provided to the child and services provided to the family. At the Permanency Planning Hearing, the Judge will determine if the child can be returned

safely home or if the permanency goal needs to be changed from reunification to another permanency or alternative goal.

In Virginia's most recent Title IV-E Review the following were noted as strengths (Virginia 2016 Title IV-E Foster Care Eligibility Review, page 7):

Court Orders

As seen in the previous IV-E review, all court orders reviewed included the required judicial finding. As such, there were no error cases or non-error cases with ineligible payments because a required judicial finding was not made. All court orders reviewed included explicit and timely documentation of contrary to the welfare or best interest and reasonable efforts findings. Court orders also were individualized to be child-specific. These explicit and child specific details are important to help maintain a level of accountability, guide future court determinations with respect to achieving permanency and provide clarity for establishing eligibility. Many court orders reviewed also contained specific instructions on actions to be completed to move the cases towards achieving the permanency plan.

Frequent Permanency Hearings

Cases reviewed found frequent permanency hearings resulting in timely judicial determinations and court involvement to monitor case planning and progress toward goal achievement for the child. Virginia continues to work with the CIP to monitor timeliness of these hearings and ensure that DFS is obtaining timely findings that the agency is making reasonable efforts to finalize a permanency plan for a child.

In the DFS Stakeholder Surveys conducted in Spring/Summer of 2016, included were items about periodic reviews ([Attachment 21.3](#)). Highlights from respondents included:

- Several items will require follow-up with key stakeholders to understand their perspective on timeliness and appropriateness of permanency goals for foster care youth, and to strategize efforts to improve these elements of practice.
- CASA stakeholders responded >10% that a foster care review hearing is only sometimes held no less frequently than every 12 months after ordering permanent foster care or termination of parental rights.
- Staff also responded >10% that permanency goals are not established in a timely manner.

Item 22. Permanency Hearings

As with periodic reviews, permanency hearings address considerations of the child's safety, the continuing necessity for foster care placement, compliance and progress with the case plan for both child and family, transition planning for youth 16 or older, and whether an out-of-state placement is viable. Virginia Courts use standardized forms for both Petitions for Permanency Planning and Permanency Planning Orders ([Attachments 22.1 and 22.2](#)).

Data regarding timeliness of the court hearing in this section are generated from case information entered into Virginia's Juvenile Case Management System (JCMS) by local Juvenile and Domestic Relations District Court clerks. The data provided were extracted on November 10, 2016, and represent federal fiscal years (FFY) 2013-2016. All data reflect averages and cases considered as of that date. The

information provided is defined by Case Type (cases for which data is being reported); Goal Type (goal of a child in foster care for which data is being reported); Time Frame (period of time covered by the data); and Average Days (baseline and annual level of the measure for the time frame covered by the data). In addition, accuracy of the data provided is dependent upon information being accurately and properly entered into JCMS. Performance measures that rely on the disposition of an underlying case (i.e. Abuse or Neglect, At-Risk of Abuse or Neglect, Entrustment Agreement, Relief of Custody) or the date at which a child was placed from disposition into foster care (Status Offense, Child in Need of Services, Child in Need of Supervision (Truancy/Runaway), Delinquency Misdemeanor, or Delinquency Felony) pull the most recent underlying case type filed to determine whether requirements are met to be included in the data.

Time to First Permanency Hearing

This measure provides the average number of days between the date of disposition hearing on the underlying case and the date of the first permanency planning hearing on the case [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]. Cases considered in the data include the first Permanency Planning hearing held for a child that: is filed beginning on the first day in the reporting period up to the last day in the reporting period; has a disposition hearing and result code of 'F' (Finalized); has an underlying case of Abuse or Neglect, At-Risk of Abuse or Neglect, Entrustment Agreement, or Relief of Custody with a finalized disposition of Legal Change in Custody or Child Protective Order Issued and Legal Change in Custody; or Status Offense, Child in Need of Services, Child in Need of Supervision (Truancy/Runaway), Delinquency Misdemeanor; or Delinquency Felony, the result of which was the entry of the child into foster care.

Virginia Code § 16.1-282.1 provides, "In the case of a child who was the subject of a foster care plan filed with the court pursuant to § 16.1-281, a permanency planning hearing shall be held within 10 months [(11 months if prior to July 1, 2014)] of the dispositional hearing at which the foster care plan pursuant to § 16.1-281 is reviewed...." The review pursuant to § 16.1-281 is to occur at the time of the dispositional hearing on the underlying petition, or within 60 days (75 days if prior to July 1, 2014) of a child's placement into foster care when such placement is the result of a Child in Need of Services, Child in Need of Supervision, Status Offense, or Delinquency petition. These time line requirements support a permanency hearing being held within 12 months of a child entering foster care. Data available since 2013 indicate improvement in the time to first permanency hearing. FFY 2016 data suggests that initial permanency planning hearings are being held in a manner consistent with Virginia's time line requirements and are supportive of a permanency hearing being held within 12 months of a child entering foster care.

Time to First Permanency Hearing by Case Types	Baseline	Year 1 FFY	Year 2 FFY	Year 3 FFY	Difference From Previous 2015 vs 2016	Difference From Baseline 2013 vs 2016
	Average (Days)	Average (Days)	Average (Days)	Average (Days)		
All Cases	320	292	272	254	-6.62%	-20.63%
Abuse or Neglect/At-Risk	326	296	273	257	-5.86%	-21.17%
Relief of Custody (CR) Cases	313	297	275	262	-4.73%	-16.29%
Entrustment Agreement (ET) Cases	227	214	243	179	-26.34%	-21.15%
Other Cases (CS, DF, DM, TR, ST)*	399	376	313	345	10.22%	-13.53%

Source: Virginia's Juvenile Case Management System (JCMS) extracted 11/10/16, representing FFY

Time to Subsequent Permanency Hearings

This 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. The data are reported by permanent goal type (i.e. Adoption (AD), Placement with Relative (PR) or Return Home (RH)) and those with the goal of Another Planned Permanent Living Arrangement (APPLA). Cases considered in the data include Permanency Planning cases and 12-month Foster Care Review cases or, if the child's goal is Another Planned Permanent Living Arrangement, 6-month Foster Care Review cases: held after the first Permanency Planning case; filed beginning on the first day in the reporting-period up to the last day in the reporting period; have an underlying case of Abuse or Neglect, At-Risk of Abuse or Neglect, Entrustment Agreement, or Relief of Custody with a finalized disposition of Legal Change in Custody or Child Protective Order Issued and Legal Change in Custody; or Status Offense, Child in Need of Services, Child in Need of Supervision (Truancy/Runaway), Delinquency Misdemeanor, or Delinquency Felony, the result of which was the entry of the child into foster care, and which have a first Permanency Planning case; and □ include a permanent goal (i.e. Return Home, Placement with a Relative or Adoption) or a goal of Another Planned Permanent Living Arrangement. Data does not include Permanency Planning cases or Foster Care Review cases for children with the goal of Permanent Foster Care or Independent Living. Data include Permanency Planning cases or Foster Care Review cases at which a foster care plan is disapproved and a subsequent permanency hearing is held within 30 days.

Virginia Code §§ 16.1-282.1, 16.1-282.1 A2, and 16.1-282.2 provide for the review of the status of a child in foster care no less than every 12 months following the initial permanency hearing. These hearings and time frames are described briefly below. Virginia Title IV-E Reviews for 2013 and 2016 are included as attachments to this report as well for more detail information ([Attachments 22.3 and 22.4](#)).

- Virginia Code § 16.1-282.1 provides that at the conclusion of the initial permanency planning hearing, the court may approve an interim plan and, if so, requires a second permanency planning hearing be held within 6 months.
- Virginia Code § 16.1-282.1 A2 provides that the Court review a foster care plan for any child with the goal of another planned permanent living arrangement (APPLA) every 6 months.
- Virginia Code § 16.1-282.2 provides that “The court shall review a foster care plan annually for any child who remains in the legal custody of a local board of social services or a child welfare agency

and (i) on whose behalf a petition to terminate parental rights has been granted, filed or ordered to be filed, (ii) who is placed in permanent foster care, or (iii) who is age 16 or over and for whom the plan is independent living.”

Data available since 2013 indicate 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 held every six months.

Time to Subsequent Permanency Hearings

Goal Types	Initial Baseline (FFY 2013)	Year 1 (FFY 2014)	Year 2 (FFY 2015)	Year 3 (FFY 2016)	Difference From Previous Annual Rate (2015 vs 2016)	Difference From Baseline (2013 vs 2016)
	Average (Days)	Average (Days)	Average (Days)	Average (Days)		
All Permanency Goals*	213	224	220	198	-10.00%	-7.04%
Adoption (AD) Goal	253	269	227	229	0.88%	-9.49%
Placement with Relative (PR) Goal	177	160	197	150	-23.86%	-15.25%
Return Home (RH) Goal	180	206	225	183	-18.67%	1.67%
Another Planned Permanent Living Arrangement (APPLA) Goal	179	180	161	168	4.35%	-6.15%

* Permanency goals include AD, PR, and RH.

The DFS Stakeholder Survey included items about Periodic Reviews ([Attachment 22.5](#)) and highlights of the responses included:

- Data suggest that nearly 28% of foster parents responded that goals for reunification to adoption were not established in a timely manner. This perspective needs further examination to understand more fully if this is an issue of setting reasonable expectation or another practice issue.
- DFS will be working to see how the reasonable expectations can be incorporated in foster and adoptive parent initial and in-service training.

Item 23. Termination of Parental Rights

Termination of parental rights is viewed very conservatively by judges across Virginia; and data about TPR court hearings and continuances is difficult to obtain on a regular basis. However, several new reports have been added to the SafeMeasures® software tool that provide DFS the ability to monitor clients for multiple time periods as they progress from goal change to adoption. Steps included in these new reports follow clients from goal of adoption, to TPR, placements in pre-adoptive homes, adoption petitions waiting final orders, and clients who are adopted. An example of these reports is provided as an attachment to this report ([Attachment 23.1](#)). An analysis of clients with a goal of adoption in October 2015 followed through October 2016 shows substantial success in moving children forward in the TPR and adoption process. This progress is shown in the summary provided below:

**Progress towards Adoption
October 2015 to October 2016**
Source: SafeMeasures 10/30/2015 and 10/30/2016

Status October 30, 2015	Status October 30, 2016								
	Total	Adoption: Pre-Adoptive	Adoption: Non-Finalized	Foster Home	Congregate Care	Other	Adoption	Other Permanency	Other Discharge
# in Adoption Non-Finalized Family	493	0	76	1	1	7	401	0	7
# in Pre-Adoptive Family	81	81	0	0	0	0	0	0	0
# Available for Adoption	675	53	58	248	114	42	85	7	68
# Not Available - TPR on Appeal	139	42	27	32	6	6	21	5	0
# Not Available - TPR not recorded	154	21	21	57	3	21	22	2	7
Subtotal	1542						529		
# with Adoption Goal > 10/30/2015							107		
Total Maintained or Progressed		197	182						
Total Adopted							636		
12 month successes							1,015		

Time to Filing Petition for Involuntary Termination of Parental Rights

Section 9.5.4 of the Child and Family Services Manual Foster Care Section: Involuntary termination of parental rights says: “Federal law states that when a child has been in the care of the agency for 15 of the last 22 months and there has been no progress toward reunification with the parent from whom the child was removed, then termination of parental rights shall be filed unless it can be documented that it is not in the child’s best interest to do so. At the end of the 15th cumulative month that the child is in the

agency's care, the agency shall file a petition with the court to terminate parental rights if no progress has been made toward reunification, unless the agency has documented that termination of rights is not in the child's best interest".

There is a question on the current Foster Care Plan screens in OASIS where the LDSS has to indicate if the child has been in care 15 out of the last 22 months (Part B). This screen prompts the worker to address why the LDSS has not filed a termination petition if both the "15 out of 22 months" and the "not filing a petition" boxes are both checked. The screens ensure that the issue is at least reviewed by the LDSS when developing the foster care plan. Additionally, the court receives this information when the foster care plan is submitted and has an opportunity to address in the hearing any failure to meet this requirement. While no specific reporting tools are readily available to monitor compliance with this policy; special analysis of OASIS data, by either DFS or ORP staff, is made available on request. Also additional reports can and will be added to SafeMeasures® to regularly monitor compliance with this requirement.

Data available from the Juvenile Case Management System, since 2013, indicate improvement in the time to filing of petitions for involuntary termination of parental rights. FFY 2016 data show that petitions for termination of parental rights are being filed approximately 12 months following the disposition hearing on the underlying case or, if applicable, the child's foster care date when placement is the result of a Child in Need of Services, Child in Need of Supervision, Status Offense, or Delinquency petition. This measure provides the average number of days between the date of the disposition hearing of the underlying case (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 file date of the Involuntary Termination of Parental Rights (TP) case.

Cases considered in the data include Involuntary Termination of Parental Rights cases: filed beginning on the first day in the reporting period up to the last day in the reporting period; with an underlying case of Abuse or Neglect, At-Risk of Abuse or Neglect, Entrustment Agreement or Relief of Custody with a finalized disposition hearing; or Status Offense, Child in Need of Services, Child in Need of Supervision (Truancy/Runaway), Delinquency Misdemeanor or Delinquency Felony, the result of which is the entry of the child into foster care.

Time to Termination of Parental Rights By Case Types	Initial Baseline FFY 2013	Year 1 FFY 2014	Year 2 FFY 2015	Year 3 FFY 2016	Difference From Previous 2015 vs 2016	Difference From Baseline 2013 vs 2016
	Average Days	Average Days	Average Days	Average Days		
Termination of Parental Rights (TPR)	377	346	362	363	0.28%	-3.71%

Source: Virginia's Juvenile Case Management System (JCMS) extracted 11/10/16, representing FFY

Finally, responses to the limited number of questions on the DFS Stakeholder Survey in Spring/Summer 2016 indicate concern with the timeliness to TPR. Detailed results of these questions are shown below. The creation of monitoring reports in SafeMeasures® in the fall of 2016 has allowed DFS and VDSS regional consultants to both monitor and more effectively address some of the barriers to timely TPR and permanency to adoption.

Respondents	Questions	N	Yes %	Sometimes %	No %	NA or Unable to Determine %
Attorney	Barriers exist to timely termination of parental rights.	250	62.80	NA	32.00	5.20
CASA	Barriers exist to timely termination of parental rights.	104	69.23	NA	12.50	18.27
Staff	How often are TPRs occurring for children in care 15 of the last 22 months?	73	57.54	42.47	0.00	0.00
Supervisor	How often are TPRs occurring for children in care 15 of the last 22 months?	61	60.66	37.70	1.00	0.00

Item 24. Notice of Hearings and Reviews to Caregivers

Section 15.2.2 of the Child and Family Services Manual, Chapter E Foster Care details caregivers' attendance at court hearings ([Attachment 24.1](#)). Both foster parents and birth parents are to be provided notice of each hearing by the court. Foster parents and pre-adoptive parents are to be notified by the court of every hearing in writing. 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. Again, Virginia Petitions for Permanency Planning ([Attachment 22.1](#)) and Permanency Planning Orders ([Attachment 22.2](#)), include notice for parents, foster parents, pre-adoptive parents, or relative caregiver.

The case worker also provides and discusses with the foster parent, pre-adoptive parent, or relative caregiver the brochure *Adoption and Safe Families Act: Applying the Notice and Right to Be Heard Provision in Virginia's Juvenile and Domestic Relations District Courts*.

http://www.courts.state.va.us/courtadmin/aoc/cip/resources/asfa_brochure_web.pdf

This brochure explains the requirements that they must be provided with timely notice of and the right to be heard at the 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 with respect to the child during the time the child is in their care.

In the DFS Stakeholder Survey of Spring/Summer 2016 (*Attachment 24.2*), foster parents responded negatively to their notice and participation in reviews. Results suggest more work is needed by DFS, in collaboration with the new Virginia CIP Director, to understand these results and reduce barriers to foster parents regarding court hearings.

- 15.38% responded that they do not receive notice of upcoming foster care reviews
- 39.2% responded that they do not feel like their opinion is valued in court.
- 51.61% responded that they are not asked about their foster child in court.
- Responses from attorneys, CASA, supervisors and FSS staff are more positive with <10% responding negatively to these same questions.
- When asked who during the court proceedings asks you about the foster child (check all that apply), foster parents responded: Judge 47.62%; DSS Attorney 35.24%; GAL 49.50%; and Other 35.24%. These responses also require follow-up to understand whether these are realistic perceptions as they indicate low participation encouraged by participants in the hearings.

FACTOR III: QUALITY ASSURANCE SYSTEM

Item 25: Quality Assurance System

The Division of Family Services uses two distinct yet coordinated processes for accomplishing Quality Assurance and Accountability (QAA) and Continuous Quality Improvement (CQI). These two processes comprise Virginia’s QAA/CQI Plan. The plan covers all 139 geographic jurisdictions that comprise 120 Local Departments of Social Services within the state (*Attachment 25.1*). Each process is described briefly here.

Quality Assurance and Accountability (QAA)

The purpose of the QAA team is to monitor local agencies in three specific areas that include: title IV-E Foster Care/Adoption Assistance, Child and Family Services Review (CFSR) and Sub-Recipient Monitoring (SRM). The unit has a staff of 31 including a program manager, supervisors, full and part-time program consultants, a full-time data analyst, and a part-time data analyst. The unit is also responsible for oversight, monitoring, guidance, and training for both state and local agencies’ staff for compliance and accurate financial reporting for all title IV-E foster care and adoption assistance clients.

The QAA team administer two types of reviews for LDSS: title IV-E ongoing reviews and New Child Welfare Case Reviews. Ongoing reviews are designed to provide continuous quality control and support to the LDSS by reviewing all open title IV-E cases at least once each fiscal year. NCWCR are held every

three months for each LDSS. NCWCR review 10 CPS referrals, 5 CPS Ongoing and 5 Foster Care cases and all funding determinations. These reviews are designed to ensure safety, permanency and well-being and that appropriate eligibility determinations are made within approximately 90-120 days of children entering foster care. The QAA team anticipates reviewing the same level of cases throughout this fiscal year. The number of cases anticipated to be reviewed for title IV-E ongoing is 2,943. The number of CPS referral and CPS ongoing anticipated to be reviewed is 7,200. The number of foster care cases and funding determination will fluctuate based on the number of children entering foster care.

The DFS revised its QAA process to align with the federal CFSR process and began utilizing the federal On Site Review Instrument (OSRI). Reports of these reviews for 2016 are available from the Children's Bureau CFSR Web Portal. Case reviews will continue throughout the PIP.

In the fall of 2016, Virginia began a pilot QAA Monitoring system pairing with the existing QA teams for Title IVE compliance and the 2017 CFSR to collaborate with consultants at the VDSS regional offices. The new monitoring system involves regular consultative visits to Virginia LDSS to review case files. The purpose of the review is to evaluate the child's safety, permanency, well-being and funding. All new child welfare cases are evaluated to ensure they are in full compliance with state and federal requirements. The review process includes examination of systems and documentation to include: Online Automated Service Information System (OASIS) and the hard copy case record. In addition, the QAA team works collaboratively with regional staff to provide additional technical assistance if needs are identified. The goal of these reviews is to provide results that are meaningful and useful to the LDSS and will improve outcomes for children and families around safety, permanency, well-being and funding. The reviews consist of CPS investigation/family assessment; ongoing and foster care case files. The reviews will provide regional consultants and agencies targeted areas to better serve the children and families involved in child welfare. These reviews provide a proactive approach as the referrals/cases will be reviewed within 90 to 120 days from opening.

The QAA Monitoring Team will visit each LDSS every other month for compliance on basic practice requirements (*Attachments 25.2-25.4 accompanying MS Excel files*).

VDSS Regional Consultants will also visit each LDSS once within a calendar year to review cases at a more detailed level (*Attachments 25.5 – 25.9 accompanying PDF documents*). Results of these reviews will be compared to corresponding data in the OASIS system, and aggregate data for each LDSS will also be generated via reports from OASIS for CQI (see below). These ongoing case review processes will not only serve DFS for Quality Assurance, but also as an ongoing data validation.

In addition to this renewed focus on reading case files in local agencies, and increased state and regional presence in the local agencies, Virginia continues to use several groups for feedback. Quality Assurance and Accountability specifically uses the Quality Assurance Network (QAN) to gain input about casework problems, documentation, data issues, etc. QAN is a group of LDSS staff with a specific focus on Quality Assurance and Quality Improvement in their daily work. Membership currently consists of 52 local employees. The group has been meeting every quarter since its inception in summer 2015. Agenda

topics addressed by the group include performance assessment reports, specific problem-solving for local issues either with communicating to agency staff around QI and data or definition and measurement of key child welfare indicators.

Continuous Quality Improvement (CQI)

The purpose of the CQI team is to identify and use information about child welfare practices in Virginia to improve outcomes for children and families. The team is made up of a program manager. In addition to specific responsibilities of follow-up to QAA and liaison to stakeholder groups for data input, the team also at times serves as coach and consultant to the Division on how to translate data and analysis into ideas for improvement – using the Plan-Do-Check-Act model of Quality Improvement.

Specific quality improvement efforts within the Division in the past year include 1) analysis and recommendations of workflow for the Divisions Adoption Unit, to provide greater efficiency and effectiveness; 2) increased use of data by DFS program managers; and 3) improved coordination of reporting and analytic requests to the VDSS Office of Research and Planning.

To support LDSS in quality improvement, Virginia has several data and reporting systems to identify areas needing improvement. These include the Virginia Child Welfare Outcome Reporting system (VCWOR), Virginia's contract with SafeMeasures® as a reports tool; and its contract with Chapin Hall for longitudinal, cohort data. SafeMeasures® reports are currently used to monitor benchmarks in areas such as caseworker monthly visits, TPR Status, and placement stability ([Attachment 25.10](#)). Extensive use of these data for CQI however, has not occurred for several years in Virginia. The CQI team's work plan for 2017 includes a renewed focus on using data to improve practice, through regional trainings and forums. The divisions Quality Assurance Network and the Child Welfare Advisory Committee (CWAC) Subcommittee for CQI are two such vehicles for this work. Increased use of longitudinal analysis to examine practice trends and outcomes is also a part of the 2017 work plan. Finally, results of the DFS Stakeholder Surveys are used by CQI to inform existing or future improvements. This Survey is conducted annually with stakeholder groups including: Family Services staff and Supervisors, Foster and Adoptive Parents, Foster Youth, Attorneys, Judges, and CASA.

A preliminary analysis of local QAA reviews in January thru March of 2016 was conducted using the CFSR Onsite Review Instrument and with reports back to each LDSS. Qualitative content analysis was used to identify common themes for “areas needing improvement and planned local actions to address” for the review results. Themes were given codes and the instances of these theme/codes were quantified.

Based on this analytic approach, the review items reported most frequently were:

- Item 15 Caseworker Visits with Parents
- Item 12 Needs Assessment and Services to Children
- Item 6 Achieving Reunification, Guardianship, Adoption, or APPLA
- Item 8 Visiting with Parents and Siblings in Foster Care
- Item 14 Caseworker Visits with Child
- Item 13 Child and Family Involvement in Case Planning

Planned local actions most frequently reported included:

- Improve documentation
- Provide more training to workers on requirements and best practices
- Increase the level of supervision for case workers.

While these results were preliminary, they provided additional data that aligned with anecdotal evidence and the 2016 Stakeholder Survey Data. Each of these sources identified the need for enhanced training, additional case review efforts, new supervisor job aids, and improved monitoring of caseworker visits.

In 2017, the CQI team will work in conjunction with the QAA team and ORP to develop agency level reporting of case file review data elements ([Attachment 25.11](#)). This analysis will identify systemic areas needing improvement for each local agency, and provide benchmarks to measure improvements linked to outcomes.

FACTOR IV: STAFF AND PROVIDER TRAINING

Item 26. Initial Staff Training

In March 2013, guidance 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. There are both on-line and instructor led courses.

For CPS workers, courses include:

CWSE1002 Exploring Child Welfare
CWSE5692 Recognizing and Reporting Child Abuse and Neglect– Mandatory Reporter Training
CWSE1500 Navigating the Child Welfare Automated System: OASIS – CPS Modules 1-6
CWS2000 CPS New Worker Guidance Training with OASIS – 4 days
CWS2010 CPS On-going (On-going workers only) - 2 days
CWSE1510 Structured Decision Making in Virginia – online

For Permanency staff, courses include:

CWSE1002 Exploring Child Welfare
CWSE5692 Recognizing & Reporting Child Abuse and Neglect – Mandatory Reporter Training
CWSE1500 Navigating the Child Welfare Automated System: OASIS – Foster Care
CWS3000 Foster Care New Worker Policy Training with OASIS – 4 days
CWS3010 Adoption New Worker Policy Training with OASIS – 2 days

As part of the Division’s CQI activities, Stakeholder Surveys were conducted in the spring of 2016 to gain feedback on a variety of topics. Questions on training of child welfare staff in Virginia LDSS were specifically included in the surveys of Family Services Staff and Family Services Supervisors. Feedback from these surveys is provided in [Attachment 26.1](#). The most striking results of this feedback are that the

survey respondents are very positive about training; yet the Mandate Analysis ([Attachment 26.2](#)) indicates that training participation is substantially low.

Item 27: Ongoing Staff Training

There are 24 hours of mandated continuing education hours required for family service workers after two years of employment. Family Services Training provides subject matter expert (SME) trainings for experienced workers based on assessed needs of local staff. The SME trainings are offered regionally. 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 that fulfill continuing education requirements. These include free on-line webinars and courses relevant to best practices and statewide classroom training classes offered through DCJS, DJJ, Mental Health, etc. The Family Services mandated training schedules are sent out quarterly to all LDSS Directors, Supervisors and Workers.

LDSS are able to submit training plans to VDSS to provide child welfare training and receive title IV-E reimbursement. Approval of LDSS training plans is contingent upon the plan's compliance with federal guidelines regarding allowable expenses. These plans must describe the type of training to be provided (i.e., new worker or on-going training for staff/ resource parents) as well as the topic area to be covered and the over-all plan for training.

Ongoing training was also included in the DFS 2016 Spring/Summer Stakeholder Survey. Response for these items is provided in [Attachment 27](#). Again the positive feedback about training is in contrast to the low participation evidenced in the Mandate Analysis.

Item 28: Foster and Adoptive Parent Training

The purpose of foster and adoptive family training is to enhance the knowledge, skills, and abilities of current and prospective foster and adoptive families in order for them to meet the needs of children receiving services funded by Title IV-E. Training is comprised of two major components: pre-service training and in-service training. While a specific number of hours is not specified, ten hours of in-service annually (per parent) should be considered the minimum acceptable amount with no more than half of these hours obtained utilizing self-paced training methodologies (e.g., online courses, self-study books, etc.). The ten hours of in-service training is recommended and encouraged, but not mandated by LDSS for their foster and adoptive parents. The in-service training hours are provided as a guideline to allow providers opportunities for discussions and review related to the child's safety, permanency and well-being. A guideline for in-service training is provided, rather than a mandate, so that a family in progress towards fulfilling the 10 hours does not have a child unnecessarily removed from their home.

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 needs. The VDSS Adoption and Foster Recruitment 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. Using the PRIDE curriculum, the Community Resource, Adoption and Foster Family Training (CRAFFT) program promotes the safety, permanency and well-being of children through the training of LDSS foster/adoptive parents to meet the needs of children in Virginia's child welfare system. CRAFFT's goal is to increase the knowledge and skills of foster/adoptive 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:

- Development and delivery of additional in-service training for foster and adoptive families, based on input from families as well as the local agencies and VDSS;
- Development and maintenance of a regional training plan, updated as-needed, based on the results of the needs assessment demonstrated in LDSS' local training plans;
- Close work with the Regional Adoption and Foster Recruitment 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;
- Collaboration with the Regional Adoption and Foster Recruitment 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;
- Collaboration with LDSS and **Virginia's** Adoption, Foster, and Kinship Association (NewFound Families) to promote membership, participation in the annual NewFound Families conference/training, and development of relationships with regional NewFound Families board members and NewFound Families staff; and,
- Conducting of regularly scheduled regional roundtable meetings with LDSS staff and other key stakeholders to provide training and resources regarding foster and adoptive parent development and support; informing agencies of current state or program initiatives related to foster and adoptive parent training; and allowing agencies to collaborate, exchange resources and share challenges and solutions.

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. The table below describes the training for SFY 2016 for foster and adoptive families.

Region	# Agency responses	PRIDE	MAPP/OTHER	CRAFFT	# of Approved Families
Central	20	18	0	11	72
Piedmont	24	22	2	17	190
Northern	24/25	25	0	9	249
Western	20/22	17	0	3	118(6-10)
Eastern	23	23	0	19	147

In the DFS 2016 Spring/Summer Stakeholder Surveys, foster parents were asked to respond to questions about their training experiences. Responses are detailed in [Attachment 28](#). In general responses were favorable with <10% of respondents with a negative perspective of their training experiences.

FACTOR V: SERVICE ARRAY AND RESOURCE DEVELOPMENT

Item 29: Array of Services

Virginia has in place several programs and funding streams to provide for the diverse service needs of at risk children and their families across the state. Each area is described briefly in the following pages and attachments.

Virginia Children's Services Act (CSA). Virginia's Children's Services Act (CSA) was enacted in 1993 and establishes a single state pool of funds to purchase services for at-risk youth and their families. CSA was designed to ensure that youth and their families receive the services they need, including youth either in foster care, or eligible for foster care. The need for services is determined by local Family Assessment and Planning Teams (FAPT) on a case-by-case basis, and the funding is limited to six months of services unless an extension is granted. The purpose of the funds is to avoid out-of-home or out-of-community placements of at-risk children. The funding varies by locality and type of service. Localities also have Community Policy and Management Teams (CPMT) with primary responsibility to coordinate long range, community-wide planning for needed resources and services in the community. Since 2006, the General Assembly now requires local CPMTs to report to the Office of Children's Services (OCS) on gaps and barriers in services needed to keep children in their local community. For SFY 2015, these data are reported on the OCS website (<http://www.csa.virginia.gov>).

Services Provided throughout Virginia and Identified Service Gaps (***) indicates service gap)

Acute Psychiatric Hospitalization***	Maintenance - Child Care Assistance	Residential Case Management
Applied Behavior Analysis***	Maintenance - Clothing Supplement	Residential Daily Supervision
Assessment/Evaluation***	Maintenance - Enhanced	Residential Education
Case Support	Maintenance - Independent Living	Residential Medical Counseling
Crisis Intervention***	Maintenance - Transportation	Residential Room and Board
Crisis Stabilization***	Material Support	Residential Supplemental Therapies
Family Partnership Facilitation	Mental Health Case Management***	Respite***
Family Support Services***	Mental Health Skills Building	Special Education Related Services***
Chafee FC Ind. Pg./Independent Living Services***	Mentoring***	Sponsored Residential Home Services
Individualized Support Services	Other (Emergency Shelter Care)***	Substance Abuse Case Management***
Intensive Care Coordination (ICC)***	Outpatient Services***	Therapeutic Day for Children & Adolescents***
ICC Family Support Partner	Private Day School***	Transportation***
Intensive In-Home Services***	Private Foster Care Support-Supervision-Administration	Treatment Foster Care Case Management
Maintenance - Basic***	Private Residential School	Utilization Review
Adoption Services		
Post-Adoption Services		

The overall response rate for reporting service availability and gaps in SFY 2015 was 87%. The top three agencies/systems actively engaged in completing the CPMT Service Gap Assessment were: Court Services Units (95%); School Systems (94%); and Local DSS (94%). Services provided across the state and those identified as gaps in SFY 2015 are shown in Table 29 below. Finally, Virginia Code, §2.2-2648 D.17 also requires that the State Executive Council (SEC) for Children’s Services develop and report aggregate performance measures for the Children’s Services Act Program. This report is available at: <http://www.csa.virginia.gov/dashboard/2015%20Outcomes%20Report.pdf>

The DFS 2016 Spring/Summer Stakeholder Survey included many items about services and the availability of services ([Attachment 29.1](#)). Responses suggest that while services in the community are available to the LDSS, stakeholders and LDSS staff report more could be available to meet families' and children's needs. Data suggest increasing the availability of services that work to reduce the risk of re-entry into foster care.

Promoting Safe and Stable Families (PSSF). Promoting Safe and Stable Families (PSSF) funds are provided specifically for services and programs that are child-centered, family-focused, and community-based. The program funding is flexible and may be provided through local public or private agencies, individuals, or any combination of resources. These PSSF funds are used for direct and/or purchased services to preserve and strengthen families, avoiding unnecessary out-of-home or out-of-community placements, reunification of children and their families, or finding and achieving new permanent families for those children who cannot return home.

A local planning body determines what community services and/or goods are needed on behalf of the children and families in their respective communities. Receipt of funding is based upon a rigorous state review and approval process for each individual community plan and each plan is developed from a comprehensive, community-based needs assessment.

The total amount of Virginia's SSBG-FPSP funds dedicated to prevention is estimated to be approximately \$1,100,000. A formula is used to determine the portion of available funds that can be allocated to any individual locality. Variables used for the formula include the following:

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 Comprehensive Services Act (SFY 2012)
5. Intake complaints for ages 0-17 reported by the Virginia Department of Juvenile Justice (SFY 2012)
6. Number of adult and children substance abuse consumers reported by the Virginia Department of Behavioral Health and Developmental Services (SFY 2012)
7. Number of children receiving special education services as reported by the Virginia Department of Education (Dec. 2012)

Virginia Enhanced Maintenance Assessment Tool (VEMAT). Another key source of services for at-risk youth and their families in Virginia is through the Virginia Enhanced Maintenance Program. This VEMAT program provides for additional funding for foster or adoptive parents when the involved child has special needs beyond basic maintenance (e.g. treatment foster care, special medical devices, etc.) The purpose of VEMAT is to assess an individual child's behavioral, emotional and physical/personal care needs in order to determine if an enhanced maintenance payment to a foster or adoptive parent is necessary. The Assessment Tool and Process were revised in 2012. A copy of the Tool is provided in [Attachment 29.2 as an accompanying PDF document](#), and the Guide to Parents in [Attachment 29.3 as an accompanying PDF document](#).

Item 30: Individualizing Services

Each of the programs and services described in Item 29 include mechanisms to determine specific needs of the child. For CSA services, each child is assessed by the FAPT to determine specific needs across the service systems (e.g. educational, social service, mental health, etc.). For PSSF funds, each locality implements a risk assessment relative to service needs in submitting applications for funding from this source to the state. The VEMAT tool is applied to each individual child and family to determine the degree of additional funding needed to serve the unique needs of the child.

In the CSA annual survey of locality services and gaps, respondents are asked to identify gaps in populations served. Results from the 2015 CSA Gaps Report include the following populations served and those where gaps in services exist (identified with an “***”):

Autism ***	Pre-School Age
Intellectual Disability/Developmental - Disability	Elementary School Age
Mental Health issues in the school	Middle School Age
Potentially Disrupting or Disrupted Adoptions	Transition Age (14-17)
Sex Offending Sexually Reactive Behaviors	Transition Age (18-21) ***
Substance Abuse*	

The DFS 2016 Spring/Summer Stakeholder Survey included items about individualizing services for children and families ([Attachment 30](#)). Responses suggest that, while stakeholders feel some services are not available to meet families’ needs, the available community services can be personalized to individual families and children. Examining the DFS survey data in conjunction with the CSA services and gaps feedback, indicates that available services may be more easily tailored compared to services where a gap is indicated. It may be useful to clarify in future surveys or discussion groups which practices operationalize individual, person-centered case planning. In addition, the use of Family Partnership Meetings (FPMs) across Virginia in 2015 provides an evidence-based practice that encourages diverse input to the services provided to the child and family. The following table illustrates FPMs in Virginia for CY2016 by Region and Case Type.

Region	Total # of FPMs	% with Participation beyond LDSS	% with No Participation beyond LDSS
Central	769	98.40%	1.60%
Eastern	980	94.90%	5.10%
Northern	2,274	87.20%	12.80%
Piedmont	1,034	95.60%	4.40%
Western	990	96.20%	3.80%
Total	6,047	92.80%	7.20%

Case Type	Total # of FPMs	% with Participation beyond LDSS	% with No Participation beyond LDSS
Adoption	11	0.00%	100.00%
ICPC	1	0.00%	100.00%
CPS	1808	5.90%	94.10%
Prevention/Support	520	5.60%	94.40%
Intake	24	4.20%	95.80%
Foster Care	2352	8.90%	91.10%
CPS and Foster Care	215	15.30%	84.70%
Other	1116	5.30%	94.70%
Total	6047	7.20%	92.80%

FACTOR VI: AGENCY RESPONSIVENESS TO THE COMMUNITY

Item 31: State Engagement and Consultation with Stakeholders Pursuant to the Child and Family Service Plan (CFSP) and Annual Progress and Services Report (APSR)

VDSS gains valuable input from multiple stakeholder groups in order to develop goals, objectives, and actions relative to both the CFSP and APSR. Both the CFSP and the APSRs are posted on the VDSS website. Input and feedback is solicited from members of these groups during their regular meetings. Often they form subgroups to assist DFS with specific projects. The most predominant stakeholder groups and areas of involvement are described briefly here.

Child Welfare Advisory Committee (CWAC) meets semi-monthly for a three-hour agenda and includes primarily local DSS agencies, private child and family services agencies; law enforcement; local community services boards; state departments of education, health, medical assistance services, and behavioral health and developmental services; VDSS-DFS managers and policy specialists. The process used to maximize resources of this stakeholder group is 1) to provide input and/or data for the initial stages of a new program; 2) to collaborate with DFS in during the early stages of implementation; 3) to provide suggestions and/or data for improvement and modification. Specific initiatives based on CWAC involvement in the past include: Virginia Practice Profiles, Diversion Pilot, Fostering Futures, Adoption Negotiators, Adoptive Family Recruitment (i.e. Family Match Program), Mutual Family Assessments, and the new Virginia Three Branch grant to address child fatalities in Virginia. Agenda and minutes of CWAC meetings are shared on the VDSS public website. Additional communication with members to solicit input, reactions, feedback, and active participation between meetings is also undertaken, often within the CWAC subcommittees. CWAC currently has two active subcommittees which are Permanency and Continuous Quality Improvement (CQI).

The Permanency Subcommittee of CWAC is the entity which advises the full committee on issues pertaining to permanency within child welfare issues. The subcommittee is composed of interested members of the full CWAC committee, and includes representation from an array of stakeholder groups including foster parents. When necessary, the subcommittee may consult other relevant stakeholders and staff outside the Subcommittee and the full CWAC committee for input. The subcommittee is currently considering adjusting when meetings are held to increase the degree of diverse participation to include former and current foster care youth. The Subcommittee focuses its scope on several policy areas within child welfare programs:

- Adoption
- Health Care
- Transitions Out of Foster Care
- Family & Youth Engagement (the “practice” of Permanency)
- Support of Relative Placements
- Support of Return to Biological Family
- Educational Stability of Youth In Care

The CQI Subcommittee of CWAC is charged with several responsibilities described below. Membership in the CQI Subcommittee draws from the same pool of diverse stakeholders as CWAC. Participants are those with knowledge and/or experience in the work of Continuous Quality Improvement. The subcommittee is co-chaired by a CWAC member and VDSS-DFS CQI Program Manager. The group convenes approximately six times per year (every two months), either through conference calls or meetings that coincide with CWAC meetings. Reports and recommendations from the subcommittee are subsequently forwarded to CWAC for discussion.

- Provision of feedback and sharing of results for data analyses of outcomes and national indicators
- Provision of assistance to DFS in planning and implementing appropriate program improvements
- Service as a channel of communications among each member’s professional arena regarding child welfare policies, programs, and practices
- Being knowledgeable of the elements of the Child and Family Services Plan, Annual Progress and Services Report, Child and Family Services Review, as well as program changes needed to improve outcomes
- Provision of input on development and implementation of Program Improvement Plans (PIP) that address areas of improvement for positive outcomes for children and families, and the systemic factors that support positive outcomes.

The QA/Managing by Data Network provides a direct link to the CQI Subcommittee. The Network is comprised of staff at local departments of social services (LDSS) involved on a regular basis in the work of Quality Assurance, Continuous Improvement, and Managing by Data. This group provides real-time/real-world perspectives to examine current local processes, identify areas of improvement, report/submit recommendations to CWAC CQI, and guide evaluation of improvement outcomes.

The Permanency Advisory Committee (PAC) is comprised of LDSS, state and regional staff and is the stakeholder group for state-local dialogue. There is also representation from the foster parent association

who attends (foster parent) and from Project Life (youth serving contractor.) The PAC meets three times per year and is staffed by DFS program managers for Permanency and Adoption. Activities and input from this group have focused most recently on the NYTD database, evaluation of DFS/VDSS training program, Family Engagement Model, differential response system/structured decision making, and youth transition planning.

CPS Policy Advisory Committee is comprised of LDSS, state and regional staff and is the stakeholder group for state-local dialogue. The Committee meets two to four times per year and is staffed by the DFS program manager for CPS. Areas of focus for this group have included input to the OASIS Service Plan Revisions scheduled for 2017; CAPTA requirements for substance exposed newborns; Virginia's Practice Profiles; and the Virginia Three Branch grant to study and make recommendations to prevent child fatalities in Virginia.

Three Citizen Review Panels interact with the Child Protective Services unit within the Division, and provide responses to their recommendations in December of each year ([Attachment 31.1](#), [31.2](#), [31.3](#)). The three Citizen Review Panels are: Child Abuse and Neglect Committee of the Family and Children's Trust Fund (FACT) Citizen Review Panel; the State Child Fatality Review Team; and Children's Justice Act (CJA)/Court Appointed Special Advocate (CASA)

NewFound Families is a statewide non-profit adoption, foster, and kinship association which provides educational, advocacy, support services, and training opportunities for foster, adoptive, and kinship children and families. Virginia contracts with this group for services that help Virginia children and families. They are also very active members of CWAC

The VDSS Advisory Group is a small group of Directors from local DSS agencies that meet monthly with the Chief Deputy Commissioner for VDSS. The Director of Virginia's Division of Family Services represents the state child welfare perspective with this group, and gains input from the local agencies about state-led recommendations and initiatives.

Virginia's Youth Advisory Council, currently under development, represents the investment of VDSS towards increasing opportunities for "youth voice" to inform policy and practice decisions. We have been working with the Capacity Building Center for States through 2016 towards the development of a formal VDSS youth advisory group. At a state-wide Youth Conference in November, information about this project and what a youth advisory council is was presented to foster care youth in attendance. Current and former foster care youth have been recruited from all five regions in the state and the first "leadership development weekend" was held Jan 21-22. A second development weekend is scheduled for March. An annual meeting will be held for all foster care youth in attendance at the May Youth Conference. At that time, the advisory council members will solicit input from the larger group about setting priorities and in regards to any issues the advisory group has committed to addressing in 2017.

The VDSS Normalcy Steering Committee was developed to assist with implementation of the Reasonable and Prudent Parent Standard across the state. The committee is comprised of state and local DSS representatives, foster parents, youth, private licensed child placing agencies, Department of

Behavioral Health and Developmental Services staff, and VDSS licensing staff. Meetings are held bi-monthly and have focused on developing training for all foster parents, staff, congregate care providers, and LDSS workers and will be completed February 2017. The committee is beginning work with the Capacity Building Center for States to hold forums across the state regarding implementation of normalcy. The forums will include representatives from another state that have implemented normalcy and will encourage dialogue among participants to explore their concerns regarding implementation.

The Pamunkey tribe is Virginia's first federally recognized tribe as of early 2016. Efforts have been made to reach out to tribal leadership and contact has been made. At this time, there are no children in foster care that are members of this tribe. The Chief has stated he will be the point of contact for future communications and welcomes the collaboration. He is an invited member of CWAC, but has yet to attend.

Item 32: Coordination of CFSP Services with Other Federal Programs

Within VDSS, staff and leadership within the state Division of Family Services partners with the following state groups:

Division of Benefit Programs - DFS staff members have worked with Division of Benefit Programs staff members to provide guidance on when a relative can receive Temporary Assistance for Needy Families (TANF) for a child.

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

Office of Newcomer Services - Newcomer Services oversees federal foster care cases and DFS staff has supported the development of guidance for those children.

Division of Early Childhood Development - 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.

Division of Licensing Programs - Similarly, staff has worked with Licensing Programs to ensure guidance and regulations are consistent.

Virginia's Office of Children's Services (OCS) manages the single state pool of funds to purchase services for at risk youth and their families, and was established by the Virginia Children's Services Act (CSA) in 1993. The 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 State Executive Council which is

chaired by the Secretary of Health and Human Resources. Members include agency heads and representatives from agencies including:

- Department of Social Services
- Department of Health
- Department of Education
- Medical Assistance Services
- Juvenile Justice
- Behavioral Health & Developmental Svcs
- CIP, Supreme Court of Virginia, OffExecSec
- Local governments
- Private providers
- State House of Delegates
- State Senate
- Clients

Virginia Department of Education (DOE) and DFS have accomplished much work together 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 or in the role of mandated reporters.

Healthy Families: The Virginia General Assembly appropriates funding for the Healthy Families program. These funds provide home visiting services to new parents who are at-risk of child maltreatment in 74 communities across the state. 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.

Virginia Department of State Police and DFS representatives worked together to establish effective and efficient procedures for implementing the federal requirement for national fingerprint checks for foster/adoptive families.

Virginia's Infant and Toddler Connection Program was coordinated by the DFS CPS Unit 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.

Virginia's Court Improvement Program. Effective August 10, 2016, Sandra L. Karison is the new Director of the Court Improvement Program (CIP) for Virginia. The Court Improvement Program

develops and facilitates integration of procedures and best practices for court cases involving juvenile and family law, and supports implementation of Judicial Council standards for guardians' ad litem for children and incapacitated adults. Ms. Karison becomes a new member of the Virginia CWAC, allowing for enhanced collaboration concerning ICWA and the court system in Virginia.

FACTOR VII: FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION

Item 33: Standards Applied Equally

Licensing of LDSS Foster and Adoptive Homes

The Foster and Adoptive Family Home Approval Standards set out the approval requirements for foster and adoptive family home 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. There are training requirements for respite families, a prohibition against corporeal punishment, DMV checks required for all adults in the home, tuberculosis screening requirements, and a provision allowing for the suspension or revocation of a provider's approval. The number of children in the provider's home is limited to eight. A provider must contact the child abuse hotline and provide contact information if they have been forced to evacuate their home during a hurricane or other disaster and have been unable to contact their LDSS.

Monitoring of LDSS licensing of foster and adoptive homes is provided through the Virginia Title IV-E review process. While not all children in foster care in Virginia are served with Title IV-E funds, all foster and adoptive homes provided by the state must be approved to take children covered by title IV-E. Therefore, families included in IV-E reviews provide a valid and reliable sample of all families approved by Virginia's LDSS. The past two Title IV-E Reviews for Virginia are provided in [Attachments 22.3 and 22.4](#).

Licensing of Private Child Placing Agencies (LCPA) and Residential Centers (RC)

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,

treatment foster care, adoptive homes, and in independent living arrangements. This regulation ensures requirements are met concerning policy and procedures, program evaluation and improvement, staff composition and qualifications including staff development, home study requirements, provider training, monitoring and re-evaluation of provider homes, interstate placements, foster home agreements, medical, dental, and psychiatric examinations and care, school enrollment, visitation and continuing contact with children, service plans and quarterly progress, specific requirements for youth placed in permanent foster care, short term foster care, treatment foster care, and specifics around adoption of children. The number of children in the provider's home is limited to eight unless there is a large sibling group and the home has appropriate space for the children.

Standards for Licensed Children's Residential Facilities [22 VAC 40 151] establishes requirements for any facility, child-caring institution, or group home that is maintained for the purpose of receiving children separated from their parents or guardians for full-time care, maintenance, protection and guidance, or for the purpose of providing independent living services to persons between 18 and 21 years of age who are in the process of transitioning out of foster care. This regulation ensures requirements are met concerning inspection of facilities, allowable variances, health information and reporting of disease, qualifications of staff, written personnel policies and procedures including staff development and supervision, acceptance of children and admission procedures, Interstate Compact on the Placement of Children, service plan/quarterly reports including initial objectives and strategies, case management services, structured program of care and types of programs, and discharge.

General Procedures and Information for Licensure [22 VAC 40 80-10 et seq.] establishes the requirements and processes that provide for licensing of Child Placing Agencies and Children's Residential Centers. 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 as described above (22 VAC 40 131 and 22 VAC 40 151).

Monitoring of LCPAs and RCs, including approval of foster and adoptive parents, is the responsibility of the VDSS Division of Licensing and the Virginia Department of Behavioral Health and Developmental Services. In order to determine continued compliance with standards during the effective dates of the license, the VDSS and VDBHDS representative will make announced and unannounced inspections of the facility or agency during the hours of its operation. The licensee is responsible for correcting any areas of noncompliance found during renewal or monitoring inspections. All licensed child welfare agencies shall be inspected at least twice a year. At least one unannounced inspection of each licensed facility shall be made each year. 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 six months.

The DFS Spring/Summer 2016 Stakeholder Survey included items about the Divisions assessment and actions to address child safety and risk (Attachment 33.1). Several interesting observations of these data are briefly described here. CASA respondents are consistent in saying that LDSS assesses but is not always addressing both risk and safety, reporting a near four percentage-point difference. Data reports

that the LDSS assesses more strongly with safety as compared to risk by approximately seven (7) percentage points. Foster Parents do not identify a substantial difference between assessment and addressing safety and risk in the foster care setting. However, there is a 10-12 percentage-point difference with safety as compared to risk in those settings. This suggests that foster parents' perception may be that LDSS emphasizes and communicates safety while assessing risk and that Foster Parents may be more familiar with safety terminology and action steps to that end. Data present minimal difference for Family Services Staff in assessment verses addressing safety or risk. Unlike CASA and attorneys, staff report doing better for risk than for safety by 5-7 percentage points but with a high number in the "unable to determine" category. This may reflect a distinction between safety and risk for Family Services Staff.

Item 34: Requirements for Criminal Background Checks

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.

In November 2016, Virginia DSS received notification of substantial compliance with federal eligibility requirements for the Period Under Review (PUR) of 10/1/2016 – 3/31/2016. The review team determined 79 of the 80 cases in the review sample had met all eligibility requirements. In the section of the report describing "Areas needing Improvement" reviewers noted that processes put in place between VDSS and VDHADS/Office of Licensing had improved both the monitoring and documentation of appropriate safety checks for foster family homes and child care institutions; and that assurance of children being placed in safe homes and facilities had improved as well (Attachment 34.A)

Results from the state's most recent Title IV-E QAA Reviews provide a measure of child safety, including Criminal Background Checks. For FFY 2016, the error rate for New Case Validations was

5.22% (120 errors in 2,299 cases). For Ongoing Reviews the error rate was 7.49% (197 errors in 2629 cases). Both rates were below the benchmark of 10%.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

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.

Section D.1.9.1 also includes Standards of Care for Resource Families including, but not limited to, care that does not discriminate on the basis of race, color, sex, national origin, age, religion, political beliefs, sexual orientation, disability, or family status. While Virginia law allows private agencies to refuse to serve gay or lesbian families due to religious objections, this is not the practice of LDSS or VDSS. Specifically, in May of 2016 Virginia’s Attorney General affirmed that the commonwealth’s existing non-discrimination protections on the basis of sex are correctly interpreted to include discrimination on the basis of sexual orientation and gender identity. The racial characteristics of children in foster care compared to foster families as of May 1, 2016 are provided in the table below (Source: VCWOR data).

Race	Child #	Child %	Foster family #	Foster Family %
Black	1,614	33%	850	18%
Multi-Race	462	10%	104	2%
Other	136	3%	21	0%
White	2,634	54%	1,520	31%
None Listed	0	0	2,351	49%
Total	4,846	100%	4,846	100%

Virginia has over the past several years developed a comprehensive plan for recruitment of foster and adoptive families for children in care. This plan is included in [Attachment 35.1](#). 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 and explores 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.
- Guidance also touches on support and retention of resource parents.

In addition, DFS uses a statewide recruitment system, Virginia Adoption Resource Exchange of Virginia (AREVA), to support efforts to find Adoptive homes 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.

<http://adoption.com/directory/virginia/adoption-resource-exchange-of-virginia-areva>

In October 2015, VDSS Family Services contracted with the M Network, a marketing firm from Florida to provide assistance to VDSS to conduct Foster to Adopt Parent Recruitment. The M Network was tasked with developing marketing strategies incorporating market segmentation data for Virginia. The plan included using 25 LDSS as pilot agencies to serve as a focus/advisory group for materials developed by the contractor. The contract with M Network ended in winter 2016, following the development of Virginia market segmentation data. For the remainder of 2016 DFS worked with VDSS Public Affairs to develop marketing materials. Once materials are developed, pilot agencies will be trained on how to use the region specific techniques based on market segmentation data and to train other LDSS within their region to recruit prospective families.

The DFS 2016 Spring/Summer Stakeholder Survey included items about the recruitment of foster and adoptive families in Virginia (Attachment 35.2). Data suggest that the majority of Foster and Adoptive Parents feel that the recruitment process is sensitive to racial and ethnic diversity with children who are in Foster Care. Attorneys and CASA reported no substantial difference in their perception of the LDSS in promotion, support, and maintenance of positive relationships between a child in foster care and his/her mother and father. CASA indicates a greater difference between mother and father as compared to Attorneys. It can be asserted that CASA is closer to the family to make this observation outside of the court.

Respondents indicated that efforts to preserve a child's connections to his or her community are lower with several respondent types, including Attorneys, LDSS supervisors and CASA. DFS needs to understand this response in more depth. Foster Parents responded more negatively to issues of connections to family, community, faith, and school compared to supervisors, attorneys or CASA. One assertion could be that the environment from which children were removed may be too volatile as it related to overall safety and risk.

Data suggest that attorneys highly rated the LDSS practice of encouraging relative placements and LDSS' efforts to locate relatives for the child's placement. At the same time, even if a relative is located, there are some systemic barriers to using relative placements. Policy in Virginia requires a relative home to be a licensed foster home. DFS needs to explore this further, as other stakeholders have a different perspective. Attorneys may not observe that internal staff works to locate relatives, but only see the results of lower numbers of children placed with relatives. CASA also rates relative placement activities much higher than attorneys with the assertion being that they are closer to the case outside of court.

LDSS staff and supervisors report that strong efforts are being made to have parents be involved in case planning. They also report efforts in placing siblings together in foster care and having visitation between siblings be a priority.

Finally, it is noted that survey improvements can be made where “sometimes” is difficult to interpret while it has been shown to be a category with high response rates.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

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 and ensures the safety of children as they move across state lines.

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

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

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

ICPC Administrative Program Support Specialist

Supports programmatic and administrative functions of the Interstate/Inter-country Placement Program; Work involves providing clerical support of the unit, purchasing supplies and processing bills, monitoring constituent correspondences, coordinating and monitoring unit assignments, assisting customers in a confidential manner, utilizing the telephone, electronic file retriever and personal computer, and various computer applications.

Placement Requests into Virginia (April 1, 2015 to April 30, 2016)

Calendar Days Between Sending ICPC-100A and Receipt Back with Decision	0-30 Days	31-60 days	61-90 days	Over 90 days
	207	35	36	137

Placement Requests out of Virginia (April 1, 2015 to April 30, 2016)

Calendar Days Between Sending ICPC-100A and Receipt Back with Decision	0-30 days	31-60 days	61-90 days	Over 90 days
	61	15	11	71

Barriers to timely processing of these cases include completing background checks on providers, completing home studies and a lack of commonality and sharing of home studies across states.

For many years, Virginia used the Access to Adoption Reports and Resource Information System (ARRIS) system to process ICPC cases. In 2016 Virginia began use of the National Electronic Interstate Compact Enterprise program (NEICE) for this purpose. NEICE is a cloud-based electronic system for exchanging the data and documents needed to place children across state lines as outlined by the ICPC. Launched in November 2013 as a pilot project with six states, the pilot agencies significantly shortened processing times and reduced administrative costs. Virginia was added to the NEICE system in April 2016. Many states, however, have not adopted NEICE. This requires Virginia to continue to use both systems. As of January 2017, Virginia has 688 active cases in the NEICE system and 1122 children in the ARRIS system.

The ICPC and ICAMA unit within DFS is responsible for processing these cases. The unit is comprised of the following staffing components.

Program Manager & Deputy Compact Administrator: Manages the Interstate/Inter-country Program; Serves as Deputy Compact Administrator for the Interstate Compact on Adoption and Medical Assistance and Interstate Compact on the Placement of Children; Supervises classified Interstate Specialists; Provides interpretation, consultation, enforcement, and training on ICAMA and ICPC and related Federal and State laws, regulations, policies, procedures, and social work practices governing the inter-jurisdictional placement of children into and out of the Commonwealth.

Program Consultants ICPC (6): Manage an Interstate Compact on the Placement of Children caseload for the inter-jurisdictional placement of children for foster care and adoption. Ensure compliance with Compact and related laws, regulations, policies, procedures and social work practices governing the interstate placement of children into and out of the Commonwealth and timely provision of services to children placed through the ICPC; Includes International Adoptions and Residential Placements and the Interstate Compact on Adoption and Medical Assistance (ICAMA) caseload. Provide technical assistance on ICPC and ICAMA.

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.

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
1. Build the capacity of LDSS to provide Prevention Services through organizational development and collaboration	a) Refine prevention guidance to clearly define the differences between early prevention and prevention of foster care	Prevention guidance manual	2016 2017	Prevention Team	<u>2017 a)</u> The existing Prevention guidance has been reorganized and submitted for review. The prevention chapter, which is incorporated into the larger VDSS Child and Family Services Manual, has been organized in the following order: Prevention Overview of Prevention for Practice and Administration (introduction); Early Prevention; and Prevention of Foster Care (to be published).
	b) Collaborate with Prevent Child Abuse, VA and VA Rep Theater to renew and support a	Copy of contract and performance schedule	July, yearly	CPS Program Manager CPS Prevention	<u>2017 b)</u> VDSS contracts annually with Virginia Repertory Theatre for the production and delivery of approximately 160 performances of the child sexual abuse prevention play “Hugs and Kisses” for children K-5 in elementary schools across Virginia. The play is a partnership among Virginia Repertory Theatre, PCAV, and VDSS. PCAV receives funding from a Virginia Repertory Theatre subcontract and from VDSS

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	contract for the delivery of a sexual abuse prevention play to be presented to school-aged children statewide.				for coordination with LDSS and schools and continued evaluation of the program. VDSS and PCAV jointly provide training on child sexual abuse to each touring cast. In SFY 2016, 47,678 children participated in one of the 166 performances of the child sexual abuse prevention play “Hugs & Kisses” held in 106 schools.
	c) Co-sponsor with Prevent Child Abuse VA, a statewide conference /event.	Copy of conference program	April, yearly	CPS Program Manager CPS Prevention	<u>2017 c)</u> Conference was held on April 27, 2017 with 162 persons in attendance; featured keynote speakers on such matters as the link between poverty and neglect and the ill-effects of the opioid crisis on newborn children; exhibitors and the FACT award ceremony were also continued program staples.
	d) Reconvene the Prevention Advisory Committee to establish an ongoing opportunity	Minutes/outlines from stakeholder meetings	March 2014, and ongoing quarterly meetings	Prevention Team	<u>2017 d)</u> Prevention Advisory Committee minutes and outlines will be made available via the SPARK webpage under Child Welfare Advisory Committees

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	for collaboration, feedback, and evaluation e) Provide TA	Record of TA provided	Ongoing	Prevention staff	2017 e) Provided TA to LDSS relating to Prevention guidance (guidelines for working with individual families, including instruction on foster care diversion, prevention of foster care, assessing Reasonable Candidacy for 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	a) Identify and promote best practice service	Information distribution	Yearly	Prevention, Family Engagement, and Resource Family Unit	

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
Promoting Safe and Stable Families Program	models for prevention, family preservation and support to localities annually and as requested.	PSSF quarterly reports	Yearly – with annual report	Administrator (all)	
	b) Collect, analyze, report and monitor the use of PSSF funds annually in accordance with federal requirements.	Revised allocation process	2015		
	c) Revise allocation process to highlight best practices				

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	and provide support for those practices	On-going, as-needed			
	d) Provide training sessions, TA, and present at conferences (as appropriate) for localities and other stakeholders on the use of the allowable uses PSSF funding.				
	e) Disseminate the Child Welfare Funding Package in sufficient	Child welfare package	Yearly		

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	<p>time annually for localities to complete a community needs assessment and develop a comprehensive proposal.</p> <p>f) Conduct monthly onsite and desk reviews of localities PSSF program to ensure consistency with PSSF federal requirements and state guidelines</p>	Sub-recipient monitoring reports	Monthly		

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
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.	Copies of RFPs, Description of funded programs	July, yearly	CPS Prevention Grant Manager	<u>2016 a)</u> Child Abuse and Neglect Prevention Program RFP Number: FAM-15-059 See below
	b) Develop and implement formula for Healthy Families Programs statewide	Copies of funding formulas; Description of funded programs	July, yearly	Healthy Families Grant Manager	<u>2016 b)</u> FAM-15-084 Healthy Families Home Visiting Programs See below
	c) Utilize child abuse and neglect treatment funds for support services to child victims.	Copies of RFPs, Description of funded programs	July, yearly	CPS VOCA Program Grant Manager	<u>2016 c)</u> Victims of Crime Act (VOCA) Child Abuse/Neglect Treatment Program RFP NUMBER: FAM-16-064
	d) Develop and implement	Copies of funding formulas; Description of funded programs	July, yearly	CAC Program Grant Manager	<u>2016 d)</u> FAM-15-065 Child Advocacy Centers (CAC)

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	formula for Child Advocacy Programs.				
4. Increase the use of kinship care as a diversion option	a) Train LDSS staff to more effectively engage relatives as kinship options	Kinship training	2016 and ongoing	Prevention staff, Family Engagement staff DFS training	<u>2017 (a) KINGAP</u> We are waiting for legislation and guidance to be developed and implemented before we roll out this new training. Work is also needed on the Kinship Family Assessment tool.
	b) Explore multiple options for supporting kinship care	Diversion policy in each program area's manual OR standalone guidance for diversion	2016 2017	Prevention staff	

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	relationships for children at risk of entering or in the foster care system.	throughout the continuum of child welfare			This objective has been completed.
	c) Write Legislative study SB 284 and follow recommendations	Legislative study	January 2016	Prevention Staff	
	d) Support state collaborations that focus on increasing awareness and training of kin (<i>relatives</i>) as valuable	Collaborations developed	July 2017	Regional Resource Family consultants	

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	<p>resources in creating permanency options for children who cannot live with their birth parents.</p> <p>e) Provide ongoing support and involvement of staff in local and regional initiatives to train and support kinship care providers.</p> <p>f) Promote use of a person locator tool</p>	TA provided	<p>Ongoing, as-needed</p> <p>Ongoing, as-needed</p>	<p>Prevention staff, Regional Resource Family consultants, CRAFFT</p> <p>DFS training, Resource</p>	

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	at all stages of the child welfare continuum	Webinar, onsite trainings, and TA		Family contractor	
	g) Train local workers using Diligent search and Family Engagement	e-learning course Training	2015 2016	DFS training	2017 (g) e-Learning Training on Diligent Search and Family Engagement began in FY16 but the staff has left and we anticipate work to pick back up on the course this fall. DEVELOPMENT.
	h) Use Permanency Roundtables to promote kinship	Record of PRT held	Ongoing	Strengthen Families Project Manager Prevention staff	
	h) Conduct a pilot project on data collection and reporting for LDSS regarding facilitated care	Quarterly data collection from LDSS for a	2018		

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	(diversion) arrangements i) Partner with Patrick Henry Family Services to implement a pilot program in Planning District 11 which will evaluate the Safe Families for Children model as an alternative to placement in foster care for children in crisis	period of 18 months Report of the evaluation findings and recommendation submitted to the Governor, the Chairmen of the House Appropriations and Senate Finance Committees, and the Commission on Youth	December 2017	Prevention staff	
5. Provide guidance to local departments on dynamics of domestic	a) Collaborate with VDSS' Office on Family Violence to	Stand alone DV chapter in the child and family services manual.	Dec 2014	Family services staff, DV staff	This objective has been completed.

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
violence in all services within the child welfare continuum	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, FPM, and service provision	FPM/DV Subject Matter expert training	July 2014	DFS training	
	b) Vet draft with stakeholder	Minutes from stakeholder meetings	Dec 2014	Prevention staff	<u>2017</u> Ongoing

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	groups and make recommended changes c) Train child welfare workers on the domestic violence screening and assessment tools	Training developed Record of TA provided	2015	DFS training	2017 (c) CWS4040: Domestic Violence and FPMs was developed and piloted in May, 2017. This course will be expanded to two days and begin quarterly training in August, 2017.
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	This objective has been completed.

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	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		Completed
	c) Develop a new client count report in OASIS to ensure the collection of accurate and reliable client counts to meet ongoing federal reporting requirements	Included in OASIS 3.14 Release	January 2015		Completed

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

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: completed

Objective 6: completed

Virginia has the majority of these supports are already in place. VDSS staff, regional staff, and LDSS continue to partner with community resources.

For the timeframe of July 2015 through April 30, 2016, there were 50 reviews conducted. This is in addition to the quarterly and yearly reports localities submit to the VDSS Prevention, Family Engagement, and Resource Family Unit Administrator. Overall, localities are spending their PSSF funds with the aforementioned parameters.

2016 Objective 3:

Strategy a) Funded Prevention Programs include:

- *Bristol Virginia Department of Social Services*: provides family support services, parent education and parent support groups to fathers and new, teen, single or expecting parents. Model(s)/Curriculum(a) used: Systematic Training for Effective Parenting (STEP), 24/7 Dads and Circle of Parents
- *Catholic Charities of Eastern VA*: offers parent education & parent support to families at risk of child abuse & neglect residing in Southeast VA with children ages 10-14 years. Model(s)/Curriculum(a) used: Strengthening Families Program
- *Center for Child & Family Services, Inc.*: provides parent education to Spanish-speaking parents with limited English proficiency with children ages birth to 5 years. Model(s)/Curriculum(a) used: Nurturing Parenting Program (Spanish version)
- *Child Care Aware of Virginia*: conducts statewide training and coaching (including child abuse and neglect prevention) for licensed and unlicensed child care providers serving children ages birth - 4 years. Public awareness and education is also provided to parents enrolled in infant/toddler care services. Model(s)/Curriculum(a) used: Zero to Three's Promoting Responsive Relationships Program including the Preventing Child Abuse and Neglect (PCAN) curriculum and the Strengthening Families Protective Factors Framework

- *Child Development Resources*: provides hospital-based fatherhood classes (Rookie Dads), parenting education & support, home visitation, and children's playgroups to fathers and expectant parents with children ages birth - 6 years. Model(s)/Curriculum(a) used: Parents as Teachers, Nurturing Skills for Parents, Partnering for a Healthy Baby, and Adults and Children Together (ACT) Raising Safe Kids
- *Children's Health Investment Program*: provides parenting education & support, home visitation, and support groups to Spanish-speaking parents with limited English proficiency with children ages 0 - 6 years residing in Chesapeake, Norfolk or Portsmouth. Model(s)/Curriculum(a) used: CHIP model using Parents as Teachers curriculum
- *City of Hopewell (Hopewell-Prince George Healthy Families)*: offers intensive home visitation & case management to first-time parents or parents identified prenatally or at birth for having high risks for child abuse/neglect residing in Hopewell or Prince George. Model(s)/Curriculum(a) used: Healthy Families America (HFA) and Parents as Teachers
- *City of Roanoke Department of Social Services*: provides parent education and home-based parent coaching to young parents & parents at risk for child abuse & neglect with children ages 0-6 years. Model(s)/Curriculum(a) used Systematic Training for Effective Parenting (STEP)
- *Cornerstones, Inc.*: provides public awareness & targeted outreach to African-American families and intensive home visitation & case management to first time parents or parents identified prenatally or at birth for having high risks for child abuse/neglect. Model(s)/Curriculum(a) used: Healthy Families America (HFA) and Parents as Teachers
- *Highlands Community Services Board*: offers support services for kinship families and parenting education & support for fathers, families with low income and parents/grandparents with children ages 0-6 years. Model(s)/Curriculum(a) used: Systematic Training for Effective Parenting (STEP), 24/7 Dads and Family Connections
- *INMED Partnerships for Children (Healthy Families Loudoun)*: provides Spanish-language parenting education & support to first-time parents and Spanish speaking families and offers intensive home visitation & case management to first-time mothers or parents identified prenatally or at birth for having high risks for child abuse/neglect. Model(s)/Curriculum(a) used: Healthy Families America (HFA) and Parents as Teachers
- *Mountain Empire Older Citizens (Healthy Families Southwest, VA)*: offers intensive home visitation & case management to first-time parents or parents identified as having high risks for child abuse/neglect. Model(s)/Curriculum(a) used: Healthy Families America (HFA), Partners for a Healthy Baby and Parents as Teachers
- *New River Community Action, Inc.*: provides parent education and support, health supervision & education and home visitation to families with children ages 0-6 years, medically vulnerable children and families with low income. Model(s)/Curriculum(a) used: CHIP model using Parents as Teachers curriculum
- *New River Valley Child Advocacy, Resources, Education and Services (NRV CARES)*: provides parent education to parents with children ages 0-6 years residing in selected counties in Southwest VA. Model(s)/Curriculum(a) used Early Childhood Systematic Training for Effective Parenting (STEP)
- *Prevent Child Abuse Virginia: 1) leads* statewide awareness, advocacy and education 2) conducts statewide training and technical assistance for professionals and volunteers and 3) provides the 1-800 Children helpline for parents with children ages 0-18 years. Model(s)/Curriculum(a) used: Circle of Parents

- *Quin Rivers, Inc. (Charles City/New Kent Healthy Families)*: offers intensive home visitation & case management to expectant or new mothers receiving assistance through departments of health or social services in Charles City & New Kent counties. Model(s)/Curriculum(a) used: Healthy Families America (HFA) and Parents as Teachers
- *Rappahannock Area Community Services Board (RACSB) (Healthy Families Rappahannock Area)*: offers intensive home visitation & case management to first-time parents or parents identified prenatally or at birth for having high risks for child abuse/neglect. Model(s)/Curriculum(a) used: Healthy Families America (HFA) and Parents as Teachers
- *ReadyKids, Inc. (Parenting Mobile/Van)*: provides neighborhood outreach, parent education & support, developmental screenings and early learning playgroups to parents with children ages 0-5 years and families with limited English proficiency. Model(s)/Curriculum(a) used: Parents as Teachers
- *SCAN of Northern Virginia*: provides community child sexual abuse prevention training, capacity building with Allies in Prevention Coalition and parenting education & support in Spanish & English to parents residing in selected Northern VA locations, Spanish-speaking families and families with low income parents those at risk for child abuse & neglect. Model(s)/Curriculum(a) used: Nurturing Parenting Program, Triple P Parenting Program, Circle of Parents and Darkness to Light: Stewards of Children,
- *Virginia Polytechnic Institute and State University (VA Tech)*: provides parenting education and support (including incarcerated parents), children's playgroups (including fatherhood) and parenting wellness workshops to families with children ages birth -16 years. Model(s)/Curriculum (a) used: 1,2,3,4 Parents, Active Parenting Now, Al's Pals: Kids Making Healthy Choices, Infant Massage/Beyond the Delivery.
- *Winchester Regional Health System (dba Winchester Medical Center)*: offers intensive home visitation & case management to first-time parents or parents identified prenatally or at birth for having high risks for child abuse/neglect. Model(s)/Curriculum(a) used: Healthy Families America (HFA) and Parents as Teachers

Strategy b) Healthy Families list of grantees

- Chesterfield CSB
- Children, Youth & Family Services
- Children's Trust (Roanoke Valley)
- Culpeper DSS
- Danville DSS
- Fairfax Department of Family Services
- Family Lifeline (Henrico County)
- Family Lifeline (Petersburg)
- Hampton City
- Hopewell City
- IN-MED (Loudoun County)
- JMU – Page County

- JMU – Shenandoah County
- Middle Peninsula Northern Neck CSB
- Mountain Empire Older Citizens, Inc.
- Newport News DSS
- Northern VA Family Services (Alexandria)
- Northern VA Family Services (Arlington County)
- Northern VA Family Services (Prince William County)
- Piedmont Community Services
- Presbyterian Home & Family Services, Inc.
- Quin Rivers, Inc.
- Rappahannock Areas CSB
- Rappahannock-Rapidan Health Department – (Fauquier County)
- Rappahannock-Rapidan Health Department – (Madison County)
- Rappahannock-Rapidan Health Department – (Orange County)
- Richmond City DSS
- Rockingham Memorial Hospital
- Tri-County Community Action (Halifax)
- VA Beach Department of Health
- Western Tidewater Department of Health
- Winchester Medical Center - NSV
- Winchester Medical Center – Warren County
- Prevent Child Abuse Virginia

Strategy c) Treatment programs grantee list (VOCA) include:

- *Center for Children and Family Services:* provides trauma-informed individual and family counseling to children that have been abused and neglected and adults molested as children.
- *Commonwealth Catholic Charities:* provides services to children and adolescents who are identified as victims of abuse, neglect and domestic violence; services to adults who have been victims of sexual abuse as children or are victims of domestic violence, crime or sex trafficking.

- *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.
- *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.
- *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.
- *Loudoun Citizens for Social Justice*: provides therapeutic counseling to children who are victims of domestic abuse, sexual assault, and neglect.
- *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 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.
- *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.
- *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*: provides, through the use of art therapy, 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.
- *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 services in instances of domestic violence, and court 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.
- *ReadyKids*: provides ongoing therapeutic counseling using evidence-based methodologies for the treatment of victims of child abuse and neglect.

- *Bristol Department of Social Services*: provides evidenced informed/evidenced based treatment services utilizing Trauma Focused Cognitive Behavioral Therapy(TF-CBT), Eye Movement Desensitization and Reprocessing for Adults(EMDR) and Parent Child Interaction Therapy to child abuse and neglect victims and adults who are survivors of child sexual abuse.
- *Family Services of Roanoke*: provides individual play therapy to child abuse victims and individual counseling and group therapy to adult survivors of sexual abuse.
- *Middle Peninsula Northern Neck Community Services Board*: provides intensive individual and family therapy to address trauma and behavioral health issues as well as supportive services to include support groups and connections to other community resources.
- *Mountain Empire Older Citizens, Inc.*: provides crisis intervention and mental health treatment services to children who have been sexually and/or severely physically abused.
- *Rappahannock Area Community Services Board*: provides outpatient therapy to youth victims of child abuse and neglect and families utilizing Pre and Post PTSD Scales, Trauma-Focused Cognitive Behavioral Therapy as well as connection to community resources, supportive services and psychoeducation.

Strategy d) Funded CAC programs include:

- Arlington County CAC
- Center for Alexandria's Children
- Highland Community Services Board
- Children's Hospital of The King's Daughters
- 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)

**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

Objectives 1-4	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
1. Increase timely adoptions	a) Contract with public and private child placing agencies to focus on achieving finalized adoptions of a specified group of eligible children and youth.	Monitoring of ATCP contracts	Yearly	Adoption Program Manager	2017 1a) see below
	b) Utilize Extreme Recruitment as a targeted recruitment method	Extreme recruitment contract	July 2016 Yearly	Adoption Contract Administrator	<u>2017 1b)</u> see below
	c) Utilize general recruitment through market research methods	General recruitment contract	July 2016 July 2017		<u>2017 1c)</u> see below
	d) Update AREVA photo listing to be more accurate	Updated photo listings	Dec 2016		<u>2017 1d)</u> see below

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					
Objectives 1-4	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	e) Increase marketing/ awareness of Putative Father registry	Marketing campaigns	Yearly	AREVA coordinator	
	f) Update Heart Gallery	Link to Galleries	Ongoing, as-needed	Adoption Program Manager	
	g. Increased Foster & Adoptive Family Recruitment	Foster & Adoptive Family Recruitment contract	July 2017 – June 2018		

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					
Objectives 1-4	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
				Adoption Contract Administrator	
2. Increase use of Post Adoption Contract and Communications (PACCA) to help sustain adoptions	a) Review PACCA – determine how to collect information b) Training of staff about PACCA c) Training for bio-parents, adoptive parents, youth on PACCA	Revised guidance PACCA training curriculum	2017	Adoption Program Manager	PACCA guidance is in the Child and Family Services Manual, Chapter E, Foster Care. The June 2017 guidance clarifies information about the role and responsibility of the agency completing the PACCA and that the PACCA is not required for the child to maintain contact with the biological family.
3. Increase family involvement in service and permanency planning	a) Develop a model of Concurrent Planning for Virginia	Concurrent planning model Updated guidance	2017 2017	Foster Care Program Manager	2017 a) Foster Care guidance has been updated to include a Concurrent Planning

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					
Objectives 1-4	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	b) Update foster care and family engagement guidance to include concurrent planning model	Curriculum for training	2018	DFS training/CIP	model. effective June 2017. Completed. 2017 b) Foster Care guidance has been updated to include policies/procedures for Concurrent Planning effective June 2017. Family Engagement guidance is currently being revised..
	c) Train/promote understanding of concurrent planning as a means of permanency	Curriculum for training	2018		<u>2017 c)</u> The training was revised and is being offered regularly in each region. Completed. CWS3071 Concurrent Permanency Planning is developed and currently trained quarterly.
	d) Develop joint training opportunities – COURTS, GAL, CASA	Family partnership report	quarterly		<u>2017 d)</u> Foster Care Program Manager and Policy Specialist presented workshop on concurrent planning at annual adoption summit in November 2016. Ongoing.

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					
Objectives 1-4	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	e) Continue use of family engagement and teaming				<u>2017 e)</u> VDSS is providing incentive payments to LDSS for each FPM conducted which meets policy guidelines. Data on number of FPMs completed is reviewed quarterly.
4. Utilize Relative Placement (kinship) as permanency options	a) Assess relatives for longevity prior to placement	Assessment tool	2014	Foster Care Program Manager Prevention and Resource Family Program Manager	Completed
	b) Examine CSA policies concerning placement with family	Summary of recommendations	2015 2016	Manager and ICPC staff	
	c) Explore ways to increase relative placements	Summary of recommendations	2015 2016		
	d) Explore ICPC issue of difficulty	Summary of recommendations	2015 2017		

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					
Objectives 1-4	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	obtaining relative home studies				

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

Objective 1: staff training around AREVA, use marketing to increase understanding of Virginia Birth Father Registry-trainings in 2016 to all 5 regions and LDSS upon request to train on purpose and use of Areva. 2017 Update- implement same schedule.

Objective 2: staff training, TA around PACCA- none to be provide to LDSS at this time.

Objective 3: staff training, TA around concurrent planning, partnership with CIP, J&DR courts, CASA- State foster care staff to provide TA around concurrent planning along with agency case reviews (focused on early permanency efforts).

Objective 4: staff time to examine the issues

VDSS has a good working relationship with CIP, J&DR courts, and CASA currently.

2017 Objective 3

The Foster Care guidance in regards to Concurrent Planning has been substantially revised and enhanced. This guidance has been published and is effective June 2017. Webinars to review changes to Guidance will be conducted in late May and June and will provide an opportunity to review the Concurrent Planning Model and policies and procedures with LDSS staff and supervisors. Additionally, the Family Engagement guidance is currently being revised. Publication is planned for the end of 2017 and will provide another opportunity to “refresh” LDSS staff understanding of the model, requirements, and benefits. Concurrent planning was included as an element on the QAA review so each foster care case is now being reviewed to determine if the LDSS has appropriately identified and begun working towards a concurrent goal. The review process has generated inquiries from the field, which permit additional training to LDSS staff. VDSS staff has presented on the model and its impact on achieving permanency at various events and regional consultants routinely provide TA. The training course of Concurrent Planning was revised in 2016, and attendance is being encouraged. Additionally, VDSS is providing financial incentives on a quarterly basis to LDSS for each FPM conducted which

meets policy requirements. These funds can be utilized to support FPM practices through the purchase of supplies or equipment, training of staff, or providing financial assistance to extended family members to facilitate their participation.

2017 Objective 1 a)

The Adoption Through Collaborative Partnership (ATCP) Contracts were renewed for SFY 2016; this is year two and the contracts have a maximum of two one-year renewals. The VDSS Office of Research and Planning (ORP) provides mid-year and annual analysis and reporting on the ATCP contract outcomes. Overall results in SFY 2016 are below:

- 680 children served by 12 contracts (one contractor has two contracts)
- Finalized adoptions for 267 children
- 39% of children served were adopted.
- Contractors met 84% of their goals in 2015
- Average cost per adoption (payment to contractors) - \$6,115

The Adoption Through Collaborative Partnership (ATCP) Contracts will end in FY17. A new RFA will be issued for ATCP in spring 2017.

2017 Objective 1b)

The contracts were awarded to C2Adopt, United Methodist Family Services (UMFS) Tidewater office, and UMFS Northern Virginia office. C2Adopt serves the Central Region. UMFS Tidewater office serves Eastern Region and UMFS Northern Virginia office serves the Northern Region. Although there were no proposals submitted for the Western Region, with the interest expressed by LDSS in that region and the persistent efforts of the regional Family and Permanency Consultants, a Memorandum of Agreement (MOA) was executed with Radford Department of Social Services and the City of Radford effective March 1, 2016 through June 30, 2017. The Radford MOA includes partnerships with three other Western Region LDSS county agencies: Montgomery, Floyd and Giles.

During SFY 2016 two contract agencies provided Extreme Recruitment® services for 39 children. Of these 39 cases, 56% (22) of the youth were in group homes or residential treatment facilities when services began.

During SFY 2015 two contract agencies provided Extreme Recruitment® services for 39 children. Of these 39 cases, 56% (22) of the youth were in group homes or residential treatment facilities when services began. Outcomes included:

- Reconnections, 85% (33);
- Final Adoption, 8% (3);
- Final Adoptions pending and projected within next six months, 0%;

- Matched, 51% (20);
- No longer interested, 31% (12).

2017 Objective 1d)

AREVA guidance is in the Child and Family Services Manual, Chapter E, Foster Care. The June 2017 guidance reflects the following revisions:

- Clarifies that deferments may be extended for an additional 30 or 60 days upon written request of the supervisor.
- Adds that the AREVA Coordinator will follow up on the deferment every three to six months for an update on the child.
- Clarifies the steps for families to register with AREVA.
- Clarifies the process for registering children with AREVA and required deadlines.
- Emphasizes the use of the AdoptUSKids’ publication called “Lasting Impressions: A Guide for Photo-listing Children” that provides tips and worksheets for how to write strength-based narratives for the photo-listings.

2017 Objective 1 e)

House Bill 2216 changed the Virginia Putative Father’s Registry name to Virginia Birth Father’s Registry that will be effective on July 1, 2017. The intent of the name change is to increase an understanding of the purpose of the registry.

2017 Objective 1 f)

Currently the link to the Heart Gallery sends to AdoptUSKids link to view Virginia’s waiting children. Virginia’s Heart Galleries are managed by One Church One Child and Change Who Waits. One Church One Child manages the travelling Heart Gallery. They completed 51 Heart Gallery setups in FY 2016. Change Who Waits features Virginia’s youth eligible for adoption on their website. <https://changewhowaits.org/heart-gallery>

They held four photography sessions across the state in 2016 for waiting youth.

2017 Objective 1 g):

The Adoption Unit of the Division of Family Services realized in the 1990s that a state system of post adoption services was critical. If a family knows that adoption services are available to them after their adoption is legally finalized, they are more likely to consider and proceed with adopting children with special needs. At that time, there were no coordinated services available to children and families after the final order of adoption. Some of the large local departments of social services provided selected post legal adoption services, but smaller local departments of social services were unable to provide any services. The Adoption and Safe Families Act (ASFA) of 1997 made federal funding available to the

states for the provision of post legal (after finalization) adoption services to families who adopt children with special needs. Using Title IV-B, subpart 2 money, the Virginia Department of Social Services (VDSS) issued a Request for Proposals in October 1999 to launch a statewide system for these services. After a competitive process, a contract was awarded to United Methodist Family Services (UMFS) to establish a statewide system for Virginia coined Adoptive Family Preservation (AFP). Although considered a statewide adoption services network with staff willing to travel considerable distances, the AFP program has never been reasonably accessible to families in far western and remote eastern localities. This AFP contract expired June 30, 2016. A new RFP was issued for SFY2017 for statewide post adoption services. The purpose of the new RFA was to provide innovative post adoption services and support to adoptive families in the five Department of Social Services Regions (Western, Piedmont, Central, Northern and Eastern). These services should be designed to help families build upon their strengths to stabilize and to prevent adoption disruptions (pre-finalization) and in particular adoption dissolutions (after legal finalization). The contract period will be July 2017 – June 2018 with two 1 year renewal options.

Primary Strategy: Managing by Data and Quality Assurance					
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide					
Objectives 1-11	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
1. Assess and define the CQI system for VDSS using the resources from the NRCOI specifically identified sources	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	2017 The CQI unit expanded in summer 2016 to include Federal Reporting of the CFSP/APSR; Title IV-E PIP Report; CFSR Statewide Assessment; and Title IV-E Training Grant. Following Virginia's 2017 CFSR, the CQI system within DFS will focus on aligning PIPs with existing CQI structures and tools for support LDSS and the Division.
	b) Decide on Model	Model chosen	2015		
	c) Test model at DFS	Summary of findings Protocol	2015		
	d) Develop systems wide feedback protocol	Record of TA provided	Ongoing		

Primary Strategy: Managing by Data and Quality Assurance					
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide					
Objectives 1-11	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	e) Explore state level Technical Assistance a) Revisit 2014 retreat with VDSS, DFS, and regional leaders, along with community partners b) Use resources from the 2014 Retreat; CQI Academy, Center for States, CB; Regional consultants; DFS PMs; QA/MBD Network; and CWAC CQI subcommittee to revise CQI communications (website, resources, committees' purpose, etc.)	Summary of key points/concerns from 2014 retreat. Revised CQI website materials & links.	June 2016 December 2016		
2. Expand the utilization of Quality Service Reviews (QSR) by implementing the use of a Supervisory Tool based on the QSR protocol to assess	a) Train field test agencies in b) Field test the instrument	Curriculum Summary of findings	August 2014 Nov. 2014	CQI Unit	<u>2017</u> The federal OSRI was used December 2015 through September 2016. Beginning January 2017 a combined IV-E and QAA review process is being piloted.

Primary Strategy: Managing by Data and Quality Assurance					
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide					
Objectives 1-11	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
quality on a consistent basis at the point of practice in all LDSS.					Supervisory Tool developed, distributed, and trained through the DFS Training Unit.
3. Adoption Assistance Review Team to work in collaboration with Federal partners to identify if VDSS current review protocol meets federal requirements for Adoption Assistance case monitoring	<ul style="list-style-type: none"> a) Assess if the AART current review instrument meets federal requirements b) TA request c) Draft of tool d) Field test e) Develop guidance f) Training g) Statewide roll out h) Monitoring 	<ul style="list-style-type: none"> Summary of findings Incorporation of federal feedback in to AART review process into tool Results of field test Guidance Curriculum for training Summary of Report on monitoring 	<ul style="list-style-type: none"> July, 2015 Sept, 2015 Jan 2016 July 2016 Sept 2016 Ongoing 	<ul style="list-style-type: none"> AART Supervisor AART team 	<ul style="list-style-type: none"> <u>2016</u> The AART team is no longer in existence. The majority of adoption assistance agreements were reviewed. Additional adoption negotiators were hired to eliminate the need for this type of review.
4. Establishment of a standardized title IV-E protocol for conducting ongoing and new case validation reviews	<ul style="list-style-type: none"> a) Develop electronic review instrument b) Incorporate into VDSS guidance 	<ul style="list-style-type: none"> Instrument Revised guidance 	<ul style="list-style-type: none"> December, 2015 March 2016 June 2016 July 2016 	<ul style="list-style-type: none"> Title IV-E Supervisor 	

Primary Strategy: Managing by Data and Quality Assurance					
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide					
Objectives 1-11	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	<p>c) Receive feedback of effectiveness of process</p> <p>d) Monitor for effectiveness of use</p>	<p>Summary of feedback reflected in changes to the tool</p> <p>Summary of usage</p>	Ongoing		<p><u>2017 Update</u></p> <p>In August 2016 Virginia passed the primary IV- E Review.</p>
5. Develop an electronic application and evaluation of title IV-E	<p>a) Incorporate title IV-E automation into OASIS</p> <p>b) Work in collaboration with VDSS IT, Permanency, and Eligibility Units to implement the usage of an electronic application and evaluation</p>	<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	<p><u>2016</u></p> <p>IV-e automation will be incorporated into the RFP for the replacement system for OASIS. Until money is allocated for a new system, this objective will remain on hold.</p> <p><u>2017 Update</u></p> <p>In progress.</p>

Primary Strategy: Managing by Data and Quality Assurance					
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide					
Objectives 1-11	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	e) Add CQI measures to SafeMeasures® – supervisory dashboard f) Use NYTD survey outcomes and services provided c) Identify and prioritize data issues stemming from case reviews d) Increase use of SafeMeasures® to identify critical areas of concern. e) Increase use of SafeMeasures® focusing on new measures for Family Strengths and Needs Assessment and Risk Reassessment measures	Copy of reports and action plans SafeMeasures® e-learning	December 2016 January 2017		

Primary Strategy: Managing by Data and Quality Assurance					
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide					
Objectives 1-11	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
7. Evaluation of training	<ul style="list-style-type: none"> a) Utilize in class evaluations that look at curriculum content, the trainer, and other training needs b) Implement Learning Labs for transfer of learning c) Track classes in KC to monitor what has been taken by local dept. workers d) Continue to conduct training needs assessment 	<ul style="list-style-type: none"> Summary of evaluations Data on transfer of learning Summary of reports for directors 	<ul style="list-style-type: none"> 2015 2016 2016 2015 	DFS training	<u>2017</u> Complete.
	a) Collaborate with the Children's Bureau	Ongoing communication with	Ongoing	QAA Manager	<u>2017</u> Virginia will participate in the 3 rd round of the CFSR

Primary Strategy: Managing by Data and Quality Assurance					
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide					
Objectives 1-11	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
8. Prepare and conduct the 2017 state led CFSR	<p>and all 120 state localities in preparation for the state conducted 2017 CFSR</p> <p>b) Incorporate as many requirements of the state conducted 2017 CFSR into the statewide case review process to include but not limited to; utilization of the CFSR federal instrument, sampling period, case elimination process, consistent usage of instrument, interview process, incorporation of QA process</p> <p>Develop and pilot training for 2017 CFSR</p>	<p>Children’s Bureau through conference call series, emails, site visits, etc.</p> <p>During 2016, completed reviews of in 120 localities with incorporation of federal review requirements and standards.</p> <p>Completed all development and required training and presentation of one pilot.</p> <p>Receipt of approval from Measurement and Sampling Committee of CB for case review process</p> <p>During Fall 2016, QAA staff attended regional directors meetings and</p>	<p>Completed December, 2016</p> <p>Completed December, 2016 – April, 2017</p> <p>March – June, 2017</p>		<p>in 2017 and is planning to complete a state-led review. The CFSR team is reviewing cases using the OSRI and the federal data base in preparation and for the review. Virginia is working in partnership with the regional office to prepare for the review.</p>

Primary Strategy: Managing by Data and Quality Assurance					
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide					
Objectives 1-11	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	<p>c) Conduct the state-led CFSR based on the approved case review Criterion 1 by Children's Bureau</p> <p>e) Selection of localities for 2017 CFSR</p>	conducted the selection of localities for 2017 CFSR.	Completed October, 2016		
9. Specify responsibilities and tools for monitoring, supporting, and evaluating improvement plans based on LDSS Areas Needing Improvement (ANI) from the state CFSR reviews held in 2016, the federal review in 2017, and on-going.	<p>a) Develop a tool for monitoring</p> <p>b) Develop trend report</p> <p>c) Develop communication plan for sharing information with LDSS</p>	<p>Virginia tool for monitoring.</p> <p>Quarterly Report to Division PMs and Regional consultants, noting trends and improvements reported</p> <p>Communication plan for all LDSS regarding supports available, improvements suggested, etc.</p>	<p>Tool developed April 2016; communication and collaboration ongoing</p> <p>June 2016 First Qtrly report of trends and improvements shared</p> <p>June 2016 and ongoing</p>	CQI manager	<p><u>2017</u> Data from the new QAA reviews as well as Regional Specialists' Agency Case Reviews are collected and will be analyzed after the six month pilot period.</p>
10. Improve the ability for LDSS to provide input and	a) Restructure existing committees	Committees are restructured	April 2016	CQI manager and committee chairpersons	<p><u>2017</u> Two groups of LDSS QA/CQI staff provide input</p>

Primary Strategy: Managing by Data and Quality Assurance					
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide					
Objectives 1-11	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
participate fully in Virginia CQI efforts.	related to CQI at the state and local levels b) Groups develop specific purpose, roles, and connections to each other and the Division	Agendas for committees have specific with outputs of recommendations, reports, etc.	December 2016 and ongoing		to the CQI process 1) Quality Assurance Network and 2)CWAC Subcommittee for CQI. Each meet every other month.
11. Develop cohesive data reporting and analysis processes for CQI, in collaboration with QAA.	a) Meetings with Office of Planning and Research to identify key reports used/ needed b) Develop communications on ways to use data for CQI	Reports identified and documented Increased understanding and use of data by Division managers, regional consultants, LDSS	June 2016 Ongoing	CQI manager, Asst. DFS director, OPR staff, DFS Program Managers CQI committees	<u>2017</u> New case review processes will be evaluated summer 2017. ORP and SafeMeasures reports underway to assist LDSS with their own monitoring of critical success factors in CPS, Permanency, Adoption, and Recruitment.

Implementation Supports needed for Primary Strategy: Managing by Data and Quality Assurance (CQI)

Objective 1: CQI Academy, Center for States, CB; Regional consultants; DFS PMs

Objective 2: completed

Objective 3: completed

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

Objective 8: state data profile, consultation with CB, regional office, and Measurement and Sampling Committee

Objective 9: consultation with CB, regional office, DFS CFSR team

Objective 10: CQI manager and committee membership need to determine scope and goals of committees

Objective 11: CQI manager, program staff, and VDSS OPR need to identify priorities

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. Virginia continues to partner with the regional office and Children’s Bureau in preparation for the CFSR.

Primary Strategy: Address services provided to youth in foster care and post foster care (18-21)					
OLDER YOUTH					
Goal: Increase the full array of independent living services and resources through implementing strategies to prepare youth in, and aging out of, foster care for successful transition to self-sufficiency					
Objectives 1-5	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
1. Decrease the number of youth aging out of foster care	a) Identify different older youth populations by entry reason (A/N vs. other entry reason); b) Investigate funding source availability for older youth c) Investigate effective strategies for achieving permanency for older youth	Reports Summary of available funding Summary of suggestions	2017 2018	Foster Care Program Manager Partners – CSA, CIP, MH	<u>2017 a) and b)</u> Ongoing -Data around youth entry into foster care, partnership with OCS, data. 2017 c) The MOA is currently being updated to include the foster care population of youth who will be released from commitment before turning 21.

Primary Strategy: Address services provided to youth in foster care and post foster care (18-21) OLDER YOUTH					
Goal: Increase the full array of independent living services and resources through implementing strategies to prepare youth in, and aging out of, foster care for successful transition to self-sufficiency					
Objectives 1-5	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	based on entry reason				
2. Increase youth involvement in service planning and developing transitional planning to promote permanency and self-sufficiency.	<p>a) Develop strategies to increase the level of youth involvement in program planning, implementation and evaluation.</p> <p>b) Involve the “Youth Network” in the development and improvement of state and local child-serving policies and practices by creating and/or supporting initiatives and partnerships</p>	<p>Development of youth network</p> <p>Summary of input</p> <p>Curriculum for training</p>	<p>2016</p> <p>Ongoing after formation</p> <p>2016 2017 and ongoing</p>	IL state coordinator	Training for staff, support for newly-created youth advisory council

Primary Strategy: Address services provided to youth in foster care and post foster care (18-21) OLDER YOUTH					
Goal: Increase the full array of independent living services and resources through implementing strategies to prepare youth in, and aging out of, foster care for successful transition to self-sufficiency					
Objectives 1-5	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	<p>that promote permanency, self-sufficiency, and networking.</p> <p>c) Involve youth network in 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</p>	<p>Bill of Rights</p> <p>Increased participation of alumni in request for information/input</p>	<p>2017</p> <p>2016 2017</p>		<p>2017 c) VDSS requested and received technical assistance from Capacity Building Center for States, a contractor with Children's Bureau, to develop a statewide youth board. The purpose of the board is to be a stakeholder group for VDSS and facilitate youth input on legislation, policies and issues affecting youth in foster care. Youth stakeholders have also been invited to attend the Normalcy Steering Committee meetings and participate in other stakeholder groups. See below.</p> <p><u>2017 d)</u> CWS 3091- new course</p>

Primary Strategy: Address services provided to youth in foster care and post foster care (18-21) OLDER YOUTH					
Goal: Increase the full array of independent living services and resources through implementing strategies to prepare youth in, and aging out of, foster care for successful transition to self-sufficiency					
Objectives 1-5	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	<p>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><u>2017 e)</u> a Youth Bill of Rights has been incorporated into the Transition Plan document that each youth in care must complete at least annually and submitted to Court with the Foster Care Plan. Completed.</p> <p><u>2017 f)</u> Again this fiscal year, foster youth, Project LIFE, VDSS will participate in two FosterWalk events with members of the Foster Care Alumni of America-Virginia Chapter during Foster Care month (May) to promote awareness of the need for permanent connections for older youth in foster care.</p>
3. Increase Post-Secondary Education and Training opportunities	<p>a) Improve collaboration between LDSS and Great Expectations</p> <p>b) Identify vocational</p>	<p>Marketing and promotion of post-secondary education</p> <p>Efforts to share information</p>	<p>2015</p> <p>2016</p>	IL state coordinator	<p><u>2017 Update</u> -Partnerships with DOE/Great Expectations, ETV funding.</p>

Primary Strategy: Address services provided to youth in foster care and post foster care (18-21) OLDER YOUTH					
Goal: Increase the full array of independent living services and resources through implementing strategies to prepare youth in, and aging out of, foster care for successful transition to self-sufficiency					
Objectives 1-5	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	training opportunities statewide c) Make information re: vocational and educational opportunities available statewide d) Continue to share information re: ETV statewide				
4. Facilitate transitions to Adult Services	a) Ensure information is available to LDSS and youth for youth who will qualify for adult services as they transition out of FC b) Improve Guidance to address	Updated guidance Recommendations for services Curriculum	2016	DARS, DFS training Foster Care Program Manager	<u>2017 Update</u> Training for staff, partnership with DARS, continued refining of guidance 2017 b)

Primary Strategy: Address services provided to youth in foster care and post foster care (18-21) OLDER YOUTH					
Goal: Increase the full array of independent living services and resources through implementing strategies to prepare youth in, and aging out of, foster care for successful transition to self-sufficiency					
Objectives 1-5	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	<p>transition planning for this population specifically</p> <p>c) Identify gaps in services for youth who will still need services but will not qualify for adult services</p> <p>d) Develop training for CW staff re: eligibility and transition planning for this population</p>				<p>VDSS in collaboration with several key stakeholders updated and published the document, Virginia Department of Social Services Transition of Youth with Disabilities Out of Foster Care. This document will be used as a tool for LDSS staff.</p> <p><u>2017 (d)</u> ADS 2052-exploitation Completed CWS3091: Transition Planning for Older Youth in Foster Care, 2016</p>
5. Explore expanding foster care and adoption assistance to 21	<p>a) Identify options for youth if the extension of foster care is not included in the budget</p> <p>b) Redefine IL living</p>	Updated guidance	2015	Foster care program manager, IL state coordinator	<p><u>2017 a)</u> Funding for Fostering Futures was approved and the program began July 1, 2016. Completed.</p> <p><u>2017 b)</u> Guidance was published June 2016. Completed.</p>

Primary Strategy: Address services provided to youth in foster care and post foster care (18-21) OLDER YOUTH					
Goal: Increase the full array of independent living services and resources through implementing strategies to prepare youth in, and aging out of, foster care for successful transition to self-sufficiency					
Objectives 1-5	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	arrangement to better meet the needs of older youth who continue to receive services through LDSS				
	c) Explore addressing issues of youth homelessness, access to MH and trauma services	Summary of suggestions for service delivery	2017		2017 c) VDSS participates in the Interagency Partnership to Prevent and End Youth Homelessness (IPPEYH) where these issues are being addressed collaboratively
		Publication	2015		
		Summary of findings	2017		
	d) Develop strategies for publicizing information about Medicaid to 26				
	e) Explore potential continuation of CASAs				2017 e.) Through the review of Code necessary to develop guidance for the implementation of Fostering Futures, it was determined that the Juvenile Court

Primary Strategy: Address services provided to youth in foster care and post foster care (18-21) OLDER YOUTH					
Goal: Increase the full array of independent living services and resources through implementing strategies to prepare youth in, and aging out of, foster care for successful transition to self-sufficiency					
Objectives 1-5	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	working with youth 18 and older (permitted by law)				can extend the order for a CASA volunteer to continue to work with a youth participating in the Fostering Futures program. This information has been broadly communicated to the CASA offices. Completed.

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

2017 Objective 2

During FY 2017, VDSS requested and received technical assistance from Capacity Building Center for States, a contractor with Children’s Bureau, to develop a statewide youth board. The purpose of the board is to be a stakeholder group for VDSS and facilitate youth input on legislation, policies and issues affecting youth in foster care. VDSS partnered with the Capacity Building Center for States to ensure the youth board is developed and sustained. Project LIFE played a crucial role in providing logistical support. A group of 10 youth and young adults from all over Virginia, who are in foster care or alumni of the foster care system, participated in two weekend planning meetings (January and March 2017). The group named themselves SPEAKOUT (Strong Positive Educated Advocates Keen on Understanding the Truth). During the planning meetings, SPEAKOUT developed their mission and vision statements, and bylaws that outline the roles of adults and alumni supports, membership, annual meeting, and strategies for communicating and working with VDSS and Project LIFE. SPEAKOUT has determined that the total membership will include 25 youth; 4 from each region and 5 at-large members. SPEAKOUT will elect officers, finalize their strategic plan for the coming year, and recruit to fill the vacancies remaining on the board at the statewide spring youth conference scheduled for May 19-21, 2017 in Richmond, VA.

In regard to youth involvement/engagement and youth network, Project LIFE’s will meet and/or /exceed the FY 2017 benchmarks of the contract goals by the end of the fiscal year,

Contract Goals	Benchmark (# of participants)	Actual (# of participants as April 2017)
Implement strategies and training for youth and workers that promote positive youth development and youth engagement	60	70
Prepare youth to serve on panels and committees for foster care policy development, conducting life skills and self-advocacy training, and increasing youth’s understanding and embracement of the concept of achieving permanency	25	13
Deliver public speaking training to youth to prepare them to speak to audiences.	25	15
Deliver training to youth on the importance of good credit reports (ages 18 and over)	100	92

Provide training and technical assistance to LDSS staff on the purpose, importance, and requirements of NYTD	125	151
Train youth ages 14 and over on NYTD	125	111
Provide life skills training for eligible youth between the ages of 14-21 in each region that supports permanency and teaches self-sufficiency through skill development	150	703
Provide local, regional, and statewide events focusing on post-secondary education	50	56
Provide training, technical assistance, resources, and tools to LDSS in partnership with VDSS and other stakeholders/partners	500	1084

For Foster Care Month in FY 2017, Project LIFE and foster youth will participated in two FosterWalk with members of Foster Care Alumni of America (FCAA)-Virginia Chapter. The FosterWalks were held in the Central and Piedmont and facilitated by the FCAA. The purpose of the walk was twofold: 1) to help draw attention to the issues facing current and former foster youth; and 2) to urge foster care alumni and the greater community to get involved in helping youth obtain permanency or at least life-long connection. In addition, the walks provided an opportunity for youth currently in care to become aware of and connected to the Virginia Alumni Chapter.

2017 Objective 4

VDSS in collaboration with several key stakeholders updated and published the document, *Virginia Department of Social Services Transition of Youth with Disabilities Out of Foster Care*. This document will be used as a tool for LDSS staff.

2017 Objective 5

Effective July 1, 2016, Virginia implemented the Fostering Futures program statewide. VDSS developed and provided training to LDSS supervisors and staff on two additional chapters of Foster Care guidance entitled, *Independent Living Program, serving youth ages 18-21*, and *Fostering Futures (extension of foster care to 21)*. Because Fostering Futures, excludes those youth who turned 18 in foster care prior to July 1, 2016, it was necessary to provide guidance specific to the population of 18 to 21 year olds being served. Along with a previous chapter, *Achieving Permanency for Older Youth*, these three chapters provide guidance to the local departments of social services (LDSS) regarding working with

youth in and transitioning out of care and reinforce the need for all children and youth to learn life skills and engage in age or developmentally-appropriate IL activities.

Primary Strategy: Infrastructure improvement					
Goal: Enhance the use of technology to better serve children and families					
Objectives 1-6	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
1. Create pilot program to explore mobile/field computing	a) Secure mobile devices: Tablets, webcams, and mobile printers b) Select localities to pilot c) Review quarterly reports on satisfaction and address issues	Contract or agreement List of localities Timely note entry	2018	Assistant Director	<u>2017</u> As part of Virginia's efforts to create a modern child welfare information system modeled on the new Comprehensive Child Welfare Information System (CCWIS) regulations noted in Objective 2, VDSS has released an RFP to solicit bids for a mobile solution to support front-line workers. VDSS is interested in purchasing a Commercial of the Shelf (COTS) or Software as a Service (SaaS) product that can be configured for a Summer 2018 deployment. During joint application design (JAD) requirement-gathering sessions with front-line workers, the concept of a mobile solution was identified as the most requested functionality in a new CCWIS system. Workers identified potential time-savings and timely documentation as the primary motivations.

Primary Strategy: Infrastructure improvement					
Goal: Enhance the use of technology to better serve children and families					
Objectives 1-6	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
2. Explore the possibility of implementing a new child welfare information system	<ul style="list-style-type: none"> a) Develop requirements b) Request Funding c) Design (if funded) d) Training (if funded) e) Roll-out (if funded) 	Up and running system to include financial data and improved reporting functions.	2019	Assistant Director	<p><u>2017</u> In 2016, Virginia submitted a PAPD and received Federal funding to plan for a new CCWIS-approved system. As part of the planning process, VDSS contracted with a technology consulting firm to assist VDSS in the collection of functional requirements as well as the drafting of documentation necessary for an IAPD. Between October and December of 2016, 35 JAD sessions were held around the state with 286 participants from 77 localities. Participants included front line workers, supervisors, directors, office managers, and stakeholders. In addition, because VDSS strongly believes that stakeholders should have access to relevant case data, two of the JAD sessions were held with foster parents and two were held with foster youth and alumni. An additional 676 individuals provided feedback</p>

Primary Strategy: Infrastructure improvement					
Goal: Enhance the use of technology to better serve children and families					
Objectives 1-6	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
					for the new CCWIS system through a survey sent out in December 2016. It is anticipated that VDSS will submit an IAPD during the summer of 2017 for federal financial participation to fund a modular CCWIS system.
3. Implement title IV-E Automation in OASIS to incorporate local financial data and OASIS data for title IV-E to include reasonable candidacy	<ul style="list-style-type: none"> a) Create requirements for automation b) Review requirements and give approval for development c) Completed UAT when development is complete d) Provide training to the field e) Implement new OASIS screens 	Virginia is currently creating and assessing requirements for implementation of title IV-E automation in Virginia's future CCWIS. It is anticipated these requirements will not be implemented in OASIS.	2022	Assistant Director, QAA program manager	<u>2017</u> As part of the CCWIS JAD sessions noted in Objective 2, local office managers, state IV-E reviewers and state financial teams were consulted to establish requirements for a financial module to integrate with the CCWIS architecture. Included in these requirements are specific functional requirements to automate title IV-E eligibility determinations and tools to monitor and update information necessary for the maintenance of ongoing eligibility.
4. Improve tools available in SafeMeasures® to state and local workers to allow for a broader	<ul style="list-style-type: none"> a) Review current reporting b) Determine reports to be created c) Implement new reports 	New reports	Ongoing	DFS program managers	

Primary Strategy: Infrastructure improvement					
Goal: Enhance the use of technology to better serve children and families					
Objectives 1-6	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
range of reporting elements.					
5. Begin use of market segmentation to identify prospective foster and adoptive families.	<ul style="list-style-type: none"> a) Create and share list of targeted recruitment criteria b) Use ESRI software to analyze existing adoptive and foster families c) Follow T/TA recommendations from NRC on Diligent Recruitment 	<p>Criteria</p> <p>Summary of work done</p> <p>Foster & adoptive families, increased number of families</p>	2015 2016	Adoption program manager, Resource Family program manager	<p>a) Completed. Shared targeted information with the Regional Consultants in 2016.</p> <p>b) Completed. The Virginia Department of Social Services (VDSS) Division of Family Services conducted a market segmentation analysis of foster care and adoptive families (also referred to as “resource families”) who cared for children placed in either home-based foster homes or in adoptive homes between July 1, 2010 and June 30, 2013. We used a technique called “market segmentation”,¹ which involves classifying U.S. residential neighborhoods into unique segments based on demographic and socioeconomic characteristics and using this information to inform marketing and outreach efforts. Market segmentation is based on the assumption that people who live near each other</p>

Primary Strategy: Infrastructure improvement					
Goal: Enhance the use of technology to better serve children and families					
Objectives 1-6	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
automated data system (OASIS)	d) Training of changes to service plan e) Roll out of new service plan screens	Testing results Curriculum Updated screens	Jan 2015 2016 April 2015 2016/2017 2017		

Implementation Supports needed for Primary Strategy: Infrastructure improvement TECHNOLOGY

Objective 1: no longer viable

Objective 2: new case management system

Objective 3: completed

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.

2016 Objective 4

Report developed or in development for use in SafeMeasures® since July 2015.

- 1) Referral Recidivism
- 2) Data Issues: IL Services Open Over 60 Days
- 3) Perpetrators With Duplicate Records (Based on DOB and SSN)
- 4) Adoption Recruitment Status
- 5) Education Records for Foster Care Youth Ages 5 to 20
- 6) NYTD 19 Year-Old Survey Completion
- 7) Resource Activity
- 8) Independent Living Services 6 Month History
- 9) Case FPMs for Concurrent Planning
- 10) Timeliness of First Contact with Victim
- 11) Safety and Risk Reassessment before Case Closure

APSR 2017

Strategies, Goals, and Action Steps

- 12) Clients Missing SSN
- 13) Recurrence of Maltreatment
- 14) (Still in development) Timeliness of 1st Contact
- 15) (Still in development) Maltreatment in Foster Care
- 16) (Still in development) Placement Stability
- 17) (Still in development) Permanency in 12 Months for Children Entering Foster Care
- 18) (Still in development) Permanency in 12 Months for Children in Foster Care 12-23 Months
- 19) (Still in development) Re-entry to Foster Care
- 20) (Still in development) FSNA Ongoing Timeliness
- 21) (Still in development) Risk Reassessment Ongoing Timeliness
- 22) (Still in development) Time to Validation

Primary Strategy: Focus on Child Well-Being					
Goal: Improve health including social and emotional well-being for children in foster care					
Objectives 1-5	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
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>2017 a)</u> Guidance has been updated and will be effective June 2017_ Completed
	b) Create a report that tracks medical exams within 30 days of entry in care	Reports created	2015		<u>2017 b,c,d)</u> Reports to track medical/dental exams can now be accessed in SafeMeasures® Completed.
	c) Create a report that tracks well child visits				

Primary Strategy: Focus on Child Well-Being					
Goal: Improve health including social and emotional well-being for children in foster care					
Objectives 1-5	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	d) Create a report that tracks dental exams				
2. All foster children are screened for behavioral health needs and referred to appropriate services	a) Children who have urgent health, mental health, or substance abuse shall be screened upon entry into foster care b) Children in foster care are assessed, reassessed and evaluated with CANS	CANS usage report Updated guidance	2015 2017 2018 2015	Foster care program manager	Completed
3. Trauma-informed assessments and services will be implemented for children in foster care	a). Develop a trauma screening process for both child and parent b). Increase awareness of trauma to child welfare staff c.) Identify and promote best practice in a trauma-informed child welfare system d). Explore the possibility of increasing the availability of qualified	Screening tool Materials shared Materials shared	2015 2015 2015 2016	Prevention Program Manager/Foster Care Program Manager	2017 a) The revised CANS requires that the trauma modules be completed for all child welfare cases. The trauma module in combination with behavioral indicators captured in the CANS can be used as a screening to identify the need for additional assessment and/or treatment for children.

Primary Strategy: Focus on Child Well-Being					
Goal: Improve health including social and emotional well-being for children in foster care					
Objectives 1-5	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	trauma treatment providers in VA e). Train foster and adoptive families on trauma-informed care	Summary of findings Curriculum for training	2017 2015		2017 (e) In progress.
4. Implement a psychotropic medication system to protect children in foster care	a) Develop guidelines for children currently prescribed/taking psychotropic meds, around medical exams and mental health evaluations related to med management b) Track children who are currently prescribed and taking psychotropic meds c) Develop a strategy for assessing risk among children taking psychotropic meds d) Develop protocol for reviewing high risk cases	Guidelines and updated guidance List of children Strategy and protocol	2016 2016 2016 2018	3 Branch coordinator, Foster Care Program Manager	2017 b) a report has been developed in SafeMeasures® to track incidence of psychotropic medication prescription.

Primary Strategy: Focus on Child Well-Being					
Goal: Improve health including social and emotional well-being for children in foster care					
Objectives 1-5	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
1. All children will have stable school enrollments	<p>a) School-aged children, when changing foster care placements, have a best interest determination done jointly by the 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>Report on BID,</p> <p>Updated guidance,</p>	<p>2015</p> <p>2016</p> <p>2017</p>	Foster Care Program Manager, 3 Branch Coordinator, IL state coordinator, DFS training	<p><u>a)</u> Completed</p> <p><u>b)</u> Completed</p>

Primary Strategy: Focus on Child Well-Being					
Goal: Improve health including social and emotional well-being for children in foster care					
Objectives 1-5	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	c) Develop protocols that will help children when they cannot remain in their home schools to maintain connections d) Develop e-learning training on immediate enrollment BID	Protocol developed, Curriculum on immediate enrollment	2015 2016		<u>2017 d)</u> Collaboratively, VDSS and DOE are providing trainings to local DOE and LDSS workers An eLearning course CWSE3020: Educational Stability for Youth in Foster Care is currently being updated to add ESSA requirements.

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.

2017 Objective 5

VDSS and DOE are working together to update the Joint Guidance to incorporate new requirements of ESSA. Publication of the guidance during the summer of 2017, will provide an opportunity to train LDSS on BID procedures and the ESSA requirements. The eLearning course addressing Educational Stability is also being updated.

VI. MEASURES

2016 Update

The charts below list measures which Virginia is tracking in the Critical Outcomes Report. These data are provided from, and monitored by, the following systems and reports: Virginia Child Welfare Operating Reports (VCWOR), Children's Services System Transformation, CFSR measures, and SafeMeasures. 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.

Transformation Outcome	Standard	Performance	Status
Discharges to Permanency	86%	76.9%	ANI
Congregate Care Placement	16%	16.7%	Marginal
Family Based Placement	85%	82.8%	Marginal
Foster Care Out-of-Home Visits	95%	95.6%	Strength
Foster Care Visits in Child's Residence	50%	76.3%	Strength
CFSR Outcomes	Standard	Performance	Status
Time in Care: Reunification within 12 months	75.2%	53.7%	ANI
Reentries within 12 months	9.6%	3.3%	Strength
Time in Care: Adoption within 24 months	45.75%	36.8%	Marginal
24 Month Discharges to Permanency	30.3%	18.8%	ANI
Setting Stability	86%	83.8%	Marginal
Safety Outcomes	Standard	Performance	Status
No Recurrence of Maltreatment	94.6%	99.3%	Strength
No Abuse While in Foster Care	99.68%	99.9%	Strength
CPS Ongoing Contacts Made	90%	82.4%	ANI
Referral Contacts with Response Priority	90%	88%	Marginal

2017 Update

The new service plan screens in OASIS will be finalized sometime in the summer of 2017. Two new reports in SafeMeasures from these data, one completed and one under review, are included below. For clarity of comparison, the source and date of the information are also provided.

Transformation Outcome	Source and Date	Standard	Virginia	Status
Discharges to Permanency	VCWOR CSSTO Feb2017	86%	80.4%	ANI
Congregate Care Placement	VCWOR CSSTO Feb 2017	16%	16.5	Marginal
Current Family Based Placement	VCWOR CSSTO Feb2017	85%	81.5	Marginal
Foster Care Out-of-Home Visits	SafeMeasures Apr2017	95%	95.3%	Strength
Foster Care Visits in Child's Residence	SafeMeasures Apr2017	50%	78.1%	Strength
CFSR Outcomes	Source and Date	Standard	Virginia	Status
Time in Care: Reunification within 12 mths	VCWOR CFSR Dec2016	75.2%	56.0%	ANI
Reentries within 12 months	VCWOR CFSR Dec2016	9.9%	6.26%	Strength
Time in Care: Adoption within 24 months	VCWOR CFSR Dec2016	45.7%	31.1%	Marginal
24 Month Discharges to Permanency	VCWOR CFSR Dec2016	29.1%	28.8%	Marginal
<= Two placements in care < 12 mths	VCWOR CFSR Dec2016	86%	84.9%	Marginal
Safety Outcomes	Source and Date	Standard	Virginia	Status
No Recurrence of Maltreatment	VCWOR CFSR Dec2016	94.6%	98.1%	Strength
No Abuse While in Foster Care	VCWOR CFSR Dec2016	99.68%	99.9%	Strength
CPS Ongoing Contacts Made	SafeMeasures Apr2017	90%	77.7%	ANI
Referral Contacts with Response Priority	SafeMeasures Apr2017	90%	88.6%	Marginal
Well-Being Outcomes	Source and Date	Standard	Virginia	Status
Updated Education Records	SafeMeasures April2017	---	73.3%	---
Physical Examination Current	SafeMeasures Aug2017	---	TBD	---

VII. Additional Reports

Continuation of Operations Planning

Division of Family Services Continuity of Operations Plan

As of 4/01/17

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. It is now updated every December. The DFS COOP coordinator works with the VDSS coordinator to keep DFS's plan up-to-date.

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. All hotline workers now have laptops and the capacity to work off-site.
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. The Foster Care Program Manager maintains a current list of children in foster care off-site.
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: Program Manager, Legislation, Regulations, and Guidance

Phyl Parrish: Work: 804-726-7926
 Cell: 804-356-0280
 E-mail: phyl.parrish@dss.virginia.gov

Family Services COOP coordinator:

Aaron Swart Work: 804-726-7381
 Home: 804-525-0032
 E-mail: aaron.swart@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. The VDSS COOP coordinator will provide guidance for the development of detailed job descriptions for more key functions in DFS. The VDSS COOP coordinator assisted the division in updating the Business Impact Analysis for each unit within the Division for inclusion in the DSS and Commonwealth disaster plans.

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 work 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 the Foster Care Program Manager. 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 at the state-run shelters 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, we have had responses from other states but 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. 24-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. Christopher Spain, the CPS Program Manager, 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, DFS 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. The most recent activity was the development of detailed descriptions of two business functions intended for use if the responsible individuals are not available to perform those functions. The process includes feedback that will enable the continued development of these descriptions for other key business functions. In 2016, the focus has been on updating the business functions and staff information due to a high number of retirements and new staff. The 2017 COOP Plan has been updated to reflect staff and responsibility changes, including designating a new COOP coordinator and program management changes to the phone tree.

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

Commonwealth of Virginia Department of Social Services Division of Family Services

Official Contact Person:

Name: Christopher R. Spain

Title: Child Protective Services Program Manager

Address: Virginia Department of Social Services
Division of Family Services
801 E. Main Street, Wytestone Building
11th Floor
Richmond, Virginia 23219

Phone: (804) 726-7554

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CAPTA Update for 2017

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, 2016, the Code of Virginia will reflect Code changes that will not impact the Commonwealth's compliance with CAPTA as reauthorized on December 20, 2010.
- The Code of Virginia, § 63.2-100 will add a new section to the definition of "child abuse and neglect". An identified victim of sex trafficking or of severe forms of trafficking as defined in the federal law will fall under Virginia's definition of child abuse and neglect and sexual abuse.
- An additional change to § 63.2-100 will add a definition of "sibling" and will clarify that all parents of siblings to the child, where the parent has legal custody of the sibling, be identified and notified within 30 days after the child has been removed from the parent's custody.
- The Code of Virginia, § 63.2-1502 will require CPS to establish minimum training requirements for workers and supervisors to identify, assess, and provide comprehensive services for children who are sex trafficked victims. This will include efforts to coordinate with law enforcement, juvenile justice, and social service agencies such as runaway and homeless shelters to serve this population.
- These legislative changes are in compliance with the Preventing Sex Trafficking and Strengthening Families Act (PL 113-183) and Justice for Victims of Trafficking Act of 2015 (PL 114-22).
- Effective July 1, 2017, the Code of Virginia will reflect changes made to CAPTA by CARA to include mandatory reporting of SEI for any child born affected by substance use or exhibiting withdrawal symptoms during pregnancy.
- An additional change requires reports of SEI receive a Family Assessment and that a Plan of Safe Care be developed.

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 *italics*.

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, VOCA, State General Funds, and other child welfare programs in three major areas: Safe Children and Stable Families; Family, Child and Youth Driven Practice, and Strengthening Community Services and Supports. The plan identifies areas of work that have been completed, items being currently worked on, as well as ongoing activities.

Describe the policies and procedures the state has in place to address the needs of infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure whether obtained legally or illegally, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants (section 106(b)(2)(B)(ii) of CAPTA). We note that such notification should occur in any instance in which an infant is demonstrating withdrawal symptoms due to prenatal drug exposure, whether the drugs were obtained legally or illegally.

Virginia CPS guidance manual includes a specific section on working with substance exposed infants (SEI). Included in the guidance are recommended practices for how to respond to SEI and what should occur during a CPS response, including referrals for Part C Early Intervention. Virginia produces an informational brochure specifically for health care providers regarding the legal mandates for prenatal substance use and the mandated reporting of SEI. State statutes are in place that requires healthcare providers to provide notification of affected infants to CPS. (§63.2-1509) Additional requirements for licensed hospitals to develop protocols for handling SEI can be found in statute. (§32.1-127)

2016 Update

In July 2016, the CPS policy/guidance will be updated with current best practice guidance and information for SEI and their families. Two new appendixes will be added describing Neonatal Abstinence Syndrome and universal screening tools for substance abuse to be used in SEI reports.

The CPS guidance/policy was updated and published in October 2016. Five transmittal webinars were provided to local agency staff on the changes and updates. Due to legislative changes that become effective July 2017, the informational brochure for healthcare providers will be updated and disseminated throughout the state.

The division will also pursue changes to VA Code in needed, as well as guidance, training, and education materials to clarify reporting withdrawal systems from any substance exposure in utero, whether the substance(s) are obtained legally or illegally. A Broadcast of these clarifications will also be published to all LDSS.

2017 Update

Effective July 1, 2017 the conditions for reporting a substance-exposed infant will include one of the following:

- A finding made by a healthcare provider within six weeks of birth of a child that the child was born affected by substance abuse or experiencing withdrawal symptoms resulting from in utero exposure;
- A diagnosis made by a healthcare provider within four years of birth the child has an illness, disease or condition that is attributable to maternal abuse of a controlled substance during pregnancy; and

- A diagnosis made by a healthcare provider within four years of birth that the child has a fetal alcohol spectrum disorder.

Also effective July 1, 2017, the Virginia law (§63.2-1506) will state that a SEI report shall yield a family assessment response unless otherwise required by law or safety concerns (such as a removal) and the local agency will develop a plan of safe care in accordance with federal law.

Changes effective July 1, 2107 will amend § 63.2-1509 B to read as follows:

§ 63.2-1509. Requirement that certain injuries to children be reported by physicians, nurses, teachers, etc.; penalty for failure to report.

“B. For purposes of subsection A, "reason to suspect that a child is abused or neglected" shall include (i) a finding made by a health care provider within six weeks of the birth of a child that the results of toxicology studies of the child indicate the presence of a controlled substance not prescribed for the mother by a physician; (ii) a finding made by a health care provider within six weeks of the birth of a child that the child was born dependent on a controlled substance which was not prescribed by a physician for the mother and has demonstrated withdrawal symptoms; (iii) a diagnosis made by a health care provider at any time following a child's birth that the child has an illness, disease or condition which, to a reasonable degree of medical certainty, is attributable to in utero exposure to a controlled substance which was not prescribed by a physician for the mother or the child; or (iv) a diagnosis made by a health care provider at any time following a child's birth that the child has a fetal alcohol spectrum disorder attributable to in utero exposure to alcohol. When "reason to suspect" is based upon this subsection, such fact shall be included in the report along with the facts relied upon by the person making the report.”

In addition to the above-referenced Code changes, HB 2162 (2017) required forming a work group, which is now in place and is in the progress of studying 1) current policies and laws with regard to identifying and treating SEI, 2) any barrier(s) to identifying and treating SEI, and 3) making recommendations for budgetary, law, and/or other policy change(s) to counterbalance any and all identified barrier(s). Through this group, a better understanding of the scope of the public health problem and what is needed to address it is anticipated. Moreover, the possible and probable points of entry should be identified so as to promote the appropriate application of plans of safe care. The phrase “affected by” will be defined in July 1, 2017 Guidance as it is in *Plans of Safe Care to Ensure the Safety and Well-Being of Infants with Prenatal Substance Exposure and their Families and Caregivers* by the National Center on Substance Abuse and Child Welfare.

Additionally, OASIS, our statewide automation system, captures SEI reports and will also capture whether or not a plan of safe care was developed, referrals associated with the plan, and whether the mother sought treatment or counseling during pregnancy. (Note that within July 1, 2017 Guidance, the local department’s discretion to screen out a SEI report based on the mother’s treatment or attempt to be treated will be removed.)

In October 2016, CPS policy/guidance was released with enhancements regarding the response to substance exposed infants (SEI). These enhancements included information on developing a Plan of Safe Care for the infant and mother. Additionally, in response to the federal changes made in CAPTA by CARA that were effective in 2016, legislation was passed by the 2017 General Assembly. These

legislative actions included:

- Revising the validity criteria for SEI to include those infants born affected by maternal substance abuse or experiencing withdrawal symptoms from prenatal drug exposure.
- Removing the exception which allowed CPS to invalidate a SEI report if the mother sought substance abuse counseling.
- Requiring a Family Assessment for all SEI reports.
- Removing the term illegal when referring to prenatal substance exposure.
- Created a workgroup to identify the barriers to providing services to SEI.
- Designation of the first week of July each year as SEI Awareness Week.

The division has a robust implementation plan to implement all legislative changes to include updating educational material, training courses, CPS policy/guidance and promulgating regulatory changes by July 1, 2017.

Describe the state's policies and procedures for developing a plan of safe care for infants born and identified as being affected by illegal substance abuse; withdrawal symptoms from drugs obtained legally or illegally; or Fetal Alcohol Spectrum Disorder (section 106(b)(2)(B)(iii)). Describe which agency or entity is responsible for developing a plan of safe care, how it is monitored and how follow-up is conducted to ensure the safety of these infants.

The Code of Virginia, §63.2-1509 requires newborns diagnosed by health care providers as exposed to alcohol or controlled drugs not prescribed by a physician be reported immediately to Child Protective Services in any one the following occurs:

- Toxicology studies conducted on the infant, with six weeks of birth is positive;
- A medical finding is made, within six weeks of birth, of newborn dependency or withdrawal symptoms;
- An illness, disease, or condition attributable to in utero substance exposure is diagnosed;
- A child is diagnosed with a Fetal Alcohol Spectrum Disorder.

CPS responds to assess the safety concerns and the provision of services. In addition, Virginia's statute (§32.1-127) requires healthcare providers to contact the community services board (CSB) of any substance-abusing, postpartum woman and to appoint a discharge plan manager. The CSB must implement and manage the discharge plan. The discharge plan should include appropriate referrals for treatment services, comprehensive early intervention services for infants and toddlers with disabilities and family oriented prevention services.

Again, the division will pursue changes to VA Code if needed, as well as guidance, training, and education materials to clarify reporting withdrawal symptoms from any substance exposure in utero, whether the substance(s) are obtained legally or illegally. A Broadcast of these clarifications will also be published to all LDSS.

Effective July 1, 2017 the conditions for reporting a substance-exposed infant will include one of the following:

- A finding made by a healthcare provider within six weeks of birth of a child that the child was born affected by substance abuse or experiencing withdrawal symptoms resulting from in utero exposure;

- A diagnosis made by a healthcare provider within four years of birth the child has an illness, disease or condition that is attributable to maternal abuse of a controlled substance during pregnancy; or
- A diagnosis made by a healthcare provider within four years of birth that the child has a fetal alcohol spectrum disorder.

Also effective July 1, 2017, the Virginia law (§63.2-1506) will state that a SEI report shall yield a family assessment response unless otherwise required by law or safety concerns (such as a removal) and furthermore, the local agency will develop a plan of safe care in accordance with federal law.

[Describe the steps that the state is taking or will need to take to address the amendments to CAPTA relating to sex trafficking in order to implement those provisions by May 29, 2017.](#)

Effective July 1, 2016, the Code of Virginia, § 63.2-100 will add a new section to the definition of “child abuse and neglect”. An identified victim of sex trafficking or of severe forms of trafficking as defined in P.L. 114-22, The Justice for Victims of Trafficking Act of 2015 will fall under Virginia’s definition of child abuse and neglect and sexual abuse. The definition of child for the Act of 2015 remains children under the age of 18 years.

In December 2015, VDSS developed and published an on-line training course for all child welfare staff, community partners and the public on sex tracking and child welfare. VDSS also updated the automated data system to capture data on sex trafficked victims effective December 2015.

2017 Update

In April 2017, sex trafficking was added as a specific type of sexual abuse included in the automated data system. This will provide future data on how many CPS investigations are conducted for sex trafficking in addition to the identification of sex trafficked victims.

In January 2016, VDSS implemented new CPS guidance statewide that addressed sex trafficking as it pertains to universal screening of all children and services for identified victims. Numerous webinar sessions were conducted to brief CPS staff on the needs of sex trafficked victims. VDSS is also in the process of revising regulations regarding sex trafficking as a form of sexual abuse. The final regulations are scheduled to be presented to the State Board of Social Services in June 2016. In inter-agency committee continues to collaborate around sex trafficking issues. Update: The Governor signed the regulations on April 14, 2017. They will become effective July 1, 2017.

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

Virginia has been receiving technical assistance from the National Center for Substance Use and Child Welfare since the fall of 2014. Virginia is one of six states that participate with the In Depth Technical Assistance: Responses for Substance Exposed Infants initiative. Virginia formed an interagency workgroup to identify a coordinated, state level response to maternal substance use. The work group is evaluating current efforts to serve SEI and their mothers, developing new strategies that will enable a better systemic response and implementing recommendations. This interagency workgroup has three main goals:

- 1) State agencies will adopt a shared vision and coordinated systems approach that includes outreach, referral, medical care, and behavioral health and child welfare treatment services.

- 2) Virginia will evaluate the implementation and effectiveness of state laws that address perinatal substance use and identify needed updates and changes as well as strategies to improve their implementation. This will include issues of substance use in utero, whether the substance(s) are obtained legally or illegally.
- 3) Virginia will develop a system of care (e.g., medical, home visiting, behavioral health and child welfare) that ensures that all women of child bearing age receive screening, brief intervention and referral to treatment services for behavioral health risks.

Once these systems of care are developed, information will be disseminated through CPS guidance updates; anticipated by end of 2016.

A Women's System of Care and Community Collaboration conference is scheduled for June 22, 2016. This will be a multi-disciplinary conference with guest speakers and presentations of the workgroups systems of care recommendations.

The In-Depth Technical Assistance from the National Center on Substance Abuse and Child Welfare has ended formally but the work groups have continued to address the issues of systems of care in dealing with SEI and maternal substance use. The three workgroups included maternal, legislative and child issues. The maternal group completed a survey of opiate treatment program services for pregnant women and continues to finalize guidance for Opiate Treatment Program (OTP) Guidelines for Pregnant Women, a template for OTP Wrap-Around Services and a Template entitled "My Delivery Plan". The legislative group conducted a survey of all Community Services Boards (CSB) and their outreach efforts to prenatal providers and birthing hospitals and as a result, drafted recommendations for CSB to work with prenatal providers and birthing hospitals. The child workgroup continues to draft guidance for developing plans of safe care and has a draft template for Multisystem SEI Hospital Discharge Plan. This group has developed a brochure regarding Plans of Safe Care.

The Virginia workgroup has been asked to mentor future sites who will also receive in-depth technical assistance grants.

In June 2016, a conference was held for approximately 200 participants from various professions involved with maternal substance use and SEI. Guest speakers provided educational information about Plans of Safe Care and the two day event concluded with local service providers collaborating and planning their next steps to deal with this critical issue.

CAPTA

Virginia State Plan 2017 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 five-year plan as well as other strategies that address the purpose and objectives of the CAPTA program areas. The strategies are:

1. Engage Family, Child and Youth-Driven Practice

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

2. Managing by Data and Quality Assurance

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

Strategies will be updated yearly or as activity occurs.

I. Safe Children and Stable Families

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

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

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

1. Assess and review how local CPS workers have implemented the new intake tools that became effective July 2011 **Completed**
2. Hold focus groups with local supervisors and workers to assess and identify any areas of concern or need for clarification **Completed**
3. Clarify and disseminate revised policy/guidance manual, as-needed **Completed**
4. Work with the Quality Assurance Unit to evaluate the extent to which initial safety and risk assessments are being completed correctly and within the required timeframes **Ongoing**
5. Develop new intake measures into SafeMeasures® to determine how well LDSS are implementing the new intake tools. **Completed**
6. Provide refresher training, as-needed **Ongoing Note: New formal classes now available. For CPS it is CWS2001R, a combination of an e-learning pre-requisite and two-day class room training.**
7. Review and evaluate statewide and by locality the number and percentage of cases being screened out. **Ongoing**
8. *Develop and implement a method to review a sample of screened out cases to determine level of agreement.* In progress (AMR)
9. Clarify and disseminate policy/guidance regarding safety planning and acceptable safety plans **Completed**
10. Provide training for local staff on any changes made **Completed**
11. Work with the training unit to design, test, and disseminate an e-learning course for all SDM tools to include intake, safety and risk **Completed**
12. Plan and conduct regional training sessions for child welfare workers on advanced injury identification to help workers better assess safety and risk. **Completed**
13. Provide additional guidance to the field on what constitutes “credible witnesses” and dispositional assessments **Completed**
14. Establish a workgroup to research the barriers around getting full body scans ordered and reimbursed for siblings or other children residing in the home in order to identify healing injuries **Completed**
15. Assess and review the data for highest priority responses and reports that involve a child less than one year of age that are assigned to the family assessment track and update CPS guidance accordingly **Modified due to legislative changes.**
16. Collaborate with the Training Unit to develop a specialized training for those staff performing on-call duties. **Completed**
17. Create new e-learning course for advanced injury identification for all child welfare staff. **Completed**
18. *Create template for Plans of Safe Care for SEI.*
19. *Revise CPS guidance to require 24-hour response for any report involving a child less than 2 years of age*

2016 Update

In January 2016, CPS implemented a requirement to use SDM tools in on-going CPS cases. At this time, the case can be completed without ever completing any of the SDM tools. In the Fall of 2017, the system will require they be completed before a worker has the ability to close the case. This new requirement is now being addressed in a number of reviews including those Agency Case Reviews completed by CPS Regional Consultants and bi-monthly reviews by a Quality Assurance Team.

2017 Update

The following data has been extracted from Safe Measures for all cases that were open during the month of February 2017. (Data retrieved 5-15-2017)

- Safety Assessment and Risk Reassessment before case closure report captures whether or not a safety and/or risk reassessment was completed. In 27.6 cases, both tools were completed; 9.7% completed the safety tool; 14% completed the risk reassessment tool; and 48.7% were missing both.
- FSNA Completion report shows how many cases completed a Family Strengths and Needs Assessment (FSNA) within 30 days of case opening. For all cases open during the month of February 2017- 39.3% were completed; 50.4% were not completed; and 10.3% were pending (opened less than 30 days).
- Risk Reassessment report shows how many cases open during the month of February that were open more than 90 days received a risk reassessment- 28.7% were completed; 41.2% were not completed; and 30.0% were pending (open less than 90 days).

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, has been revised to include more emphasis on the use of the assessment tools and an e-learning course for all SDM tools has been developed. This e-learning course assists workers in better understanding the purpose, and process around the structured decision making tools. 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. New reports will be available to assist the state in evaluating the current practice in the use of family strengths and needs assessments and risk re-assessments tools. 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 with assistance from the Capacity Building Center. This “study” is now being completed through an internal process of monthly case reviews by the Regional Consultants. CQI staff are assisting the Program Manager by analyzing both the quantitative and qualitative information gleaned from agency visits and respective data collection.

Revised CPS guidance was developed and distributed on how to assess “credible witnesses” in CPS cases in March 2016.

A workgroup composed of the Office of the Chief Medical Examiner, CPS, LDSS, law enforcement, emergency room physicians, the Criminal Compensation Injury Fund, Hospital & Health Care Association and other health care providers, was convened in order to gain a better understanding of the barriers around getting full body scans ordered and reimbursed for siblings or other children residing in the home in order to identify healing rib fractures, broken bones, or evidence of head bleeds. Policy issues, legal constraints and fiscal concerns were identified. A potential funding chart was developed and distributed to LDSS in June 2015. However, it soon became apparent that a major barrier was access to

“real time” medical evaluations in the more rural areas of the state. The workgroup focused its efforts in learning more about telehealth networks and the need to build capacity in the area of telemedicine. VDSS has partnered with Bay Rivers Telehealth Alliance, the Department of Health, Department of Criminal Justice Services, LDSS, local hospitals, VCU and UVA in a collaborative grant application. The purpose of the grant is to develop a rural network of clinical telemedicine locations designed to create access to medical assessments and evaluations for children suspected of abuse and neglect that present at a rural hospital and link the hospital to pediatric specialists capable of providing forensic examinations of children’s injuries. Unfortunately, the Commonwealth did not receive the grant; however, efforts are underway to pursue other funding sources.

In 2015, 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. This presentation is being made into a six-module e-learning course that will be available statewide by July 2016.

The DSS Training Unit completed a new on-line e-learning course: CWS 2090 Injury Identification in Child Welfare.

Guidance was revised in March 2016 to include a list of sample safety actions that may be taken. Guidance revisions are now disseminated through the use of a series of webinars. This interactive method has been well received by local CPS workers and supervisors.

Sample dispositional assessments will be provided in guidance by December 2016.

2017 Update

Sample dispositions were added to the guidance that was published in October 2016.

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

1. Obtain input from the CPS Policy Advisory Committee, the Office of Family Violence, and the Department of Behavioral Health and Developmental Services to ensure that the tools are assessing issues of domestic violence, mental health and substance abuse **Completed**
2. Revise, if needed, and incorporate these factors in the current safety and risk assessment tools and into the CPS policy/guidance manual **Completed**
3. Disseminate guidance and make necessary changes to OASIS **Completed**
4. Collaborate with VDSS’ Office on Family Violence to develop a guidance manual section on domestic violence to include a definition of domestic violence, revised screening and assessment tools, interviewing the non-offending parent, the child and the alleged perpetrator, safety planning, and service provision **Completed**
5. Train child welfare workers on the domestic violence protocol **Completed**
6. Provide “links” to the new DV guidance manual from the CPS policy/guidance manual **Completed**
7. Provide additional screening tools for use in substance exposed infant reports-- **Completed**

8. Add new information on standards of care for substance exposed infants and the substance abusing family members--**Completed**
9. *Provide detailed information in guidance regarding Plans of Safe Care to include who is responsible for managing the plan.*
10. *Provide sample screening tool for trauma*
11. *Modify the automated data system to include a means to report the development of a Plan of Safe Care.*

2016 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. The new guidance was released to the field in May 2015. The domestic violence training curriculums have been updated, and in “links” to the new DV guidance manual, are fully operational from the CPS policy/guidance manual.

The CPS Unit has been actively collaborating on a multidisciplinary team regarding substance exposed infants and maternal substance abuse. As a result of a two-year project, the team has proposed statewide standards of care for infants and mothers. These standards of care will be incorporated into the CPS guidance manual once they are publicly distributed by January 2017.

The In-Depth Technical Assistance from the National Center on Substance Abuse and Child Welfare has ended formally but the work groups have continued to address the issues of systems of care in dealing with SEI and maternal substance use. The three workgroups included maternal, legislative and child issues. The maternal group completed a survey of opiate treatment program services for pregnant women and continues to finalize guidance for Opiate Treatment Program (OTP) Guidelines for Pregnant Women, a template for OTP Wrap-Around Services and a Template entitled “My Delivery Plan”. The legislative group conducted a survey of all Community Services Boards (CSB) and their outreach efforts to prenatal providers and birthing hospitals and as a result, drafted recommendations for CSB to work with prenatal providers and birthing hospitals. The child workgroup continues to draft guidance for developing plans of safe care and has a draft template for Multisystem SEI Hospital Discharge Plan. This group has developed a brochure regarding Plans of Safe Care.

The Virginia workgroup has been asked to mentor future sites who will also receive in-depth technical assistance grants.

In June 2016, a conference was held for approximately 200 participants from various professions involved with maternal substance use and SEI. Guest speakers provided educational information about Plans of Safe Care and the two-day event concluded with local service providers collaborating and planning their next steps to deal with this critical issue.

2017 Update

The CPS Program, in conjunction with the Department of Behavioral Health and Developmental Services (DBHDS), has revised the guidance provided to local CPS programs regarding Plans of Safe Care. Said revision includes circumstances warranting a Plan of Safe Care coupled to a sample template that can be used to assess and identify the needs of the child, mother, and any other caregiver(s) of the child who are likely to ensure the child’s care.

The CPS Program has submitted a service request to modify the automated data system so that the development of a Plan of Safe Care can be documented. This change is in progress at this time. The guidance and training provided to local staff with regard to the recent guidance changes includes detailed information about the differences among a safety plan, Plan of Safe Care, and Service Plan.

Further, VDSS is working with the DBHDS on a number of different projects regarding substance-exposed infants and Plans of Safe Care. Since 2015, VDSS has been a part of the In-Depth Technical Assistance project supported by The National Center on Substance Abuse and Child Welfare (NCSACW). Details of our products are listed on their IDTA website:

<https://ncsacw.samhsa.gov/technical/idta.aspx?id=23>. The work of this multiagency group continues as a member of the policy academy for the next round of states receiving the IDTA.

Virginia is also in the final stages of a legislative multidisciplinary workgroup that was formed to identify the barriers to treatment of substance-exposed infants. Final recommendations will be submitted in December to the attention of the Governor and General Assembly.

Lastly, an informational brochure for health care providers regarding Perinatal Substance Use-Legal and Practice Implications-was revised and published in July of 2017. This brochure has been updated to include information on Safe Sleep and Plans of Safe Care as well as all state laws that address these issues. The brochure can be found here, under CPS Publications:
<http://www.dss.virginia.gov/family/cps/index.cgi>.

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

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

2017 Update

The numbers of referrals open longer than 60 days in 2017 has increased by 5% from 48% to 53%. However, the number of reports between 45 and 60 days has slightly increased from 15% to 17%. Timeliness of first attempted or completed contacts statewide has increased 2% from December 2015 (88%) to December 2016 (90%). The Eastern region did see an improvement of 2% from December 2015 (92%) and December 2016 (94%).

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. Since 2012, the number (percentage) of referrals open longer than 60 days has increased from 52.6% to 55.0%. The number of reports between 45 and 60 days has increased from 12.8% to 16.3% as well. Timeliness of first attempted or completed contacts statewide has increased nearly 5% from December 2015 (88%) to December 2016 (92.5%). The Western region did see an improvement of 2% between December 2014 (91%) and December 2015 (93%). The Eastern region did see an improvement of 4% from December 2015 (92%) and December 2016 (96%). Timeliness of contact with victims remains an area requiring more attention. In proposed regulations, entering the final stage of approval, the regulation will be strengthened to require contact with the victim child within the designated response time priority.

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

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

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

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

2017 Update

In the upcoming year, a validation study will be conducted by the Children's Research Center (CRC). SDM implementation is a practice intervention and a system intervention. When DSS staff actively assists in their development, these systems are better tailored to local needs. In addition, by upgrading both the SDM system and DSS's practice model, workers are more likely to view the SDM system as a decision-support tool that helps to guide thinking and conversations with families. When an entire organization commits to SDM system principles, the system can form a core element of agency operations. CRC employs several strategies to build strong working relationships with agencies.

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

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

2016 Update

State CPS staff completed the revised services section of CPS guidance in December 2015. Over 35 training sessions were conducted statewide to review the new guidance and the use of the SDM tools in an ongoing CPS case. The two-day course is now one of many courses required for all CPS workers who provide in-home services.

With support from Casey Family Programs, VDSS and 21 LDSS participated in the third Learning Collaborative focused on developing Practice Profiles and coaching. While the Children's Services Practice Model provides core guiding principles which define how services are delivered to families, the Practice Profiles describe how the model is put into action on an everyday basis. Teams have now put plans into action. The focus now is to spread knowledge and implement skills in their agencies to improve their ability to support children and families.

2017 Update

During 2016, VDSS conducted initial implementation of the eleven (11) Practice Profiles which operationalize the Virginia Children's Services Practice Model. A total of two hundred and fifteen (215) staff from sixty-two (62) local agencies participated in a training series and received follow-up technical assistance as part of the pilot year. This represents a significant investment in building worker and supervisor skills. VDSS initiated an engagement with Rutgers University in 2016 to study the impact of the Practice Profiles on case practice. Work continues on providing coaching training to implement the Practice Profiles, with two new courses. The Practice Profiles have been integrated in the new CWS4015: Trauma-Informed Child Welfare Practice: Identification and Intervention and Supervisory Series. Training will be integrating the use of Practice Profiles in mandated training transfer of learning tools.

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

2016 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 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. The training was conducted statewide in all five regions from August through December 2015 involving 512 participants.

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

1. Utilize workgroup to review OASIS screens and make recommendations for screen changes
Completed
2. Outcome Based Reporting and Analysis Unit (OBRA) will review what is currently in OASIS and the workgroup recommendations and determine if current screens can be modified or if new screens must be created **Completed**
3. OBRA and Family Services will meet to develop requisition to present to the Managing by Data workgroup (MBD) to approve screen changes. **Completed**
4. OBRA and Family Services will meet with MBD prioritize timing for screen changes in OASIS **Completed**
5. Workgroup will review screen mock-ups and make recommendations for improved functionality **Ongoing**
6. *Prior to release of the final build, the workgroup will conduct user acceptance testing in conjunction with local users*
7. *Develop and conduct a survey of users for the ease and functionality of the current SDM tools (Safety, Risk, Family Strength Needs Assessment (FSNA), and Risk Reassessment*
8. *Analyze results of survey and make necessary changes to the SDM tools and the web application as needed*
9. *User testing for the revised service plan will begin Spring of 2017, final release anticipated in Fall 2017.*
10. *Statewide training for trainers and super-users will be conducted in August through September 2017, prior to service plan release.*

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 the Foster Care Unit and the IT staff on the revision to the service plan as it exists in OASIS that will 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 ongoing cases is required in guidance; however it is not a requirement in OASIS at this time. The new SafeMeasures® reports will assist state staff to assess compliance with completion of the FSNA and the Risk Reassessment tools. The reports will identify the assessed risk at case closure. The reports will also identify when a safety assessment has been completed prior to case closure.

2017 Update

The IT developers are currently testing and revising the requirements set forth for the service plan service request. State staff continues to provide subject matter expertise to the developers. The anticipated completion of the new service plan is Fall 2017. As indicated above, the new service plan will include ability to capture the assessed family risk at the conclusion of the investigation or family assessment and then update with each reassessment of risk. CPS on-going workers will have ability to reassess safety using the SDM safety tool in the case anytime safety changes. The results of the identified strengths and needs will populate into the service plan and allow development of objectives to focus on identified priority needs.

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

1. Establish a committee composed of local CPS workers and supervisors to review the current policy/guidance and identify areas needing revision or clarification. **Completed**
2. Request assistance from the NRC on CPS to review materials and make recommendations for changes
3. Solicit input from the Out of Family Advisory Committee to the State Board of Social Services **Completed**
4. Revise policy/guidance manual and disseminate **Completed**
5. Develop sample letters for informing parties about the outcome of the investigation for use by local CPS workers **Completed**
6. Revise guidance to incorporate legislative changes regarding Memorandums of Understanding between the schools and LDSS **Completed**
7. Provide a report to the State Board of Social Services on the MOUs submitted by LDSS **Completed**
8. Revise and disseminate guidance to incorporate changes made in legislation that mandate dispositions are made for school employees within the specified time frames **Completed**
 - a. *Add additional clarification to CPS guidance for defining gross negligence and willful misconduct standards*
9. *Reconvene the Out of Family Advisory Committee and have annual meetings.*

2016 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 submitted the revised memorandums of understanding with their local school divisions to the state and this was reported to the State Board of Social Services. In July 2015, the Out-of-Family guidance section was updated to reflect the new legislative requirement to complete all investigations involving a person employed with a public school within the designated timeframes established by law.

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

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

2016 Update

State CPS staff coordinated a review of existing curriculum used to train CPS staff on conducting investigations in Out of Family settings and revisions were made by the training unit. Local training session for conducting Out-of-Family investigations conducted by a local attorney has been disseminated statewide and is informing future revisions to the curriculum.

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

1. Work with the subcommittee of the State Board of Social Services to study the increase of child deaths to gain a better understanding of the factors surrounding those deaths **Ongoing**
2. Review cases of children who have been known to the child welfare system over the past several years to determine what lessons may be learned to prevent child deaths **Completed**
3. Request assistance from the In-Home NRC to assist in this review and make recommendations **Completed**
4. Explore the regional child fatality team operating in the Eastern Region and develop a plan to replicate it in the other four regions of the state. **Completed**
5. Review recommendations with subcommittee of the State Board of Social Services and the State Child Fatality Team and develop a plan to implement new practices, as appropriate **Completed**
6. Work with the Office of the Chief Medical Examiner (OCME) to implement five regional child fatality review teams **Completed**
7. Provide technical assistance and consultation to teams in reviewing cases, making recommendations, and data collection **Ongoing**
8. Prepare an annual report compiling findings and recommendations from the teams **Ongoing**
9. Work with the OCME to plan and co-sponsor a conference for regional child fatality team members **Completed**
10. Work with the OCME to assist the regional teams in accurately completing the national data tool **Completed**
11. Fill position for a Child Fatality Data Coordinator to analyze data involving child fatalities, prepare annual and special reports, and provide technical assistance to the five Regional Child Fatality Review Teams in terms of data collection and case review **Completed**
12. Develop and disseminate an orientation packet for new members of the regional child fatality teams **Completed**
13. *Apply for a technical assistance grant from the National Governor's Association to participate in a Three Branch Institute on improving child safety and preventing child fatalities.* **Received July 2016-Ongoing**
14. Provide technical assistance to local agencies regarding completion of National Child Death Review Tool- **Completed**

2016 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 2014 was completed in April 2016. 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 December 2015.

VDSS worked with the Office of the Chief Medical Examiner and the CJA Program Coordinator to sponsor a skills building training conference to provide regional teams members with tools to improve the review process and the development and implementation of prevention strategies. The conference for Virginia's Regional Child Fatality Review Teams, "From Findings to Action: Engaging Communities in Prevention" was held on April 20-21, 2016 in Staunton, Virginia. Approximately 85 members representing all five teams participated in the conference. The first day focused on an assessment of how the teams are doing – key findings, regional responses, prevention efforts, challenges and plans for

action. The second day focused on community collaboration efforts in substance abuse, home visiting, early intervention programs and engaging the community in prevention. The final speaker with Teri Covington, Executive Director, National Center for Fatality Review and Prevention, who shared the recommendations from the National Commission to Eliminate Child Abuse and Neglect Fatalities.

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.

2017 Update

VDSS applied for and received a second Three Branch Institute award in July 2016. The Three Branch Institute is sponsored by the National Governor's Association with partnership from the National Conference of State Legislatures, Casey Family Programs, National Council of Juvenile and Family Court Judges and National Council of State Courts. The Three Branch Institute focuses on bringing all branches of government (judicial, executive, and legislative) together to achieve common goals. Virginia was selected through a competitive process as one of 8 participating states, leading the effort by partnering with the Virginia Department of Medical Assistance Services, the Virginia Department of Health, the Virginia Supreme Court, the Virginia House of Delegates, the Virginia Senate and several other community partners. The Institute's central focus this year is improving child safety and reducing child fatalities. Virginia has elected to focus on children under the age of four, with a special focus on children under the age of one, through the work of four primary goals: 1) Increase understanding of risk and protective factors that are predictive/associated with child maltreatment and child fatalities 2) Assess the effectiveness of existing screening, safety and risk tools and explore the development of new or expanded policies, practices and protocols 3) Strengthen existing efforts to enhance child safety through primary prevention and family engagement strategies across the systems and 4) Enhance child welfare recruitment and retention efforts in order to create and sustain a culture of safety in the workforce.

VDSS presented a webinar featuring the National Child Fatality Review Tool and its use by CPS for the investigations of child deaths. Goals for the participants included:

- Becoming familiar with the unique role and contribution of CPS to child fatality review teams in Virginia;
- Understanding the purpose of using a child fatality review tool;
- Knowing where to find and how to complete the tool;
- Recognizing the important and appropriate use of the Data Dictionary for the case report; and
- Practicing completion of the CPS portion of the tool.

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

1. Establish a committee of representatives from the League of Social Services Executives, State Board members, and other Department staff to identify and review the trends to determine the number of decisions that are being sustained, amended or overturned by type of abuse and neglect, in-home or out-of-family setting, and locality. **Completed**
2. Review and evaluate findings from the committee and revise/clarify policy/guidance manual, as appropriate **Quarterly updates**
3. Review and revise Appeal Handbooks, if needed

4. Develop training materials and/or provide consultation to LDSS to support their practice in this area **Completed**
5. Identify and review all state CPS appeals to document trends and determine the number of decisions that are being sustained, amended or overturned by type of abuse and neglect, in home or out of family setting and locality **Ongoing**
6. Develop a CPS appeals checklist for local CPS workers to use to ensure that cases are complete prior to closing an investigation **Completed**
7. Provide feedback to the VDSS training division on areas that need to be more closely addressed in CPS new worker training and refresher courses **Ongoing**
8. *Provide additional training information and resources to regional consultants for distribution at regional supervisor meetings*

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 used to provide feedback to the VDSS training unit as a way to enhance the CPS worker policy training curriculum. Providing feedback to LDSS has proven to be 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 be used to develop necessary training for local staff. In addition, an appeals checklist for local agency supervisors was developed and disseminated in September 2015 to assist local agency supervisors and workers prior to closing an investigation.

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

1. Review the current schedule and revise to accommodate the incoming calls to ensure that the most adequate coverage is available, **Completed**
2. Train the Hotline staff on the 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**
3. Ensure that the Hotline phone number is published in all directories across the Commonwealth. **Completed**
4. Establish emergency procedures and protocols for the State Hotline. **Completed**
5. 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. **Completed**
6. Review and revise the Hotline policy and procedures manual. **Ongoing**
7. Explore the feasibility of developing an electronic on-line reporting tool for mandated reporters.
8. Develop requirements for contracted functions of the hotline.
9. 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**
10. Explore the feasibility of a dedicated law enforcement telephone line. **Completed**
11. Develop system reports from the State Hotline data to determine call volumes, reporting percentages and work efficiency.
12. Establish an automated, online program for local agency after hours on call information to be maintained by LDSS and monitored through the State Hotline. **Completed**

13. Develop a protocol for remote functionality for the State Hotline call center during times of inclement weather, state emergencies or network outages. **Completed**
14. Ensure that measures are in place for the State Hotline to maintain the ability to operate with minimum interruption during loss of power, phone systems or state networks. **Completed**
15. *Explore the feasibility of establishing a dedicated hospital line for reporting to the State Hotline.*

The State Child Abuse and Neglect Hotline continues to look at its effectiveness and efficiency. The Hotline has used data offered through the new virtual call center program to establish reporting standards and staff scheduling.

A number of other actions continue to be taken to enhance the effectiveness and efficiency of the State Hotline. A dedicated law enforcement line that rings directly to the State Hotline outside of the call queue was established with much success so that law enforcement officers do not have to wait in the queue. Research on the availability and need for establishing a direct hospital line is still needed. The remote functionality of the virtual call center has improved availability and coverage as continues to be essential to the successful operation of the State Hotline during time of inclement weather, state emergencies or network outages.

In March 2016, training specific to the State Hotline intake process was developed and provided to staff and will be ongoing for new staff. The training provided staff the tools to ensure a family-focused, strength-based approach to the initial intake and provide local CPS workers the best referral information possible to assist them in response and safety assessment.

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.

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

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

2016 Update

State staff continues to monitor a 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. Data from Safe Measures® indicates that since January 2016, between 11 and 12% of Family Assessments have had a prior Family Assessment within the previous two years. This is a decrease of 1% from the previous year.

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

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

2017 Update

The updated online training for educators has been completed and uploaded to the VDSS website. This 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. A new mandated reporter course targeting the healthcare professionals is in progress. This course will be similar to the one for educators and provide specific information related to the medical field.

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

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

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

2016 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 six states participating in this federal initiative and has been using the IDTA to evaluate our current efforts to serve SEI and their mothers and develop new strategies that will enable us to better respond as a system. In 2015 the state committed to continue to work with IDTA for one more year. The final products of this interagency team, standards of care for substance-exposed infants and standards of care for opioid-addicted mothers, will be presented at a conference in June 2016.

2017 Update

In October 2016, CPS policy/guidance was released with enhancements regarding the response to substance exposed infants (SEI). These enhancements included information on developing a Plan of Safe Care for the infant and mother.

Plans for 2017 include additional guidance updates regarding Plans of Safe Care and the role of CPS and Substance Exposed Infants.

P. Conduct periodic reviews of CPS regulations

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

2016 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. The review has been complete and the 60 day public comment period in the Virginia Register was finalized in

February 2016. The proposed regulation has been revised accordingly, and is scheduled to be presented to the State Board of Social Services for final action in June 2016.

2017 Update

As of the beginning of May, 2017, the Governor has signed the regulatory action. It is being published for thirty (30) days in the Virginia Register after which it will become effective (7/1/17). In anticipation of the process being completed, the CPS guidance manual is being updated to reflect all regulatory changes. The next transmittal training for all CPS guidance revisions will be conducted face to face throughout the state as there are too many changes to conduct a webinar series. These training will be done in collaboration with the Home Office and the Regional Offices.

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

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

2016 Update

In 2014, the Virginia General Assembly directed VDSS to review current policies governing facilitation of placement of children in kinship care to avoid foster care and to develop recommendations. The report was completed in December 2015 and the following recommendations were made. VDSS should:

- 1) Develop and implement a state supported kinship care program that would provide appropriate financial assistance, services, safeguards, and permanency planning for children and kin caregivers.
- 2) Exercise the option to implement the Kinship Guardianship Assistance Program as a permanency option for children in foster care who cannot be reunified with the family from which they were removed and when adoption has been ruled out.
- 3) Support the development of a Kinship Navigator program which will provide information, resource and referral services to children and kin caregivers.

2017 Update

VDSS was directed by the 2016 General Assembly to conduct a pilot project on data collection and reporting for LDSS in the Western region regarding facilitated care arrangements (i.e., foster care diversion). In addition to the 22 pilot agencies in the Western region, agencies in the Northern, Piedmont, Central, and Eastern regions of the state have volunteered to participate in the pilot – specifically, Alexandria, Arlington, Fairfax, Prince William, Albemarle, Campbell, King William, Middlesex, New Kent, and James City.

Quarterly data will be collected for a period of 18 months with ongoing technical assistance and guidance provided by Family Services. Family Services will also establish a data sharing agreement with Child Trends to share and exchange data for the purpose of gaining an understanding of what the current

kinship diversion practices are in Virginia. These diversion practices may include which staff are involved in facilitating diversion arrangements, under what circumstances the arrangements are made, child outcomes, and factors that influence these outcomes. Through this understanding, Family Services can begin to define elements of best practices for diversion and inform future data collection.

II. Family, Child and Youth-Driven Practice

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

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

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

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

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

2016 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. Statewide, there was a total of 5,689 FPMs documented in OASIS; 3,052 High/Very High Risk FPMs and

593 Emergency Removal FPMs from January 2015 through December 2015. VDSS is the lead agency serving as a demonstration site to identify and link systems of care for children and youth who have been victimized by crime and other traumatic events. The goal of this project is to ensure that children and their families are provided comprehensive and coordinated services to fully address their needs.

2017 Update

SafeMeasures® data indicates there were a total of 5,756 FPMs documented in OASIS for January 2016 through December 2016, an increase of 67. Of those, there were 3,160 for the purpose of High/Very High Risk and Possible Removal (an increase of 108) and 645 (an increase of 52) for the purpose of Emergency Removals.

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

1. Review guidance around identification and notification of relatives within 30 days of removal and the process to inform them of the right to participate in the care of the child **Completed**
2. Support state collaborations that focus on increasing awareness and training of kin (relatives) as valuable resources in creating permanency options for children who cannot live with their birth parents. **Completed**
3. Increase local capacity for locating absent parents, siblings, other relatives and significant others to engage them in service delivery and establishing permanent, life-long connections by providing the use of Accurint, a web-based search engine that will be available statewide. **Completed**
4. Implement in OASIS the ability to document the notification to relatives in order to collect data / create a new screen “Diligent Search” **In Progress**
5. Revise CPS guidance to reflect new federal legislative requirements for contacting relatives within 30 days of coming into foster care to include parents of siblings **Completed**
6. Create new report in SafeMeasures® that gathers data on notifications to relatives made within 30 days of coming into foster care.
7. Revise and enhance CPS guidance regarding the identification of an Indian child; what constitutes active efforts; removal of an Indian child; and services to an Indian child pursuant to the Indian Child Welfare Act (ICWA) **Completed.**

2016 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 was 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 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.

CPS guidance was updated in January 2016 to reflect the federal requirement to notify the parents of siblings of the removal child within 30 days of removal. In July 2015, the Pamunkey Tribe received

federal recognition and became the first federally recognized tribe in Virginia. CPS guidance was revised and enhanced regarding screening all children for Indian status, defining active efforts and the removal requirements of an Indian child as prescribed by ICWA.

2017 Update

Legislative changes made in 2017, effective July 1, 2017, have renamed the Virginia Putative Father Registry to the Virginia Birth Father's Registry. The technical assistance for use of Clear® has shifted from the CPS Regional Consultants to the Adoptive and Resource Family Consultants. The changes being made to the OASIS relative search screens will be included in the revised service plan roll out in the fall of 2017. CPS will be able to document relative search efforts prior to removal as well as within 30 days of being removed.

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

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

2016 Update

With support from Casey Family Programs, VDSS and 21 LDSS participated in three Learning Collaboratives, the third focusing on developing Practice Profiles. 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 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. The Practice Profiles were developed by LDSS and reviewed and edited by state staff. It was very much a collaborative effort. Teams have now put plans into action. The focus now is to spread knowledge and implement skills in their agencies to improve their ability to support children and families.

2017 Update

Virginia's version of the Practice Profiles is trauma-informed and covers the continuum of child welfare services from first contact to permanency. Focused on qualitative practice and changing worker behaviors, the Practice Profiles are now integrated into a variety of training and learning opportunities. In partnership with Casey Family programs, VDSS has entered into an agreement with Rutgers University School of Social Work to conduct an evaluation of the impact of the Practice Profiles on key outcome measures through 2018.

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

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

VDSS remains committed to enhancing prevention efforts around the state and convenes the Prevention Advisory Committee to provide 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, 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 remains focused on the development of three individual workgroups that are devoted to Prevention Guidance revisions. The existing Prevention guidance (Chapter B of the Child and Family Service Manual) will be reorganized into three sections and each workgroup is dedicated to one of the identified sections. The proposed sections are Overview of Prevention for Practice and Administration (introduction); Early Prevention; and Prevention of 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.

Lastly, during the 2016 session of the General Assembly, VDSS has been directed to conduct two separate pilot projects that will further identify the scope and impact of foster care diversion practice in the state. VDSS will conduct a pilot on data collection and reporting for LDSS regarding facilitated care (*i.e., foster care diversion*) arrangements and will also partner with Patrick Henry Family Services to evaluate the Safe Families for Children (SFFC) model as an alternative to placement in foster care for children. Further analysis of the data and information collected during the pilot projects will examine assumptions about what is or is not happening in diversion cases and enable VDSS to gain additional insights that will contribute to the development of best practice guidance for LDSS. Moreover, this information will be used to determine whether children who are diverted from foster care to live with kin are achieving positive child welfare outcomes. The Prevention Advisory Committee will be utilized as an

additional medium to discuss the need to formulate clear and consistent guidance for LDSS with regard to diversion practice, to articulate findings, and to provide recommendations.

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.

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

1. Utilize child abuse and neglect prevention funds to support evidenced-informed and evidenced-based programs and practices. **Ongoing**
2. Utilize child abuse and neglect treatment funds for support services to child victims. **Ongoing**
3. Complete application for continuation of funding, renew contracts, monitor grantees and evaluate outcome and financial performance for programs such as Healthy Families (home visiting), prevention (parent education and support, awareness and outreach) and Treatment (Child Advocacy Centers) programs. **Ongoing**
4. *Implement the formula specified in the budget amendment approved by the 2017 General Assembly and the Governor for funding Child Advocacy Centers and continue to incorporate the VOCA funding for CACs into the formula.*
5. *Continue the expansion of the Healthy Families Programs and continue implementation of the funding formula for the Healthy Families Programs.*

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.

2016 Update

For SFY 2015 - 16, a total of 21 programs supporting child abuse and neglect prevention were funded with CBCAP (\$500,000), CAPTA (\$150,000), and state funds from the Virginia Family Violence Prevention Program (\$500,000) totaling \$1,150,000.00.

2017 Update

In SFY 2016-17, a total of 20 programs supporting child abuse and neglect prevention were funded with CBCAP (\$450,000), CAPTA (\$150,000), and state funds from the Virginia Family Violence Prevention Program (\$500,000) totaling \$1,100,000.00 to support evidenced-informed and evidenced-based programs and practices. Funded programs provide statewide or locally based primary or secondary prevention services targeting families and children who are at risk for child abuse and/or neglect. 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: 1) parent education and family support, including kinship and incarcerated teens in southwest, VA.; 2) home-based coaching and education to families in the piedmont region of the state; and 3) statewide training to child care providers and family day homes in each region. The purpose of the training was to promote protective factors, enhance effective family relationships, increase awareness around child abuse and neglect prevention and prevent child maltreatment in Virginia.

The Virginia General Assembly appropriates funding for the Healthy Families program. These funds provide home visiting services to new parents who are at-risk of child maltreatment in 82 communities across the state. Appropriated funding in the amount of \$9,035,501 is expected to continue for SFY 2017-18. Contracts will be awarded to 35 sites based on a 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.

In SFY 2017, the Department of Criminal Justice Services (DCJS) separated the VOCA funding to VDSS into two categories, Purpose Area 1 for Children's Advocacy Centers (CAC's), and Purpose Area 2 for other specialized child abuse services. Currently, a combined total of 34 programs (Child Advocacy Centers and other/VOCA), utilizing \$3,127,340 in federal VOCA funds, support child abuse and neglect treatment services for child victims.

VDSS anticipates funding for the nineteen other /VOCA to continue at level funding for SFY 2018 from the Department of Criminal Justice Services (DCJS). In April 2017, VDSS submitted an application to

DCJS for the continuation of funding. Once the application is approved, VDSS will renew contracts for the nineteen programs to continue to provide services to children who are victims of crime.

There are currently 15 local Child Advocacy Centers (CAC) and the Child Advocacy Centers of Virginia (CACVA) receiving state funds in the amount of \$1,231,000 to support child abuse treatment services utilizing a multidisciplinary team approach. The programs have expanded child abuse treatment services to additional localities and continued expansion is expected in SFY2018. CAPTA funds also provide support to local CPS workers to attend Child First Training coordinated by CACVA. In addition, local CAC programs received a total of \$1,425,000 in Victims of Crime Act (VOCA) funds based on the state funding formula which uses subjective criteria including CAC certification level, rate of abuse/neglect, and localities served. CAPTA funds are used to support a part-time staff person to administer the funding for the CACs as well as provide technical assistance and consultation to grantees.

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

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

VDSS continues to collaborate with the VA Department of Criminal Justice Services (DCJS) and 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. Training dates for 2016 were March 7-11, June 20-24, and October 10-14.

2017 Update

2017 dates include February 27-March 3, June 26-30, and November 6-10. They were/are held in various geographic locations throughout the Commonwealth to help ensure equal access. Beginning with the February, 2017 event, tuition scholarships are reimbursable expenses. Upfront payment has been abandoned due to the identification of some course failures. The reimbursement process is intended to incentivize successful completion of the course as well as to ensure good financial stewardship.

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

In SFY 2017 The Home Visiting Consortium (HVC) underwent a change in the name and infrastructure of the group. HVC now known as, Early Impact Virginia - Alliance for Family Education and Support in the Home, was formerly The Home Visiting Consortium. CPS staff continues to participate on the Early Impact Virginia - Alliance for Family Education and Support in the Home, and serves on the state conference planning committee

During 2013-2014, the Consortium developed a comprehensive sustainability work plan to identify strategies to provide statewide leadership to scale-up services in Virginia. In February 2015, the Consortium hired as Executive Director to manage the organization change from an informal to a more formal organization. In September 2015, in response to a recommendation from the Commonwealth Council on Childhood Success, the Consortium created a Five-Year Expansion Plan.

The Governor included additional funds in his budget for home visiting and the General Assembly approved a substantial part of this increase for the states' 2017-2018 biennium budget.

VDSS annually contracts with Virginia Repertory Theatre for the production and delivery of approximately 160 performances of the child sexual abuse prevention play "Hugs and Kisses" for children K-5 in elementary schools across Virginia. The play is a partnership between Virginia Repertory Theatre, PCAV, and VDSS. PCAV receives funding from a Virginia Repertory Theatre subcontract and from VDSS for coordination with LDSS and schools and continued evaluation of the program. VDSS and PCAV jointly provide training on child sexual abuse to each touring cast. In SFY 2016, 47,678 children participated in one of the 166 performances of the child sexual abuse prevention play "Hugs & Kisses" held in 106 schools.

VDSS and PCAV will sponsor the 2017 Virginia Child Abuse Prevention Conference on April 27, 2017 titled "Together for Children" Co-sponsors include The Family and Children's Trust Fund (FACT) of Virginia, the Virginia Statewide Parent Education Coalition and the Virginia Coalition for Child Abuse Prevention. Approximately 175 people are expected to attend the conference from all areas of the state representing a variety of agencies and organizations such as LDSS, local CSBs, CASA programs, home visiting programs such as Healthy Families, family services agencies, and other non-profit agencies. The conference will feature three keynotes focusing on the topic of Child Neglect.

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 held in different geographic areas of the state.

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

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 web based training was conducted in October 2014 and April 2015. The training has been archived on the Partnership for People with Disabilities website <http://www.vcu.edu/partnership/tippingthescales>. After each session, participants are invited to take a short quiz and then are emailed a certificate. In addition, three live training events were scheduled in different areas of the state in March, May, and June 2016.

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 2015 - 2016, the following publications were released, Volume 101 – *Animal Abuse and Child Abuse: Examining the Link*; Volume 102 – *Sex Trafficking of Children*; Volume 103 – *Poverty and Its Relationship to Child Maltreatment*; Volume 104 – *Transitioning from Foster Care*; Volume 105 – *Homeless Runaway and Unaccompanied Youth*. Volume 106 will examine the topics of substance exposed infants and parents who abuse narcotics and opiates.

In SFY 2016 - 2017, the following publications were released, Volume 106 – *Substance use in Pregnancy*; Volume 107 – *Child Fatalities - An Overview*; and Volume 108 – *Two-Generation Interventions: An Investment in Children and Families*. VCPN can be found on the web at: <http://psychweb.cisat.jmu.edu/graysojh>.

CAPTA Annual State Data Report

Juvenile Justice Transfers

Through the OASIS data system, Virginia tracks reasons why children exit foster care. For SFY 2015, 20 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

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

The State’s Human Resources department (now referred to as Organizational Development) has occupational title descriptions for human service professionals, including:

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

Each title description includes the level of supervision suggested, and upon completion of training, the employee may be redefined to a higher level of Family Services Specialist. 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 2014 NCANDS data, there were 514 Investigative CPS workers in Virginia. There were 32,847 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 2016 1st, 2nd, and 3rd Qtr.xlsx (CPS referrals and cases tab) lists the number of cases, the number of workers, and the caseload for both ongoing cases and referrals. This report counts any worker that was assigned to a child at any given so the count may be inflated.

2017 Update

The following Chart compares 2015 data to 2016

Category	2015	2016
# of Workers	597	629
# of Reports	39,901	41,759
Reports per Worker	67	66

In regards to CPS referrals, according to FFY 2016 NCANDS data, based on 34,000 screened-in referrals correlated to unique worker identifications, there were as many as two hundred forty-seven (247) referrals

closed by a single child protective services worker, and as few as one (1) closed by a worker. Moreover, of 946 caseworkers, the median caseload was 23, and the average was 36. Regarding CPS ongoing cases, of 5,547 cases worked by 865 staff, the average caseload was 6.41. It is important to note that the workers referenced here may or may not be generic.

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.

- CWS2000.1: 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
- CWS2031.1: 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. A new Supervisor Training Job Aid for CPS workers outlining all training requirements was distributed to assist supervisors manage staff's training requirements.

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 was 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.

A new Learning course, CWSE2090 Injury Identification will be completed by July 2016 to meet the need for all child welfare workers to better identify injuries to children experiencing maltreatment and better distinguish between accidental and inflicted injuries and understand medical terminology for case reports.

Other courses completed in 2016 include:

CWSE 1510: Structured Decision Making in Virginia – 4.5 Contact Hours

This online five module course introduces Child Protective Services (CPS) workers to the Structured Decision Making (SDM) tools used to guide critical decisions in CPS. The purpose of the course is to increase the worker's knowledge of the SDM tools and the worker's skills to access and complete the tools in OASIS. This course emphasizes the importance of documentation that supports the tools and the critical decisions made in CPS. The five modules in this course include; Module 1: Introduction and Intake, Module 2: Safety Assessment, Module 3: Risk Assessment, Module 4: Family Strengths and Needs Assessment, and Module 5: Risk Reassessment. In each module workers will learn to use the tools in making critical decisions in working with families; locating the tools in OASIS; and understanding the importance of using the definitions. Workers will learn how to complete each tool using scenario based practice. The target audience for this course is all Child Protective Services workers (including on-going workers) and supervisors.

CWSE4015: TRAUMA-INFORMED CHILD WELFARE PRACTICE – eLearning. This on-line course is a prerequisite for the classroom course CWS4015: Trauma-Informed Child Welfare Practice-Identification and Intervention. This self-paced eLearning course will assist workers to understand the causes and impact of trauma and how it directly relates to efforts to help children and families achieve safety, permanency, and well-being. Topics Include: trauma and its relevance to child welfare work,

assessing clients from a trauma-informed perspective, and ability of trauma-affected people to heal from trauma. The target audience is child welfare workers and supervisors across all program areas.

CWS4015: TRAUMA-INFORMED CHILD WELFARE PRACTICE: IDENTIFICATION AND INTERVENTION – classroom. This course examines how a trauma lens can be applied to day-to-day child welfare practice so that children and caregivers who have experienced trauma can receive the types of support and services necessary to help them achieve safety, permanency, and well-being. Topics Include:

- Detailed overview of the screening process used to detect the history and impact of trauma in youth and caregivers.
- Use of screening tools and determining when it is appropriate to refer a child or caregiver for additional treatment with a trauma-informed provider.
- Tips for choosing appropriate providers and advocating for appropriate treatment.
- Evidence-based practices for treating trauma.
- Child welfare actions that can inadvertently exacerbate trauma.
- Practical strategies for incorporating trauma-informed practices into interviewing, assessment, and case planning.
- Ideas for implementing trauma-informed policies and protocols within the local agency and community multidisciplinary team including strategies to reduce vicarious trauma.

The target audience is child welfare workers and supervisors across all program areas.

CWSE4000: IDENTIFYING SEX TRAFFICKING IN CHILD WELFARE

This course is designed for local departments of social services staff and community partners within the Commonwealth of Virginia. The purpose of this training is to raise awareness regarding the impact of human trafficking – notably commercial sex trafficking – on vulnerable youth in foster care, runaways, and those experiencing abuse, neglect, or other family dysfunction in their homes. Federal and state efforts to combat this problem are outlined with strategies given for local detection and intervention.

NEW CLASSROOM COURSE DEVELOPMENT:

CWS2001R CPS Guidance Refresher with OASIS:

This two-day course is designed for all CPS workers and supervisors hired prior to January, 2013 to receive refresher training on current laws, regulations, and guidance that inform CPS practice at the local level. Learners will review key requirements and timeframes for work with children and families to assess and address safety and risk while conducting family assessments or investigations of abuse and/or neglect; learn up to date definitions of child abuse or neglect in Virginia; how to receive, document, and respond to a report of child abuse or neglect; current requirements for informing all parties while maintaining confidentiality; current requirements and best practices for the appeals process; practice documentation in OASIS specific to issues such as frequently asked questions and common errors; and review usage of workload management tools.

Fund: CPS

CWSE2020/CWS2020: On-call for Non- CPS: This two-part blended course is designed to give the knowledge and tools to apply CPS guidance to on-call situations. Non-CPS workers who will be fulfilling on-call duties will first complete the CWSE2020 eLearning to gain foundational knowledge about Virginia's Child Protective Services laws, regulations and guidance to respond to on-call situations. Upon successful completion of the eLearning, workers will enroll in and attend the CWS2020 1-day classroom course to apply their knowledge of policies and procedures to realistic scenarios and practice the skills needed to respond to crisis situations, work as part of a multidisciplinary team to assess immediate safety, make appropriate judgments about safety plans in consultation with a supervisor, and document vital

information from all contacts. The CWS2020 series offers a detailed overview of the key responsibilities of On-Call Workers presented in a way that equips workers from other program areas to perform this limited CPS duty, with supervisory support, without completing the CORE series of mandated CPS trainings. Because each locality has developed its own protocols related to on-call duty, the final component of learning agency-specific procedures and expectations will occur be handled by your local agency. Fund: CPS

CWSE4015: Trauma-Informed Practice in Child Welfare and CWS4015 Trauma-Informed Child Welfare Practice: Identification and Intervention – Classroom was revised from the Learning Collaborative Self-Guided Study tool and transfer of learning course to provide a common foundation of understanding about trauma. This blended course with an on-line prerequisite to a two-day classroom skills training with a new transfer of learning case application tool in between the two learning modalities. The on-line curriculum is based largely on the National Child Traumatic Stress Network’s Child Welfare Training Toolkit while the two-day classroom training is direct skill development and case application utilizing our trauma-informed Practice Profiles. These two courses discuss 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. This interactive eLearning course promotes a fundamental statewide understanding of Trauma-Informed Child Welfare Practice and will also be available to our community partners on our public website, as VDSS is the only state agency that offers an on-line trauma training course. This introductory course is a 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 Rate: 75%

CWS4040: Family Partnership Meetings and Domestic Violence: An Advanced Training for FPM Facilitators and Supervisors

This advanced course in domestic violence (DV) for Family Partnership Meetings (FPM) is designed for FPM facilitators and those who supervise them, as well as child welfare supervisors who participate in FPMs. This course will focus on safely preparing for and managing meetings in which domestic violence is present, engaging parents around DV issues, assessing the impact of children’s exposure to DV, and making decisions and action plans to increase safety for children and the non-offending parent. Participants will become familiar with DV safety standards in FPMs and practice engagement strategies for both survivors and perpetrators of intimate partner violence. Participants till also practice effectively facilitating difficult conversations about DV and developing action plans that increase safety, both during and after the meeting. It is strongly recommended that this training be conducted with agency teams of FPM facilitators and supervisors. Please be aware, this training is designed to be used in conjunction with pre-training reading and a post-training local planning process to integrate the material into practice. Fund: IV-E Rate: 75%

NEW ON-LINE COURSE DEVELOPMENT:

FSWEB1009: The Role of CPS in Supporting Fatality Review Teams:

This 1.5 hour recorded webinar is intended to provide information regarding the national Child Fatality Review toll and its use by CPS for investigations of child deaths. During this session, participants will become familiar with the unique role and contribution of CPS to child fatality review teams in Virginia; understand the purpose of using a child fatality review tool; know where to find and how to complete the tool; recognize the importance and appropriate use of the Data Dictionary for the Case Report and practice completing the CPS portion of the tool for various mock scenarios. Fund: CPS

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

CWSE4000: Identifying 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. This on-line training is also available on the VDSS public website for use by our community partners as we continue to be the only state agency offering this training on-line. Fund: IV-E Rate: 75% Noteworthy, this on-line training is provided on the VDSS public website and the Virginia Learning Center (LMS).

CWSE3091: Transition Planning for Youth in Foster Care: This is a blended course with online prerequisite that introduces the need for transition planning from the voices of youth who have transitioned out of foster care but still needed additional support from caring adults. 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 Rate: 75%

CWSE5501: Substance Abuse is a four module interactive online course that provides an introduction to substance abuse and its impact on families. The emphasis is on assessment and treatment considerations within the context of collaboration. This course explores national trends related to the prevalence, causes and treatment of substance abuse, as well as drug categories, drug schedules and drug effects. The course also reviews specific issues related to women and substance use, such as the barriers women face when attempting to gain treatment, and the stages of recovery as well as techniques to encourage change. Fund: IV-E Rate 75%

CWSE2090: Injury Identification: This course increases the knowledge and ability to recognize signs of abuse and neglect of all child welfare workers as all child welfare workers have a key role in promoting safety and preventing child fatalities. Topics include detecting accidental versus non-accidental injuries in children, examples of accidental and abusive injuries, understanding child development as it relates to injuries, signs and symptoms to look for which indicate that may be internal injuries, and when you should ask a caretaker for more information. Fund: IV-E Rate: 75%

SUBJECT MATTER EXPERT (SME) WORKSHOPS:

CPS Appeals and Redaction Webinar

This training is intended to provide information on the child protective services appeals process at both the local and state level. It will take you through completing your CPS investigation, how to avoid common mistakes and pitfalls and provide a brief explanation of each step of the appeals process.

Included will be tips for redaction of a record. This training will allow for questions and participation.

Trainers: Jim Pope, Hearing Officer for Fairfax County Department of Family Services and Christopher Spain, CPS Program Manager, Division of Family Services

Fund: CPS

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 is fully integrated into the Division of Family Services. This statewide competency-based training system is delivered by a team of four curriculum developers (3 eLearning), 15 part-time trainers, one trainer coordinator, one administrative support/LMS staff and a training program manager. The Virginia Department of Social Services provides additional support staff at six regional training centers that provide training classrooms and computer labs.

Training that comes out of DFS is largely guidance and 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.

VDSS DIVISION OF FAMILY SERVICES TRAINING OVERVIEW

The training developed by Family Services Programs is the legacy training system that started over 20 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 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 with the help of a training tracker job aid provided by DFS Training. This year DFS SME Workshop series included regional workshops on “Adoption Disclosure; Engagement, Intervention, and Support of Families Dealing with Substance Use Disorders”; APS Investigating Financial Exploitation; and the CPS Appeals and Hearings webinar will be held on June 1, 2017. Planning for additional workshops on ICWA and Supporting LGBTQ Youth and Families has also occurred this year for implementation next year.

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.

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 has been developed to better communicate the description of our federally approved comprehensive competency-based training system in Virginia including course descriptions of mandated and specialty courses, on-line training courses that offer support for LDSS supervisors and staff meet the mandated training requirements and Training FAQs. This webpage also provides updates on new courses developed, a list of micro-learnings, new eNewsletter entitled Training Improves Practice and Services – TIPS, and practice enhancement coaching demonstration videos. 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. Also, training provides mini-workshops on implementing the Practice Profiles at the supervisor meetings. Additional course development and SME workshop information is also discussed.

DFS Training has worked to communicate with the local agencies and other divisions within VDSS on several training best practices including:

- Partnership with Division Program Managers, Policy Analyst, & Federal Partners
- Robust curriculum development – using the ADDIE Model
- Involves internal & external stakeholders in development of new curriculum – LDSS in review of on-line curriculum and classroom piloting of new course materials
- Transfer of Learning activities before, during, and after training
- Training is offered in variety of modalities (classroom, blended, eLearning, Micro-learning)
- Trainer certification process demonstrates required knowledge and skills, yearly evaluation and review, completion of T4T- Training for Trainers
- Trainers participate in bi-monthly conference calls, webinars, transmittal policy/guidance trainings, and attend professional development workshops to stay current with best practices
- Increase use of recorded webinars transformed into eLearning
- Implementing a robust training evaluation utilizing the Kirkpatrick model

FAMILY SERVICES TRAINING TASKFORCE

While our current competency-based child welfare training system has been available for over twenty years in Virginia and has evolved from many different models including a large university-based model to an inter-departmental divisional training program that has been largely based on availability of state training resources. As a result, it has been determined to examine the current training model to see if it is meeting the needs of the local departments of social services. The Family Services Training Taskforce has been created and has met monthly since August 2016 to examine the current Family Services Training model in order to establish an optimal training framework to prepare workers to serve vulnerable clients in Virginia. This 14-member workgroup was comprised of local departments of social services directors and staff, regional program consultants and state training staff.

One recommendation of the Taskforce that has already been implemented is the recruitment of a national training consultant who will examine innovative, research based training models across the nation and customized a plan for Virginia to improve its current model. The chosen consultant is expected to begin this project in early summer 2017 to help Virginia develop a Family Services Training Model. During the

initial meetings of the Taskforce, seven objectives were identified. While the Taskforce initially engaged in discussions related specifically to training, it quickly became evident that improving the current training model could not be achieved without also concurrently examining issues related to recruitment and retention. Quality training leads to the recruitment of a high performing workforce (starting at the college/university level) and improves retention of workers post hire. There were seven objectives identified including the following: Curriculum/Training, Time Allocation (Course Length), Training Measurement (Engagement), Follow-up/Refresher Training, Facilitator/Instructor Engagement, Accountability/Tracking Training Completions, and Recruitment/Retention.

WORKFORCE RECRUITMENT AND RETENTION - REALISTIC JOB PREVIEW VIDEO WORKGROUP

DFS Training has taken the lead on the workgroup comprised of local departments of social services staff and state staff to develop a Virginia focused realistic job preview video. Virginia has recognized the importance of having a video that clearly and realistically demonstrates the work of all child welfare positions as we have used the Colorado video in our supervisory series for several years. This workgroup has been tasked with developing a script and key elements for creating a Virginia based video. We will also survey the local directors and supervisors for their input into the development of the video, as we have reached out to several other states to see how they developed their videos and the additional resources developed to implement the video statewide. The realistic job preview video will also be used in the recruitment of our child welfare stipend students and be available on our public VDSS website and our SPARK Family Services Training website. Additional resources and tools will be developed to provide guidance on the various ways the video can be used in the recruitment of child welfare workers both prior to the interview process and following the interview with specific questions to facilitate further discussion.

CHILDREN'S SERVICES PRACTICE MODEL

DFS Training has worked with the DFS Special Projects Manager to implement the new VDSS Family Services Practice Profiles. The Practice Profiles describe core activities associated with each function of the Practice Model and enable it to be “teachable, learnable, and doable.” The Practice Profile rubric consists of 11 master skill sets across the child welfare continuum from child protective services to permanency: Advocating, Assessing, Collaborating, Communicating, Demonstrating Cultural and Diversity Competence, Documenting, Engaging, Evaluating, Implementing, Partnering, and Planning. In recognition of the holistic well-being of children, the Practice Profiles were designed with a trauma-informed lens. Each Profile also contains skill subsets including: youth, family, and caregiver voice; critical thinking, respect for family privacy, information and roles; and transparency, honesty, and ethics. The Profiles describe caseworker practice across a spectrum of proficiency, operationalized in three categories of optimal, developmental, and unacceptable.

Coaching supervision was introduced during this reporting period to 62 local departments of social services with four cohorts. Coaching is a powerful implementation driver for practice model enhancement and is a growing trend in social service settings across the country. Agencies are increasingly offering coaching programs to assist staff to make program improvements or implement new practice skills. Coaches use specific strategies to create an action plan for a learner including asking the right solution-focused questions, modelling skills, and continually providing feedback. The Practice Profiles define the specific skills workers need to acquire and develop coaching as a method used to embed and sustain these practices. DFS Training has developed a new training series, including eLearning and classroom courses, to support the implementation of the Practice Profiles. Training has produced

several demonstration videos and micro-learnings to support the implementation process and learning. All of the new coaching to implement the practice profiles materials is listed on a new user-friendly SPARK website. Included on the website are quarterly newsletters highlighting best practices and implementation strategies of the local agencies participating in the project. Additionally, VDSS, Rutgers University School of Social Work, and Casey Family Programs have partnered to study how the practice model is being implemented across the state and to what extent it benefits case outcomes. Areas of focus in the study include: implementation, fidelity, and case outcomes. Twenty-four of the agencies from the pilot project were invited to participate to reflect training cohort, region, and agency size. The duration of the study is from January 2017 to May 2018.

NEW COURSE DEVELOPMENT AND E-LEARNING

DFS Training continues to reduce the number of classroom training days and travel for workers; for 2017 we have increased the eLearning development with one eLearning Coordinator/Developer and three curriculum developers (two currently trained to develop eLearning). Work has continued to also quickly convert recorded webinars into eLearning courses by adding a navigation component up front and a quiz and questions/answers addressed from the webinar and inserted into the eLearning. This new conversion process only takes a couple of days and allows training to get needed information out to the field in less time than the usual three to four months for the more interactive multiple module eLearning that we are continuing to provide based on certain topics and need. DFS has completed work in 2016-2017 on the following new courses:

CWS2001R CPS Guidance Refresher with OASIS: This two-day course is designed for all CPS workers and supervisors hired prior to January, 2013 to receive refresher training on current laws, regulations, and guidance that inform CPS practice at the local level. Learners will review key requirements and timeframes for work with children and families to assess and address safety and risk while conducting family assessments or investigations of abuse and/or neglect; learn up to date definitions of child abuse or neglect in Virginia; how to receive, document, and respond to a report of child abuse or neglect; current requirements for informing all parties while maintaining confidentiality; current requirements and best practices for the appeals process; practice documentation in OASIS specific to issues such as frequently asked questions and common errors; and review usage of workload management tools.

Fund: CPS

CWS3001R Foster Care Guidance Refresher with OASIS: This two-day course is designed for Family Services Specialist and supervisors hired prior to January 2013 to receive refresher training on current laws, regulations, and guidance that inform foster care practice at the local level. Learners will review key requirements and timeframes for work with children and families to achieve safety, permanency, and well-being; explore court timelines; identify funding sources and requirements; practice documentation in OASIS specific to issues such as frequently asked questions and common errors; and review effective usage of workload management tools including Safe Measures. Fund: IV-E Rate: 75%

CWSE2020/CWS2020: On-call for Non- CPS: This two-part blended course is designed to give the knowledge and tools to apply CPS guidance to on-call situations. Non-CPS workers who will be fulfilling on-call duties will first complete the CWSE2020 eLearning to gain foundational knowledge about Virginia's Child Protective Services laws, regulations and guidance to respond to on-call situations. Upon successful completion of the eLearning, workers will enroll in and attend the CWS2020 1-day classroom course to apply their knowledge of policies and procedures to realistic scenarios and practice the skills needed to respond to crisis situations, work as part of a multidisciplinary team to assess immediate safety, make appropriate judgments about safety plans in consultation with a supervisor, and document vital information from all contacts. The CWS2020 series offers a detailed overview of the key responsibilities

of On-Call Workers presented in a way that equips workers from other program areas to perform this limited CPS duty, with supervisory support, without completing the CORE series of mandated CPS trainings. Because each locality has developed its own protocols related to on-call duty, the final component of learning agency-specific procedures and expectations will occur be handled by your local agency. Fund: CPS

CWSE4015: Trauma-Informed Practice in Child Welfare and CWS4015 Trauma-Informed Child Welfare Practice: Identification and Intervention – Classroom was revised from the Learning Collaborative Self-Guided Study tool and transfer of learning course to provide a common foundation of understanding about trauma. This blended course with an on-line prerequisite to a two-day classroom skills training with a new transfer of learning case application tool in between the two learning modalities. The on-line curriculum is based largely on the National Child Traumatic Stress Network’s Child Welfare Training Toolkit while the two-day classroom training is direct skill development and case application utilizing our trauma-informed Practice Profiles. These two courses discuss 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. This interactive eLearning course promotes a fundamental statewide understanding of Trauma-Informed Child Welfare Practice and will also be available to our community partners on our public website, as VDSS is the only state agency that offers an on-line trauma training course. This introductory course is a 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 Rate: 75%

CWS4040: Family Partnership Meetings and Domestic Violence: An Advanced Training for FPM Facilitators and Supervisors: This advanced course in domestic violence (DV) for Family Partnership Meetings (FPM) is designed for FPM facilitators and those who supervise them, as well as child welfare supervisors who participate in FPMs. This course will focus on safely preparing for and managing meetings in which domestic violence is present, engaging parents around DV issues, assessing the impact of children’s exposure to DV, and making decisions and action plans to increase safety for children and the non-offending parent. Participants will become familiar with DV safety standards in FPMs and practice engagement strategies for both survivors and perpetrators of intimate partner violence. Participants till also practice effectively facilitating difficult conversations about DV and developing action plans that increase safety, both during and after the meeting. It is strongly recommended that this training be conducted with agency teams of FPM facilitators and supervisors. Please be aware, this training is designed to be used in conjunction with pre-training reading and a post-training local planning process to integrate the material into practice. Fund: IV-E Rate: 75%

SUP5710 FOUNDATIONS OF COACHING: Examine the attributes and strategies of effective coaches and consider how an agency coaching and learning culture will contribute to the successful application of the Practice Profiles. Come prepared to observe demonstrations and practice skills related to coaching conversations, active listening, skillful solution-focused questioning, providing useful feedback, and crafting questions to help build critical thinking skills that generate solutions. Fund: IV-E Rate: 50%

SUP5720 COACHING IN SUPERVISION: Learn a structured and focused process that utilizes appropriate strategies, tools and techniques to promote learning and staff development. Participants will explore the integration of coaching into their supervisory practice, understand how the Practice Profiles provide a foundation basis for coaching and identify strategies for successful implementation of coaching in supervision. This interactive workshop builds on the Foundations of Coaching and provides opportunities to practice new skills and begin an individualized coaching implementation strategy for your agency. Fund: IV-E Rate: 50%

NEW ON-LINE COURSE DEVELOPMENT FOR 2017

CWSE3030: Normalcy for Youth in Foster Care: Upon successful completion of this course, you will be able to: Identify key provisions of the Federal Preventing Sex Trafficking and Strengthening Families Act; Recognize how participation in social, extracurricular, and recreational activities promotes a more normal life experience for youth in foster care; Explain the roles of team members including foster parent, congregate care/residential facilities, birth parents, child welfare workers, service providers, and the court in promoting normalcy; Differentiate between decisions that can be made by the foster parents and those which must be authorized by the local department of social services; and Apply the Reasonable and Prudent Parent Standard to make child-specific decisions about participation in activities. Fund: IV-E Rate: 75%

FSWEB1008: Adoption Resources Exchange of Virginia (AREVA) & AdoptUSKids: This one-hour recorded webinar provides instructions on how to effectively complete an Adoption Resource Exchange of Virginia (AREVA) registration. An AREVA registration is required within 60 days of Termination of Parental Rights (TPR) date when the goal is adoption. An individual form is completed for each child in the family even when siblings are being placed together. There are also attached resource documents available with this webinar that can be printed and used job aids. Fund: IV-E Rate: 75%

FSWEB1003: The Journey to Practice Enhancement: This is a 1 hour recorded webinar that provides an overview of the journey to practice enhancement and the development of the Practice Profiles. Topics include the importance of the practice model and enhanced family engagement as an agency-wide focus. The webinar reviews how the 11 Practice Profiles were developed, their content, the focus on skill development, and why they are beneficial to workers, supervisors, and the agency as a whole. The connection of the Practice Profiles to coaching supervision is made, with coaching the method to embed the Practice Profiles. Fund: IV-E Rate: 50%

NEW ON-LINE COURSE DEVELOPMENT FOR 2016

CWSE1071: Introduction to SafeMeasures introduces new workers to SafeMeasures and instructs them on how to use this valuable case management tool in their practice. The course is also used as a navigation refresher to learn various opportunities to improve data collection and prepare for quality case reviews. Fund: IV-E IV-E rate 50%

CWSE1500: Navigating the Child Welfare Automated System: OASIS for CPS instructs participants to navigate through Virginia's Automated System – OASIS. This six module course provides information on entering a CPS referral, documenting a Family Assessment and Investigation, Search and Merge, and opening a CPS case. Fund: CPS

CWSE1500: Navigating the Child Welfare Automated System: OASIS for Foster Care instructs learners to navigate Virginia's Child Welfare Automated Data System – OASIS. This seven module course teaches the various screens utilized to capture timely, accurate case documentation for effective case management and agency accountability. Fund: IV-E. IV-E rate: 75%

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

CWSE4015: Trauma-Informed Practice in Child Welfare and CWS4015 Trauma-Informed Child Welfare Practice: Identification and Intervention – Classroom was developed from previous work for the Learning Collaborative participants to provide a common foundation of understanding about trauma in preparation for Learning Collaborative #2. This is a blended course with an on-line prerequisite to a two-day classroom skills training. The curriculum is based largely on the National Child Traumatic Stress Network’s Child Welfare Training Toolkit. These two courses discuss 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. This interactive eLearning course promotes a fundamental statewide understanding of Trauma-Informed Child Welfare Practice and will also be available to our community partners on our public website, as VDSS is the only state agency that offers an on-line trauma training course. 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%

CWSE4000: Identifying 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. This on-line training is also available on the VDSS public website for use by our community partners as we continue to be the only state agency offering this training on-line. Fund: IV-E IV-E rate: 75%

CWSE3091: Transition Planning for Youth in Foster Care: This is a blended course with online prerequisite that introduces the need for transition planning from the voices of youth who have transitioned out of foster care but still needed additional support from caring adults. 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%

CWSE4025: Foster Care title IV-E Case Determination Process is a six module on-line course that provides an overview of the title IV-E eligibility determination process. Fund: IV-E IV-E rate: 75%

CWSE5501: Substance Abuse is a four module interactive online course that provides an introduction to substance abuse and its impact on families. The emphasis is on assessment and treatment considerations within the context of collaboration. This course explores national trends related to the prevalence, causes and treatment of substance abuse, as well as drug categories, drug schedules and drug effects. The course also reviews specific issues related to women and substance use, such as the barriers women face when attempting to gain treatment, and the stages of recovery as well as techniques to encourage change. Fund: IV-E IV-E rate 75%

CWSE4050: Psychotropic Medications in Child Welfare addresses the exponential increase in the use of psychotropic medications prescribed for emotional and behavioral disorders in children. It specifically

discusses the research demonstrating that children and youth involved in the Child Welfare System are at the greatest risk of being misdiagnosed and inappropriately medicated. The interactive online course offers learners of all professional backgrounds the opportunity to gain a working understanding of the concerns and use of psychotropic medication specific to children involved in child welfare. Strategies, resources, and job aids for working with caregivers, youth and prescribing physicians to utilize a child-centered team approach that includes careful monitoring of psychotropic medication usage and the promotion of informed consent. 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%

CWSE2090: Injury Identification increases the knowledge and ability to recognize signs of abuse and neglect of all child welfare workers as all child welfare workers have a key role in promoting safety and preventing child fatalities. Topics include detecting accidental versus non-accidental injuries in children, examples of accidental and abusive injuries, understanding child development as it relates to injuries, signs and symptoms to look for which indicate that may be internal injuries, and when you should ask a caretaker for more information. Fund: IV-E IV-E rate: 75%

PROCESS TO PROMOTE TRANSFER OF LEARNING

Training is not a stand-alone event. Trainings are viewed as a collaborative effort to meet the emerging needs of the workforce. Research shows that activities completed before, during, and after training can help a participant better understand the content of the training and apply it on the job much more effectively. Family Services Training includes 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, a process was developed 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 the 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 which 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

REVISED SUPERVISORY SERIES

Family Services Training believes that middle management and supervisors are essential to developing and sustaining successful practice skills throughout child welfare. Therefore, 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 and builds a cohort for on-going networking and support. The supervisory series has been revised this year to include additional information on leadership development, developing a learning culture in the agency to support training, and expand coaching to correlate with our new coaching to the Practice Profiles. The new Supervisor Series consist of the following two day classes:

SUP5701: Principles of Leadership: This course emphasizes the critical role played by supervisors in the Social Services system. Supervisors will enhance their ability to recognize, select and use supervisory styles and strategies to enhance and sustain effective job performance. In particular, Supervisor will explore the qualities of effective leaders including Vision, Integrity, Creativity, Decisiveness, and Emotional Intelligence and how these qualities impact staff and ultimately customer service; learn about the different types of Leadership power and influence; and, will have the opportunity to identify various Leadership challenges such as lack of resources, handling customer complaints and time constraints and explore possible solutions. Parallel Process and change management are also introduced and discussed to enable supervisors to examine how their behavior affects outcomes for staff and clients. 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 positively assist staff implement change will be discussed with a review of strategies for change management.

SUP5702: Management of Communication, Conflict and Collaboration: This course introduces three concepts that directly impact the work of supervisors and the functioning of their unit: Communication, Conflict, and Collaboration 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. Benefits and strategies for collaboration are highlighted through consideration of the unit as a single system within the larger agency, department, and community. Benefits and strategies for collaboration are highlighted through consideration of the unit as a single system within the larger agency, department, and community and by emphasizing the interrelated relationship between these three concepts.

SUP5703: Enhancing Staff Performance and Growing a Team: This course is intended to help supervisors learn how to hire and develop competent, confident, and committed staff that can perform the tasks assigned to them and support the agency mission/goal. Supervisors will explore different interview techniques such as Behavioral Interviewing, Routine Questions, Situational Questions, the STAR method and Written Work Samples to select applicants who demonstrate the attributes and competencies needed for the position. The role of orienting and training new employees is also highlighted including the best practice of a learning culture in the unit and Agency. Supervisors are introduced to the concepts of managing by data, performance assessment, performance evaluation, and performance improvement of the individual staff in their unit, techniques for maximizing performance such as the use of Coaching, Training, and Mentoring. Also discussed is the necessity of written performance expectations and are introduced to the Practice Profiles. The connection between a competent staff and a highly functioning unit is outlined. 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 along with 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.

SUP5704 Critical Issues in Family Services Supervision: This course is presented within the context of the Parallel Process with an emphasis on issues primarily related to supervising workers doing the challenging work in Family Services. Beginning with the importance of values; specifically, how we connect our own personal values to the mission and vision of the organization, the direct work we do with families, the Supervisor-Worker relationship and the functioning of the work team. Characteristics of trust and boundaries, in the field and within the unit, are defined, and suggested guidelines for professional boundaries are provided.

Supervisors are given tools to assess the current Learning Culture of their unit and agency and are presented with an opportunity to develop a plan to create and maintain a culture that nurtures collaborative learning, critical thinking and competence. An exploration of worker emotions, behaviors and personality characteristics on a spectrum ranging from desirable, to challenging (but workable), to problematic; with specific attention paid to the application in the selection and performance management processes as well as managing emotional interference to doing the work. The course closes with to help the supervisor model self-care and resiliency to maintain a positive connection to their position and colleagues, reduce recidivism and promote a trauma-informed team.

Additional Management/Supervision training is continuing through the Casey Family Programs Learning Collaborative initiative for LDSS agencies last year. The Learning Collaborative was a partnership with Casey Family Programs and is part of an evolution of practice enhancement beginning with Children's Transformation in 2007 and continuing with the Three Branch Initiative. The Learning Collaborative Series focused on issues of family engagement and the development of the 11 skills sets included in the Practice Profiles, trauma informed practice and psychotropic medication usage with children and youth in foster care, and introduced coaching. However, work continues on implementation of the use of the newly developed Practice Profiles and the use of coaching as an implementation delivery. The use of Practice Profiles is a fundamental shift in social services agency practices from compliance to quality and is a way to operationalize our Virginia Children's Services Practice Model. The use of the Practice Profiles will ground and reshape frontline practice across LDSS – beyond child welfare services. Further work will be conducted on developing a training Coaching Series for LDSS staff with various levels of abilities implementing the Practice Profiles.

FAMILY SERVICES MANDATED TRAINING EVALUATION

The Division of Family Services has conducted a preliminary mandated training analysis and evaluation project for the CORE Mandated Training system. The purpose of this project is to determine whether and to what extent the intended target population, Family Services Workers, are receiving mandated trainings within designated timeframes and how effective receipt of the mandatory trainings are as defined by the Kirkpatrick Evaluation Model.

The Kirkpatrick Evaluation Model has four levels:

1. Reaction (positive or negative)
2. Learning (acquisition of knowledge, skills, attitude and confidence from training)
3. Behavior (application of knowledge and skills learned)
4. Results/Outcomes (degree to which targeted outcomes occur as a result of training).

To properly evaluate the impact of a training event according to the Kirkpatrick Model, job functions must be properly defined per agency to determine which training mandate is most applicable. Once completed, data systems must be integrated that contain the necessary information to apply a training mandate. This essential information includes job function, date of hire, and completion of mandated trainings. This information is compiled to create one helpful tool which reflects achievement of training mandates, by agency, and initiates continued quality improvement analysis efforts based on the Kirkpatrick Model. This process has led to multiple recommendations including system interventions that must be undertaken in order to create the data necessary to properly measure the impact of a training event on a trainee according to the Kirkpatrick Model. Other recommendation includes individualizing surveys per course, including a 'pre' and 'post' test component to properly measure learning, and to use achievement of a training event as a proxy for achievement of a necessary competency so that Stage 4 'Results or Outcomes' can be measured. This process will be considered in our study of our statewide training system being conducted with a national consultant this year.

Virginia has completed the first level of evaluation with a statistical analysis of the survey evaluations for one year and the findings are discussed in further detail. Additionally, all 120 local departments of social services were evaluated as to the completion of the mandated training courses identified in guidance. These findings have indicated a lower rate of completions for new workers with many workers leaving the agencies prior to the two-year mandate training completion and a very high rate of 30% retention rate problem with our child welfare system. The summary of results indicates the following: satisfaction with training and impact of training is favorable; completion of mandated training is low; completion varies by mandate and worker; completion of new worker training is low; completion for generic workers is substantially lower.

The mandated training analysis has shed light on the need to have a well-trained child welfare workforce and local agencies supporting and tracking all training completions. The tracking system developed during the mandated training analysis will be continued and monitored during the regional case reviews in the local agencies. All child welfare workers have been mandated to complete core mandated training courses by December 31, 2017 and have their Virginia Learning Center (LMS) transcripts up to date. One of the lessons learned from this statewide analysis has been the need for transcripts to be updated when the state changes LMS systems and it has involved a great deal of manual entry from old transcripts to the new system. The lowest level of mandated training completions was reported from the smaller, rural departments that have generic workers which must complete all training mandates for all programs areas – Adult Services, Child Protective Services, Foster Care, and Adoption. The mandated training analysis also presented several challenges and limitations including: aligning current job responsibilities to job titles; aligning job titles to specific mandated courses; aligning generic workers to mandated training; and did not include completion within required time frame. As we move forward, training will be reviewing the impact of lack of training has on retention in Virginia, review regional analysis of data to look for trends and issues, analysis of low participation might have of low competency in the field. One of the recommendations from the Virginia Services Training Task Force has been to utilize a required training console in the LMS to enhance tracking and notification of course completions within preset timeframes and this will be implemented later this year.

The Virginia Department of Social Services Division of Family Services is invested in the development of recommendations for a new training model for Services policy and practice. This model must strengthen the capacity of Services staff in 120 local departments of social services across the Commonwealth of Virginia in practice of the programs of Child Protective Services, Adult Protective Services, Adult Services, Foster Care, Adoptions, and Prevention. The nine-month training model project was awarded to The Butler Institute at the University of Denver, who will be providing consultation

services to conduct research and make recommendations for a new comprehensive training program to better meet the variety of needs of our child welfare system.

The LMS Knowledge Center and the new Virginia Learning Center (January, 2017) Reporting Consul provides the data necessary to run descriptive analytics per course or all courses over a given time period. This is extremely helpful for macro-level descriptive analytics including survey completion rates, and total reported level of understanding gained through a given training event. This information must be broken down by agency however to properly measure according to the Kirkpatrick Model. Courses are not specific to agency, and so courses are not reflective of the organizational factors inherent to each agency that can impact learning. Also, the mandated training analysis must be broken down by agency and not by course as the CQI measures needed to evaluate the impact of a training event according to the Kirkpatrick Model necessitate supervisor feedback for stage three on whether learning has transferred to behavior. VDSS is organized at a by agency jurisdictional level, in a State supervised locally administered system, and the mandated training analysis must illustrate this if information is going to be properly disseminated and recommendations administered.

Family Services Training conducted an annual evaluation survey analysis where workers reported a significant training satisfaction and impact on classroom surveys. Macro-level descriptive statistics by course have helped inform the project to this point. Important findings include:

- Overall survey response rate of 59% from 7/1/15 to 6/31/16.
- Overall effectiveness of courses is reported at 4.3 on 5.0 scale.
- ‘Understanding Before Course’ across courses averaged 3.2 on a 5-point scale, while ‘Understanding After Course’ averaged 4.1, justifying trainings impact.
- Participants with less reported knowledge before the course also showed the greatest gain in reported understanding after the course,
- All courses were rated by participants as improving understanding of the subject.
- Highest attendance for new Worker Safety with 697 employees since Sept. 2015.
- Second highest attendance was for CPS Ongoing with 605 employees since Sept. 2015.
- “Improved ability to perform job responsibilities” were most influenced by course materials, job aids, classroom training tools (videos, handouts), specific learning objective.

Summary of Classroom Survey Responses (n=4,231)

Measure	Average
Response rate	59%
Overall effectiveness of course	4.3
Understanding before course	3.0
Understanding after course	4.1
Will improve my ability to perform	4.4
Stated learning objectives achieved	4.4
Job aids effectiveness	4.3
Classroom training tools effectiveness	4.4

Scored on a Likert Scale of 1-5 where 1=lowest and 5= highest

Significant relationships among responses*

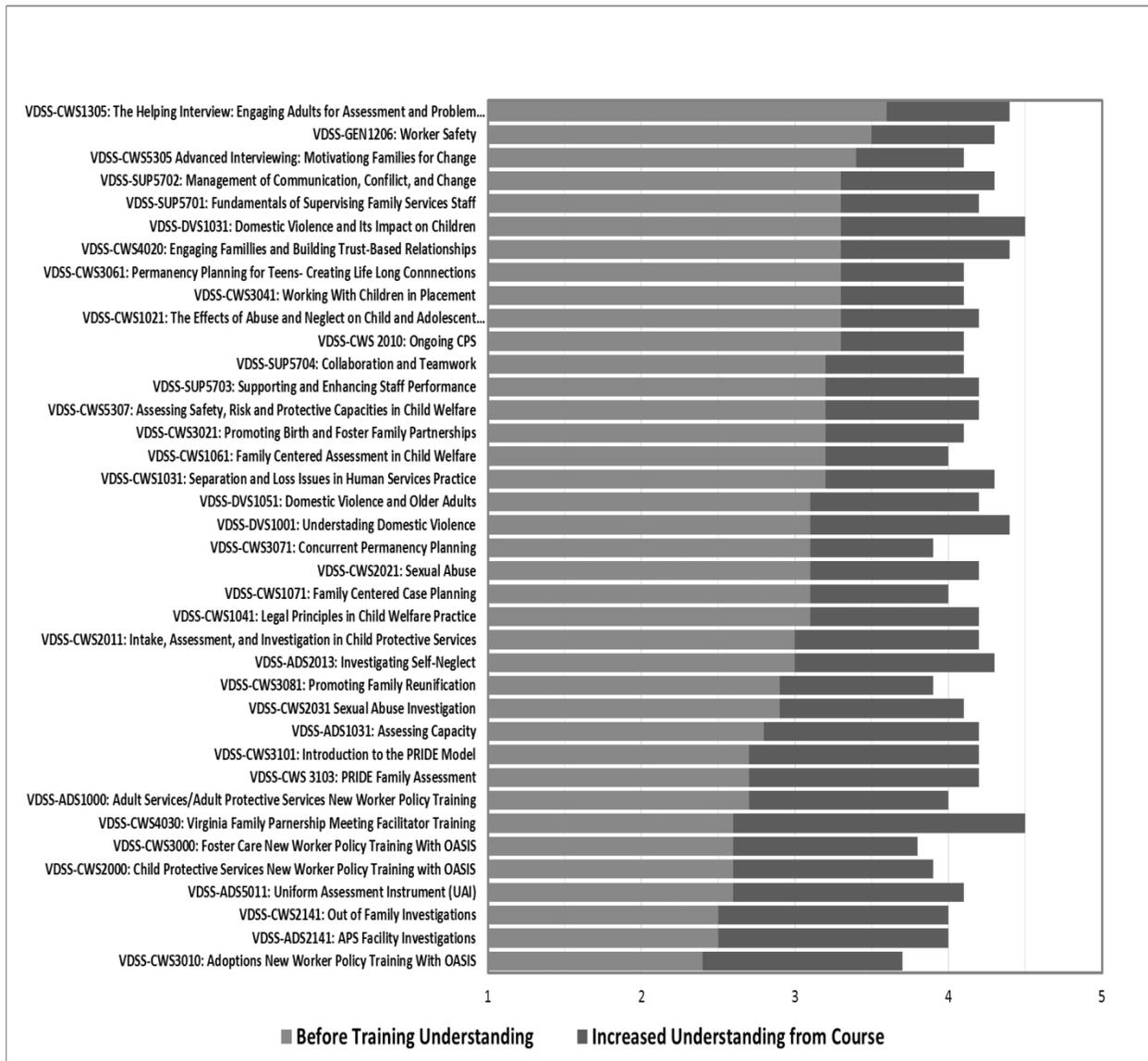
Response Item 1	Response Item 2	Relationship ^a	Influence of Response 1 on Response 2 ^b
Overall Effectiveness	Improve Ability to Perform	.837*	70%
Before Training Understanding	After Training Understanding	.480*	23%
Before Training Understanding	Job Aids Received	.475*	22.6%
After Training Understanding	Overall Effectiveness	.686*	47%
After Training Understanding	Learning Objectives Achieved	.522*	27%
Job Aids Received	Improve Ability to Perform	.914*	84%
Classroom Training Tools	Improve Ability to Perform	.873*	76%

* Notes statistical significance of relationship

a= Pearson's Correlation Coefficient

b= Coefficient of Determination

Understanding Before and After Each Course



In FY16 Family Services Training provided 489 classes for April 1, 2016 – March 31, 2017 with a total of 6,413 completions. In FY17, Family Services Training provided 670 classes for April 1, 2016 to March 31, 2017 with a total of 7,428 completions. These most current course statistics are described in the following table.

Course Title	Events	Completions	Average Attendance
ADS1000: Adult Services/Adult Protective Services New Worker Policy Training	15	132	9
ADS1031: Assessing Capacity	14	121	9
ADS2013: Investigating Self-Neglect	11	125	11
ADS2052: Investigating Financial Exploitation - NEW!	6	52	9
ADS2141: APS Facility Investigations	13	117	9
ADS5011: Uniform Assessment Instrument (UAI)	19	147	8
ADS6010: AS/APS Made Easy	6	55	9
CWS1021: The Effects of Abuse and Neglect on Child and Adolescent Development	18	267	15
CWS1031: Separation and Loss Issues in Human Services Practice	19	217	11
CWS1041: Legal Principles in Child Welfare Practice	13	218	17
CWS1061: Family Centered Assessment in Child Welfare	24	410	17
CWS1071: Family Centered Case Planning	23	400	17
CWS1305: The Helping Interview: Engaging Adults for Assessment and Problem-Solving	16	240	15
CWS2000.1: Child Protective Services New Worker Policy Training with OASIS	10	67	7
CWS2000: Child Protective Services New Worker Policy Training with OASIS	15	227	7
CWS2001R: CPS Refresher Training with OASIS - NEW!	10	67	7
CWS2010: Ongoing CPS	16	150	9
CWS2011: Intake, Assessment, and Investigation in Child Protective Services	20	211	11
CWS2020: On Call for Non-CPS Workers - NEW!	4	48	12
CWS2021: Sexual Abuse	19	213	11
CWS2031.1: Sexual Abuse Investigations	3	47	16
CWS2031: Sexual Abuse Investigations	13	101	8
CWS2141: Out of Family Investigations	16	175	11
CWS3000: Foster Care New Worker Policy Training With OASIS	20	190	10
CWS3001R: Foster Care Refresher Training with OASIS - NEW!	5	54	11
CWS3010: Adoptions New Worker Policy Training With OASIS	17	156	9
CWS3021: Promoting Birth and Foster Family Partnerships	19	139	7
CWS3041: Working With Children in Placement	13	140	11

Course Title (continued)	Events	Completions	Average Attendance
CWS3061: Permanency Planning for Teens - Creating Life Long Connections	10	84	8
CWS3071: Concurrent Permanency Planning	14	129	9
CWS3081: Promoting Family Reunification	13	138	11
CWS3091: Transition Planning with Older Youth in Foster Care	2	18	9
CWS3101: Introduction to the PRIDE Model	5	23	5
CWS3103: PRIDE Family Assessment	8	43	5
CWS4015: Trauma-Informed Child Welfare Practice: Identification of Intervention – NEW	2	17	4
CWS4020: Engaging Families and Building Trust-Based Relationships	20	309	15
CWS4030: Virginia Family Partnership Meeting Facilitator Training	10	97	10
CWS5305: Advanced Interviewing: Motivating Families for Change	18	249	14
CWS5307: Assessing Safety, Risk, and Protective Capacities in Child Welfare	18	249	14
DVS1001: Understanding Domestic Violence	16	194	12
DVS1031: Domestic Violence and its Impact on Children	14	129	9
DVS1051: Domestic Violence and Older Adults	9	54	6
GEN1206: Worker Safety	20	182	9
GEN1501: Train the Trainer	3	12	4
SME012: Engagement, Intervention, and Support of Families Dealing with Substance Use Disorders	5	79	16
SME015: Investigating Financial Exploitation	2	156	78
SME016: Adoption Disclosure Best Practices and Search Techniques	3	62	21
SUP5701: Fundamentals of Supervising Family Services Staff	10	90	9
SUP5702: Management of Communication, Conflict & Change	9	76	8
SUP5703: Supporting and Enhancing Staff Performance	10	80	8
SUP5704: Collaboration and Teamwork	7	56	8
SUP5710: Foundations in Coaching	21	224	11
SUP5720: Coaching in Supervision - NEW!	19	139	7
SUP5750: The Nuts and Bolts of the Practice Profiles - NEW!	5	53	11
Total	670	7,428	12

TRAINING NEEDS ASSESSMENT

The Bi-Annual VDSS Child Welfare Training Needs Assessment Survey was conducted this year by the Division of Organizational Development with input from DFS Training. The survey had 1,023 participants from Family Services Programs – 45% were established employees (more than 10 years) and 74% were caseworkers. Classroom trainings typically received the highest ratings in terms of job importance, compared to eLearning courses and webinars. Barriers to training indicated that over half (59%) considered their workload to be a frequent barrier to participation in training; scheduling conflicts followed at 55%. Personal obligations and negative expectations about the course or trainer did not frequently impact the worker's decision to attend training. The survey analysis of initial comments reveals that participants want more training on: related policies, practices, and systems, including better case documentation, working with the legal system, writing service plans; substance abuse – its impact on families, treatment, abuse of prescription drugs; issues affecting older adults including mental incapacitation, exploitation and need for services; trauma and trauma-informed care; worker concerns, including safety, stress management, secondary trauma, and caseload management. 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:

SME014: Engagement, Intervention, and Support of Families Dealing with Substance Use Disorders. In this interactive workshop, child welfare workers will have an opportunity to gain advanced knowledge and skills related to substance use & abuse; understand substance abuse treatment options; gain valuable tools for working with substance abusing caretakers; learn engagement techniques for starting conversations when substance use is suspected; and motivation caretakers for change. In addition, this workshop will help expand the participants' knowledge of the fundamentals of addiction, about current laws, trends, and definitions as well as the role of child welfare workers in intervention and referral to treatment services. Trainer: Dierdre Pearson, LCSW, CSACFund: IV-E Rate: 75%

CPS Appeals and Redaction Webinar

This training is intended to provide information on the child protective services appeals process at both the local and state level. It will take you through completing your CPS investigation, how to avoid common mistakes and pitfalls and provide a brief explanation of each step of the appeals process. Included will be tips for redaction of a record. This training will allow for questions and participation. Trainers: Jim Pope, Hearing Officer for Fairfax County Department of Family Services and Christopher Spain, CPS Program Manager, Division of Family Services. Fund: CPS

LDSS TRAINING INITIATIVES (IV-E “PASS THROUGH”)

Each year, LDSS submit plan to provide child welfare training under this category. 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. 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. 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.

2016 Update

Fifty-seven LDSSs submitted plans to provide child welfare training under this category for SFY2016. Approved training at the enhanced rate was \$1,882,595 and approved training at the administrative rate was \$149,510.

Fifty-six LDSSs submitted plans to provide local department initiated training for SFY2017. Approved training at the enhanced rate or 75%, subject to the penetration rate is projected to be \$1,850,646. Approved training at the 50% rate, subject to the penetration rate is projected to be \$71,565.

2017 Update

Sixty-one LDSSs submitted plans to provide local department initiated training for SFY2018. Approved training at the enhanced rate or 75%, subject to the penetration rate is projected to be \$1,908,270. Approved training at the 50% rate, subject to the penetration rate is projected to be \$105,080.

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 2017 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 2017 five LDSS submitted applications for a total amount of \$154,000. Title IV-E EEAP will be charged at the enhanced rate of 75 percent subject to the application of the penetration rate.

Child Welfare Stipend Program

The Virginia Title IV-E Child Welfare Stipend Program (CWSP) provides exceptional MSW and BSW students with an opportunity to prepare for a career in child welfare. CWSP students receive financial support in return for a legally binding commitment to work in a public child welfare position 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 agency internship, completion of

state child welfare policy trainings and child welfare-specific seminars are also required. Students must work one year for each year of enrollment in the CWSP.

In FY 2017, VDSS successfully re-established the CWSP in Virginia, by selecting and contracting with Radford University, the pilot school, and creating memorandum of agreements (MOAs) with three additional state universities with accredited BSW and MSW Social Work programs. In the fall of 2016, Radford University started four stipend students. One student decided not to continue the program after her first semester (and will re-pay the funding); however, the remaining three students are scheduled to graduate in May 2017. VDSS anticipates 10 new stipend students will be accepted into the CWSP program at each participating university, to begin fall 2017. With this new cohort, the CWSP will have a total of 40 stipend students enrolled during the 2017-18 school year and a total of 80 stipend students the following year. Funding is provided to the Universities to award stipends on a semester by semester basis for the CWSP students.

The Title IV-E CWSP is being implemented in phases, by student cohort, at Radford, George Mason, Norfolk State, and Virginia Commonwealth Universities. 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, which was achieved, included creating a position and hiring a full time equivalent (FTE) CWSP Program State Coordinator at VDSS. The State Coordinator reports to the Foster Care Program Manager. She performs administrative functions of the program, fiscal management and sub-recipient monitoring reviews at each university. Additionally, the State Coordinator is responsible for identifying members and drafting charters for the various standing state-level committees of the CWSP; and establishing university and internal logistics related to financial operations, student recruitment, commitment fulfillment, curriculum development, and program marketing. The CWSP Program Coordinator is a dedicated position with 100% of work assignments to be administrative functions of the CWSP.

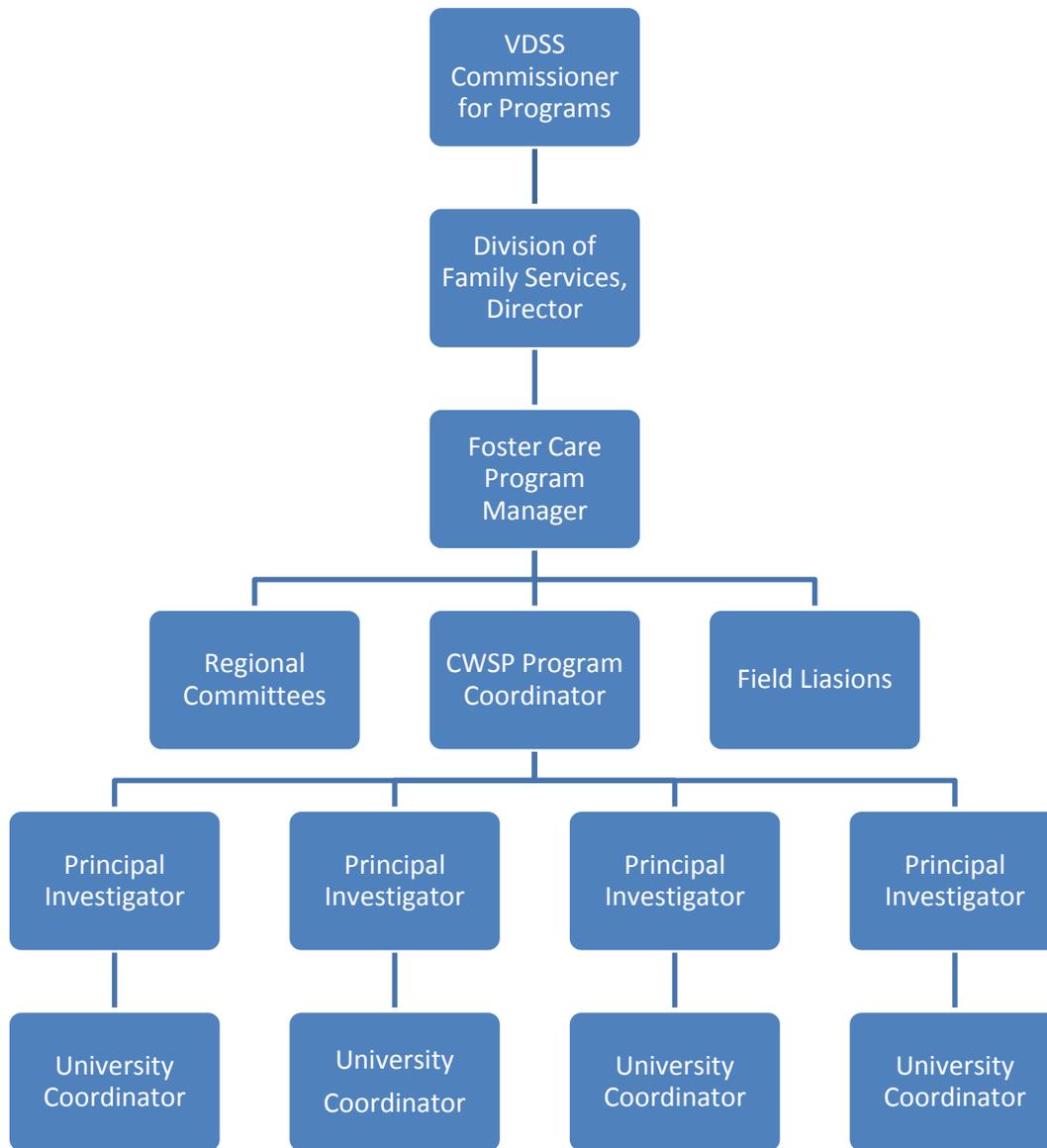
Phase two, accomplished in part in 2016 and continued into 2017, included the establishment of a Principal Investigator (PI) and University Coordinator at each school. PIs were established at all four schools in 2016. In late 2016 and throughout 2017, University Coordinators were hired at Radford, Virginia Commonwealth University (VCU), George Mason and Norfolk State.

Phase three, taking place over two years, 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, and approximately 40 graduating and entering the public agency workforce each year. The MOAs with each school are currently under review. It is anticipated that they will all be renewed for the 2017-18 school year.

Title IV-E CWSP program structure:

1. Program State Coordinator – Responsible for the direction of the project; supervision of staff; fiscal oversight; liaison between the Department and universities; curricular and administrative matters; reporting; and program evaluation.
2. University Coordinator – Responsible 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. Membership is comprised of LDSS directors and supervisors, private child-welfare agency supervisors, CWSP alum, and university staff.
4. DFS Director and Program Manager – Responsible for reviewing and approving program policies, organizational structure and overarching program goals; review and provide feedback on annual reviews; provide input and guidance on program activities on an ongoing basis as needed; approve student selection criteria and on appeals and/or program grievances.
5. Principal Investigator - Participating universities have designated 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 incorporates high quality supplemental training seminars, and will include an online course component. Regional committees will drive training seminar content and activities, based on the specific needs of the region. The online courses currently in development will enable greater flexibility for participants. 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 CWSP’s metrics will be based on a standard retention metric that 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 Employee Retention Outcomes

- 1) 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.

Third Year (FY 2018) Projection

VDSS Cost	State Match	Federal Match	Total Category Cost	
1 Program Coordinator (25/75 match)	\$18,750	\$56,250	\$75,000	
Benefits (39% of salary) (25/75 match)	\$7,312	\$21,938	\$29,250	
Administrative Cost (50/50 match)	\$7,500	\$7,500	\$15,000	
Promotional and Marketing (50/50 match)	\$3,500	\$3,500	\$7,000	
Total	\$37,062	\$89,188	\$126,250	
University Cost	State Match	Federal Match	Total Category Cost Per University	Total University Cost (Including 4 Universities)

1 University Coordinator (25/75 match)	\$14,500	\$43,500	\$58,000	\$232,000
Benefits (45% of salary) (25/75 match)	\$6,525	\$19,575	\$26,100	\$104,400
1 PI Cost (5% of PI salary) (25/75 match)	\$1,500	\$4,500	\$6,000	\$24,000
Benefits (7% of PI salary) (25/75 match)	\$105	\$315	\$420	\$1,680
University Overhead (20 % excluding Stipend) (25/75 match)	\$5,075	\$15,225	\$20,300	\$81,200
Misc. Administrative Costs (50/50 match)	\$1,500	\$1,500	\$3,000	\$12,000
Broadcast Equipment (25/75 match)	\$1,000	\$3,000	\$4,000	\$16,000
Course Content (25/75)	\$1,000	\$3,000	\$4,000	\$16,000
10 Stipends (25/75)	\$25,000	\$75,000	\$100,000	\$400,000
University Cost	\$56,205	\$165,615	\$221,820	\$887,280
Total CWSP Program Cost (VDSS Cost + Four Universities Cost)	\$261,882	\$751,648		\$1,013,530

Expenses related to direct education administration receive a fifty-fifty match rate between state and federal funds. Stipends and all other expenses are provided at a federal match rate of 75% and a state match rate of 25%.

Child Welfare Employee Education Assistance Program (for part-time students)

In accordance with federal requirements, VDSS requires that Virginia's Child Welfare Stipend Program (CWSP) recipients be enrolled in full-time BSW/MSW programs. This excludes from participation current LDSS employees who want to remain employed while attending school part time. VDSS is committed to providing employee education support to those LDSS employees who wish to obtain Social Work degrees. These employees are already demonstrating their commitment to their agencies and to the clients with whom they work. Additionally, because they are already doing the work, they will not be surprised by the challenges they will face post-graduation. VDSS intends to create a Child Welfare Employee Education Assistance Program (CWEEAP) to assist full-time LDSS employees who intend to work in public child welfare and who are working towards earning their BSW or MSW degrees.

In FY 2018, the CWEEAP would be piloted at Virginia Commonwealth University (VCU) with five students who have been accepted into the part-time MSW program. The pilot year would allow VDSS and VCU the time and experience to develop programmatic and administrative systems from which a larger CWEEAP could grow. The current VDSS Child Welfare Stipend Program (CWSP) State

Coordinator will administer the CWEEAP in the pilot year, to include fiscal and programmatic oversight; coordination with VCU's MSW program staff; Field Department, and Scholarships and Financial Aid Office; monitoring and coordination of Recipient training, continued eligibility and academic progress; post-graduation work repayment requirements; and overall program evaluation. VCU was chosen as the pilot school due to two factors: the school's offering of traditional part-time as well as distance part-time MSW program options, appealing to workers who may live and work outside of metro regions; and, the current relationship VDSS has with the school, given its ongoing operation of the Child Welfare Stipend Program (CWSP). The five CWEEAP students would have access to the existing child-welfare specific courses and seminars currently offered. In future years, a more comprehensive CWEEAP could include other three state universities with accredited BSW and MSW programs, including current CWSP partner schools, Radford, Norfolk State and George Mason Universities, and be opened up to 25 incoming students/employees across the state each year (not to exceed 100 total participants across 4 years of participation).

Investing in the professional development and education of current employees will contribute to an enhanced LDSS workforce in three significant ways. First, while the employee is attending school part-time, they will be able to apply their newly developed perspectives and skills to their ongoing case work. Secondly, the part-time MSW program usually takes 4 years to complete and the CWEEAP recipient must maintain employment at their agency throughout this process. In addition, the recipient will remain employed at their LDSS during the post-graduation "pay-back" period; for a MSW degree, this period would be 2 years. As a result of participation in the program, the tenure of an LDSS employee participant is likely to be significantly longer than that of their peers. Finally, LDSS employees who are recommended for participation in the program by their LDSS Directors are those who have already demonstrated the quality job performance which suggests they can effectively manage both work and school. These LDSS employees will ultimately graduate with the knowledge, skills and abilities requisite to longevity and leadership in the field. The CWEEAP participant would receive educational assistance in the form of tuition reimbursement following each successfully completed semester, up to a maximum of \$5,000 per student per academic year. In return, the student would enter into a legally binding commitment for continued employment (post-graduation) at their LDSS agency in a primarily foster care or adoption capacity, for the timeframe comparable to their time in the MSW program (for example, for each year of participation in the CWEEAP, six months of continued employment following graduation would be required). To receive tuition and fees reimbursement, a recipient would need to submit to VDSS copies of University-issued invoices noting tuition and fees; proof of payment; and proof of acceptable grades (minimum of a 3.0 GPA). Tuition and fees would be reimbursed up to \$2,500 per semester (not to exceed \$5,000 per year), assuming the recipient maintains eligibility. If a program participant qualifies for the Advanced Standing program at any participating University, a reimbursement of up to either \$2,500 or \$5,000 will be provided following completion of the summer semester, depending on how many credits the student takes. No more than \$20,000 in total reimbursed funding will be provided to any recipient.

The VDSS Child Welfare Stipend Program Coordinator will also be responsible for administering this program. Throughout this year and next, VDSS will assess capacity to expand the CWEEAP. VDSS would anticipate adding 25 students per year (5 from each region) so that the second year of the program would include 30 total students; the 3rd year would include 55; the fourth year would include 80; and, as the initial cohort of 5 would graduate during the fourth year, the fifth year would include 100 students, and would consistently remain at this capacity throughout the duration of the program.

Application / Selection Process

For the pilot program, VDSS will accept five students in the program who are full-time employees of a LDSS and already accepted into a MSW program at VCU. In future years, up to 5 employees per region (allowing for a maximum of 25 new participants per year), with no more than two employees from the same agency, would be selected, to ensure equity and diverse representation from across the state. In the event that there are not enough applicants to adhere to these guidelines, slots will be filled with remaining applications and may include more LDSS employees from one or several regions, and may include more than 2 employees from a single LDSS. However, the expectation is that the program will support employees from across the state who want to work towards obtaining Social Work degrees.

The development of the CWEEAP would in no way replace or restrict the ability of any LDSS agency to offer an Employee Educational Award Program (EEAP). LDSS with an existing EEAP program can encourage their employees to apply for funding through the CWEEAP AND continue to provide assistance to additional students through the LDSS EEAP.

First Year Projection – Pilot Year			
Program Cost	State Match (25%)	Federal Match (75%)	Total Cost
EMPLOYEE SCHOLARSHIPS			
5 Scholarships (\$5000 max/each)	\$6,250	\$18,750	\$25,000

Second Year Projection			
Program Cost	State Match	Federal Match	Total Cost
EMPLOYEE SCHOLARSHIPS			
30 Scholarships (\$5000 max/each)	\$37,500	\$112,500	\$150,000

Third Year Projection			
Program Cost	State Match	Federal Match	Total Cost
EMPLOYEE SCHOLARSHIPS			
55 Scholarships (\$5000 max/each)	\$68,750	\$206,250	\$275,000

Fourth Year Projection			
Program Cost	State Match	Federal Match	Total Cost
EMPLOYEE SCHOLARSHIPS			
80 Scholarships (\$5000 max/each)	\$100,000	\$300,000	\$400,000

Fifth Year (and future years) Projection			
Program Cost	State Match	Federal Match	Total Cost
EMPLOYEE SCHOLARSHIPS			
100 Scholarships (\$5000 max/each)	\$125,000	\$375,000	\$500,000

ATTACHMENT A

Attachment A to this Training Plan addresses current 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.

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:

CWSE1002: Exploring Child Welfare – Online (Pre-requisite for CWS2000, CWS3000, CWS3010):
Target Audience: Child Welfare workers with less than twelve months of 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 Rate: 75%

CWSE1500: Navigating the Child Welfare Automated System: OASIS for CPS instructs participants to navigate through Virginia's Automated System – OASIS. This six module course provides information on entering a CPS referral, documenting a Family Assessment and Investigation, Search and Merge, and opening a CPS case. Fund: CPS

CWSE1500: Navigating the Child Welfare Automated System: OASIS for Foster Care instructs learners to navigate Virginia's Child Welfare Automated Data System – OASIS. This seven module course teaches the various screens utilized to capture timely, accurate case documentation for effective case management and agency accountability. Fund: IV-E Rate: 75%

CWSE5692: Recognizing & Reporting Child Abuse and Neglect – On-line Mandatory Reporter Training (Pre-requisite for CWS2000, CWS3000, CWS3010)
Fund: IV-E Rate: 75%

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

CWSE4000: Identifying 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. This on-line training is also available on the VDSS public website for use by our community partners as we continue to be the only state agency offering this training on-line. Fund: IV-E Rate: 75%

CWSE3091: Transition Planning for Youth in Foster Care: This is a blended course with online prerequisite that introduces the need for transition planning from the voices of youth who have transitioned out of foster care but still needed additional support from caring adults. 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 Rate: 75%

CWSE4025: Foster Care title IV-E Case Determination Process is a six module on-line course that provides an overview of the title IV-E eligibility determination process. Fund: IV-E Rate: 75%

CWSE5501: Substance Abuse is a four module interactive online course that provides an introduction to substance abuse and its impact on families. The emphasis is on assessment and treatment considerations within the context of collaboration. This course explores national trends related to the prevalence, causes and treatment of substance abuse, as well as drug categories, drug schedules and drug effects. The course also reviews specific issues related to women and substance use, such as the barriers women face when attempting to gain treatment, and the stages of recovery as well as techniques to encourage change. Fund: IV-E Rate 75%

CWSE4050: Psychotropic Medications in Child Welfare addresses the exponential increase in the use of psychotropic medications prescribed for emotional and behavioral disorders in children. It specifically discusses the research demonstrating that children and youth involved in the Child Welfare System are at the greatest risk of being misdiagnosed and inappropriately medicated. The interactive online course offers learners of all professional backgrounds the opportunity to gain a working understanding of the concerns and use of psychotropic medication specific to children involved in child welfare. Strategies, resources, and job aids for working with caregivers, youth and prescribing physicians to utilize a child-centered team approach that includes careful monitoring of psychotropic medication usage and the promotion of informed consent. Fund: 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 Rate: 75%

CWSE2090: Injury Identification: This course increases the knowledge and ability to recognize signs of abuse and neglect of all child welfare workers as all child welfare workers have a key role in promoting safety and preventing child fatalities. Topics include detecting accidental versus non-accidental injuries in children, examples of accidental and abusive injuries, understanding child development as it relates to injuries, signs and symptoms to look for which indicate that may be internal injuries, and when you should ask a caretaker for more information. Fund: 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 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 Rate: 75%

CWSE1041/CWS1041 Legal Principles in Child Welfare Practice - 1 day Blended Course

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 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 in the assessment process; Helpful interview and assessment tools.

Fund: 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 Rate: 75%

CWS1305: The Helping Interview – 2 days: Target Audience: Local staff with less than two years of 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 Rate: 75%

CWS2000.1: 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: CPS

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: CPS

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: CPS

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: CPS

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: CPS

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 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 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 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 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 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 Rate: 75%

CWS3071: Concurrent Permanency Planning – 1 day: 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 and building of full disclosure skills. 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 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 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 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 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 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 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 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 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: Principles of Leadership: This course emphasizes the critical role played by supervisors in the Social Services system. Supervisors will enhance their ability to recognize, select and use supervisory styles and strategies to enhance and sustain effective job performance. In particular, Supervisor will explore the qualities of effective leaders including Vision, Integrity, Creativity, Decisiveness, and Emotional Intelligence and how these qualities impact staff and ultimately customer service; learn about

the different types of Leadership power and influence; and, will have the opportunity to identify various Leadership challenges such as lack of resources, handling customer complaints and time constraints and explore possible solutions. Parallel Process and change management are also introduced and discussed to enable supervisors to examine how their behavior affects outcomes for staff and clients. 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 positively assist staff implement change will be discussed with a review of strategies for change management. Fund: IV-E Rate: 50%

SUP5702: Management of Communication, Conflict and Collaboration: This course introduces three concepts that directly impact the work of supervisors and the functioning of their unit: Communication, Conflict, and Collaboration 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. Benefits and strategies for collaboration are highlighted through consideration of the unit as a single system within the larger agency, department, and community. Benefits and strategies for collaboration are highlighted through consideration of the unit as a single system within the larger agency, department, and community and by emphasizing the interrelated relationship between these three concepts. Fund: IV-E Rate: 50%

SUP5703: Enhancing Staff Performance and Growing a Team: This course is intended to help supervisors learn how to hire and develop competent, confident, and committed staff that can perform the tasks assigned to them and support the agency mission/goal. Supervisors will explore different interview techniques such as Behavioral Interviewing, Routine Questions, Situational Questions, the STAR method and Written Work Samples to select applicants who demonstrate the attributes and competencies needed for the position. The role of orienting and training new employees is also highlighted including the best practice of a learning culture in the unit and Agency. Supervisors are introduced to the concepts of managing by data, performance assessment, performance evaluation, and performance improvement of the individual staff in their unit, techniques for maximizing performance such as the use of Coaching, Training, and Mentoring. Also discussed is the necessity of written performance expectations and are introduced to the Practice Profiles. The connection between a competent staff and a highly functioning unit is outlined. 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 along with 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 Rate: 50%

SUP5704 Critical Issues in Family Services Supervision: This course is presented within the context of the Parallel Process with an emphasis on issues primarily related to supervising workers doing the challenging work in Family Services. Beginning with the importance of values; specifically how we connect our own personal values to the mission and vision of the organization, the direct work we do with families, the Supervisor-Worker relationship and the functioning of the work team. Characteristics of trust and boundaries, in the field and within the unit, are defined, and suggested guidelines for professional boundaries are provided. Supervisors are given tools to assess the current Learning Culture of their unit and agency and are presented with an opportunity to develop a plan to create and maintain a culture that nurtures collaborative learning, critical thinking and competence. An exploration of worker emotions, behaviors and personality characteristics on a spectrum ranging from desirable, to challenging (but workable), to problematic; with specific attention paid to the application in the selection and performance management processes as well as managing emotional interference to doing the work. The course closes with to help the supervisor model self-care and resiliency to maintain a positive connection

to their position and colleagues, reduce recidivism and promote a trauma-informed team. Fund: 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.

SME014: Engagement, Intervention, and Support of Families Dealing with Substance Use Disorders. In this interactive workshop, child welfare workers will have an opportunity to gain advanced knowledge and skills related to substance use & abuse; understand substance abuse treatment options; gain valuable tools for working with substance abusing caretakers; learn engagement techniques for starting conversations when substance use is suspected; and motivate caretakers for change. In addition, this workshop will help expand the participants' knowledge of the fundamentals of addiction, about current laws, trends, and definitions as well as the role of child welfare workers in intervention and referral to treatment services. Trainer: Dierdre Pearson, LCSW, CSAC. Fund: IV-E Rate: 75%

CPS Appeals and Redaction Webinar: This training is intended to provide information on the child protective services appeals process at both the local and state level. It will take you through completing your CPS investigation, how to avoid common mistakes and pitfalls and provide a brief explanation of each step of the appeals process. Included will be tips for redaction of a record. This training will allow for questions and participation. Trainers: Jim Pope, Hearing Officer for Fairfax County Department of Family Services and Christopher Spain, CPS Program Manager, Division of Family Services. Fund: CPS

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 is 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.

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

2016 Update

January 1, 2016, there were 5,186 children receiving foster care services in Virginia. Of these, 2,723 were male and 2,463 were female. As noted in the table below, 13 to 18 year olds make up 40.3% of these children.

Age	Count	Percent
<1	233	4.5
1-5 years	1,276	24.6
6-9 years	807	15.6
10-12 years	568	11.0
13-15 years	867	16.7
16-18 years	1223	23.6
19+	212	4.1

The majority of these children are white (53.6%) or black (34.2%). However, the percentage of Hispanic children (9.4%) has decreased and multi-racial children (9.4%) have increased. Of these children, 3,297 (63.67%) were placed in a non-relative foster home, 294 (5.67%) in a relative foster home, and 197 (3.80%) in a pre-adoptive home. The established foster care goals included: 1,631 (31.5%) with the goal of adoption; 495 (9.5%) with the goal of relative placement which is an increase from the previous year; and 2, 053 (39.6%) with the goal of reunification which is a decrease from the previous year.

The average length of time in care for these children was 23.28 months, with the average length for children with the goal of adoption being 31.56 months, the goal of relative placement being 19.78 months, and the goal of return home being 11.40 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 (25.2%) than any other. After Piedmont, 24.9% of the state's foster care children are in care in the Northern Virginian region, 18.7% in the Eastern region, 16.4% in the Western region, and 14.8% in the Central region.

2017 Update

As of January 1, 2017, there were 5,228 children receiving foster care services in Virginia. Of these, 2,702 were male and 2,526 were female. As noted in the table below, 13 to 18 year olds make up 39.3% of these children.

<1	243	4.6%
1-5 years	1,321	25.3%
6-9 years	780	14.9%
10-12 years	621	11.9%
13-15 years	837	16.0%
16-18 years	1,215	23.2%
19+	211	4.0%

Black	1673	32.0%
White	2924	55.9%
Hispanic	490	9.4%
Am Indian Alaskan Native	2	0%
Asian	45	0.9%
Hawaiian Pacific Islander	10	0.2%
Multi-race	472	9.0%
Race Unknown	3	0.1%

Return Home	2068	39.6%
Relative Placement	524	10.0%
Adoption	1688	32.3%
Permanent Foster Care	334	6.4%
Independent Living	117	2.2%
Another Planned Perm Living Arr	72	1.4%

Average Time in Care (in Months)	22.28
Return Home	11.24
Placement with Relatives	21.78
Adoption	32.53

Central	14.9%
Eastern	17.9%
Northern	25.2%
Piedmont	25.2%
Western	16.8%

The Division of Family Services and the Division of Public Affairs are continuing to make recruitment campaign material available to all LDSS. Several additional resources been posted to SPARK. Families across Virginia who were willing to share their foster and adoption stories are featured at <http://www.dss.virginia.gov/family/stories/index.cgi>. Additional campaign material is now available through SPARK's [Digital Campaign Library](#). Public Affairs with VDSS can be contacted at public.affairs@dss.virginia.gov directly if assistance in modifying resources is needed. Public Affairs also helps to work with localities to develop what may be needed for individualized recruitment. The [Local Event Materials Request Form](#) under SPARK's Digital Campaign Library is used by the locality to make a request.

24 pilots with LDSS volunteered to participate in the Foster and Adoptive Parent Recruitment Initiative to see how their use of AdoptUSKids' FITT tool (Family Intake and Tracking Tool) was progressing. VDSS gave the pilot LDSS' access to FITT in April of 2016. Each LDSS was

contacted with the following questions, and feedback was compiled. While not every LDSS responded, basic feedback on the tool was useful. The following questions were used:

1. Have your recruitment staff been able to register with FITT?
2. If so, how long have they been using it (approximate number of months)?
3. What are the tool's most useful features?
4. What are the tool's biggest limitations?
5. Have you developed a process or protocol (either formal or informal) to guide the use of the FITT tool in conjunction with your agency's regular recruitment practices? If so, can you share what you are doing?
6. As use of the FITT tool continues in your agency, is there anything else that VDSS or AdoptUSKids could provide to support you in your work?

The information gathered was also projected to be shared with VDSS colleagues at AdoptUSKids.

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 October 2015, VDSS Family Services contracted with the M Network, a marketing firm from Miami, Florida to provide assistance to VDSS to conduct Foster to Adopt Parent Recruitment. The M Network was tasked with developing marketing strategies incorporating market segmentation data for Virginia. The plan included using 25 local departments of social services as pilot agencies to serve as focus/advisory group for materials developed by the contractor. The contract with M Network has since ended and DFS is now working with VDSS Public Affairs to develop materials. Once materials are developed, pilot agencies will be trained on how to use the region specific techniques based on market segmentation data and to train other LDSS within their region to recruit prospective families.

2017 Update

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

Outreach/campaign efforts were conducted by VDSS's Public Affairs Department, including the use of IHeart media for radio announcements, video, and news networking including email, and also contracting with Lamar Companies to provide billboard panel advertisement during May 2017, which was highly targeted in Virginia, with weekly impressions varying from media subsets and billboard location.

Recruitment & Market Segmentation

Dual approval of families to foster and adopt is best practice for permanency. National data indicates that approximately 80% of children, achieving permanency through adoption, are adopted by their foster parents. Few foster parents who adopt remain approved as current foster parents; therefore, decreasing the pool of available families. To be proactive, VDSS Family Services has been working with the National Resource Center for Diligent Recruitment on effective recruitment for foster and adoptive parents using market segmentation. Market segmentation is a data-driven approach that is based on the assumption that people who live in the same area share the same habits (“bird of a feather flock together”). Market segmentation has been used by several states, including Virginia to identify potential foster and adoptive families. Market segmentation analysis can answer: who are successful foster/adoptive families in Virginia? What are they like in terms of leisure, lifestyle and buying habits? Where are similar families located? How do we reach them? In Virginia, several target groups have been identified.

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 there are ATCP agencies located throughout the state. There are 120 LDSS divided into five regions that cover every locality in the state. LDSS are open normal business hours and some offer evening hours. The ATCP contract now allows 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. The VDSS public website has been updated and is more user friendly allowing for easier navigation and. The VDSS website continues to provide information on becoming a foster parent and how to begin the process of becoming a certified foster parent. This information is available 24 hours a day, from anywhere where there is internet access. 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

2017 Update

Over the past year, Resource Family Consultants (RFC) has provided LDSS’ guidance on how to assess income when approving foster families and relative placements. Resource Family Consultants have also worked with LDSS’ to recommend the use of external resources such as utilizing presenters to provide training on subjects covering cultural diversity, transracial fostering and adoption. Additional trainings would also address assessing families regarding transracial issues of parenting (fostering and adoption). RFC’s are able to individualize their trainings to meet the diverse needs of the local agencies in their region and conduct specialized training on topics such as “The Impact of “Fostering, Adoption and Kinship on Biological Children”. LDSS are invited to attend Permanency Roundtables to provide additional assist with engaging and recruiting for a child. Resource Family Consultants continue to provide on-going TA for ATCP contracts.

Strategies for dealing with linguistic barriers

The Virginia strategy of using data to do targeted foster and adoptive family recruitment has led 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.

As stated previously, on May 10, 2016 Virginia's Attorney General affirmed that the commonwealth's existing non-discrimination protections on the basis of sex are correctly interpreted to include discrimination on the bases of sexual orientation and gender identity. VDSS standards of approval and training published in the division's Child and Family Services Manual for foster families, continue to apply for the families of youth in, and transitioning out of, care. These standards include but are not limited to:

- The provider shall provide care that does not discriminate on the basis of race, color, sex, national origin, age, religion, political beliefs, sexual orientation, disability, or family status.
- The provider shall ensure that he can be responsive to the special mental health or medical needs of the child.
- The provider shall establish rules that encourage desired behavior and discourage undesired behavior. The provider shall not use corporal punishment or give permission to others to do so and shall sign an agreement to this effect.

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.

2016 Update

Through March 2016, 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.