

**Virginia's Annual Report on the Five Year Child
Welfare Plan**

2011

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Department of Social Services

Division of Family Services

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Attachments

Training Plan
CAPTA plan
Citizen Panel Reviews

Frequent Abbreviations

| | |
|-------|---|
| APSR | Annual Progress Services Report |
| BHDS | Virginia Department of Behavioral Health and Developmental Services |
| CAPTA | Child Abuse Prevention and Treatment Act |
| CFCIP | Chafee Foster Care Independence Program |
| CFSP | Child and Family Service Plan |
| CFSR | Child and Family Services Review |
| CPMT | Community Policy and Management Teams |
| CPS | Child Protective Services |
| CSA | Comprehensive Services Act for At Risk Youth and Families |
| CSB | Community services boards |
| CQI | Continuous Quality Improvement Unit |
| DFS | Division of Family Services |
| DJJ | Virginia Department of Juvenile Justice |
| DMAS | Virginia Department of Medical Assistance Services |
| DOE | Virginia Department of Education |
| EPSDT | Early Periodic Screening, Diagnosis and Treatment |
| ETV | Education and Training Vouchers |
| FACES | Virginia's Foster, Adoptive, and Kinship Parent Association |
| FAPT | Family Assessment and Planning Teams |
| FFY | Federal fiscal year |
| ILP | Independent Living Program |
| LDSS | Local departments of social services |
| NYTD | National Youth in Transition Database |
| OBRA | Outcome Based Reporting and Analysis Unit |
| OCS | Office of Comprehensive Services for At Risk Youth and Families |
| PCAV | Prevent Child Abuse Virginia |
| PSSF | Promoting Safe and Stable Families |
| QSR | Quality Services Review |
| RAFI | Rural Adoptive Family Initiative |
| SEC | State Executive Council |
| SFY | State fiscal year |
| SLAT | State and Local Advisory Team |
| VDH | Virginia Department of Health |
| VDSS | Virginia Department of Social Services |
| VYAC | Virginia's Youth Advisory Council |

Format of the Report

I. 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, and DFS' quality assurance and data management systems.

II. Primary Strategies, Goals and Action Steps

Virginia is pursuing six primary strategies to improve safety, permanency and well-being outcomes for children and families. These strategies are fundamental for transforming and strengthening Virginia's service system. They strive to create a more comprehensive, family-focused, integrated and effective service of care for children and families.

This section delineates the six primary strategies, goals and action steps for the five years of this plan. This represents an evolving process that will be enhanced as Virginia continues to learn. For each strategy, the applicable Children's Services System Transformation outcomes, CFSR outcomes and Systemic Factors, and CFSR items that Virginia is striving to achieve are listed. This section contains progress made on Program Improvement Plan (PIP) strategies in addition to other divisional activities.

III. Additional Reporting Information

This section details monthly case worker visits, timely home studies, inter-country adoptions, licensing waivers, juvenile justice transfers, collaborations with tribes, and continuations of operations.

IV. Outcomes, Goals and Measures

Virginia has integrated the outcomes, goals and measures of two important initiatives into Virginia's Five Year State Plan for Children and Family Services:

- Virginia's Children's Services System Transformation; and
- The Federal Child and Family Services Review (*CFSR*).

V. Attachments

Attachments include the Virginia Child Welfare Staff and Provider Training, the CAPTA plan, Budget and Finance plans, and reports from the Citizen Review Panels.

I. Description of Continuum of Child and Family Services

A. Child Safety Services

VDSS' child safety efforts involve prevention services, prevention collaborations and the Child Protective Services Program. Each area is described below:

1. Child Safety Prevention Services

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

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

Healthy Families: The Virginia General Assembly appropriates funding for the Healthy Families program. These funds are currently awarded to 36 local Healthy Families sites serving 84 communities in Virginia to provide home visiting services to new parents who are at-risk of child maltreatment. However, funding for Healthy Families Programs has been reduced by 28% and 35% respectively from the 2010 and 2011 state budgets, and 62% for 2012. It is unknown at this time how many sites will be able to continue to operate. New contracts are being negotiated for the new state fiscal year. The Healthy Families' goals include: improving pregnancy outcomes and child health; promoting positive parenting practices; promoting child development; and preventing child abuse and neglect. The statewide organization, Prevent Child Abuse Virginia (PCAV), also receives funding through the Healthy Families Initiative to provide technical assistance, quality assurance, training and evaluation for the Healthy Families sites.

Child Abuse and Neglect Prevention Sub-Grants: In January 2010, a new RFP was issued and 27 programs have been funding including three mini grants for special initiatives around parent involvement and fatherhood. The other projects provide direct services to parents and children at risk of abuse and neglect, regional and statewide training, public education, outreach and technical assistance. Special populations served include pregnant and parenting teens, Hispanic families, homeless families, incarcerated parents, high risk fathers, elementary and middle school children, parents with disabilities and children with disabilities. Services provided include family assessments, home visiting, bilingual parent education and support groups, resource awareness, service coordination, family events, playgroups and the use of a parent education van equipped with education materials and other resources that travels to neighborhoods reaching out to parents. These grants will be renewed for SYF2011-2012.

Child Safety Prevention Collaborations

Governor's Advisory Board on Child Abuse and Neglect: State Child Protective Services (*CPS*) staff continues to support the efforts of the Governor's Advisory Board on Child Abuse and Neglect. The Board oversees the implementation of the statewide plan for the prevention of child abuse and neglect. The Child Abuse Prevention Committee reports to the Board. The Board responds to legislative proposals and CPS regulations, and co-sponsors the annual Child Abuse Prevention Month activities and Symposium held in April to recognize Child Abuse Prevention Month. This year the conference entitled, "Promising the Future for Children... Protecting Their Childhood" was held on April 11, 2010 and attracted over 300 participants.

Child Abuse Prevention Play: VDSS annually contracts with Theatre IV for the production and delivery of performances of the child sexual abuse prevention play "Hugs and Kisses" in elementary schools across Virginia. Theatre IV subcontracts with Prevent Child Abuse Virginia (*PCAV*) and Virginia Commonwealth University for continued evaluation. VDSS and PCAV staff provides training on child sexual abuse to each touring cast.

Other Child Abuse Prevention Collaborations:

CPS Prevention Staff serves on several interdisciplinary initiatives that directly or indirectly address services, prevention and the child abuse prevention plan. The activities of the Home Visiting Consortium and of the Parent Education Work Group are included in Virginia's Early Childhood Plan and the Governor's Smart Beginnings Initiative.

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. The Consortium is chaired by the Virginia Department of Health (VDH). The Consortium has identified 38 high risk communities and proposals have been solicited from those communities. The Consortium is in the process of developing the Updated State Plan for Virginia and will be administering the funding. VDSS has an MOU with VDH and provides funding through CAPTA to support the work of the Consortium. Other members of the Consortium include DMAS, BHDS, DOE, and two non-profit partners.

The Virginia Statewide Parent Education Coalition (*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 and also links with the work of the Child Abuse Prevention Committee. VSPEC consists of state and community stakeholders and service providers working together to identify gaps in parent education and to strengthen existing services. VSPEC sponsors an annual parent education conference and is working to improve the availability and quality of parent education programs.

Child Abuse Prevention Month: The First Lady of Virginia, Maureen McDonnell, served as the Honorary Chair for Child Abuse Prevention Month. The Child Abuse Prevention Month packet is developed collaboratively with PCAV. Approximately 2,000 packets are printed and distributed annually. The packet is posted on the VDSS public web site at: http://www.dss.virginia.gov/family/cps/prevention_month.cgi and on the PCAV web site at: <http://www.preventchildabuseva.org> for wider distribution.

Virginia Child Protection Newsletter (*VCPN*): An agreement is renewed annually with James Madison University for the publication of VCPN. The circulation of the newsletter is approximately 13,000 people. The topics for the three newsletters for 2011 are: Serving Immigrant Families; Medical

Management of Child Abuse and Neglect; and Parent Leadership and Fatherhood. VCPN is also on the web at: <http://psychweb.cisat.jmu.edu/graysojh>.

2. Child Protective Services (CPS) Program

Children Served. The number of CPS complaints has remained relatively stable over the past 10 years with approximately 32,000 to 36,000 reports annually involving approximately 47,000 to 51,000 children. In 2010, there were 35,853 reports completed of suspected child abuse and neglect involving 48,915 children. Of those, 6,234 were founded and 34,285 reports were placed in the Family Assessment Track. In SFY 2010, 44 children died as a result of abuse and neglect.

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

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

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

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

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

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

Regional office staff provides technical assistance, case consultation, training, and monitoring to the 120 LDSS. LDSS staff is 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 Investigation will also identify services that are to be provided to the family.

The Family Assessment Response is for valid CPS reports when there is no immediate concern for child safety and no legal requirement to investigate. LDSS work with the family to conduct an assessment of

service needs and offer services to families, when needed, to reduce the risk of abuse or neglect. No disposition is made and no names are entered into the Central Registry.

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

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.

CAPTA: The 2011 Virginia General Assembly passed House Bill 1767 and Senate Bill 1040 that were identical bills. These bills added the requirement for background checks on all adults in a home where a child is being placed. The passage of these bills corrected an oversight in the Virginia Code and codifies what has been practice and policy since the requirement was added to CAPTA in 2003. The CAPTA plan will be submitted separately from this document.

B. Permanency Services

VDSS' permanency efforts are implemented through the Promoting Safe and Stable Families Program, Permanency Program including Foster Care and Adoptions, Independent Living, Interstate Compact on the Placement of Children, and Resource Family Development. Each area is described below:

1. Promoting Safe and Stable Families (PSSF)

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

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

- **Family preservation:** These services are designed to help families alleviate crises that might lead to out-of-home placements for children because of abuse, neglect, or parental inability to care for them. They help maintain the safety of children in their own homes, support families preparing to reunify or adopt, and assist families in obtaining other services to meet multiple needs.
- **Family support:** These services are voluntary, preventive activities to help families nurture their children. They are often provided by community-based organizations. These services are designed to alleviate stress and help parents care for their children's well-being before a crisis occurs. They connect families with available community resources and supportive networks which assist parents

with child rearing. Family support activities include respite care for parents and caregivers, early development screening of children to identify their needs, tutoring health education for youth, and a range of center-based activities.

- **Time-limited family reunification:** These services and activities are provided to children who have been removed from home and placed in a foster home or a child care institution and to their parents or primary caregivers. The goal is to facilitate reunifications safely and appropriately within a timely fashion, but only during the 15-month period that begins on the date that children entered foster care. Services may include: individual, group, and family counseling; inpatient, residential, or outpatient substance abuse treatment services; behavioral health services; assistance to address domestic violence; temporary child care and therapeutic services for families, including crisis nurseries; and transportation to or from any of the services.
- **Adoption promotion and support:** These services and activities are designed to encourage adoptions from the foster care system that promote the best interests of children. Activities may include pre- and post-adoptive services and activities designed to expedite the adoption process and support adoptive families.

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

| Table 1: Promoting Safe & Stable Families Program Service Array | | | |
|--|---|---------------------|---|
| Service Code | Service Array | Service Code | Service Array |
| 010 | Adoption Promotion/Support Services | 160 | Juvenile Delinquency/Violence Prevention Services |
| 020 | Assessment | 170 | Leadership and Social Skills Training |
| 030 | Case Management | 180 | Mentoring |
| 040 | Community Education and Information | 190 | Nutrition Related Services |
| 050 | Counseling and treatment: Individual | 200 | Other (identify) |
| 051 | Counseling: Therapy Groups | 210 | Parent-Family Resource Center |
| 060 | Day Care Assistance | 211 | Parenting Education |
| 061 | Developmental/Child Enrichment Day Care | 212 | Programs for Fathers (Fatherhood) |
| 070 | Domestic Violence Prevention | 213 | Parenting Skills Training |
| 080 | Early Intervention (Developmental Assessments and/or Interventions) | 220 | Respite Care |
| 090 | Educational/ School Related Services | 230 | Self Help Groups (Anger Control, SA, DV) |
| 110 | Financial Management Services | 235 | Substance Abuse Services |
| 120 | Health Related Education & Awareness | 240 | Socialization and Recreation |
| 130 | Housing or Other Material Assistance | 250 | Teen Pregnancy Prevention |
| 140 | Information and Referral | 260 | Transportation |
| 150 | Intensive In-Home Services | | |

Children and Families Served. The following table shows the number of children and families that received services by service type in 2011:

| |
|---|
| Children and Families Served by Service Type 77 Agencies reporting |
|---|

| <i>Service Type</i> | <i>Total Children</i> | <i>Total Families</i> |
|--|-----------------------|-----------------------|
| <i>Preservation</i> | 3927 | 2976 |
| <i>Support</i> | 4492 | 4088 |
| <i>Reunification</i> | 985 | 731 |
| <i>Adoption (1)</i> | 15 | 12 |
| <i>Other PSSF Services (2)</i> | 56,533 | 53,330 |
| <i>Total</i> | 65,952 | 61137 |
| <p>(1) \$2M PSSF funds were allocated for adoption initiatives at the home office level, therefore, localities were not required to spend 20% on adoption promotion. This amount includes localities that provided local adoption initiatives.</p> <p>(2) Some localities provided services that do not lend themselves to identifying data, as they are not targeted toward specific individuals or families (e.g., library resource centers, websites, newsletters, information and referral, community fairs, etc.)</p> | | |

Many children and families receiving PSSF funds are assessed by the CSA FAPT Teams. These teams provide for family participation, assess the strengths and needs of children and their families, and develop individual family services plans.

Funding process: Title IV-B Subpart 2 funds for this program are allocated to communities for control and expenditure. The CSA CPMTs 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. Localities are required to spend at a minimum: 20% funding on family preservation; 20% on family support; 20% on family reunification; and 20% on adoption promotion and support. Localities may be eligible for a waiver for these percentages with adequate justification. All localities are given a waiver for adoption promotion and support since the state applies 25% of Title IV-B Subpart 2 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. Almost all LDSS (115 of 120) have approved PSSF plans, with some LDSS covering more than one local jurisdiction.

Program Monitoring & Outcome Measures: The PSSF state office staff conducts limited 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.

Regular 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 abuse complaint was made; and
- Families served by ethnicity.

PSSF Community Needs Assessment Analysis: In preparation for the statewide assessment for the 2009 CFSR and for local service development for the next five years, 115 participating localities completed two surveys.

The Community Needs Assessment and an Inventory of Community Services, Gaps and Needs included child abuse and neglect prevention services and were developed by the Family Preservation and Child Protective Services staff. VDSS reported information gleaned from the survey in its annual report to the Department of Health and Human Services as lead agency for the federal Community-Based Child Abuse Prevention Program (*CBCAP*). The PSSF Service Array was expanded to include additional services for the CBCAP inventory report.

An assessment of FAPT as a practice model and of two commonly used PSSF services (*Assessments and Parenting Education*) was the second survey completed. This needs assessment continues to drive service planning and delivery in each locality. A full report of the results of the Community Needs Assessments is available in the 2009 APSR document.

Virginia has implemented a best practice model to engage families at a point in time in the life of a child welfare case. Family Partnership Meetings (FPM) involve the birth families and community members, along with resource families, service providers, and agency staff, in all the placement decisions, to ensure a network of support for the child and adults who care for them. The model focuses on actively engaging families in meeting their members' needs through concrete plans and activities.

2. Permanency Program – Foster Care Services and Adoptions

Children served. A total of 8,325 children received foster care services throughout FFY 2010. However, this number reflects children who were in care at any point in time during the year and is an aggregate number of children served. On September 30, 2010, there were 5,396 children in foster care.

Reductions in children in care from prior year totals reflect major efforts to “clean up” OASIS data, providing financial incentives to place children in community-based settings, reductions in the number of children in congregate care (11%), increase reliance on foster family homes (a 3% increase), greater push to discharge children to permanency (7% increase), implementing real-time access to permanency data for state and local staff (SafeMeasures), cross-system data sharing and state-supported implementation of selected best practices (e.g., family partnering).

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

return 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 all children and their families.

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

Several steps have been taken to improve services and provide better and more efficient and effective guidance and support to localities. The Foster Care Services Unit and Adoption Services Unit were combined into one Permanency Unit. The purpose is to facilitate integration, consistency and communication across the two programs and to promote and model statewide the provision of a seamless continuum of permanency services for youth and families. The new Permanency Unit developed a draft mission and vision statement that is currently being finalized to guide its work:

The mission of the Permanency Unit is to provide leadership and support to improve child and youth outcomes by partnering with families, children, youth, local departments and other key stakeholders to:

- Preserve and strengthen safe, stable and nurturing families for children and youth;
- Achieve timely permanency for children and youth;
- Meet the needs of all children and youth through a continuum of child and family services, regardless of placement and goal.
- Facilitate successful transition to and lifelong connections in adulthood.

Additionally, the titles of the foster care and adoption regional consultants were changed to permanency regional consultants. These regional consultants provided training and technical assistance on the new Foster Care Chapter of the manual and rate structuring and use of the VEMAT. Teams of regional consultants (CPS, Permanency, Resource Family, CRAFFT and IL) are collaboratively training and providing technical assistance to LDSS on family engagement in support of Diligent Search and Family Partnering Meetings.

There has been work around developing guidance, procedures and tools to improve adoption assistance to facilitate adoption of children in foster care. Permanency, Resource Family, and CRAFFT regional consultants have been involved in developing dissemination and training strategy for implementation. The division is working on finalizing the development of one Child and Family Services Manual (Introduction, Prevention, Reasonable Candidacy, CPS, Resource Family, Foster Care and Adoption) that shares a consistent format, incorporates the practice model into substantive policy and practice changes, integrates programmatic aspects across foster care and adoption. The Foster Care Chapter has been reorganized to reflect new philosophy, to be based on the needs of children and families, to be consistent with the work flow of best practice for the service worker, to consolidate information on topics in one place, and to simplify the user's ability to find information. In many cases the content has been revised to incorporate changes in federal and state law. In an effort to remove "silos" between foster care and adoption, parts of the adoption manual have been moved into the foster care manual to better integrate the processes.

Work is being completed on the development of on-line applications and reporting tools for all program services that are not captured in OASIS (e.g., PSSF; Title IV-E Training pass-through) and enhancing sub-recipient monitoring to include on-site financial and program deliverable reviews. VDSS has developed and disseminated joint guidance and tools with Virginia Department of Education (DOE) to ensure educational stability and improve educational outcomes for school aged children and youth. The

guidance and tools were developed by a cross systems work group of VDSS, DOE, legal advocacy, and local stakeholders. Four statewide webinars were convened by DOE and DSS to disseminate and train local education and social services staff. Local DSS staff were trained by the regional permanency consultants. VDSS is working with DOE to obtain educational outcome data on children in foster care who receive adoption assistance payments (and custody assistance payments when that program is implemented). A major accomplishment has been the ability to get the Student Testing Identification Number statewide on all school aged children in foster care. VDSS has identified a list of outcome data that DOE routinely collects on all students that apply to children in foster care with the goal of producing aggregated reports by LDSS and by school division that shows educational outcomes for children in foster care. Aggregated data for LDSS or schools with less than ten children will not be reported to prevent any potential identification of individual children.

Finally, DFS has obtained approval from the Commissioner of VDSS to implement the custody assistance program as a two year pilot to evaluate impact.

Foster Care Collaborations

Foster care services cut across other programs and child-serving agencies, including foster care prevention, Adoption, OCS, BHDS, 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 as one component of the Children's Services System Transformation. Other collaborations include:

FACES: FACES has formed an alliance with the Together We Can Foundation in the Hampton Roads community. As a result the partnership has formed a steering committee of housing advocates, local housing authorities, youth shelter staff, local departments of social services, and local foundations in the Hampton Roads area. This steering committee is beginning a data collection process and research process to determine what housing and supports model for youth who have aged out of foster care may be the best fit for the Hampton Roads area. The goal of the steering committee is to develop a Hampton Roads Housing Model for this population.

The FACES 4th Annual Support and Training Institute was held May 20-22, 2011 in Roanoke, VA. The conference will feature Dave Pelzer, author, *Child Called It*, Dr. Pauline Boss, author, *Ambiguous Loss*, Wayne Steedman Attorney, Wrights Law and Special Education and Advocacy, Dawn Wadiak. Some of the workshops will be "Shining on Through Grief and Loss", "Nutrition and Behavior", "Relaxed Parenting", "Healing the Pain in Children", and "Internet Safety".

FACES provides the following log of outputs for the provision of services to families this past year:

- 1054 families through electronic alerts and newsletters
- 374 families served through the Warm-Line
- 74 youth served at the annual youth conference
- 257 parents served through the annual training institute
- 647 families served through subscription to national educational magazine
- 74 families received online foster parent training
- FACES receives an average of 240 hits per day on its website

Permanency Advisory Committee (PAC): The PAC began regular meetings in 2009 and has grown in size through broader representation of stakeholders from around the Commonwealth. PAC established a clear purpose and charge, reflecting its advisory nature to the state's foster care and adoption programs, on policy and procedural changes needed to improve guidance to LDSS in both programs. With the changes affecting children's services in Virginia through the Systems Transformation, the PAC provides a

venue within which guidance and best-practice is matched against the Virginia state practice model. In FFY 2011, PAC actively provided input on the new format for the guidance manual and served as the primary representative group designing the second revised foster care manual. To create continuity across programs and other specialized foster care or adoption workgroups, the work of these additional groups is required to be sent to PAC for their input before finalization.

Court Improvement Program (CIP): VDSS continues to work in partnership with the CIP in Virginia. The Division Director and the Manager of the Outcomes Based Reporting and Analysis Unit have met with CIP leadership regarding such items as developing a system for sharing. CIP staff continues to be involved in the on-going efforts of the VDSS Child Welfare Advisory Committee, which served as an advisory group for the development and implementation of the CFSR Program Improvement Plan. In the last year, CIP staff also worked with VDSS, DJJ and the Office of the Attorney General to establish new procedures for how to bring children back into foster care that were committed to DJJ and are returning to the LDSS.

Office of Comprehensive Services for At Risk Youth and Families (OCS): Areas of collaboration include: Clarifying CSA and Foster Care Code interpretations regarding “prevention services” and who is eligible for such services; clarifying guidance related to supplemental clothing allowances for all children in care and use of the Independent Living Stipend for older youth in IL arrangements; involvement in regional family engagement roundtables with the regional Foster Care/Adoption Consultants, the CPS Consultants, the Resource Family Unit Consultants, the CRAFFT regional consultants and the IL Consultants.

Department of Education; Department of Medical Assistance Services: The Foster Care Program staff continued strengthening previously non-existent relationships with these agencies through workgroups to assess and develop improved policies and practices for children in care. The Educational workgroup’s work plan includes a strategy to develop and document a process for on-going collaboration between the two state agencies that can also serve as a model for how local educational associations and LDSS’ should work together on an on-going basis.

National Resource Center (NRC): Virginia used assistance from the NRC on Youth Development, the NRC on Special Needs Adoption, and the NRC on Permanency Planning and Family Centered Services. The Foster Care program used this support to facilitate further growth in developing model practices for improving independent living skills for youth and increasing the role of youth councils across the state. Dorothy Ansell and her staff assisted in training the five new regional Independent Living (IL) Consultants in how to train the Ansell-Casey Life Skills Assessment tool. As a result this assistance, the IL Consultants have completed training of 16 LDSS in the use of this tool. This accomplishment was a component of the recommendations from the NRCYD 2008 evaluation of the results of the 14 pilots developed to test use of the Ansell-Casey Life Skills Assessment Instrument in Virginia.

Continued assistance from the NRCYD will continue into FFY 2012 to accomplish the goals first set out in an assessment conducted jointly by the NRC and IL staff in 2008. Additional assistance in rate setting, permanency program development and training for subsidized custody will be sought for FFY 2012.

Permanency - Adoption Services:

Virginia’s Adoption Program is state supervised and locally administered. LDSS provide direct adoption services to children in their custody with the permanency goal of adoption. The VDSS Permanency Unit Adoption Services is responsible for developing adoption policy and managing the Adoption Resource Exchange, developing and managing special initiatives, managing adoptions records, and maintaining access to adoption records. Virginia’s special adoption initiatives are designed and implemented in order to assist LDSS to ensure that children achieve permanency through adoption. The special initiatives

provide adoption services and funding by VDSS to local departments of social services and private adoption agencies to achieve adoptions.

The following chart shows Virginia’s adoption initiatives and the funding for these initiatives in SFY 2010.

| Adoption Initiatives SFY 2010 | Funding Source | Allocation & Services |
|--------------------------------------|--------------------------------|---|
| Adoption Support | Title IV-B, Subpart 2 Adoption | \$1,125,000 Post Legal System \$173,650 Anisworth Clinic \$531,271 34 LDSS array of adoption services |
| One Church, One Child | SSBG State General Funds | \$183,209 recruitment |
| Adoption Services | SSBG State General Funds | \$1,079,931 9 private agencies Full array of adoption services |
| Adoption Assistance | Title IV-E State General Funds | June 2009 \$38,800,000 Title IV-E \$34,100,000 State |

The contractors above who provided an array of adoption services reported the following successes in SFY 2010. The adoption contractors offer assistance to the local departments of social services throughout the year. There are match retreats and match parties to try to local families for children awaiting a home. During this year, the adoption contractors used increased targeted and child specific recruitment to identify and approve families. The contractors trained and prepared the children and families prior to the finalization of the adoption.

| Successes | Total |
|--|--------------|
| Children Served | 1387 |
| Families Served | 1510 |
| Final Orders | 276 |
| Non-Relative Care Adoptions | 169 |
| Non-Relative Care Placement | 154 |
| Relative Care Adoption | 4 |
| Relative Care Placement | 487 |
| Home Studies completed | 247 |
| Children Placed outside of their Locality | 205 |
| Inter-country Children Served who were in the custody of the local department of social services | 0 |
| Disruptions | 17 |
| Dissolutions (after final order with termination of parental rights) | 2 |

| Service Provided | Total |
|---|-------|
| Families Attended recruitment session | 13657 |
| Families Attended orientation session | 865 |
| Families Attended parent/family training | 530 |
| Families Obtained pre-adoptive placement | 327 |
| Families Received post-adoption services* | 398 |

During SFY 2011, VDSS implemented a process improvement plan, involving a partnership between the LDSS and the adoption contractors, for a new way to accomplish adoptions through improved public/private partnerships. Effective July 1, 2010, the adoption contracts were redesigned to support Virginia Children's Services Practice Model by achieving adoptions in a timely manner through collaborative partnerships. This change resulted from the need to improve compliance with the federal Child and Family Services Review standard to achieve adoptions within 24 months of a child entering foster care and an adoption process improvement strategy to assist local agencies by providing child specific recruitment for waiting children.

The adoption initiative served two specific subsets of identified children awaiting adoptive placement:

- Youth who have had parental rights for both parents terminated, have a goal of adoption, are not in a pre-adoptive home and who have the potential to be adopted prior to the 24 month standard set by the federal government.
- Youth who have been identified as being at high-risk of aging out of foster care. These youth had parental rights for both parents terminated, have a goal of adoption, are not in a pre-adoptive placement, and generally may be over the age of 12, male and/or are African American, and will, in most cases, have surpassed the 24 months to achieve adoption since their entry in foster care.

Contractors were assigned to local departments of social services with waiting children. Local departments of social services participated in the initiative by reviewing available children with the goal of adoption and determining which children would participate in this initiative and collaborated with contractors on the child specific recruitment and family assessments. Joint training was provided for contractors and local agencies to achieve adoptions. The initiative tracked the monthly status of the children and provided quarterly reports on the success of the initiative to all local agencies. The ongoing assessment of this initiative provided guidance for the development of new contracts beginning in July 2011 to achieve adoptions. A new RFP was issued for SFY 2011 of whose outcomes were informed by the initiative and related outcomes from the SFY 2010 adoption contract changes.

Adoption Assistance Program: Virginia's adoption assistance program provides a money payment or services to adoptive parents on behalf of a child with special needs who are either eligible for Title IV-E or state supported assistance. Virginia also provides non-recurring expenses and may provide special service payments for children who meet the state's definition of special needs.

Number of Children Served during SFY 2010:

- A total of 6481 children per month received Adoption Assistance.
- 5021 children received Title IV-E Adoption Assistance which is an increase of 9.3%.
- Total allocation for Title IV-E Adoption Assistance was \$37,620,097.17.

- 1460 children received State Adoption Assistance which is an increase of 3.0%.
- Total allocation for State Adoption Assistance was \$41,761,910.31.
- The local departments of social services provided for a total of 652 adoptions in federal fiscal year 2010.

Adoption Evaluations and Assessments: VDSS contracts with the Mary D. Ainsworth Child- Parent Attachment Clinic (MDA) to provide pre and post-adoption mental health assessments for children and families interested in adopting or who have adopted children. The Mary D. Ainsworth Child-Parent Attachment Clinic provides assessments and evaluations to families statewide in need of mental health assessment after post adoption. During SFY 2010, MDA provided assessments to 40 children and their families.

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

For Fiscal Year 2010, there were seven agencies that each supported a regional family counselor, a mental health consultant, and an adoptive parent liaison. Those agencies are: UMFS Northern VA, UMFS Tidewater, UMFS Charlottesville/Lynchburg, UMFS South Central, C.A.S.E., Coordinators 2, and DePaul Family Services: Roanoke/Abingdon. There were a total of 272 families served across these sites. There were 1856 hours of counseling offered to 174 families and 1849 hours of support groups offered to 110 families. UMFS is reporting 3798 hours of case management activities with 272 families and 85 hours of educational case management was offered to 31 families. There were 570 hours of information and referral activities completed for 565 inquiries. 1789 hours of supportive counseling was offered to 122 families and 100 hours of crisis intervention was offered to 27 families. There were 182 hours of parent training activities with 31 families and 110 families accessed the client fund.

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 staff maintains an Internet website featuring photographs and narrative descriptions of waiting children at http://www.dss.virginia.gov/family/ap/children_for_adoption.html (<http://www.adoptuskids.org/states/va/index.aspx>). AREVA staff supports efforts of AdoptUsKids on a national level and works with local agencies to have Heart Galleries in each of the five regions of the Commonwealth on a continuing basis. The most recent Heart Gallery for Central Virginia created in March, 2011 has been displayed at the Children's Museum of Richmond, is currently on display in Charlottesville, Virginia with plans of future displays in Williamsburg, VA. Another gallery is under consideration for the Hampton Roads/Tidewater region of the State beginning in November, 2011. Heart Galleries have been very effective in recruiting families for waiting children. More than 260 children have been featured and 51% of those children are either in a finalized adoptive placement or some phase of the adoption process. More information about the Heart Galleries is available at: http://www.dss.virginia.gov/family/ap/heart_galleries/index.cgi. (www.heartgalleryva.org).

AREVA works collaboratively with local agencies and child placing agencies that are devoted to working with children from the foster care system during November of each year to promote Adoption Day Celebrations on the third Saturday and other adoption celebratory events throughout the month. In 2010, there were 27 events throughout the month with 13 events on National Adoption Day. Virginia General Assembly passed House Joint Resolution 41 which recognized November 2008, and each succeeding year thereafter, as Adoption Awareness Month. The Governor signs a proclamation annually declaring November Adoption Awareness Month.

Number of People Served. As of May, 2011, 792 children and 574 families were registered with AREVA.

Adoption Incentive Funds: In October 2010, VDSS received notice of a \$14,172 Adoption Incentive Award based on adoptive placements of children from foster care during FFY 2009. In past years, the adoption incentive funds received were allocated to the LDSS. Due to the low amount of incentive funds awarded, no such allocation took place this year. VDSS is exploring alternative ways to use these funds.

Other Services: In addition to adoption services for children in foster care, VDSS is the central records keeper of closed adoption records. The Department maintains over 250,000 closed adoption records dating back to 1942. During FFY 2010, VDSS added 2,482 more adoption records to the archives. Information from closed adoption records may be released to adopted individuals over the age of 18 under specific circumstances and to adopted parents and birth family members for adoptions finalized after July 1, 1994, all governed by law. VDSS also provides adoption services for children who are not in the custody of LDSS, as well as other court ordered services such as custody investigations and visitation.

Adoption Collaborations

AdoptUsKids: Virginia collaborates with the national adoption network to provide national photo listing 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 other 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 AdoptUsKids, a Federal grant through the Children's Bureau, to recruit adoptive families for children waiting in foster care across the United States. It is also the membership organization for Adoption Exchanges, of which VDSS is a member.

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

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

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

Family Strengthening & Fatherhood Initiative (FSFI): The focus of this workgroup is to encourage active participation of each parent in the lives of their children; to promote ongoing quality family relationships between parents and children; and support the responsibility of fathers; regardless of marital or financial status, in raising children and in the health and well-being of their families.

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

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

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

3. Independent Living Program

Children served. According to SFY 2011 data entered in OASIS by the local departments of social services (LDSS), more than 1,400 youth, (unduplicated number) ages 14 and over, received independent living (IL) services.

Independent Living Program (Services to Older Youth)

Services to Older Youth (previously, the Independent Living Program) is a component of the state's foster care program. While the goals and services of the program apply to older youth in care, these services are integrated throughout the Foster Care Manual to reinforce the need for all children and youth to learn independent living skills as their age and capability permits. Independent Living (IL) services are not limited to youth with the goal of independent living or youth living in an IL arrangement. These services must be provided to each youth, age 14 or over, in foster care regardless of the youth's permanency goal. 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 this funding.

State staff are responsible for developing policies, procedures and develop new programs as necessary to increase understanding of, and statewide services to older youth in accordance with the Chafee Foster Care Independence Program (CFCIP) and the Education and Training Vouchers (ETV) Program. During FY 2011 VDSS developed a chapter entitled, *Serving Older Youth*, in the Foster Care Manual. Sub-sections include:

- Achieving permanency for older youth,
- Framework (Practice principles, Legal authority, Outcomes),
- Preparing youth for adulthood,
- Independent Living needs assessment,
- Serving planning for older youth,
- Maintaining connections with youth's siblings and birth family,

- Independent living services,
- Transitioning youth over age 16 to adulthood,
- Referring and transitioning to Adult Services,
- National Youth in Transition Database and conducting the outcomes survey,
- Resuming Independent Living services, and
- Resources to help serve older youth

LDSS are primarily responsible for providing IL services to eligible youth. LDSS continue to work closely with the local Comprehensive Services Act (CSA) teams which are responsible for overseeing the planning of, and approving state funds for, additional services for youth not covered by the CFCIP funds. Together, LDSS and CSA teams share the primary responsibility for ensuring that youth in foster care are provided with the services needed to enhance their transition into adulthood. Virginia Code indicates that youth are no longer in foster care when they reach the age of majority; however youth over the age of 18 who have been in foster care can voluntarily agree to receive IL services until age 21. This population continues to receive all services available to youth in foster care and continue to have Medicaid coverage as long as they meet eligibility requirements. In addition, funding and services are available for youth between ages 18 and 21 who discontinued receiving IL services and then requested the resumption of IL services within 60 days. 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, transitioning planning for young adults aging out and how VDSS and LDSS will support youth who are adopted after attaining 16 years of age.

As a result of new legislation enacted during the 2011 General Assembly, effective July 1, 2011 the LDSS can no longer assign the goal of IL to youth. The new law allows youth ages 16 and over with the goal prior to July 1, 2011 to retain this goal with no changes required; however LDSS must provide a program of care and services. IL services are not affected. For FY 2012, state staff will develop and implement, in collaboration with key stakeholders including youth, a work plan that will provide technical support, resources, tools, policy and practice guidance on achieving permanency with a sense of urgency for all youth.

IL funds

For FY 2011 VDSS allocated its CFCIP funds into three primary spending categories: basic allocations; private contractor; and ETV. VDSS does not have a trust fund for foster care youth. Approximately 90% of Virginia's Chafee grant is spent on the following services to prepare youth for self-sufficiency: education; vocational training; daily living skills/aid; counseling; outreach services; and, other services and assistance related to building competencies that strengthen individual skills, promote leadership skills and foster successful independent living. The majority of the LDSS collaborate with community-based organizations and agencies to provide support and services to youth (i.e., local health departments, workforce investment boards [WIB] including one-stop centers and VA Cooperative Extension offices, etc.).

VDSS determines basic allocations to each LDSS based on their percentage of the statewide population of foster care youth, 13 years old and over, for the previous 12 month period. Currently, 116 of Virginia's 120 LDSS actively participate in providing services to older youth. The 4 LDSS not participating do not have age appropriate youth or they opt to use other funding sources to provide services to youth. In July 2009, VDSS awarded a contract to United Methodist Family Services (UMFS) to provide IL services to youth in and transitioning out of foster care statewide. UMFS' program entitled "Project LIFE, Living Independently, Focusing on Empowerment", serves youth in the Commonwealth who are in or transitioning out of foster care. Five regional IL Consultants and two Best Practice Consultants are

responsible for carrying out the vision, mission and goals of the Chafee Foster Care Independence Act, the principles of the Virginia Children’s Services Practice Model and family engagement by collaborating with LDSS and private providers for adulthood by offering;

- Hands-on training
- Structured, uniform program of services
- Technical assistance and
- Best practice development

Project LIFE offered the following training, technical assistance (TA), and services:

- Ansell Casey Life Skills Assessment (ACLSA) trainings/TA
- National Youth Transition in Database (NYTD) trainings/TA
- Guidance and training on the Independent Living Program (ILP); Education and Training Vouchers Program (ETV); Transitional Living Plan (TLP); Permanency for Youth
- Facilitation of IL skills group
- Development of youth advisory councils
- Regional youth conferences/events

Project LIFE provided the following activities/services with youth:

| Topic | # of Activity | # of youth participants |
|---------------------------------|---------------|-------------------------|
| Transitional living plan | 6 | 9 |
| IL life skills | 29 | 391 |
| ACLSA | 3 | 3 |
| Education-related | 9 | 176 |
| Regional youth advisory council | 51 | 352 |

During this fiscal year, the Project LIFE team achieved the following:

- Became certified trainers for the Ansell Casey Life Skills Assessment and provided trainings for LDSS and other stakeholders;
- Coordinated two VYAC weekend conferences with at least 75 youth participants at each. Older youth co-facilitated some of the workshops and activities and served as mentors;
- Participated in state work groups and committees representing the needs of older youth including the National Youth and Transition Database (NYTD), Family Engagement, Fostering Connections to Success Education Workgroup, and the statewide Permanency Advisory Committee;
- Developed a state advisory council comprised of regional council members who serve as either elected officers or active members. The State council worked in partnership with The National Foster Youth Action Network to develop strategies for expanding regional council membership and providing leadership and advocacy training to improve the foster care system;
- Representatives from the State Council and the newly developed Speaker’s Bureau attended the SaySo Conference in North Carolina on March 5, 2011. SaySo (Strong Able Youth Speaking Out), a statewide association in North Carolina comprised of youth aged 14 to 24 who are or have

been in the out-of-home care system. Virginia's youth participated in workshops and were recognized by the Board Director and the Executive Director during the one day event. Project LIFE plans to work with SaySo in future partnership /collaborations.

- Developed a Speaker's Bureau and conducted formal training during the month of February for current and former youth in care. Youth and young adults from around the state learned how to effectively make presentations and give personal testimonies to community stakeholders, policy makers, social workers, foster parents and other foster care youth throughout Virginia . The Speaker's Bureau had its first speaking event on March 30, 2011 and was well received by residents and staff at Youth Quest in Newport News, VA. A youth formerly in foster care spoke on the aspects of aging out of foster care and how to live independently. Project LIFE has begun soliciting speaking engagements in the Eastern region and offered training and orientation to the Central region during the month of April.
- Developed an additional resource for adults that are now available on its website at www.vaprojectlife.org . **Youth Skills for LIFE** is the recommended independent living skills curriculum to use with young people who are in need of learning, enhancing, or supporting life skills to effectively transition into adulthood and self-sufficiency. This easy to use curriculum supports the development and focus for young people moving into adulthood. **Youth Skills for LIFE** references the state-recommended Ansell Casey Life Skills Assessment Domains and the Circle of Courage©;
- The Regional IL Consultants in collaboration with the regional Independent Living Committees planned and delivered one-day youth events;
- Collaborated with the Virginia Department of Health and Training 3 to offer an evidence-based adolescent sexuality curriculum to youth in foster and out-of-home- care;
- Assisted with implementing Virginia's Family Partnering Model and participated in the roundtables which included meeting with the Foster Care/Adoption, CPS and Family Resource Consultants to jointly plan for their unique and collaborative roles in helping LDSS integrate this practice into all planning for children in care.

In order to increase the LDSS' capacity to meet the goals of establishing permanent connections for older youth and developing adult living skills, Project LIFE and VDSS are committed to assisting LDSS in providing necessary services to eligible youth on a statewide, regional and local basis. Through state, regionally and locally-based initiatives, VDSS will continue to provide the leadership necessary for Project LIFE to accomplish the following goals for FY 2012:

- Create new and expanded opportunities for youth to develop IL skills;
- Promote youth's meaningful engagement in case planning and in advocating for themselves and others in foster care;
- Strengthen the capacity of LDSS to more effectively support youth in preparing to leave foster care and make successful transitions to adulthoods, and
- Increase the capacity of public and private service providers to engage in IL Best practices with older youth in foster care

Virginia is committed to having youth's voice and involvement in their own service planning, foster care policy, NYTD workgroup and other state committees and legislation.

Since 2006 VDSS has been collaborating with the Virginia Department of Health (VDH), Richmond City Departments of Health and Social Services and federal TRAINING 3 to enhance planning, program and training activities to support the adoption of evidence-based approaches to teen pregnancy prevention. In FY 2011, TRAINING 3 sponsored training for Project LIFE staff and representatives from local health departments. Project LIFE is now working in collaboration with the Virginia Department of Health and TRAINING 3 to offer an evidence-based adolescent sexuality curriculum to youth in foster and out-of-home-care. Project LIFE will pilot this project with a local agency in northern and the central region to identify youth and locations to host the 10 week training. In addition, state Service for Older Youth staff worked with the state Adult Services Program staff and developed cross-program policy guidance to increase linkages to adult services for youth with disabilities aging out of foster care.

For FY 2011, the VDSS used the federal government's outcomes for the purpose of evaluating efforts in preparing youth for self-sufficiency as they exit the foster care system. LDSS must develop and document in the Basic IL Services application the outcomes to be achieved by use of these funds. 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. Formal service planning and review of the service plan by the juvenile and domestic relations court occurs at least annually. Service planning must involve multiple parties (i.e. mentors, foster parents, birth parents, relatives, and other individuals) as identified by the youth and as appropriate in the development of the service plan.

During this fiscal year, VDSS experienced an increased number of youth receiving IL and post-secondary educational services and increased its ability to reach more youth through partnering with Project LIFE.

For FY 2012, VDSS will continue to enhance and increase linkages, coordination and collaborations among the different local and state agencies, organizations, and private providers. Such linkages would clarify funding sources available for service provision and allow for effective and efficient planning around use of such funds; develop shared policies across child-serving agencies; and increase knowledge across systems regarding available services. Additional goals include:

- Increase youth involvement in service planning and developing transitional plan to promote permanency and self-sufficiency; and
- Increase the full array of independent living services and resources through implementing strategies for successful transition to self-sufficiency.

Education and Training Program

The Education and Training Vouchers (ETV) Program provides federal and state funding to help youth receive post-secondary education, training, and services necessary to obtain employment by covering the expenses associated with college or vocational training programs. Vouchers are available of up to \$5,000 per year per eligible youth for post-secondary education and training. Although the ETV Program is integrated into the overall purpose and framework of the Chafee Foster Care Independence Program (CFCIP)/ILP, the program has a separate budget authorization and appropriation from the general program.

LDSS applying for ETV funds must agree to the following special requirements:

1. Reimbursements for expenses will not exceed the cost of the annual education or training program tuition and related expenses or \$5,000 (whichever is less) per eligible youth per fiscal year;
2. Will track and report on use of ETV funds separately from the Basic ILP allocation.

3. Will use ETV funds to supplement and not supplant any other state or local funds previously expended for the same general purposes; and
4. 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 who were adopted from foster care after the age of 16 are also eligible for ETV funds. Virginia administers its own ETV Program through Services to Older Youth staff. Due to the state’s significant outreach efforts in partnership with LDSS, Project LIFE and public and private partners, there has been an increase in the number of eligible youth participating in the program.

All localities are eligible to participate in the ETV Program. However, some localities do not participate due to not having eligible foster care youth. Youth must have a high school diploma or GED. Youth are made aware of program services and eligibility guidelines through social workers, IL coordinators, life skills training and educational workshops, the V-YAC, Project LIFE, and marketing efforts of the VDSS Permanency Program staff. For SFY 2010, Virginia was allotted approximately \$649,633 in ETV funds. For SFY 2011, over 525 students took advantage of ETV services and of that number 310 were new students. The number of youth that received ETV funds last year was over 415.

Each year, the LDSS must complete an ETV Application and submit the number of eligible youth on the application to VDSS. Eligible youth are those who will be/are attending post-secondary education institutions or vocational training programs for the fiscal year. The number of eligible youth in Virginia is totaled and then divided into the available allocation, giving a basic amount per youth. Each LDSS’ eligible youth will then be multiplied by the basic amount per youth. Youth in foster care with the guidance of their IL coordinators create a transitional living 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.

In addition to coordinating the states ETV program, the VDSS Education Specialist is involved in several educational initiatives such as supporting the Community College Tuition Grant for foster care youth and special needs adoptees, the Great Expectations Program, the Greater Richmond Aspirations Scholarship Program (GRASP), and the Fostering Connections to Success Education workgroup. These initiatives reflect the fact that improving educational outcomes for youth in foster care must begin prior to reaching the post secondary stage and continue throughout the educational journey. The initiatives must be collaborative, strategic, multi-tiered, and above all youth and family centered. These additional initiatives help to expand and strengthen the state’s postsecondary education assistance program and promote improved educational outcomes and stability.

Independent Living Collaborations

Project LIFE: Project LIFE is a 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) Project LIFE has taken over the responsibility of managing the Virginia's Youth Advisory Council (VYAC). The VYAC has developed into an organized and solid support group for older youth in care to develop and practice IL skills and to advocate for the needs of youth in foster care. It is composed of youth ages 15-21 statewide. (See information above for more on Project LIFE).

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

Great Expectations: Great Expectations helps Virginia's foster youth complete high school, gain access to a community college education and transition successfully from the foster care system to living independently. The program helps ensure that young people have the personal connections and 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.

The intent of Great Expectations includes:

- Help foster care youth ages 13 – 17 complete high school and move into higher education;
- Encourage youth transitioning from foster care to continue in an ILP;
- Offer a comprehensive program for foster care youth and alumni ages 18 -24 to help them gain access to a community college education; and
- Create an endowment that will provide long-term, consistent funding for the program when traditional sources are not available.

National Child Welfare Resource Center for Youth Development (NCWCYD): VDSS continues to collaborate with the NCWCYD for training and technical assistance (*e.g. Ansell Casey Life Skills Assessment Training, Technical Assistance for Implementing Public-Private Partnership*) and made significant progress for improving Virginia's system of care for older youth.

Virginia Workforce Investment Act Youth Services Programs: Local programs and career centers provide “transitional services to employment” for Virginia's neediest 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 of Rehabilitative Services, Virginia Department of Behavioral Health and Development, Virginia Community College System, Virginia Department of Correctional Education, State Council of Higher Education for Virginia, VDSS, Virginia Department for Blind and Vision Impaired, Virginia Department of Juvenile Justice, Centers for Independent Living, Social Security Administration, Virginia Board for People with Disabilities, Virginia Department of Health, Woodrow Wilson Rehabilitation Center, and Workforce Development Centers.

Virginia Teen Pregnancy Prevention Partnership for Youth in Foster Care (VTPPPYFC): VDSS has been collaborating with VDH, Richmond City Departments of Health and Social Services and TRAINING 3 to enhance planning, program and training activities to support the adoption of evidence-based approaches to teen pregnancy prevention.

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.

4. Virginia's Interstate Compact on 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. An interstate compact (*a compact among the states that enact it*) is one such mechanism. Under a compact, the jurisdictional, administrative, and human rights obligations of all the parties in an interstate placement can be protected. Virginia has codified the compact and abides by the associated regulations.

Children Served. As of May 30, 2011, Virginia has 2,859 open ICPC cases and 3,188 open Interstate Compact on Adoption and Medical Assistance (ICAMA) cases.

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

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

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

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

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

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

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

The sending agency's responsibilities for the child must continue 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 concurrency 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

A major accomplishment for the previous reporting period was the development and implementation of a border agreement between Virginia and Tennessee. On May 1, 2009, the Virginia/Tennessee Border Agreement Summit was held at the court house in Washington County, Tennessee. The purpose that was developed for the agreement is as follows: If during the conduct of a child protective services investigation or family assessment, a Tennessee Department of Children's Services or Virginia Local Department of Social Services case manager assesses a child to be at risk of imminent harm, he/she shall take actions necessary to ensure the safety of the child. The case manager will consider the feasibility and practicality of a temporary family-based placement of the non-custodial child with a relative or person whom the child has a significant relationship with ("kin") who resides in the other state. The border agreement was implemented in February 1, 2010.

Virginia/Tennessee Border Agreement –Custodial Children

Beginning on May 18, 2011, discussion will continue on the viability of this Agreement. We will assess the challenges that have been identified and determine the solutions. The two states postponed the discussion related to custodial children because of the staff work load in both states. However, at the May 18 teleconference, we will again discuss the possibility of this arrangement including custodial children and if it is possible at this time.

5. Resource Family Development

In 2008, VDSS created the Resource Family Unit (*RFU*) that is responsible for recruitment, development and support activities for foster, adoptive and kinship caregivers, referred to as "resource families" in the Commonwealth. One program manager and five regional consultants comprise this unit. The overarching goal is to increase the quantity and quality of resource parents to be viable placement options for children in the system of care. In late 2009, regulations were passed mandating pre- and in-service training as well as implementing dual approval for family assessments (home studies). To ensure that agencies have the tools, knowledge and technical assistance needed to fully realize a system of recruitment and retention for resource families, the RFU has implemented a series of structured meetings and information based on Annie E. Casey's Breakthrough Collaborative methodology, called "Regional Peer Collaboratives" (RPC). This series can be repeated as needed to continue quality improvements in local agencies.

Within recruitment, there are two key themes: using a data-driven approach to target what kinds of families are needed based on the needs of the children in foster care, and using accurate messaging about foster care

as a family support service for birth families. Regarding adoption, recruitment efforts include a sharp focus on older youth, children with special needs, and sibling sets. In all cases, the emphasis is on maintaining children's family and community connections in order to:

- Increase the likelihood that children are kept within their communities, without having to change schools or leave their faith community;
- Make better matches between children and their caregivers, so as to preserve their significant relationships, cultural and racial heritage, and family traditions;
- Decrease separation and loss issues inherent in foster care by focusing on those individuals already known to the child/family rather than defaulting to "stranger" foster care;
- Strengthen the communities from which our children are most often removed by investing in building strong resource families there—particularly important in more urban areas where the intersection of race, poverty and middle class bias contribute to the disproportionate removal of African-American children from their birth families; 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.

The RPC process for the upcoming year will be structured in each region to meet the needs of that region. Many agencies expressed concern regarding the time commitment required of the RPC as previously designed, and requested targeted recruitment needs and support. In addition, agencies that participated last year have requested to continue meeting at least quarterly because of the benefits of information sharing and peer to peer networking. The Resource Consultants are also reviewing monthly data reports that provide agency information regarding family-based placements and kinship placements. The Consultants will develop targeted strategies to assist the agencies that are below the national practice standards.

Through consultation from the Annie E. Casey Foundation, the Resource Family Consultants received training in this area of family search and engagement. In an effort to increase the number of kinship providers, the Resource Family Consultants offered two trainings per region to local agencies during 2010. During 2011, training will continue with a minimum of two sessions offered in the upcoming year per region open to both local departments and private providers. In addition to the family search and engagement training, the Consultants will provide technical assistance to local agencies regarding the use of the internet search system used to locate relatives and permanent connections for youth, Accurint.

The Resource Family unit is continuing to work closely with the CRAFFT Coordinators to ensure the resource family training needs within the region are met.

Resource Family Collaborations

Annie E. Casey Foundation and the Casey Strategic Consulting Program. These partners have been essential in developing the RFU, developing a strategic work plan to roll out resource family best practice for statewide implementation, and planning and executing regional learning cooperatives.

Community Resource, Adoptive and Foster Family Training (CRAFFT). CRAFFT has been addressing development and support issues for resource families for nearly six years. It is a collaborative venture between VDSS and Norfolk State University, Virginia Commonwealth University and Radford University. Two Coordinators are housed by each university. CRAFFT Coordinators provide direct pre-service training to families (*conducted in coordination with LDSS*), as well as provide some support to agencies to build their own training and support capacity. Similarly, CRAFFT Coordinators provide a wide range of in-service training to families on topics responsive to local needs and issues.

C. Child and Family Well Being Services

1. Services to address children's educational needs

The Education Workgroup and work streams were developed to improve educational outcomes for youth in foster care by taking advantage of the changes in the Fostering Connections to Success and Increasing Adoptions Act. The VDSS Education Specialist is co-chair of the Education Workgroup with a representative from Department of Education (DOE).

The overall charge of the group was for DOE and VDSS included establishing cross-agency guidance and procedures for keeping children in their school of origin when in the youth's best interests; immediate enrollment in school when a child is placed in foster care and cannot remain at his school of origin; and to coordinate policies and practices that will enhance local educational associations and LDSS' ability to work seamlessly in improving specific outcomes for children in foster care. To date the byproducts of these initiatives include:

- Conversations across disciplines through which DOE and DSS identified definitions and policies on immediate enrollment of youth who are entering foster care or changing placements that require changes to create consistency between the two departments;
- Collaborative data sharing efforts with DOE identifying specific VDSS data needs related to education (e.g., timely enrollment, attendance, graduation rates, etc.) for children in foster care. DOE and VDSS have already, and will continue to make certain educational database changes to capture educational data for children in foster care by sharing the student testing id (STI);
- DOE's and DOE developed a process for determining if it is in the best interest of the child to remain in the school of origin;
- The workgroup established policies around transporting children and youth to their school of origin when placed in foster care.
- The workgroup developed clear, concise, and accurate joint guidance issued by the State DOE Superintendent and the DSS Commissioner;
- Developed three specific tools for practitioner use which are (a) the DOE-VDSS Joint Guidance for School Placement, (b) the *Best Interest Determination for School Placement*, and (c) the *Immediate Enrollment* form.
- Created, implemented, and published the monthly education reports derived from the data social workers enter into OASIS. This report reflects the number of students listed in care compared to the number for which a DSS educational record of progress exists;

The education workgroup advises the Division of Family Services (*DFS*) in the VDSS and the Virginia DOE on implementing the educational requirements of the Fostering Connections to Success and Increasing Adoptions Act of 2008.

The workgroup's awareness of three federal laws passed in 2008 impacting educational opportunities for older youth in foster care and adoptive youth is significant (the Fostering Connections to Success and Increasing Adoptions Act, the College Cost Reduction Act, and reauthorization of the Higher Education Act). Also, a final rule was issued on a fourth federal law, (the National Youth in Transition Data Base) requiring states to collect and maintain data in broad categories including but not limited to academic support, post secondary educational support, career preparation, housing and health education, education financial assistance, educational attainment, and positive connections with adults.

For SFY 2012 VDSS, the education workgroup and other key stakeholders will continue to promote promising strategies to improve educational outcomes that support the enhancement of educational continuity and school stability for Virginia children in out of home and adoptive care. Additional guidance that

addresses the responsibility of the Comprehensive Services Act (CSA) vs. the local school district in funding transportation when a child has an IEP will require additional clarification and the workgroup is currently making related changes to the guidance that was published in November, 2010.

2. Health care services

Coordinated strategy: Since Virginia's child welfare system is state supervised and locally administered, the Virginia Health Plan Advisory Committee (HPAC) is implementing systemic strategies at the state level to improve data, guidance and training for local departments of social services (LDSS). This work will guide and improve local actions in: conducting health screenings and assessments; sharing medical information; and providing and monitoring treatment, prescription medications, and continuity of care for children.

The purpose of HPAC is to advise and make recommendations to VDSS on improving health outcomes for children in, and at risk of, foster care across the Commonwealth. The committee ensures that children receive adequate services to meet their physical and behavioral health needs. The committee provides ongoing oversight and coordination of health care services. It helps articulate the vision, determine effective strategies, make decisions, and follow through to ensure the health needs of children in the foster care system are met.

HPAC is comprised of representatives from:

- Resource families & FACES of Virginia Families;
- Social services system representatives (State Board, State Foster Care & CPS Staff, regional consultant, and local departments of social services);
- Other state agencies (Virginia Departments of Medical Assistance Services (DMAS), Health, Education, Behavioral Health & Developmental Services, Juvenile Justice, and the Office of Comprehensive Services for At Risk Youth and Families);
- Advocacy groups (Voices for Virginia's Children and Virginia Poverty Law Center); and
- Health care providers, including pediatricians, social workers, nurses, clinical pharmacist of psychiatry, dentist, child psychiatrist. These members include:
 - Former President of the Virginia Chapter of the American Academy of Pediatrics;
 - Professor of Psychiatry and Pediatrics; Chair of the Child and Adolescent Psychiatry Division of Virginia Commonwealth University (VCU) Medical Center;
 - Associate Professor & Graduate Program Director in the Department of Pediatric Dentistry VCU School of Dentistry,
 - Clinical Pharmacist, Psychiatry Division in the VCU Health System;
 - Executive Director Capital Area Health Education Center; and
 - Coordinator, Child Assessment & Treatment Center for Health.

State vision to guide policy and practice: HPAC created a state vision to improve child health outcomes through meeting children's health care needs. Health care is broadly defined to include developmental, physical, dental, mental health and substance abuse care. The vision is guided by Virginia Children's Services Practice Model and by federal and state outcomes for achieving safety, permanency and well-being for children at risk of and in foster care.

The vision is:

- All children and youth deserve access to health care
 - Children, youth and their families will partner in decision-making at all levels and will be satisfied with the services they receive

- All children and youth will be served with comprehensive, ongoing and coordinated care within a medical and dental home, including developmental, physical, mental health and substance abuse needs
- All children and youth will be screened early and periodically for health care needs
- All children and youth will receive necessary health services, including preventive care and transition services throughout childhood and to adult life, to ensure continuity of health care
- All children and youth deserve a responsive health care system
 - Services for children, youth and their families will be organized in ways that families can use them easily
 - All children, youth, their families, workers and providers will have access and share necessary data that tracks health utilization and outcomes
 - All families of children and youth will have adequate private and/or public insurance to pay for the services they need
- All local social services workers will have the guidance, tools and support necessary to ensure children have appropriate access to health care
 - VDSS will provide workers with consistent policies and clear guidance to access health care across systems
 - VDSS will train workers to fulfill their roles in ensuring the health needs of children and youth are appropriately coordinated based on policies and guidelines

The focus in 2011 has been to provide more information in the Foster Care policy on existing strategies to directly impact the provision of health care and improve health outcomes for children in foster care now until the HPAC finalizes more comprehensive and effective policies. Specifically the policy guidance:

1) Provides more information on screenings and assessments, including:

- Types of assessment tools to assess the strengths and needs of the child and/or family, including developmental assessments, child and family comprehensive assessments, and health and behavioral health assessments among other tools.
- State required assessments:
 - EPSDT. Provides early assessment of children's health care needs through periodic screenings conducted by physicians or certified nurse practitioners or through requested unscheduled check-up or problem focused assessments at anytime because of illness or change in a child's condition.
 - Updates periodicity schedule for screenings based on recommendations from the American Academy of Pediatrics and Bright Futures.
 - Provides required components of screenings
 - Links to resources for implementation.
 - Child and Adolescent Needs and Strengths (CANS) is the mandated assessment tool for CSA which covers most children in foster care. It helps plan and manage services at both an individual and system of care level. It also helps guide service planning, track child and family outcomes, promote resource development, and support decision making.
 - Provides who should be assessed: All children, ages 5 and above who receive services and funding through CSA, and their families shall be assessed. For children ages 0-4, use of the CANS is optional
 - Assessment areas: The strengths and needs of the child in the following areas: life domain functioning; child strengths; school; child behavioral/emotional needs; and child risk behaviors. It also identifies the strengths and needs of the family or caregiver: the current caregiver; the permanency planning caregiver strengths and needs; and residential treatment center. Additional modules are

available to assess specific situations, including: developmental needs; trauma; substance use needs; and violence needs; sexually aggressive behavior needs; runaway needs; juvenile justice needs; and fire setting needs.

- Links to health assessment resources, including.
 - EPSDT Program from the Virginia Department of Medical Assistance Services website.
 - Bright Futures from the American Academy of Pediatrics' standard reference book on children's health information for pediatricians. It provides a set of principles, strategies and tools that are theory-based, evidence-driven and systems oriented that can be used to improve the health and well-being of children. It provides a comprehensive set of expert guidelines, as well as a practical developmental approach to providing health supervision for children from birth to age 21 in the context of family and community. The guidelines are designed to present a single standard of care and a common language based on a model of health promotion and disease prevention.
 - The Healthy Futures website, an online version of Bright Futures. It takes children's health information from Bright Futures and puts it into the hands of parents through videos and text. It provides information on age-specific child health visit topics. It increases families' knowledge, skills and participation in health promotion and prevention activities.

2) Added new section on providing preventive, developmental, medical, dental, mental health, substance abuse, and long term care services through the Medicaid program. Specifically added information on:

- Medicaid covered services;
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
- Dental services, including a link to dentists who accept Medicaid
- Mental health treatment and intellectual disability services
- Long term care services
- Using Medicaid providers

3) Requires documentation of the most recent information available regarding the child's health, including:

- The child's health status, including any allergies and health conditions;
- List of information available in the child's case record, including:
 - The names and addresses of the child's primary care, medical, specialty, dental, mental health, and substance abuse providers, as appropriate;
 - A record of the child's immunizations; and
 - The child's medications, including psychotropic drugs.
- Any other relevant health information concerning the child.

VDSS has identified several opportunities in national health care reform to benefit youth in foster care. DMAS has contracted to develop tracking process for psychotropic drugs for all Medicaid recipients, including youth in foster care, using the initial framework developed by HPAC.

D. Quality Assurance

1. Continuous Quality Improvement (CQI) Unit

The Continuous Quality Improvement (CQI) Unit in DFS is based in a philosophy and practice of continuous improvement and is accountable to the principles of the Virginia Children's Services Practice Model. It conducts reviews of LDSS and will measure child status and system performance indicators to improve outcomes for children and families.

The CQI Unit consists of five Quality Analysts and a Quality Manager. The Quality Manager was hired in March 2008 and immediately began designing a program based on the CFSR as the quality standard and continuous quality improvement theory and processes. A database was developed for the collection and analysis of data gathered by the CQI staff. The Unit began conducting Child Welfare Quality Reviews in July 2008. The first reviews completed by the Unit were joint reviews with the Regional Consultants. The joint reviews were used as a training tool for the new Quality Analysts and started the conversation on how the two groups would work together. The Unit's staff reads the cases and develops reports. The Regional Consultants do the formal feedback report with the LDSS.

In July 2010 with the support and funding from Casey Family Programs, the CQI Unit began development of a Quality Service Review (QSR) Process. The QSR is a quality standard based on the Virginia Practice Model. The QSR is an action-oriented learning process that provides a way of recognizing what is working or not working, at the point of practice, for children and families receiving services. We will continue with a stratified sampling of case record reviews; however we will expand our process to speak with family members, the child, and the caseworker and service providers. The QSR process now will focus on the quality of practice rather than the quality of compliance.

In September 2010 a design meeting was held to develop the QSR protocol tool. Participants represented all components of the child welfare system both public and private providers, state and local professionals and community partners. The protocol tool guides professional appraisal of the status of a focus child receiving services, status of the parent/caretaker, and adequacy of performance of key service system practices for the focus child and family. The protocol uses an in depth case review method and practice appraisal process to find out how children and their families are benefiting from services received and how well locally coordinated services are working for them.

The QSR tool was piloted in November 2010 and three reviews were held in February, April and May 2011. In summer of 2011 we will standardize our process and plan site locations for review for the balance of 2011 and 2012.

The Quality Service Review will continue the three step process to form a continual cycle of practice reform and improved outcomes.

1. A stratified sample of cases are reviewed for a LDSS utilizing the QSR instrument, and interviews with the case worker, foster parent, focus child and his/her family members, legal partners, providers and others who are involved in the case. Reviewers use a structured protocol to guide their inquiry and determine the status or outcome for the child and the quality of practice contributing to that outcome
2. The information is shared with the caseworker, supervisor and the local department during the review week. A follow up comprehensive report is provided to the LDSS and then work with the Regional Consultants and analyzed from two perspectives:
 - Strengths and good performance are identified, as well as systems and processes in place to ensure good practices continue. This is also an opportunity to identify best practices in the agency to be shared across regions.
 - Opportunities for improvement are identified through an examination of root causes and strategies for addressing the issues. Gaps in performance are also identified, as well as what factors need to change to add in order to address the gaps and improve performance.

3. System Improvement Plans (SIP) are developed by identifying the nature of the issues (*e.g., practice, policy, work process, resources, training, or any combination of issues*). The process or system that needs improvement is identified. Specific objectives, strategies, implementation plans, milestones, dates and any deliverables are identified.

The Unit is currently working on mechanisms to revise the SIP process in light of the revised QSR protocol and build accountability in this three step process of continuous quality improvement. This will be based in the philosophy of Appreciative Inquiry in addition to an eight step model for process improvement, developed templates to define the problem or issues, identify root causes, identify solutions and develop specific action plans to change or improve practice. System Improvement plans are linked to outcome measures established by the DFS. Revisions will also include a method of reporting and accountability and an annual report on Quality Service Reviews.

2. Outcome Based Reporting and Analysis (OBRA) Unit

In 2008, DFS created the Outcome Based Reporting and Analysis Unit which oversees all reporting, research and information technology (IT) for the division. Most recently OBRA has also been given management responsibility for performance based contracting, sub-recipient monitoring, and strategic finance. The program manager of this unit oversees all enhancements to OASIS and coordinates these changes with the OASIS Liaison. OBRA also serves as the business owner for all Division IT systems and is tasked with prioritizing all system edits and enhancements for release, as well as system training. The OASIS Liaison works with the Managing by Data Workgroup which has replaced the Family Services OASIS Operations Group as the body that prioritizes IT enhancements. OBRA has successfully released five versions of OASIS in the past three years and is planning two more releases for calendar year 2011.

OBRA continues to increase the volume of reporting, trainings, and ad hoc research analysis and continues to manage the contracts for SafeMeasures and the Chapin Hall Multistate Foster Care Data Archive. These contracts have bolstered data integrity but also make data driven decision-making a priority in Virginia's Child Welfare System.

II. Primary Strategies, Goals and Action Steps

This section delineates the six primary strategies, goals and action steps for the next five years. This plan represents an evolving process that will be enhanced as Virginia continues to learn. For each strategy, the applicable Children's Services System Transformation outcomes, CFSR outcomes and Systemic Factors, and CFSR items that Virginia is striving to achieve are listed.

Virginia completed the second round of the Child and Family Services Review in July 2009. As a result of the review, a Program Improvement Plan (PIP) was developed. There are four Primary Strategies in the PIP that are incorporated into the 5 year plan strategies. Those strategies are:

1. Engage Families across the Continuum of Child Welfare

Goal: Ensure children, youth and parental input is heard and considered in the decision-making processes regarding safety, permanency, well-being, and service planning and placement decisions

2. Improve Assessment and Service Delivery

Goal: Appropriately assess safety, risk, and the needs of children and families in order to provide high quality, timely, efficient, and effective services.

3. Reengineer Competency Based Training System

Goal: Improve training and supervision in order to serve children and families through high quality, timely, efficient, and effective services

4. 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

Both PIP strategies and non-PIP strategies will be reported in this section. If a PIP strategy was the same as what was indicated in the CFSP, the PIP strategy will take the place of the original strategy. PS in the follow sections stands for Primary Strategy.

I. Safe children and stable families

These strategies strives 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 CFSR Outcomes or Systemic Factors:** Safety Outcome 1; Safety Outcome 2; Permanency Outcome 1; Wellbeing Outcome 1; Wellbeing Outcome 3; Systemic Factor: Service Array and Resource Development

- **Applicable CFSR Items:** Item 1, Item 3, Item 4, Item 17, Item 23, Item 32, Item 33, Item 35, Item 36,

Goal: Protect children at risk of abuse and neglect

1. Implement the Structured Decision Making (SDM) Model statewide

- a) Gain top level administrative commitment and provide organizational structure to support SDM.
- b) Develop and implement a plan to gain support for SDM from local agency directors, supervisors, and direct child welfare staff.
- c) Incorporate SDM philosophy, processes and practices into child welfare policy and guidance manuals.
- d) Incorporate SDM tools into OASIS.
- e) Develop and/or contract for the implementation of a comprehensive training program to support SDM practice.

PS 2 Obj. 1. Improve local department staffs' abilities to assess initial safety and risk

Strategy 1.1 Develop and/or revise and implement tools to improve local staffs' ability to improve response times to CPS reports

- a) review SDM intake tools to ensure consistency with VA regulations and guidance
- b) develop policy on timeframes for face to face contact with victims
- c) obtain input from CPS policy advisory committee
- d) incorporate intake tools in guidance manual
- e) disseminate manual

2011 update

PIP strategy 1.1 been covered through new releases of the CPS manual in July 2010 and has been vetted through the CPS advisory committee. Part III of the manual says “*Timeliness of the initial response is calculated from the date and time of the referral. The initial response is the first attempted or completed contact with the alleged victim, parent/caretaker, or collateral. The local department should make a face-to-face contact with the alleged victim child within the initial response priority level assigned, as this contact is critical.*” Part IV says, “*The CPS worker must conduct a face-to-face interview with the alleged victim child and should conduct this face-to-face contact within the response priority level assigned.*” There will be a new release of the CPS manual anticipated in July 2011 that updates parts 1, 3, 4 with the tools mentioned and those tools are incorporated by link and in appendix.

Strategy 1.2 Revise CPS guidance manual to include tools on how to more accurately and consistently assess initial child safety and risk including factors such as domestic violence, mental health issues, and substance abuse.

- a) review SDM safety and risk assessment tools to ensure consistency with VA regulations and guidance
- b) obtain input from the CPS policy advisory committee
- c) incorporate safety and risk assessment tools into guidance
- d) disseminate guidance

2011 update

PIP strategy 1.2 has been addressed by the CPS advisory committee. There will be a new release of the CPS manual anticipated in July 2011 that updates parts 1, 3, 4 with the tools mentioned and those tools are incorporated by link and in appendix.

Strategy 1.3 Develop and implement statewide training for CPS supervisors and workers on the use of new initial safety and risk tools.

- a) develop training curriculum
- b) select and train Trainers, to include CPS regional consultants and supervisors
- c) develop statewide training schedule
- d) train all CPS supervisors and workers on use of new tools

2011 update

PIP strategy 1.3 has had significant progress. FAM1016: SDM for CPS Intake, Safety and Risk Assessments curriculum has been developed and training began in April 2011. On April 7 – 8, 2011 there was training for trainers of the FAM1016 course in Richmond. Twenty seven state and local department staff trained as trainers of this two-day course. Forty Eight sessions of FAM1016 have been entered into the Knowledge Center to be offered May – July 2011.

Strategy 1.4 Develop OASIS screens to reflect new CPS safety and risk assessments.

- a) Outcome Based Reporting and Analysis Unit (OBRA) will review what is currently in OASIS and determine if current screens can be modified or if new screens must be created
- b) meet with Family Services Managing by Data workgroup to determine requirements
- c) implement new screens

2011 update

PIP strategy 1.4 is currently in progress. The new or updated screens have been developed and incorporated into the training for trainers and OASIS help. The upcoming release of OASIS is scheduled for July 1, 2011 and will officially incorporate these changes.

Strategy 1.5 Quality Service Review will evaluate the extent to which initial safety and risk assessments are being completed correctly and within the required timeframes

Strategy 1.6 Identify and implement tools for local staff to use in assessing safety, domestic violence, substance abuse, and mental health issues present in relative and other caregiver families.

PS 4 Obj. 1. Increase use of data driven decision making in Virginia's child welfare system

Strategy 1.4 Develop a new report by locality on face to face contact with victims to be disseminated on a monthly basis

- a) train regional consultants on face to face contact report
- b) introduce the report as a data management tools for state CPS staff and local departments of social services

PS 2 Obj. 2. Improve local department staffs' abilities to conduct service needs assessments and develop relevant service plans.

Strategy 2.1 Revise CPS guidance manual to provide tools to support on-going assessment, risk reassessment and service planning for children and families' service needs

- a) review SDM family strengths and needs assessment tools to ensure consistency with VA regulation and policy.
- b) obtain input from the Child Protective Services Advisory Committee
- c) revise on-going services section of CPS guidance to enhance and strengthen workers ability to assess and provide services to families

Strategy 2.2 Revise Foster Care Guidance to provide specific tools to guide service workers in conducting child and family needs assessment and risk assessment prior to reunification.

- a) Create workgroup to review tools and recommend tools to be used.
- b) Obtain input from the Permanency Advisory Committee on recommended tools
- c) Incorporate tools into Foster Care Manual
- d) Disseminate guidance

Strategy 2.3 Create requirements for OASIS screens to reflect new CPS and Foster Care service needs assessment and service plans

- a) Utilize workgroup to review OASIS screens and make recommendations for screen changes
- b) Outcome Based Reporting and Analysis Unit (OBRA) will review what is currently in OASIS and the workgroup recommendations and determine if current screens can be modified or if new screens must be created
- c) OBRA and Family Services meet to develop requisition to present to the Managing by Data workgroup (MBD) to approve screen changes.
- d) OBRA and Family Services meets with MBD prioritize timing for screen changes in OASIS

Goal: Keep children and families together through providing families with the necessary supports to safely raise their children.

- 1. Prevent families from disrupting and children entering foster care through providing prevention, support and family preservation services.**

- a) Assess desired outcomes and service delivery in the Promoting Safe and Stable Families Program (PSSF).
- b) Identify and promote best practice service models for prevention, family preservation and support to localities annually and as requested.
- c) Design and present training annually for localities on the use of the PSSF funding incorporating the principles of the Children Services Transformation and the CFSR outcome measures.
- d) Disseminate the Child Welfare Funding Package in sufficient time annually for localities to complete a community needs assessment and develop a comprehensive proposal.
- e) Collect, analyze, report and monitor the use of PSSF funds annually in accordance with federal requirements.

2011 update

Item 1a.

To meet the deadline for submission of the Annual Progress and Services Report (APSR) the PSSF Year-End Report uses three quarterly reports (within the period June, 2010- February, 2011) and a summary report that includes total number of children and families served, data on ethnicity, priority services and best practice models. At the time of preparation for this report, 77 localities had submitted complete Year-End Reports. This is 68 percent of the 113 localities with approved plans. This is a drop in total year-end reports that were received in 2010 for the APSR (total received in 2010 was 90 compared to 77 in 2011). Approval of SFY2012 PSSF funds to localities is contingent upon submission of the year-end report.

Item 1b.

A major theme in this year’s reporting was reference to the use of the Family Engagement model as a best practice tool for child welfare intervention. Example 1: *“This agency is beginning to use the Family Engagement Model in the foster care unit and has done one Family Engagement meeting in the CPS unit this past year. CPS is likely going to start using this model more often in the next year as workers become more acquainted with the process and the State is pushing for this process to be used more in cases where children are at risk of removal.”*

Example 2: *“...the community has seen an increase in participation for Family Partnership Meetings. Several of these meetings have resulted in placement options without the need for foster care. The community has embraced the concept of Family Engagement and is working together to ensure families have the opportunity to become more involved in the decision making for their children in an effort to prevent removal.”*

There also appeared to be more reporting on parent skills training focused on different levels of child development and needs. In the table that follows, some of the curricula used by the localities are highlighted:

| Curricula Used By Localities Specific to Service Type | |
|--|---|
| | Description |
| Parents as Teachers Born to Learn Petersburg Health Department CHIP (Family Support) – Anike N. McKoy 804.862-8951 | Identified as an evidence-based curriculum designed to increase parent knowledge about child development, improve parenting practices, improve children’s fine and gross motor skills, and foster school readiness. It also teaches parents the importance of physical stimuli in their child’s development, appropriate discipline techniques, and age appropriate play concepts. Available in English and Spanish |
| Are We There Yet? – birth to 11 Parenting Today’s Teens Spotsylvania DSS (Family | Uses multifaceted presentation to reach different learning styles. The key concepts covered include: child development, safety, effective communication, stressors, self-esteem, conflict |

| Curricula Used By Localities Specific to Service Type | |
|---|---|
| | Description |
| Preservation) Mary Holloway 540.507.7845 | resolution, problem solving, single and step-parenting, effective discipline techniques, parenting styles and community resources. These classes have a positive and strength based approach and is based on the belief that parents care about their children and need current information and effective tools to face the challenges of parenting in today's world. |
| Parent Education Active Parenting of Teens Stafford DSS (All service types) Kimberly Strader 540.658.4284 | Some of the topics covered are mutual respect, winning cooperation, teaching responsibility and discipline, building courage and redirecting misbehavior, and reducing the risks of drugs, sexuality and violence. |
| Nurturing Program– Fairfax DSS, (Family Support and Family Preservation) Rhonda Richardson 703.324.7734 | The Nurturing Parenting Program is an internationally recognized, group-based approach for working simultaneously with parents and their children in reducing dysfunction and building healthy, positive interactions. The program uses curriculum from the following classes: Ages 0-4 (English and Spanish), Ages 5-11 (English and Spanish), Adolescent (English), Ages 0-4 and 5-11 African American Cultural Focus (English) and Teen Parents (English). |
| Systematic Training for Effective Parenting – STEP & Active Parenting/Padres Activos Arlington DSS Cheryl Fuentes 703.228.1551 | STEP is for young children through teens. Parents in the program report they have learned helpful parenting skills, they better understand their children. Individual parents are assessed using the STEP surveys. These are administered as both pre and post tests. Additionally, a Parent Feedback Form is completed by the facilitator for each parent that completes the program. This is similar to a report card and provides a snapshot of the parent's participation, engagement and application of material learned. |
| Comenzando Bien (Family Support and Family Preservation) – Loudoun County, Contact Sharon Lloyd O'Conner 703.771.5360 | Comenzando Bien is a prenatal education program for Hispanic women. It takes into account the unique needs of the Hispanic pregnant women and their families. It is culturally and linguistically relevant and appropriate for implementation in a variety of settings. Other Resources: 1. Nurturing Parenting; Teaching Empathy, Self-Worth and Discipline to School Age Children – by Stephen Bavolek, PhD 2. Nurturing Program for Parents and Their infants, Toddlers and Preschoolers – by Stephen Bavolek, PhD 3. Crianza Con Carino, Programa Para Padres E Hijos - Stephen Bavolek, PhD 4. Parenting Your Out of Control Teen – by Scott Sells, PhD Lessons were designed to help parents acquire best practice techniques that would improve their overall parenting skills and positive ways of interacting with their children. |

In addition to these curricula for parent training, Bedford County DSS identified the use of a curriculum for treating substance abusing adolescents called Adolescent Community Reinforcement Approach (A-CRA). It is listed on the National Registry for Evidence-Based Programs and Practice (NREPP) and consists of 14 sessions (10 with the client only, 2 with the caregiver only, and 2 with the client and

caregiver.) It attempts to teach healthy and adaptive skills, such as drug refusal skills, positive communication skills, anger management skills, etc. Increasing pro-social recreation is also a focus on treatment along with improved communication with caregivers. [Krystal Hullette 540.586.7652.]

It is also worth noting the frequent identification by localities of the Virginia Cooperative Extension Service to conduct parent skills training and to train families around meal planning and nutrition. The Extension Service was also identified as a resource for after school and summer activities for older children.

Item 1c.

One PSSF training session was held in the VDSS Central Region by PSSF state office staff. Prior to this session, an electronic survey was sent to the PSSF locality contacts regarding their need for training using the historical five regional trainings model. Based on the feedback and relying on the ongoing annual trainings over the past six to eight years, it was decided to have one optional training session for anyone who needed to attend. In response to challenging economic times, this plan allowed localities and the state office to minimize expenses for travel and staff time away from home base. Thirteen persons attended. PSSF state office staff also trained in localities by invitation. For example, training was held in September, 2010 for Amelia County with staff new to the job for that locality. In April, 2011 training was held for stakeholders in Chesapeake where the locality is reassessing its use of PSSF funds. PSSF training is designed to improve local program staff knowledge in the following key areas: service planning and delivery; outcome measurement; data management; and budget development. Training is available to all members of local teams (i.e., LDSS, CSA, CPMT, etc.). Assistance also helps localities understand how to apply for PSSF funds.

Item 1d.

At this time, May, 2010, 113 (93%) of the 120 localities have approved PSSF plans for the current, SFY 2011. It is expected that all will renew for SFY 2012. Localities renewing their application for funding in a timely manner reflect outcomes of staff sub-recipient monitoring through desk-top assistance and telephone feedback. It also reflects efforts by PSSF home office staff to streamline the annual application process.

Item 1e.

Information is reported by localities on a fillable report form that is then downloaded into an Excel database by PSSF state staff. The tables below show the children and families served by service type, the ranking of most often provided services and children and families referred to the PSSF program.

| <i>Children and Families Served by Service Type 77 Agencies reporting</i> | | |
|---|-----------------------|-----------------------|
| <i>Service Type</i> | <i>Total Children</i> | <i>Total Families</i> |
| <i>Preservation</i> | <i>3927</i> | <i>2976</i> |
| <i>Support</i> | <i>4492</i> | <i>4088</i> |
| <i>Reunification</i> | <i>985</i> | <i>731</i> |
| <i>Adoption (1)</i> | <i>15</i> | <i>12</i> |
| <i>Other PSSF Services (2)</i> | <i>56,533</i> | <i>53,330</i> |
| <i>Total</i> | <i>65,952</i> | <i>61,137</i> |

- (1) \$2M PSSF funds were allocated for adoption initiatives at the home office level, therefore, localities were not required to spend 20% on adoption promotion. This amount includes localities that provided local adoption initiatives.
- (2) Some localities provided services that do not lend themselves to identifying data, as they are not targeted toward specific individuals or families (e.g., library resource centers, websites, newsletters, information and referral, community fairs, etc.)

| Ranking of Services Most Often Provided to Families Ranking(Based on a total of 31 possible service codes) | | | | | |
|---|--|--|--|-----------------------|--|
| Service Type | 1st | 2nd | 3rd | 4th | 5th |
| Family Preservation | Housing & Other Material Assistance | Parenting Education | Intensive in Home Services | Assessment | Case Management |
| Family support | Parenting Education/ | Housing & Other Material Assistance | Case Management | Assessment | Parenting Skills Training/ Intensive in home Services |
| Reunification | Assessment | Housing & Other Material Assistance | Substance Abuse /Counseling Treatment Individual/ | Transportation | Parenting Education |

Examples of program challenges cited in the year end reports:

Families served during this time frame were more often referred by foster care and CPS than previously. Spanish speaking families, who usually were self-referred, seemed to be court ordered more often in the last quarter.

The needs and challenges of the parents seemed to include far higher numbers of mental health issues. Parents were more often diagnosed with depression, bi-polar disorder, and personality disorders. These mental health concerns impacted their ability to follow through and improve in their parenting skills.

More participants also required transportation assistance this quarter than previously. Some transportation barriers were addressed by having the therapist provide services in the client's homes and on occasion, the therapist picking the client up from school and bringing them back to the office.

Program challenges continue to include: difficulties providing services to those that are resistant to accept them; certain cases where there is difficult providing services on a short-term basis due to availability of services; unemployment in double digits, no or very few job, exhausted unemployment benefits and as a result, families experiencing difficulties meeting basic needs; family members who suffer from the same conditions as the parents from whom the child was removed; and parents who fail to avail themselves of offered services and continue to test positive for drugs.

Housing and unmet basic needs continued to drive the need for extraordinary support for families where reunification is the goal. Parents continue to experience difficulties in the area of transportation to be involved with their children.

| <i>Children and Families Referred to the PSSF Program</i> | | | | | | | |
|--|---|---|---|---|----------------|----------------|----------------|
| <i>Measures: Outputs and Outcomes</i> | | <i>FY 2005-09 74 localities reporting</i> | <i>FY 2010 90 localities reporting</i> | <i>FY 2011 77 localities reporting</i> | <i>FY 2012</i> | <i>FY 2013</i> | <i>FY 2014</i> |
| <i>Number of families receiving PSSF services</i> | | <i>9,790 families 13,316 children</i> | <i>8,572 families 11,417 children</i> | <i>7807 families 9419 children</i> | | | |
| | <i>Of this number, children who enter foster care will not exceed 5%</i> | <i>331=2%</i> | <i>181 = 1%</i> | <i>228 = 2%</i> | | | |
| <i>Number of families whose children are in foster care 15 mos. or less who receive reunification services</i> | | <i>1,409 children in 889 families</i> | <i>1,104 children in 692 families</i> | <i>985 children in 731 families</i> | | | |
| | <i>Number of children targeted for Reunification at the end of the year</i> | <i>1268</i> | <i>488</i> | <i>436</i> | | | |
| | <i>Number of children reunited with their birth family during the year</i> | <i>376</i> | <i>289</i> | <i>218</i> | | | |
| <i>Number of children placed w/relatives other than the natural parent who was the last custodian</i> | | <i>195(1.5%)</i> | <i>142 (1%)</i> | <i>154 (1.6%)</i> | | | |
| <i>Number of children for whom a new abuse complaint was made/baseline = 6.1%</i> | | <i>79 (less than 1%)</i> | <i>45 (less than 1%)</i> | <i>56 (less than 1%)</i> | | | |
| <i>Number of families by ethnicity (*based on the ethnicity report)</i> | | <i>42% AA 44% Caucasian 10% Hispanic 3% Asian or other race</i> | <i>50% AA 54% Caucasian 13% Hispanic 3% Asian or other race</i> | <i>39% AA 41% Caucasian 13% Hispanic 7% Asian or other race</i> | | | |

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 Children's Services System Transformation Outcomes:** Permanency Outcomes: Increase Permanency Discharges, Decrease Time to Permanency Discharge; Family Based Care: Increase Family Based Care, Increase Kinship care; Congregate Care Reduction: Decrease number of youth in congregate care, Decrease time spent in congregate care

- **Applicable CFSR Outcomes or Systemic Factors:** Safety Outcome 2; Permanency Outcome 1; Permanency Outcome 2; Wellbeing Outcome 1; Systemic Factors: Staff and Provider Training, Service Array and Resource Development, Foster and Adoptive Parent Licensing, Recruitment, and Retention

- **Applicable CFSR Items:** Item 3, Item 4, Item 6, Item 7, Item 8, Item 9, Item 10, Item 11, Item 12, Item 14, Item 15, Item 16, Item 18, Item 32, Item 33, Item 34, Item 35, Item 44 & Item 45

Goal: Engage families in decision making using a strength-based, child-centered, family-focused and culturally competent approach

1. Implement a state-endorsed Family Engagement Model

- a) Develop and implement a plan for providing a consistent statewide approach to family engagement.
 - Enhance and increase the involvement of parents, children, youth, and other significant social network members in service delivery, policy and program development and evaluation.
 - Assess LDSS' needs, training, intersection with CSA, documentation in OASIS, and evaluation of practice.
 - Develop resources and tools for service providers to more fully engage parents, youth and other significant individuals in planning, implementation and evaluation processes.
- b) Train selected service providers and state/regional staff on strategies for engagement on a regional basis.
- c) Establish a plan for regional staff to provide training and technical assistance to localities on family engagement strategies.
- d) Survey selected programs to determine the level of change in involvement and recommendations for improvements.
- e) Develop and implement recommendations to improve parent, youth and other significant individual's involvement.

2011 update

Family Engagement training was offered to all (120) local department of social services throughout the Commonwealth by VCU-VISSTA. The training included a one-day introduction and overview to family engagement and a four day session for local agency facilitators. Both classes were open to local departments of social services, community partners, and private providers working with the local agency. A total of 481 individuals, representing 108 local departments completed the one day overview and 285 individuals representing 105 agencies completed the course for facilitators.

OASIS was updated in November 2009 to begin tracking family engagement information. Specific data fields captured in OASIS include the purpose of the Family Partnership Meeting (FPM), the location of the meeting, the facilitator type, persons in attendance, time of the meeting, and meeting outcomes. As of February 2011, 81 agencies have a documented FPM in OASIS. 95% of the 39 agencies that have not documented FPM are small and mid-size agencies within the Commonwealth. Over the next year, targeted efforts will be made to assist these agencies with implementation and practice challenges. Additionally, through quarterly Family Engagement Roundtables, the regional family engagement teams are identifying training and resource needs to support practice within their regions.

In August 2009, VDSS and the Court Improvement Program (CIP) collaborated on a pilot project to assist five local jurisdictions with the initial implementation of Virginia's Family Engagement Model (VA-FEM). CIP agreed to provide funding to (i) train child-serving partners within a local area who have an identified role in supporting the family engagement process, to include local departments of social services, the juvenile courts, and individuals from the local office of the Comprehensive Services Act and, (ii) fund facilitation services for family engagement meetings held within the five selected pilot localities. Sixty-eight team members and staff attended the training. The training was provided across systems to support a collaborative approach to working with families. Following the team training, CIP funds were used to provide facilitation services for family engagement meetings within the five selected local jurisdictions. Facilitation services occurred between May 24, 2010 and September 30, 2010. Funds covered the costs of a child dependency mediator identified by each locality to act as the FPM facilitator or facilitator coach. A total of 56 meetings were funded by CIP representing 91 children and youth with 15 from sibling groups. While this pilot proved to be beneficial to the local participating agencies, this pilot will not be duplicated as other needs were requested by local agencies. Funds have been provided by CIP to fund 8 sessions of family engagement training for GAL's and attorneys across the state. This training is provided through collaboration between CIP, VDSS and the Virginia Poverty Law Center VDSS and provides an overview of family engagement and the role of attorneys in the process.

Continued efforts have been made by VDSS to support the implementation and continued practice of family engagement. A family engagement newsletter featuring local agency practice is published quarterly. VDSS has developed a Family Engagement Facilitator Project to support local agency facilitators across the state. Forty two participants, comprised of both local agency facilitators and private providers, have been selected to participate in this pilot. The participants attended a two day summit and will receive information and materials to enhance their facilitation. They are also required to facilitate an activity within their region for other facilitators within the state.

An additional effort to support local agencies includes the availability of funding. Local agencies are eligible to receive FPM Incentive Funds for valid documented meetings in OASIS. The funds are distributed quarterly to local agencies and may be used to fund facilitators or facilitator coaches, transport family members to Family Partnership Meetings, purchase equipment for FPM, fund staff training, or create resources to support families.

PS 1 Obj. 1. Utilize Family Partnership meetings as a way to involve families, youth, and significant others

Strategy 1.1 Develop Family Partnership resources and tool kit for service providers, relevant family service contractors, and LDSS to share with families

- a) Post local and national sample documents such as brochures, forms, contact information
- b) Post family engagement guidance

2011 update

See the following website for basic information, tips for CASA/GAL, working with CSA, local resources, national resources, and other resources posted on the VA Family Connections website.
http://www.vafamilyconnections.com/family_engagement_tools.shtml

See the following link on the VDSS public site including the Manual and links to the VA Family Connections website. <http://www.dss.virginia.gov/family/fe.cgi>

Strategy 1.2 Train LDSS workers and members of the bar on Virginia’s Family Engagement Model including Family Partnership meetings, Diligent Family Search and Engagement.

- a) develop curricula, in conjunction with VISSTA, based on FEM guidance
- b) develop training phases for LDSS and determine which localities will be trained in which phase
- c) schedule training for members of the bar
- d) evaluate trainings

Strategy 1.3. Revise CPS and Foster Care guidance manuals to support family engagement philosophy and partnership meetings.

- a) review Family Engagement guidance
- b) review current program guidance to identify key decision points
- c) obtain input from the Permanency Advisory Committee and the Child Protective Services Advisory Committee
- d) coordinate language across CPS and foster care programs and incorporate consistent language in the respective guidance manuals
- e) disseminate guidance in CPS and foster care manuals

2011 update

CPS Program reviewed drafts of guidance for family engagement and family partnership meetings with the understanding that this practice would be incorporated into the CPS process and Manual. As CPS has many mandated requirements for contacts and assessments during the CPS process, it was determined that key decision points for convening family partnership meetings relevant to the CPS investigation and family assessment process involved safety and risk. The Family Partnership Meeting guidance identifies five critical decision points at which these meetings should occur. Two of these are specific to the CPS process relevant to outcomes of safety and risk as follows:

- Very High or High Risk Child Assessment: This family partnership meeting should be scheduled when the social worker assesses children at “very high” or “high” risk of abuse and/or neglect and the child is at risk for out of home placement in those families who will be or are receiving services.
- Emergency Removal or At Risk of Out of Home Placement: This family partnership meeting should be scheduled when the social worker assesses the child’s safety to be in jeopardy or at risk of removal or out of home placement. The meeting should be scheduled within 24 hours of safety issues being identified and occur before the 5 day court hearing in cases after the removal.

A review of the CPS Manual was done to identify appropriate places to insert specific guidance for family engagement and family partnership meetings around these two decision points. It was determined that early identification of family members is key for assessment, planning and supports for the child and family. The CPS Policy Advisory Committee was reformed in the Fall 2009 to discuss/advise on general CPS policy issues which includes family/relative identification, family engagement and family partnership meetings. The CPS Policy Advisory Committee met throughout the fall of 2009 and spring of 2010. Family engagement philosophy and guidance for family partnership meetings at the key decision points for CPS at safety and high/very high risk was incorporated into the CPS Manual. Manual posted July 1, 2010 on the VDSS intranet (SPARK) and on the VDSS public website:

<http://www.dss.virginia.gov/family/cps/index2.cgi>. The CPS Transmittal 231 dated June 22, 2010 announced the changes in the CPS manual and there was a broadcast put out June 25, 2010.

The Permanency Program (which includes the foster care program) reviewed drafts of the family partnership meetings guidance to identify key decision points that needed to be incorporated into the work of local departments through the Foster Care Manual. Staff talked with CPS Program policy staff several times to ensure we included consistent language. In reviewing the Family Partnership Meeting guidance, the Permanency Program identified key information and decision points to include in the Foster Care Manual. This language is consistent with Family Engagement Guidance and the CPS Manual. The Permanency Advisory Committee is very involved in revising and developing guidance for the Foster Care Manual. Guidance on family engagement, including family partnership meetings at the key decision points consistent with the CPS manual, was interwoven throughout the Foster Care Manual. The manual was posted December 6, 2010 on the VDSS intranet (SPARK) and on the VDSS public website: <http://www.dss.virginia.gov/family/fc/manual.cgi>. One of the major themes incorporated throughout the manual was engaging children, youth and families as partners. In addition, a new section was added to at least seven sections of the manual providing a framework for making decisions. The framework includes key practice principles from the Virginia Children's Services System Practice Model, key legal citations, and required outcomes relevant to that section of the manual. Foster Care Manual posted November 2010 on the VDSS intranet (SPARK) and on the VDSS public website: <http://www.dss.virginia.gov/family/fc/manual.cgi>. There was a Foster Care Transmittal 235 dated December 6, 2010 and broadcast dated the same day announcing the manual changes.

Strategy 1.4. Increase the number of family partnership meetings

- a) Set the expectation that each locality within the state will implement Family Partnership Meetings at at least one decision point by the end of the calendar year 2010
- b) Review the Family Partnership report to inform technical assistance needs
- c) Provide technical assistance through Regional Consultants

Strategy 1.5 CIP to fund facilitation of 20 of family partnership meetings at LDSS

- a) RFA developed in conjunction with CIP and Family Engagement Manager and sent to all local departments
- b) Selected localities will be notified and included in a pilot project for Family Partnership training
- c) Judges from the pilot site localities will be trained on Family Partnership meetings
- d) Develop a process for formally notifying the Court about the outcome of the family partnership meeting.

2011 update

On February 4, 2010 broadcast 6083 announced the requests for Funding Assistance (RFA) for a pilot project to offer family engagement training and facilitation services to five localities. VDSS and the Court Improvement Program (CIP) collaborated on a pilot project to assist five local jurisdictions with the initial implementation of Virginia's Family Engagement Model). In January 2010, staff from CIP and VDSS developed a Request for Funding Assistance (RFA) asking localities to describe:

- The locality's commitment to the values of family engagement;
- The inclusion of the local juvenile court and other child-serving partners in the family partnership process;
- Plans for implementing and sustaining the family engagement model following the pilot project; and
- Plans for meeting documentation and reporting requirements outlined in the RFA.

Each jurisdiction participating in the pilot was required to identify an Implementation team to assist with developing a process for local family engagement practice and to bring the team to a one-day training session that was attended by 68 team members and staff. This team was comprised of a juvenile and

domestic relations district court judge with jurisdiction over the cases being referred to the Family Partnership Meeting (FPM), a representative of the local department of social services, representatives from the Community Policy and Management Team (CPMT) and Family Assessment and Planning Team (FAPT), and a qualified child dependency mediator. The jurisdictions selected to participate were chosen by a RFA Review Committee to ensure that the required persons were included on each locality's implementation team and that all information requested, including letters of support from the local agency director, the local juvenile court judge, and Chair of the local Community Policy and Management Team (CPMT), was provided.

The five localities participating in the pilot FPM project were Chesapeake, Chesterfield, Franklin Co., Hampton and Henrico County. The training provided across systems to support a collaborative approach to working with families, was facilitated by Dan Cowan a consultant from the Annie E. Casey Foundation.

There has not been a process developed to formally notify the court of the outcomes of the meetings yet. This is not to say that local departments do not have their own internal processes already in place.

- 2. Enhance the current CPS Differential Response System (DRS) Practice Model** to ensure a more family-focused and family-driven approach
 - a) Incorporate the Children's Services Practice Model into the CPS DRS Family Assessment Track.
 - b) Revise and align the CPS policy and guidance manual consistent with strengthened family engagement philosophy, procedures and practices.
 - c) Develop and/or contract for the development of training for local CPS workers in implementing the Family Engagement Model when conducting Family Assessments.
- 3. Collaborate with the Office of Comprehensive Services to support engaging families in service delivery:**
 - a) Provide opportunities for LDSS and local CSA staff to receive training about family engagement policy approved by the State Executive Council.
 - b) Develop a cross-systems family satisfaction survey.

Goal: Engage youth at the service, program and policy levels.

- 1. Increase youth involvement** in service planning and developing transitional planning to promote permanency and self-sufficiency.
 - a) Develop strategies to increase the level of youth involvement in program planning, implementation and evaluation.
 - b) Involve the Virginia Youth Advisory Council (VYAC) and regional councils in the development and improvement of state and local child-serving policies and practices by creating and/or supporting initiatives and partnerships that promote permanency, self-sufficiency, and networking.
 - c) Involve youth 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.
 - d) Provide training and technical assistance to LDSS in developing appropriate youth-driven service plans that focus on transitional living plans for older youth.

III. Achieving Permanency

This strategy ties directly to the Children's Services Practice Model. We believe that all children and youth need and deserve a permanent family. It is VDSS' responsibility to promote and preserve kinship, sibling and community connections for each child. Permanency is best achieved through a legal relationship such as parental custody, adoption, kinship care or subsidized custody.

- **Applicable Children's Services System Transformation Outcomes:**
Permanency Outcomes: Increase Permanency Discharges, Decrease Time to Permanency Discharge; Family Based Care: Increase Family Based Care, Increase Kinship care

- **Applicable CFSR Outcomes or Systemic Factors:** Permanency Outcome 1; Permanency Outcome 2; Wellbeing Outcome 1; Systemic Factors: Staff and Provider Training; Service Array Resource Development; Foster and Adoptive Parent Licensing, Recruitment, and Retention

- **Applicable CFSR Items:** Item 7, Item 8, Item 9, Item 10, Item 12, Item 14, Item 15, Item 17, Item 32, Item 33, Item 34, Item 35, Item 44, Item 45

Goal: Find and support permanent families and/or life-long connections with a responsible, caring adult for every youth in foster care.

- 1. Evaluate and recommend changes in the processes and procedures to achieve legal permanency** for children in foster care that are consistent with research and best practices related to stability and permanent families.
 - a) Assess OASIS data on achieving permanency for children under the current permanency goals allowed under Virginia law.
 - b) Review, as indicated, other states' permanency goals and data to assess how Virginia could improve its legal permanency options for children in foster care.
 - c) Using the Process Improvement Team model, make recommendations to the Division Director for improving the processes, procedures and how the legal permanency options available for children in care are used.

- 2. Increase kinship care services for families involved with the child welfare system.**
 - a) Explore multiple options for supporting kinship care relationships (*including subsidized custody*) for children at risk of entering or in the foster care system.
 - b) Explore the use of Subsidized Custody as another permanency option for children who are in foster care and placed with a relative foster parent in accordance with the Title IV-E requirements of The Fostering Connections to Success and Increasing Adoptions Act, 2008.
 - c) Establish the decision process, plan and timeline regarding the option of a Subsidized Custody (*guardianship*) goal in foster care by July 2009.
 - d) 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.
 - e) Provide ongoing support and involvement of staff in local and regional initiatives to train and support kinship care providers.

PS 1 Obj. 4. Implement Subsidized Custody as a permanency option for children in foster care

Strategy 4.1. Develop guidance in foster care manual for subsidized custody as one of two options for the foster care permanency goal of placement with relatives

- a) workgroup formed
- b) determine what sections of foster care manual will be amended
- c) determine definition of relative
- d) clarify the process of ruling out reunification and adoption as not appropriate for the child
- e) clarify how the VEMAT will apply to relative subsidy payments
- f) develop tools for assessing families and children as appropriate for subsidized custody
- g) create guidance regarding all siblings qualifying for a subsidy
- h) develop post-custody review procedures
- i) Provide process for continued Medicaid eligibility when a family with custody moves to another state
- j) Collaborate with Office of Comprehensive Services to amend CSA guidance to include requirements for subsidized custody consistent with guidance in the foster care manual.
- k) PAC to review guidance

2011 update

Custody Assistance (previously called “Subsidized Custody”) Policy and Tools Work Group:

Beginning March 1, 2010 and working continuously through August, 2010, the Policy and Tools Work Group met weekly to frame and define processes for the Custody Assistance guidance. The group recommends that the Custody Assistance guidance be added to the Foster Care Manual, Chapter B as an appendix. Additionally, the group has the definition of relative is as follows: Relative means anyone related to the child by blood, marriage, or adoption. Relationships by marriage exist even after the marriage has been terminated by death, divorce or termination of parental rights.

Ruling out permanency option of Adoption:

The service worker shall fully educate the prospective relative custodian, family members, and the child as appropriate about the advantages of Adoption as a permanency outcome when the child cannot be returned home. The service worker shall explain that adoption:

- No longer requires the child to be totally separated from birth parents;
- Provides the most permanent legal relationship for the child; and
- Provides permanent family connections throughout the child’s life, not just until the child becomes an adult.

The service worker shall explore any concerns the relative custodian, family members or child may have with adoption and explore ways to address those concerns. The purpose of these conversations is to allow the prospective relative custodian to make an informed decision about adopting the child, with input from the child and family. After these thorough discussions, the service worker may rule out Adoption as a permanency option when

- The family decides that terminating parental rights and adoption is not in the child’s best interests;
- The child, age 14 years and over, does not consent to adoption and the circuit court finds that it is not in the child’s best interest to be adopted (63.2-1202 #3); or
- The service worker or family determines that adoption by a non-relative is not in the best interests of the child.

If the child has lived with the relative for six months, the relative has been counseled about the benefits of adoption, and the relative is not able or willing to adopt, then the next best alternative is to transfer custody of the child from LDSS to the relative. The service worker shall rule out Adoption as a

permanency option for the child prior to the LDSS entering a custody assistance arrangement with the prospective relative custodian.

No broadcast was developed or issued regarding use of the VEMAT (The Virginia Enhanced Maintenance Assessment Tool) for enhanced maintenance payments in custody assistance cases due to implementation being put on hold. Broadcasts announce new guidance or policy. If Custody Assistance moves forward, current VEMAT guidance will be updated and a broadcast will be issued to include how it is to be used with these cases.

Assessing the appropriateness of prospective relative custodians

The service worker should assess the prospective relative custodian to identify their respective strengths and needs in serving as an appropriate custodian for the child. The service worker should determine if the relative has demonstrated through actions, concrete plans or commitment to:

- Provide a life-long permanent arrangement to care for and connect with the child;
- House and care for the child's siblings, or if this is not feasible, ensuring communication and visits with siblings;
- Maintain connections, communication and visits with birth parents, prior custodians and other significant adults in the child's life, consistent with the child's best interest;
- Protect the child's health and safety, including protecting the child from abuse and neglect by the birth parents or other individuals, if needed; and
- Establish boundaries to address any unauthorized requests by the birth parents for access to the child, if needed.

Determining continuous placement of at least six months

The six months continuous placement may start on the date of placement in the home of the prospective relative custodian. This may include the period of emergency approval of the relative's home (check with IV-E).

Siblings

The LDSS may make custody assistance payments pursuant to a custody assistance agreement on behalf of each sibling of an eligible child who is placed with the same relative under the same custody assistance arrangement if the local agency and the relative custodian agree that the placement is appropriate and in the best interest of the child.

Medicaid

Children who receive custody assistance payments are categorically eligible for title XIX Medicaid in the State where the child resides.

- Medical, dental and behavioral health services shall be available through Medicaid as a child only eligibility requirement.
 - A separate Medicaid application is not required. However, a referral must be made to the staff in the LDSS who authorize Medicaid for IV-E Children (See Medicaid Eligibility Manual).
 - IV-E child continues to get it when out of state. Non-IV-E would need to apply in other state.) how currently works....
 - Children cannot receive both SSI and IV-E payments, so most of them elect to receive the higher SSI payment. These children are enrolled in Medicaid as SSI recipients. (Need Medicaid expert to write this section...) They must notify that they opt not to receive that payment; they still have redeterminations with SSI. Instead of IV-E SSI based on child disability, review every two years of something, as long as disabled....

- Broadcast for adoption assistance.
- A separate Medicaid financial eligibility determination is not made for IV-E eligible foster care or IV-E adoption assistance children, regardless of the state that makes the IV-E payment. Verify the child's IV-E payment eligibility via agency records.

The Permanency Advisory Committee reviewed the subsidized custody materials at its meeting on April 5, 2010. Several steps have not been completed at this time because the implementation of Custody Assistance has been put on hold.

Strategy 4.2. Identify OASIS updates

- a) Outcome Based Reporting and Analysis Unit (OBRA) will review what is currently in OASIS and determine if current screens can be modified or if new screens must be created
- b) meet with Managing by Data workgroup to determine requirements

2011 update

The Custody Assistance business process has been created and is currently in development.

Strategy 4.3 Examine and amend CPS guidance to determine revisions required to support subsidized custody.

- a) With CPS policy person, draft 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
- b) review guidance with CPS policy advisory team
- c) disseminate guidance

2011 update

This was included with the July 2010 release of the CPS manual: *Within 30 days after removing a child from the custody of the parent/guardian(s), the local department of social services shall provide written notice to all grandparents and other adult relatives that the child is being removed or has been removed from the custody of the parent/guardian(s). The purpose of this notice is to explain options the relative has to participate in the care and placement of the child in an effort to establish permanency for the child. The local department may determine it is not in the child's best interest to notify relatives involved in family or domestic violence or who are listed on the Virginia State Police Sex Offender Registry. A copy of the written communication shall be kept in the record, and a notation of the agency send date and relative response date, if any, must be recorded in the automated data system.* The policy advisory committee reviewed this in March 2010 and Broadcast 6326 was posted July 2010.

Strategy 4.4 Develop training for workers on the appropriate use of Subsidized Custody as an option under the goal of Placement with Relatives

- a) Provide Subsidized Custody policy and procedures to VISSTA to incorporate into new worker policy training for both CPS and Foster Care workers
- b) Provide Foster Care Guidance Transmittal Training including Subsidized Custody procedures to local social worker coordinators and staff
- c) Work with NRC to plan and conduct skills training on assessment and preparation of relatives for taking custody of kin for local staff
- d) Provide Child Welfare Training committee a training curriculum, consistent with the NRC skill training on assessment and preparation of relatives, to incorporate into the array of competency based courses

Strategy 4.5 Educate judges and attorneys on subsidized custody in collaboration with Court Improvement Office.

- a) provide Foster Care guidance on Subsidized Custody to support development by CIP of curriculum to train judges
- b) meet with CIP staff to discuss CIP training schedule and determine options for training judges
- c) provide training in conjunction with CIP

Strategy 4.6 Develop evaluation plan in conjunction with VDSS research department

- a) Identify variables to be tracked
- b) Determine methods of evaluation (i.e. surveys, interviews, etc)
- c) set baselines

3. Evaluate and implement best-practice models that are consistent with the Family Engagement Model.

- a) 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.
- b) Research the benefits and challenges of statewide implementation of: concurrent planning and using the Child and Adolescent Needs and Strengths Assessment (*CANS*) tool for every child in foster care.
- c) Obtain National Resource Center technical assistance to access lessons learned by other states and to assess the benefits of, and processes for, implementing multiple best practices.
- d) Convene ad hoc workgroups involving key stakeholders to assist in the analysis (*including evaluating current needs and the status of these practice models in Virginia and other states*) and to provide input on formal recommendations for implementation.
- e) Develop plans and implement additional best-practice models as indicated.

4. Develop a wider array of options for local department use of respite funding to support connections with relatives and siblings for children in foster care with a community-based focus.

- a) Establish and convene a respite advisory team in each region, to include local departments, respite care providers, and key members of local communities;
- b) Utilize regional respite advisory teams to determine the needs for, current uses of, and barriers to use of respite care program funding;
- c) Explore respite programming options beyond those that current exist (utilizing resources from the Collaboration to AdoptUsKids), particularly those that would encourage collaborations among local departments and the faith community, business community, civic groups, and/or other key stakeholders;
- d) Include expanded respite options in the FY2012 applications for respite care program funding

2011 Update

Virginia's regulations for resource family approval now include specific approval processes for those families wishing to provide respite care only so as to increase the likelihood for approval of relatives who may not be able to become approved. Guidance for these regulations provide information and resources for locating and approving relatives (for full or respite only approval). Applications for respite care program funding specified use of funds to promote visits among siblings and connections with relatives. Regional consultants worked with local agencies to implement opportunities for resource families who do not have current placements to serve as respite providers for youth in congregate care settings to promote lifelong relationships.

The Resource Family Consultants are continuing to work with their local agencies to increase the use of respite. As a result of being responsive to the changing needs of local departments, the respite program has been expanded to include children that have been returned home on a trial home visit, and children that are receiving CPS ongoing or prevention and stabilization services. During the upcoming respite year, local agencies are also able to apply for funds to support a group respite care program. The program may include but is not limited to a summer camp for youth receiving foster care services, a time-limited experiential learning experience or alternate activity that would serve as a respite resource to the resource parent. The program must serve a minimum of 25 children.

Goal: Recruit, develop and support resource families

The continuum of work with resource families includes recruitment, development, and support such families, which include foster, adoptive, and kinship parents. Research has shown that children experience better outcomes, with fewer disruptions and greater family retention, when agencies actively pursue resource family development.

1. Increase the availability of viable resource families through diligent recruitment (including kin), thorough development, and targeted training and support.

- a) Develop a framework for and engage service providers in best practice across the recruitment, development and support continuum.
- b) Implement dual approval for resource families and increase options for formal and informal kinship care.
- c) Increase local skills and capacity for locating extended family and non-relative significant relationships for children and youth in system of care.
- d) Provide direct pre-service training to families, utilizing the PRIDE Model, and increase local utilization of this model or comparable pre-service that is competency-based.
- e) Provide direct in-service training to families, using PRIDE and other in-service curricula, with a focus on topics related to engaging families.
- f) Increase provider (*family*) approval regulations to reach greater consistency in the provision of pre-service and in-service (*e.g., mandate the number of hours required*).

2. Engage youth in child-specific recruitment efforts to achieve permanency, as appropriate.

- a) Develop resources and provide training to service providers regarding child-specific recruitment.
- b) Provide training and technical assistance to service providers to better engage youth in understanding the options and planning for permanency.
- c) Develop tools, strategies and guidelines for preparing youth for child-specific recruitment.

2011 update

To ensure that agencies have the tools, knowledge and technical assistance needed to fully realize a system of recruitment and retention for resource families, the RFU has implemented a series of structured meetings and information based on Casey's Breakthrough Collaborative methodology, called "Regional Peer Collaborative" (RPC).

Within each region, local agencies come together approximately every 6-8 weeks to "staff" their practices regarding resource families. The response has been overwhelming to this voluntary process of quality improvement, with approximately half of the Commonwealth's local agencies participating. This has enabled the State to promote interjurisdictional cooperation and, when necessary for the best interests of a child, placement and sharing of homes. For each agency, a consistent "working" team attends the RPC

meetings; agencies also have an internal implementation “home” team to ensure that practices and changes are supported system-wide. A framework for best practice with resource families not only sets the standards for this work, it is also used to structure and sequence the RPCs. The RPCs began with a focus on development, training and assessment activities—how to create a welcoming and responsive system. Next, the focus went to supporting families so that they are better able to meet children’s needs *and* they are more likely to be retained over time. Lastly, the RPCs shift to recruitment, now that the agency system is ready to accommodate and meet the needs of not only its current families, but also those who may be entering the system because of upcoming recruitment.

Integrating CRAFFT efforts into the RPCs as well as a part of the overall family engagement movement extends these messages directly to resource families. Over the course of the next fiscal year, CRAFFT will increase training to families on family engagement topics (e.g., working with birth families) as well as offer training opportunities specifically to kinship caregivers.

The RPC process for the upcoming year will be structured in each region to meet the needs of that region. Many agencies expressed concern regarding the time commitment required of the RPC as previously designed, and requested targeted recruitment needs and support. In addition, agencies that participated last year have requested to continue meeting at least quarterly because of the benefits of information sharing and peer to peer networking. The Resource Consultants are also reviewing monthly data reports that provide agency information regarding family-based placements and kinship placements. The Consultants will develop targeted strategies to assist the agencies that are below the national practice standards.

Through consultation from the Annie E. Casey Foundation, the Resource Family Consultants received training in this area of family search and engagement. In an effort to increase the number of kinship providers, the Resource Family Consultants offered two trainings per region to local agencies during 2010. During 2011, training will continue with a minimum of two sessions offered in the upcoming year per region open to both local departments and private providers. In addition to the family search and engagement training, the Consultants will provide technical assistance to local agencies regarding the use of the internet search system used to locate relatives and permanent connections for youth, Accurint.

The Resource Family unit is continuing to work closely with the CRAFFT Coordinators to ensure the resource family training needs within the region are met.

Goal: Increase timely and sustained adoptions

- 1. Increase timeliness of adoptions** of children discharged from foster care.
 - a) Implement case practice strategies (*Concurrent Planning and Family Team Meetings*) statewide that support decision making and action related to achieving the goal of adoption
 - b) Promote and support interjurisdictional adoptions among local agencies and between local departments and child placing agencies through request for proposals and/or memorandum of agreement.

- 2. Increase the number of youth, aged nine and older, who achieve the goal of adoption.**
 - a) Provide training and other supports for youth in foster care to explore the option of adoption as a lifelong event.
 - b) Establish a youth adoption project that will identify youth with TPR and promote adoption and/or other permanent options for these youth.

2011update:

In 2010, the Department instituted Family Partnership Meetings (FPM) across the state and identified a change in permanency goal as one decision point at which such meetings should occur. In 2011, LDSS continued to increase their implementation of Family Partnership Meetings and additional resources were made available to them to increase their use of this best practice

The Department decided not to implement concurrent planning as a statewide initiative at this time. This decision was based on implementation issues related to FPM and plans to implement Structured Decision Making (SDM) statewide in 2011. Adding concurrent planning as a third new initiative is not conducive to ensuring that FPM and SDM are fully implemented to the required standard.

The Department continued contracting with licensed private adoption agencies (16 agencies) to assist local agencies with adoption services. In addition, 3 LDSS were awarded Memoranda of Understanding (MOU) to partner with both public and private agencies to achieve adoptions. In 2011, these contracts/MOU's were changed to focus on specific outcomes related to finalizing adoptions of children who had a goal of adoption, Termination of Parental Rights and were not placed in an adoptive home. Recipients of awards were assigned specific LDSS to work with as well as specific children whose adoptions were lagging due to lack of placements.

The Adoption Services staff conducted regional training to update the LDSS and private agencies on the new adoption contracts. The focus was on finalized adoptions and targeting older youth in care (age 9 and above). Adoption data from 2009 regarding numbers of youth awaiting finalized adoptions was presented along with the rationale for focusing on increasing adoptions for the older age group of youth. Building on the Translating Outcomes to Practice (TOP) work done in 2009 and 2010, this data was used as the basis for helping agencies understand how data is used to drive practice decisions and measure outcomes. In 2009, an adoption process improvement team (PIT) inventoried all processes that impact timeliness to adoption. Data was used to help identify the processes impacting the adoption processes and recommendations were made to the TOP workgroup. Recommendations to improve the adoption process that were implemented this year are:

1. Revised the adoption contracts to better serve local agencies and to provide child specific and target children for children who are awaiting adoption. Strategies included 1) convened a workgroup; 2) revised current contracts; 4) provided contractor outreach, to draft new contracts; 5) identified training for public agencies and contractors, 6) kept state, regional and local staff informed of the project revisions. Regional trainings were held June 14, 17, 28, 29 and 30 2010 with local and private agency staff. The contracts were revised July 1, 2010. A total of 602 children who are not in adoptive homes as of June 1, 2010 were targeted for this project.
2. Revised the child welfare automated data system to increase children posted on the Adoption Resource Exchange of Virginia and how they are featured with the goal being improving usage of the Exchange.
3. The Family Resource Consultants assisted in adoption recruitment activities and contract processes. They served on the adoption process improvement team and provided training to the adoption contractors through active roles in the June trainings as group facilitators.

The adoption contracts were again revised for SFY 2012 after focus groups and adoption data for SFY2011 was reviewed. Working with a consultant on performance based contracting principles; the contracts were further revised to specify outcomes desired for three specific categories of youth awaiting finalized adoptions. Youth in care over 16 months with the goal of adoption, TPR and not in an adoptive home were highlighted for intensive services as were youth between the ages of 7 and 12. Longitudinal data for Virginia indicates that youth aging out of foster care is often those who enter care in this age range and for whom permanency is not achieved. As a result, the SFY 2012 contracts identify localities with children in this age group as the highest priority category of child for which adoptions should be achieved.

Interjurisdictional adoptions remained a problematic area for Virginia. Focus groups identified issues with localities not wanting children to be adopted outside of their jurisdiction due to concerns about children's connections with their community. However, the recruitment of adoptive homes within these communities did not keep pace with the children needing to have finalized adoptions. Discrepancies between the goals of the contractor (e.g., finalize adoptions) and the LDSS (e.g., keep child in their own community) interfered with improvements in this area. One Church One Child, an agency with a contract from the Department, embarked on a Cross Jurisdictional Project designed to minimize barriers to cross jurisdictional placements in Virginia. Project activities include video-conferences, social worker match retreats, and adoption "match" parties. Another focus of the project is the use of technology to increase communication and efficiency in matching children with approved families. Making "connections" is the approach. The project is operated in collaboration with Coordinators/2, Inc., also a contractor with the Department.

In November 2010 the Virginia One Church, One Child Program held its annual Adoption Conference entitled "Adoption: Connecting Children and Families-Yesterday, Today, and Tomorrow." Funded by VDSS, the conference included a one day pre-conference institute entitled "Extreme Recruitment" facilitated by Melanie Sheetz, Executive Director, The Foster and Adoptive Care Coalition in St. Louis, Missouri. Participants learned how to replicate "Extreme Recruitment," an intensive 12-20-week recruitment effort for youth in foster care for whom traditional recruitment methods have not been successful at finding families. Participants also developed a recruitment plan for specific children. To further support the recruitment of adoptive families for older youth in care, the institute was free to local departments of social services' staff and adoption contractors participating in the Achieving Permanency through Adoption Initiative.

- 3. Sustain adoptions through the provision of post adoption services** for children adopted from foster care and for children adopted from other countries.
 - a) Maintain the Adoption Preservation System with added components to provide services for children adopted through inter-country adoptions.

2011 update:

Virginia utilized Title IV-B, Subpart 2 funding to create an Adoptive Family Preservation Services (AFP) system. Through United Methodist Family Services, the AFP serves families who have adopted domestically and may also serve families that have adopted internationally. The AFP provides post legal adoption services to address presenting issues and concerns of the adoptive family. AFP began serving adoptive families in June 2000 and has served over 1300 children and 650 families. The contract has not increased since its inception despite a need for more post-adoption services.

The Department also contracts with the Mary D. Ainsworth Clinic to provide unique services to adoptive children and families. The Ainsworth Clinic provides Attachment training to localities and therapy to children and families throughout the state. The contract is limited in funding and therefore, the areas to which it can provide services are also limited. Through competency building work conducted by the Ainsworth Clinic, additional therapists are available in some areas around the state to provide parenting classes that focus on interventions with attachment disordered children. These services are available on a post-adoptive basis.

PS 1 Obj. 2. Increase timeliness and discharges to permanency

Strategy 2.1. Target children who have the goal of adoption, with TPR who are not in adoptive placements to achieve permanence.

- a) Generate list of children with TPR who are not in a pre-adoptive placement
- b) Send the list of children to LDSS to find out if there is any progress towards adoption
- c) Revise the list of children and share with contractors
- d) Meet with contractors to inform them about changes to the renewal process

- e) Revise current adoption contracts so that contractors will be required to increase the number of children and families served by 25% over previous year
- f) revise current adoption contracts so that contractors use child specific targeted recruitment
- g) Hold regional meetings to inform local departments about contract changes & negotiate agreements with contractors

2011 update:

Virginia provided lists of children who had TPR but were not in adoptive placements to contractors and LDSS on a quarterly basis. These lists were provided to ACF via the CFSR PIP report. As children were adopted and others became available, the lists were updated and disseminated. In the contract revisions for SFY 2011, the focus shifted to child specific and targeted recruitment and with the SFY 2012 contract, this focus is more clearly built into the new Request for Proposals. The Department also held quarterly meetings with contractors to review outcomes, address issues and discuss what has been effective and what has not in the current contracts. Focus groups were also used with both the LDSS and the contractors to obtain additional information regarding how the contracts could be improved.

Strategy 2.2 Revise current contractor reports

- a) process measures incorporated into reports
- b) reformat reports to include all contacts with child and family
- c) create roles and responsibilities agreement form for LDSS and contractors

2011 update:

Quarterly reports were revised and included process measures. Copies of these reports were submitted with the PIP report in December. The reports were reformatted to include relevant contacts with the child and family. The Department is reviewing completed reports (100% have been submitted) and identifying trends.

An “Agreement between Contractors and LDSS” form was completed and signed by contractors and LDSS who agreed to partner in achieving adoptions. As of November 2010, 64 LDSS signed these agreements with the contractor assigned to work with their agency. The contracts will change under the new RFP and will focus more on specifying clear roles for the contractor and the LDSS as well as dispute resolution processes and a stronger technical assistance role for the state.

Strategy 2.3 Provide training on child specific, targeted recruitment

- a) gather input from LDSS and contractors on training needs
- b) review quarterly reports to determine training needs
- c) contract for training

2011 update:

Through regional contractors meetings and focus group results, training needs were identified and submitted for the first quarter report on the CFSR PIP. One Church One Child held a training conference that focused on a range of relevant adoption related issues but included a pre-service seminar on extreme recruitment. The choice of this recruitment strategy was a result of input from providers regarding an area of need. The Department also entered into a contract extension with Coordinators2 to do training on open adoption. Due to staff changes and other training issues, this training was put off until SFY 2012.

Strategy 2.4 Analyze information gathered during contract year

- a) compile and review data from contractor reports
- b) solicit and discuss feedback from contractors about what is working, barriers, etc
- c) solicit and discuss feedback from participating LDSS

2011 update:

The Department continues to review adoption data from quarterly reports as well as data now available on a new report on SafeMeasures, the Departments child welfare report data base. The data has been shared

with contractors and as reported elsewhere in this document, focus groups with contractors and LDSS have provided the Department with input for the on-going needs of adoptive youth. Although a summary of the focus group feedback was submitted with the first quarter PIP results, the following trends are outlined here:

- Interjurisdictional adoptions are difficult due to ownership issues and conflict regarding whether the adoption or the child's connections to the local community are most critical
- Private and public contractors disagree on placing children in adoptive homes vs. making the home a foster-to-adopt home
- Matching is sometimes an issue – contractor finds a home and the LDSS doesn't accept it or waits too long to make a decision
- Differing values between public and private create conflict
- Agencies liked being able to shift their agreement to a different contractor when necessary
- LDSS and contractors appreciated state staff doing regional meetings to address contract goals and expectations
- Home studies and life books are done timely when using contractors
- Contractors were involved in a broader range of contract activities than those spelled out in the RFP. Although children having TPR was the target of the RFP changes for SFY2011, many contractors or LDSS were working with children prior to TPR and many who ultimately went home.

Strategy 2.5 Using data gathered from quarterly reports, revise upcoming RFP for new adoption contracts

- a) highlight positive approaches from contractors and share with others
- b) working with advisory committee make decisions about how to achieve desired outcomes for children awaiting adoption and design RFP accordingly

2011 update:

Data from OASIS generated reports that indicated Virginia had a large number of children and youth with a goal of adoption, TPR (no pending appeals) and not in adoptive placements (1317 at end of March, 2011). This data clearly pointed to a need to find and finalize adoptive placements for these children and youth and limit the use of the contract for other purposes. The RFP issued in April, 2011 identifies 358 children and youth who fall into one of three categories that will be targeted for the SFY 2012 contract.

PS 1 Obj. 3. Collaborate with CIP to promote child welfare outcomes

Strategy 3.1 Reevaluate the Adoption Progress Report in collaboration with CIP for LDSS to better utilize the report

- a) Create a collaborative work group to review the report and make any necessary changes
- b) incorporate revised report into guidance
- c) Train staff on use of the report
- d) Train court personnel on use of the report

2011 update:

The Department's Outcome Based Reporting and Analysis unit worked with the Permanency Unit staff to develop the specifications for a revised Adoption Progress Report (APR) for a new update in OASIS which was made available to the field in April 2011. The APR report revisions were reviewed by Permanency Unit staff, CIP staff and the Permanency Advisory Committee. The new revisions have a side benefit of increasing LDSS workers completion of information needed for posting children waiting for adoption on the state website, thus increasing the visibility of these children and youth to potential adoptive families.

Training of staff occurred by OBRA staff as the new OASIS roll-out approached. The Adoption Guidance Manual is currently being revised so the new APR report is not in current guidance but will be incorporated into the manual revisions targeted for July 2011.

IV. Comprehensive child welfare training program

This strategy strives to develop a consistent training program, built with state and local partners, as an engine for supporting all of the Transformation building blocks and for spreading the practice model among all of the system's stakeholders.

- **Applicable CFSR Outcomes or Systemic Factors:** Systemic Factors: Staff and Provider Training; Foster and Adoptive Parent Licensing, Recruitment, and Retention

- **Applicable CFSR Items:** Item 32, Item 33, Item 34, Item 44, Item 45

Goal: Develop and maintain trained and skilled professionals and resource families who work in alignment with the state practice model.

PS 3 Obj. 1. Establish training requirements for front-line and supervisory staff that align with child welfare competencies

Strategy 1.1. Establish sets of core competencies for child welfare supervisors

- a) Identify a point person(s) to lead establishment of core competencies for child welfare supervisors
- b) Develop a process for establishment of competencies
- c) Identify a group of LDSS supervisors and managers to participate in process
- d) Collect and summarize feedback
- e) Present core competencies to Steering Committee for approval

Strategy 1.2. Establish sets of core competencies for child welfare staff

- a) Identify a point person(s) to lead establishment of core competencies for child welfare staff
- b) Develop a process for establishment of competencies
- c) Identify a group of LDSS supervisors managers to participate in process
- d) Collect and summarize feedback
- e) Present core competencies to Steering Committee for approval

Strategy 1.3. Revise child welfare competencies that operationalize the Virginia Children's Services Practice Model

- a) Identify a point person(s) to lead review process
- b) Develop a process for review of existing competencies
- c) Identify a group of LDSS supervisors and upper level managers to participate in review process
- d) Collect and summarize feedback
- e) Present revised competencies to Steering Committee for approval

Strategy 1.4. Guide the revision of existing curricula to reflect core competencies.

- a) Modify VCU-VISSTA contract language to include the development of curricula that will reflect core competencies
- b) Collaborate with VCU-VISSTA around the integration of core competencies into curricula through the Steering Committee

Strategy 1.5. Establish training requirements for child welfare workers and supervisors to reflect core curriculum

- a) Develop a process to reevaluate training requirements through the Steering Committee once core curriculum is finalized
- b) Develop recommendations for new training requirements
- c) Present recommendations to Steering Committee for approval

Strategy 1.6. Establish standards for completion time frames for required initial in-service training

- a) Develop a process to reevaluate standards for timeliness of completion for initial in-service training through the Steering Committee once core competencies are finalized
- b) Develop recommendations for timeframes
- c) Present recommendations for timeframes to Steering Committee for approval

Strategy 1.7. Establish annual in-service training requirements for child welfare supervisors and front-line workers

- a) Develop a process to establish annual in-service training requirement for child welfare supervisors and front-line workers through the Steering Committee once core competencies are finalized
- b) Develop recommendations for annual in-service training requirements
- c) Present recommendations for annual in-service training requirements to Steering Committee for approval

PS 3 Obj. 2. Ensure ongoing training opportunities for experienced staff

Strategy 2.1. Develop VCU-VISSTA and ATC capacity to engage, develop, and evaluate subject matter experts as both trainers and workshop curriculum developers through training and consultation with IHS

- a) Conduct assessments of each Area Training Center to evaluate strengths, knowledge and understanding of a competency based system, relationship with LDSS, and relationship with host agency
- b) Assess VCU-VISSTA capacity through consultation with IHS and ongoing collaboration with VDSS
- c) Modify VCU-VISSTA and ATC contract language to reflect expanded roles with LDSS and expectations regarding workshop development

Strategy 2.2. Establish process to provide ongoing training that is based on staff and supervisors' assessed needs

- a) Develop process through the Steering Committee for ATCs and VCU-VISSTA to work together to develop and deliver trainer-developed workshops
- b) Pilot process through the development and delivery of one trainer-developed workshop in each ATC region
- c) Evaluate pilot findings and refine process through Steering Committee if necessary

PS 3 Obj. 3. Assess and evaluate training system

Strategy 3.1. Explore better utilization of existing participant evaluation tool through the current Learning Management System

- a) Assess current functionality around participant evaluation through the Knowledge Center
- b) Develop a process to better utilize participant evaluation
- c) Submit recommendations for improvement of the function to the Steering Committee

Strategy 3.2. Establish evaluation process for trainers

- a) Assess existing processes for evaluating trainers
- b) Develop strategies to improve evaluation process for trainers as needed
- c) Submit recommendations for trainer evaluation process to Steering Committee

Strategy 3.3. Establish a training needs assessment process to inform training delivery and system development and management

- a) develop ATC capacity to support needs assessment process and analysis
- b) develop learning management system functionality to support needs assessment information management
- c) develop needs assessment protocol

Strategy 3.4. Establish a process to promote transfer of learning for training participants

- a) Modify FY2011 contract language with VCU-VISSTA
- b) Develop a process for integration of existing curricula through the Steering Committee

PS 3 Obj. 4. Ensure delivery of state-approved pre-service and in-service training for resource, foster, and adoptive parents

Strategy 4.1. Conduct annual needs assessment of current pre-service and in-service training needs

- a) Create work group made up of LDSS, CRAFFT, and VDSS to develop needs assessment
- b) CRAFFT to administer needs assessments with LDSS

Strategy 4.2. Create regional pre-service and in-service training plans for resource families based on needs assessment data

Strategy 4.3. Establish a Steering Committee subcommittee to address resource family training

- a) review models of resource parent competencies
- b) develop Virginia universe of competencies
- c) make recommendations to Steering Committee

2011 update

There are major changes happening at VDSS concerning training that will affect these PIP strategies. Beginning July 1, 2011, VDSS will establish five regional training centers, co-located with the VDSS Regional Offices staffed by VDSS employees. These regional training centers will replace the current system of four local agency Area Training Centers (ATC), as well as the Virginia Commonwealth University (VCU) ATC. During the first three to six months after July 1, 2011, the training related functions now conducted by VCU will be taken on by VDSS staff in the Division of Family Services. It

is expected that VDSS will have access to all of the active curricula currently being trained, both classroom and on-line. These changes are in response to an across the board reduction in budget resources. Planning is in place for the Training Unit of the VDSS Division of Family Services to include a curriculum and trainer development manager, two curriculum developers and one recruitment, development and monitoring coordinator. This unit will also administer the training needs of the Adult Service/ Adult Protective Services program.

While these changes are taking place, work will continue on reengineering training for child welfare. Progress has been made on some of the PIP strategies, but not all will fall within the PIP timeline. Adjustments will be made to the PIP as needed.

V. Strengthening community services and supports

All of 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 Children’s Services System Transformation Outcomes:**

- **Applicable CFSR Outcomes or Systemic Factors:** Safety Outcome 2; Permanency Outcome 1; Wellbeing Outcome 1; Well Being Outcome 2; Well Being Outcome 3; Systemic Factors: Staff and Provider Training, Service Array and Resource Development

- **Applicable CFSR Items:** Item 3, Item 4, Item 10, Item 17, Item 21, Item 22, Item 23, Item 32, Item 33, Item 35, Item 36,

Goal: **Expand**
community services and supports that are child-centered, family-focused and culturally relevant.

1. **Expand services to prevent and treat child abuse and neglect** through supporting and advocating for interdisciplinary resources.
 - a) Utilize child abuse and neglect prevention funds to support evidenced-informed and evidenced-based programs and practices.
 - b) Utilize child abuse and neglect treatment funds for support services to child victims.

2. **Expand services that allow children to remain safely in their own homes**
 - a) Evaluate the recent survey on service array from local departments of social services where 52% responded that services to allow children to remain safely at home were available in their communities.
 - b) Convene a group of LDSS staff to further examine the problem and identify areas of the State where these services are not available.
 - c) Request assistance from the National Resource Center on In-Home Services.
 - d) Develop and implement a plan to improve services that allow children to remain safely in their own homes in underserved areas of the State.

3. Help meet the educational and health needs for all children in, or at risk of foster care through developing and implementing a comprehensive plan for improving LDSS staff understanding and skills related to advocacy and effective practice.

- a) Implement the health-related advisory group's ongoing recommendations to ensure the health (*physical, emotional and mental health*) needs of children in foster care are being addressed in a timely manner.
- b) Increase LDSS workers ability to enhance the educational success of children in, and at risk of, foster care through training for LDSS workers on educational advocacy through Virginia resources.

2011 update

For SFY 2012 VDSS, the education workgroup and other key stakeholders will continue to promote promising strategies to improve educational outcomes that support the enhancement of educational continuity and school stability for Virginia children in out of home and adoptive care. Additional guidance that addresses the responsibility of the Comprehensive Services Act (CSA) vs. the local school district in funding transportation when a child has an IEP will require additional clarification and the workgroup is currently making related changes to the guidance that was published in November, 2010.

4. 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.

- a) Implement the Ansell Casey Life Skills Assessment statewide to assess youth's independent living (*IL*) skill needs.
- b) Select a contractor to accomplish the deliverables of the Best Value Acquisition (*BVA*), including, but not limited to:
 - Establishing 5 regional IL specialists and regional youth councils;
 - Training on the Ansell Casey Life Skills Assessment; and
 - Training youth to develop or enhance their life, leadership, and advocacy skills.
- c) Establish an effective statewide educational program through local, regional and state partnerships and linkages to assist youth in completing secondary education and enrollment assistance and support for post-secondary education.

Goal: Partner with stakeholders to strengthen and expand the continuum of community based services.

1. **Collaborate with CSA's Community Service Development Steering Committee** and its workgroups on:
 - a) Managing the array of community services through designing and using existing resources and tools to help localities:
 - Assess trends in how services are changing over time, compare services utilization with peer communities with similar demographics, and prioritize service gaps (*using CSA management team reports, Critical Services Gap Survey, vendor reports, and Comprehensive Community Based Service Array Guide*).
 - Gather family input on improving services and measuring program progress through family satisfaction surveys.
 - Create services through a new tool for estimating program costs, workload volumes, and alternative revenue models and guidance on how to quantify gaps in local service arrays, being developed by the Casey Strategic Consulting Group.
 - b) Engaging providers through developing:
 - Toolkit on how to recruit and sustain non-traditional providers;

- Public/private partnerships, including a Model Memorandum of Understanding (*MOU*) to facilitate multi-locality or regional procurement of services;
 - Model contract that includes family engagement and outcomes;
 - Model process for expedited provider authorization for licensing new programs; and
 - Vendor evaluation tool.
- c) Using tools for utilization management and review:
- Using the CSA Model Utilization Management Plan;
 - Developing a model utilization review process, using data from CANS, the CSA data set, OASIS, SafeMeasures, and other relevant systems; and
 - Incorporating the family and youth voice into these processes.

2. Collaborate with state and local stakeholders on developing and strengthening services that preserve families, achieve permanency, and promote child health, safety and well being.

- a) Participate on state level inter- and intra-agency workgroups tasked with coordinating service and program initiatives.
- b) Develop and provide education 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*).

A. Goal: Provide culturally relevant and diverse services in collaboration with families and children to meet their needs.

- 1. Address the disproportional representation of youth of color and the system’s responsiveness to cultural diversity.**
- a) Establish a workgroup to identify issues and make recommendations.
 - b) Develop and implement a plan to provide culturally relevant and diverse services.
 - c) Track and disseminate information on best practices, resources and approaches to delivering culturally relevant and diverse services to LDSS.

VI. Continuous quality improvement

Using the right data to manage performance is a key driver of the Transformation. Virginia is developing and implementing a consistent process statewide for capturing and using data to support decision-making, improve practice quality, and promote accountability. Virginia is defining outcomes based on the Transformation goal of developing lifelong family connections for children within their own community, and then creating measures to track progress.

- **Applicable CFSR Outcomes or Systemic Factors:** Systemic Factors: Statewide Information System; Quality Assurance System, Staff and Provider Training
- **Applicable CFSR Items:** Item 24, Item 30, Item 31, Item 32, Item 33

Goal: Promote a seamless continuum of policy and guidance across the child welfare programs.

- 1. Align policies and guidance in child protective, foster care and adoption services to provide consistency and improve coordination and integration across programs on a regular basis.**

- a) Examine other states' approaches.
- b) Solicit input from committees comprised of key stakeholders.
- c) Develop consensus on definitions, structure and format for policies, guidance and procedures.
- d) Revise the manuals to provide consistency, integration and linkages across programs and to incorporate the state practice model.
- e) Routinely update and revise materials as needed.

2011 update

- a) Examine other states' approaches.
 - Reviewed literature on effective strategies for developing and writing policy guidance.
 - Reviewed policy development in other fields, using ideas primarily from best practices in higher education.
 - Reviewed manuals from other states and localities, using some ideas on structure and format primarily from Pennsylvania, North Carolina, and Cuyahoga County
- b) Solicit input from committees comprised of key stakeholders.
 - Solicited input from key stakeholders often throughout the process:
 - Permanency Advisory Committee.
 - Child Protective Services Advisory Committee.
 - DFS policy team and program managers, policy specialists and regional consultants from the Adult Services program, Prevention Program, Resource Families program, Adoption Program, Child Protective Services Program, and Foster Care Program
- c) Developed consensus on decisions.
 - Focus on strong principled practice and policy based on and aligned with the practice model.
 - Provide guidance on continuum across child and family services to improve coordination and integration across programs.
 - Develop one DFS Child and Family Services Manual organized by chronological practice of serving youth and families from prevention, child protective services, resource families, foster care, and adoption.
 - Create separate Adult Services manual that uses the same structure, framework and format.
 - Use consistent organization that provides overall framework of guiding principles, legal requirements, and outcomes to guide practice and decision-making, followed by definitions and required procedures in chronological order with effective practices, followed by resources and tools.
 - Provide user-friendly format that maximizes use of links to external sources (e.g., laws, national resources, forms and tools) and to internal sources (e.g., other sections within the same chapter and other chapters within the manual).
 - Use terms consistently across manual (e.g., shall, should, may, service worker, LDSS)
 - Use consistent headings, footers, text sizes, bullets, definitions, legal citations, etc.
 - Use bookmarks that default to highest level with detailed table of contents on left side of all pages providing links to content and easy maneuverability.
- d) Revise the manuals to provide consistency, integration and linkages across programs and to incorporate the state practice model.
 - Revised the structure and format
 - Developed and disseminated request for proposals to help revise format of all manuals and create one manual.
 - Contracted with B2B as technical writer.
 - Reformatted all program manuals into chapters of the Child and Family Services Manual using consistent format. Includes initial draft of prevention guidance, Reasonable Candidacy, Child Protective Services, Resource Families, Foster Care and Adoption. Also reformatted Title IV-E manual and the Adult Services manual using the same format.

- Developed training manual for formatting guidance.
- Provided training to management, policy, and administrative staff.

Revised content of chapters to provide consistency, integration and linkages

- Reduced duplication across CPS, Foster Care, Resource Families and Adoption guidance. Housed information in one chapter and replaced information in other manuals with links.
- Incorporated consistent information on family engagement.
- Moved items from Adoption Chapter into Foster Care Chapter that should be done earlier by foster care workers.
- Identifying tools for use across multiple programs. For example, the chart on background checks to provide consistent information, or the Full Disclosure of Child Information that needs to be completed across programs over time in order to have complete information for adoptive parents.

Revised Foster Care Chapter with the Permanency Advisory Committee in additional ways. For example:

- Incorporated philosophy throughout of:
 - Engaging children, youth and families as partners;
 - Achieving permanency and lifelong connections for children and youth in foster care;
 - Improving services for older youth to successfully transition to adulthood;
 - Using information to improve effective decision-making, practice and use of resources;
 - Incorporated language from federal and state laws and from best practices nationally.
 - Added new sections on family engagement, serving older youth and managing foster care services.
 - Significantly rewrote sections on: placement to achieve permanency; comprehensive child and family assessment; selecting permanency goal; and providing foster care services sections.
 - Added new subsections such as using Medicaid services and funding, educational stability for children, and transitioning to Adult Services.
 - Reorganized based on the needs of children and families and to be consistent with the work flow of service workers.
 - Consolidated information on topics in one place
 - Simplified user's ability to find information.
- Finalizing significant rewriting of the Adoption Assistance Section, making major changes in guidance, practice and tools used statewide.
- Beginning to revise remaining section of Adoption Chapter, organizing content based on chronological work of service worker and identifying missing components.
- Disseminating broadcast and posting new Child and Family Services Manual online July 2011.

e) Routinely update and revise materials as needed.

- Developed and finalizing internal DFS process for developing and revising guidance on a regular basis.

Goal: Use data to inform management, guide policy decisions, improve practice, measure effectiveness and promote accountability.

1. Create a robust reporting system for the Division of Family Services

- Continue to produce and disseminate reports created by OBRA that provide outcome and process data to LDSS. Increase the use of longitudinal data in Virginia's child welfare system:
 - Continue membership to Chapin Hall's Multi-state Foster Care Data Archive; and

- Routinely share analyses completed by the Outcome Based Reporting and Analysis Unit with state and local stakeholders.
 - b. Implement SafeMeasures in all 120 LDSS, regional offices and the VDSS home office. Seek funding to extend subscription annually starting 2010.
 - c. Create an automated data system for ad hoc requests by 2012.

PS 4 Obj. 1. Increase use of data driven decision making in Virginia’s child welfare system

Strategy 1.1 Conduct Translating Outcomes to Practice (TOP) meetings quarterly.

- a) Routinely examine data to determine both best practices and opportunities for improvement across program areas.
- b) Provide data to program staff/process improvement teams as they develop and implement process improvement plans.
- c) Monitor outcomes to determine if process improvement plans are moving the outcomes.

2011 update

This strategy is ongoing. The Outcome Based Reporting and Analysis Unit (OBRA) continues to hold TOP meetings on a quarterly basis. At each meeting program staff report on process improvement plans and correlating outcomes are reviewed.

Strategy 1.2 Utilize available reporting tools in all 120 LDSS, regional offices, and the VDSS home office.

- a) Train and monitor the use of SafeMeasures
- b) Expand the use and awareness of the Virginia Child Welfare Outcomes Reporting Utility (VCWOR)

2011 update

This strategy is ongoing. Over 600 LDSS employees have been trained on SafeMeasures. In March of 2011 SafeMeasures usage hit an all time high with 415 regular users and over 29,000 hits.

Strategy 1.3 Improve programmatic performance by monitoring process and outcome data.

- a) Develop a method of tracking children at risk of aging out of foster care that will focus on children with long term permanency goals, TPR without placement in pre-adoptive homes, and children in congregate settings for more than 180 days.
- b) Develop a report that monitors participation in Family Partnership Meeting
- c) Develop and disseminate to regional staff reports on case worker visits with children, parents, foster parents, sibling visits, and child and family visits

2011 update

This strategy is ongoing.

- a) OBRA has developed a report that monitors children at risk of aging out that target the above mentioned categories of foster youth. This report has been used to provide information to program staff in order to target children for adoption via contracts and was also instrumental in providing information to the Virginia General Assembly in their decision of eliminate Independent Living as a permanency goal.
- b) Ongoing. OBRA has successfully designed multiple FPM reports that are produced on a monthly and quarterly basis. In addition FPM reports are also in development for inclusion in SafeMeasures.

- c) Ongoing. Multiple reports are produced by OBRA that monitor visits. Currently SafeMeasures includes a report that measures client visits with family members, monthly worker visits for both foster care and CPS Ongoing cases.

Strategy 1.5. Develop a method to track recurrence in Family Assessment cases.

2011 update

This strategy is ongoing. While no reports have been created, the Managing by Data Workgroup is currently discussing how to properly track recurrence of maltreatment in family assessment cases.

Develop and implement the National Youth in Transition Database (NYTD) to collect and report required data on independent living services for youth in and transitioning out of foster care.

- a) Work collaboratively with OASIS staff to ensure that required data elements are in the system.
- b) Provide training to LDSS on the database.
- c) Develop initiatives to help youth in foster care and those aging out to understand and participate in the NYTD.

2011 update

Virginia implemented the federal National Youth in Transition Database (NYTD) effective October 1, 2011. In early 2010, VDSS contracted with The Downs Group, LLC to provide five regional training sessions and one makeup session (for those who were unable to attend any of the five regional trainings) on NYTD by September 10, 2010. The target audience included VDSS regional foster care and adoption consultants as well as foster care and adoption staffs from local departments of social services (LDSS).

VDSS identified state staff members who are responsible for continued implementation planning as well as developing and providing (consistent with federal guidance) ongoing training and technical assistance to regional staff and partners. VDSS designated UMFS Project LIFE's five regional IL consultants and director as the regional experts to provide ongoing capacity-building training and technical assistance on NYTD to LDSS, private providers, youth, and other stakeholders. Also, VDSS staff provided LDSS with training on the Child Welfare Data System NYTD Screens. VDSS staff provided NYTD information to youth in and aging out of foster care at two Virginia Youth Advisory Council Conferences. The conferences were conducted by UMFS Project LIFE.

VDSS Child Welfare Data System NYTD screens were available to LDSS staff for data input in September 2010. VDSS continues to provide information to the public on the www.vafamilyconnections.com website and has information available on its internal website that is viewable by LDSS staff.

Additional achievements for FY 2011 include VDSS Staff:

- Updating the Foster Care Guidance Manual for LDSS. The updated information includes federal and state NYTD guidance;
- Drafting a NYTD brochure for youth and stakeholders; and
- Drafting a standard template to report NYTD and other IL data to stakeholders at least quarterly. The data is retrieved from the VDSS Child Welfare Data System.

Develop a comprehensive quality assurance system that measures child status and system performance indicators.

- a) Establish a mechanism and process with accountability and feedback loop to review each LDSS agency

- b) Establish protocol and process for Quality Improvement Unit to work with regional consultants to establish system improvement plans by July 2009.
- c) Develop a report template to be used by regional consultants and LDSS to track system improvement goals by July 2009.
- d) Develop a process to gather and report on child status and system performance indicators by July 2010.

PS 4 Obj. 2. Develop a comprehensive quality assurance system that measures child status and system performance indicators.

Strategy 2.1 Develop and implement QSR as Virginia’s quality assurance system.

- a) Finalize work plan for 2010
- b) Communicate & educate stakeholders on the plan
- c) Develop and pilot instrument Fall of 2010
- d) Make modifications and finalize the instrument
- e) Train reviewers in January 2011 and June 2011
- f) Conduct 5 reviews in 2011 beginning in February

2011 update:

The second objective for primary strategy four in the PIP is to “Develop a comprehensive quality assurance system that measures child status and system performance indicators.” Virginia has begun the use of the Quality Service Review (QSR) as a system improvement tool for aligning the quality of service delivery with the Virginia Children’s Services Practice Model to promote better outcomes in child welfare. Virginia has been utilizing the CFSR instrument over the past few years to measure the quality of compliance with the CFSR outcome standards. The QSR instrument operationalizes the Virginia Children’s Services Practice Model to measure practice in local departments and the outcomes of the initiatives implemented.

The QSR instrument was developed in September 2010 at a design meeting with assistance and support through a contract with Child Welfare Policy and Practice Group (CWPPG) and Human Systems and Outcomes (HSO). The QSR protocol operationalizes the Virginia Children’s Services Practice Model also addressing safety, permanency, and well-being. A group of Virginia Department of Social Services staff, local staff, community partners and stakeholders were involved in a 2.5 day meeting to develop the protocol.

QSR Indicators

The QSR protocol is organized around analysis of two areas of system functioning. The first is child and family status, regarding current outcomes among indicators such as safety, stability, permanency and well-being for the child. The second area is practice performance with indicators to assess practice to achieve outcomes, such as family engagement, teaming, assessing, planning and intervention. The indicators established in the protocol include:

Child and Family Status Indicators

- 1. Safety
 - a. Exposure to threats of Harm
 - b. Risk to Self/Others
- 2. Stability
- 3. Living Arrangement
- 4. Permanency
- 5. Physical Health

Practice Performance Indicators

- 1. Engagement
 - a. Engagement Efforts
 - b. Voice & Choice of Family Members
- 2. Teaming
- 3. Cultural Awareness & Responsiveness
- 4. Assessment & Understanding
- 5. Long-Term View for Safe Case Closure

- | | |
|--|--|
| 6. Emotional Well-being | 6. Planning for Safe Case Closure |
| 7. Learning & Development | 7. Planning Transitions & Life Adjustments |
| 7a. Early Learning & Care (0-4 Years) | 8. Resource Availability |
| 7b. Learning & Academics (5-18+ years) | 9. Intervention Adequacy |
| 8. Pathway to Independence | 10. Maintaining Quality Connections |
| 9. Caretaker Functioning | 11. Tracking & Adjustment |

QSR uses a six point scale to measure the indicators included in the protocol thus creating a numeric measurement for the qualitative review. Each indicator is scored as follows:

| | | |
|---|----------------------------|------------------|
| 6 | Optimal | Maintenance Zone |
| 5 | Substantially Acceptable | |
| 4 | Minimally Acceptable | Refinement Zone |
| 3 | Partially Unacceptable | |
| 2 | Substantially Unacceptable | Improvement Zone |
| 1 | Completely Unacceptable | |

Each QSR will produce a numeric and qualitative report for the local department reviewed and provides a foundation for the System Improvement process for each department.

Training for Virginia professionals in the use of this instrument and the QSR scoring matrix took place in October 2010, January and will take place in June 2011. Professionals from CWPPG are then paired with Virginia professionals in review teams after the training for onsite training and mentoring. In this way we will develop a cadre of Virginia professionals to conduct reviews. An additional benefit to this process of training peer reviewers is often the development of quality practice and standards in the local departments from which we will draw the peer reviewers. This results in an additional internal capacity for evaluating quality practice standards.

Strategy 2.2 Implement a System Improvement Plan (SIP) to be used after the Child Welfare Quality Review (CWQR) by regional consultants and LDSS to track continuous progress towards performance outcomes.

- a) Regional consultants conduct feedback meeting with LDSS after a CWQR focused on outcomes.
- b) SIP developed by LDSS, distributed and monitored by regional consultants based on outcome measures.
- c) VDSS compiles semi annually SIPs and status and distributes to LDSS and stakeholders.
- d) Develop link with System Improvement Plan process in order to help inform training priorities

2011 update

Because of the new QSR instrument the SIP process will be revised in June. We will use the experience and reports developed from the QSRs conducted in Feb, April and May to lay a foundation on how this process will be linked to the appreciative inquiry approach utilized in QSR. This revision will include templates and process to build in accountability and reporting outcomes and promising practices.

Strategy 2.3 Develop a report on child status and system performance indicators from the QSR.

2011 update

With the development of the new QSR protocol and process and the revised SIP we will create linkages to create an annual report. This report will link critical outcome measures with aggregate measures from the

QSR and the work of system improvement plans. It is anticipated this report will be developed and distributed each August beginning in August 2012.

III. Additional Reporting Information

A. Monthly caseworker visits

The state continues to publish a monthly visit report as part of the “Critical Outcomes Report” available to all LDSS staff through SafeMeasures. The report provides monthly updates on worker visits and allows users to “drill down” to the worker level to identify where improvements in visits need to be made to reach and surpass federal goals. Staff of the OBRA unit who travel the state to work with localities on understanding and using their data to improve performance prioritize the monthly worker visits as one data report that localities should use to assess the level of the care provided to children.

LDSS have significantly improved their percentage of monthly worker visits in part, as an artifact of reducing the number of children in congregate care settings and improving placements in the child’s local community. Instituting Family Partnership Meetings as a statewide initiative has also contributed to children’s placement in their home community and increased availability to workers by keeping children in their community. Workers have been able to increase visitation despite receiving very few additional resources.

Federal Title IV-B funds to support worker visits have been used to pay for additional staff, purchase laptops computers as a time-saving measure, allowing for quicker documentation and downloading of the visit information in to OASIS; transcribers; and travel costs for increased visitation. Because federal allocation of these funds are limited to five years, the finance division of the VDSS has retained their commitment to identify and allocate equivalent funds to each locality as part of their base administrative cost base once federal funding ends.

Aggregate data for the year indicates Virginia will likely surpass its estimated goal for improvement during FFY 2010. Although not at the 90% level for the year, Virginia has reached that benchmark at various times during the year.

A. National Youth in Transition Database

Virginia implemented the federal National Youth in Transition Database (NYTD) effective October 1, 2011. In early 2010, VDSS contracted with The Downs Group, LLC to provide five regional training sessions and one makeup session (for those who were unable to attend any of the five regional trainings) on NYTD by September 10, 2010. The target audience included VDSS regional foster care and adoption consultants as well as foster care and adoption staff from local departments of social services (LDSS). The training objectives included:

- Identifying the purpose and applying the requirements of NYTD;
- Demonstrating the ability to instruct youth on survey completion;
- Identifying strategies for locating and engaging youth in the data collection process; and
- Verbalizing how NYTD relates to the Virginia Children’s Services Practice Model and can enhance permanency planning for older youth.

Appropriate VDSS staff members were in attendance at each session to:

- Provide training on the VDSS Child Welfare Data System NYTD Screens;
- Review VDSS expectations of LDSS regarding NYTD implementation and data input;
- Provide participants an opportunity to verbalize their concerns and needs regarding NYTD implementation; and
- Facilitate a question and answer period.

Prior to the training sessions provided by The Downs Group, LLC, VDSS Services to Older Youth staff (formerly VDSS Independent Living (IL) staff) provided 10 NYTD informational sessions via conference call. The focus of each session was on the NYTD final rule and steps Virginia planned to take to implement the rule which included the aforementioned training. VDSS identified state staff members who are responsible for continued implementation planning as well as developing and providing (consistent with federal guidance) ongoing training and technical assistance to regional staff and partners. VDSS designated UMFS Project LIFE's five regional IL consultants and director as the regional experts to provide ongoing capacity-building training and technical assistance on NYTD to LDSS, private providers, youth, and other stakeholders. Also, VDSS staff provided LDSS with training on the OASIS NYTD Screens.

VDSS staff provided NYTD information to youth in and aging out of foster care at two Virginia Youth Advisory Council Conferences. The conferences were conducted by UMFS Project LIFE. VDSS continues to provide information to the public on the www.vafamilyconnections.com website and has information available on its internal website that is viewable by LDSS staff.

OASIS NYTD screens were available to LDSS staff for data input in September 2010.

Additional achievements for FY 2011 include VDSS Staff:

- Updating the Foster Care Guidance Manual for LDSS. The updated information includes federal and state NYTD guidance;
- Drafting a NYTD brochure for youth and stakeholders; and
- Drafting a standard template to report NYTD and other IL data to stakeholders at least quarterly. The data is retrieved from OASIS.

For FY 2012, VDSS has the following objectives:

- Finalize a plan to track and/or locate youth who left foster care and are included in the follow-up population;
- Identify promising practices among LDSS in collecting NYTD data;
- Further strengthen VDSS Foster Care Guidance Manual to include promising practices in collecting NYTD data among LDSS; and
- Produce meaningful reports for stakeholders based on the NYTD and other IL data collected from LDSS.

For FY 2012, the performance goal is to determine a true statewide baseline of services provided and accurate numbers of individuals age 14 and over who received at least one IL service paid for or provided by the Chafee agency. This data is now being collected in OASIS as opposed to LDSS quarterly report submissions to the VDSS.

B. Timely home studies

Goal: Monitor timeliness of homes study documents going to the sending state

1. Manual spreadsheet is developed.

**Placement Requests Into Virginia
May 1, 2010 to May 31, 2011**

| Type of Placement | Public Agency | Private Agency | Court | Individual | None |
|---------------------------------|---------------|----------------|-----------|------------|-----------|
| Parent(s) | 238 | 6 | | | 6 |
| Relative | 67 | | | | 5 |
| Foster Home | 575 | 5 | | | 35 |
| Adoptive | 204 | 53 | 1 | 7 | 15 |
| Group Home | | | | | 1 |
| Residential | 506 | 4 | 10 | 84 | 28 |
| Institutional Care (Article VI) | | | | | |
| Child Care Institution | | | | | |
| Other | 1 | | | | |
| Total | 1591 | 68 | 11 | 91 | 90 |

| Sex of Children | Male | | Female | | Unknown | |
|------------------|---------|------------------|---------------------|-----------------|---------------------------|---------------------|
| | 967 | | 706 | | 1 | |
| Ages of Children | Under 1 | 1-5 | 6-10 | 11-15 | 16-18 | 19-21 |
| | | 232 | 364 | 272 | 503 | 290 |
| Ethnic Group | White | African American | Asian | American Indian | Hawaiian/Pacific Islander | Unable to determine |
| | 800 | 551 | 11 | 13 | 4 | 295 |
| Hispanic | Yes | No | Unable to determine | Declined | | |
| | 112 | 1236 | 325 | 1 | | |

| # of Calendar Days Between Sending ICPC-100A and Receipt Back with Decision | 0-30 | 31-60 | 61-90 | Over 90 |
|---|------|-------|-------|---------|
| | | 907 | 274 | 215 |

Adoption Assistance Subsidy: 44

Total Number of Agreements Into Virginia Terminated

| | |
|--|-----|
| Adoption Finalized | 335 |
| Age of Majority/Emancipation | 159 |
| Legal custody returned to parents (concurrence) | 45 |
| Legal custody to relative (concurrence) | 53 |
| Treatment complete | 92 |
| Sending state jurisdiction terminated (concurrence) | 4 |
| Unilateral termination | 16 |
| Child returned to sending state | 226 |

| | | |
|---|-----|--------------------|
| Child moved to another state | 7 | Total: 1863 |
| Proposed placement request withdrawn | 83 | |
| Approved resource will not be used for placement | 167 | |
| Other | 676 | |

Number of children returned to Virginia: 218

**Placement Requests Out of Virginia
May 1, 2010 to May 31, 2011**

| Type of Placement | Public Agency | Private Agency | Court | Individual | None |
|---------------------------------|----------------------|-----------------------|--------------|-------------------|-------------|
| Parent(s) | 224 | | | | 5 |
| Relative | 96 | | | | 4 |
| Foster Home | 397 | 3 | 1 | | 19 |
| Adoptive | 44 | 68 | 1 | 7 | 4 |
| Group Home | | | | | |
| Residential | 62 | 1 | 3 | 71 | 6 |
| Institutional Care (Article VI) | | | | | |
| Child Care Institution | | | | | |
| Other | | | | | |
| Total | 823 | 72 | 5 | 78 | 38 |

| Sex of Children | Male | | Female | | Unknown | |
|-------------------------|----------------|-------------------------|----------------------------|------------------------|----------------------------------|----------------------------|
| | 376 | | 395 | | | |
| Ages of Children | Under 1 | 1-5 | 6-10 | 11-15 | 16-18 | 19-21 |
| | | 117 | 191 | 140 | 191 | 124 |
| Ethnic Group | White | African American | Asian | American Indian | Hawaiian/Pacific Islander | Unable to determine |
| | 409 | 196 | 7 | 3 | 6 | 150 |
| Hispanic | Yes | No | Unable to determine | | | |
| | 37 | 622 | 112 | | | |

| # of Calendar Days Between Sending ICPC-100A and Receipt Back with Decision | 0-30 | 31-60 | 61-90 | Over 90 |
|---|------|-------|-------|---------|
| | | 261 | 135 | 130 |

Adoption Assistance Subsidy: 15

Total Number of Agreements OUT OF Virginia Terminated

| | | |
|--|-----|--|
| Adoption Finalized | 137 | |
| Age of Majority/Emancipation | 116 | |
| Legal custody returned to parents (concurrency) | 36 | |

| | | |
|--|-----|--------------------|
| Legal custody to relative (concurrence) | 81 | Total: 1204 |
| Treatment complete | 31 | |
| Sending state jurisdiction terminated (concurrence) | 2 | |
| Unilateral termination | 15 | |
| Child returned to sending state | 65 | |
| Child moved to another state | 5 | |
| Proposed placement request withdrawn | 114 | |
| Approved resource will not be used for placement | 138 | |
| Other | 464 | |

Number of children returned to Sending state: 88

2. ICPC elements will be evaluated and recommendations made.

The data fields have been cleaned up however the report writing program continues to have problems. The ARRIS system is outdated and as such is not at the top of the priority list for enhancements. The Program Manager is identifying and discussing the issues that have been identified with the Outcome Based Reporting and Analysis Program Manager.

3. Decision made on the Florida information system.

The decision to move this program forward has not been decided at a national level. In addition, during this last year, the Virginia information systems contractor, VITA, had a blackout and the ICPC Unit lost data. If the Unit had not had the hard copies of cases, the Unit would not have the required case documentation. Until VITA can guarantee the accuracy and accountability of the system, the ICPC Program Manager will not make a recommendation to move forward with this initiative.

C. Inter-country adoptions

In October 1, 2009, the Adoption Programs expanded an existing contract with United Methodist Family Services for the Adoptive Family Preservation system to provide additional services for families who adopt children from other countries. VDSS provided \$125,000 to provide an array of services these families. Adoptive Family Preservation is a post-legal adoption service system managed by UMFS under contract with the Virginia Department of Social Services. Services provided include community based services, assessment, Regional Response Teams that include a family counselor, mental health clinician and an adoptive parent, information and referral, crisis intervention, education advocacy, weekend retreats and a small client funds for special services and incentives.

Inter-country Adoptions and Services available in Virginia

Virginia has two approaches to gather data related of children adopted from other countries that may enter foster care and the services they require and receive. First, we utilize OASIS and the second is through the delivery of services through a private contractor.

Virginia captures data from local departments of social services on children who were adopted from other countries as well as children who entered foster care as a result of an adoption disruption or dissolutions and who were previously adopted from another country. For SFY 2011, 117 children were adopted from

foreign countries. OASIS data indicates that 4 adoptions were disrupted or dissolved. These children were placed in foster care.

The second approach is to gather data and service information through the use of a Virginia adoption agency under contract with the Virginia Department of Social Services to provide post-adoption services and supports. The contractor is United Methodist Family Services and manages the statewide Adoptive Family Preservation Program for Virginia's adopted families. This program is funded through the Title IV-B, Subpart II funds. At the beginning of FFY 2010, VDSS provided additional funding to the UMFS in the amount of \$125,000 to increase services to these families. Below is the report from the contractor according to the data and analysis by their subcontractor evaluator Policy Works Inc.

AFP Data Excerpt on Disruption/Dissolution of Families Served with International Adoptions – May 2011

Families with International Adoptions:

- No disruptions/dissolutions

| Three-year profile | | One-year profile | |
|---|--------------|---|--------------|
| Families with international adoptions served since 4/1/08 | | Families with international adoptions served since 4/1/10 | |
| Total served: 77 (unduplicated count) | | Total served: 56 (unduplicated count) | |
| 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) | 2 | Child out of home (no dissolution) | 0 |
| Family moved | 4 | Family moved | 1 |
| No longer need services | 11 | No longer need services | 7 |
| No contact for 60 days | 12 | No contact for 60 days | 4 |
| | 29 | | 12 |

All Families Served:

- In past 3 years (since 4/08), 7 disruptions and 1 dissolution.
- In past 1 year (since 4/10), 4 disruptions.

| Three-year profile | | One-year profile | |
|--|--------------|--|--------------|
| All families served since 4/1/08 | | All families served since 4/1/10 | |
| Total served: 472 (unduplicated count) | | Total served: 336 (unduplicated count) | |
| <ul style="list-style-type: none"> ▪ Total 8 families whose cases were closed due to dissolution/disruption ▪ Adoption types for families with dissolution/disruption: <ul style="list-style-type: none"> - 8 Foster Parent Adoptions - 1 Matched | | <ul style="list-style-type: none"> ▪ Total 4 families whose cases were closed due to dissolution/disruption ▪ Adoption types for families with dissolution/disruption: <ul style="list-style-type: none"> - 3 Foster Parent Adoptions - 1 Matched | |
| Breakout of all cases closed: | | Breakout of all cases closed | |
| Reason for Case Closure | Count | Reason for Case Closure | Count |
| Disruption/Dissolution | 8 | Disruption/Dissolution | 4 |
| Child out of home (no dissolution) | 26 | Child out of home (no dissolution) | 11 |

| | | | |
|-------------------------|-----|-------------------------|-----|
| Family moved | 12 | Family moved | 7 |
| No longer need services | 76 | No longer need services | 45 |
| No contact for 60 days | 66 | No contact for 60 days | 34 |
| | 188 | | 101 |

Adoptive Family Preservation Program: Examination of Families Served with Children Adopted Internationally

This section of the report focuses on families served by the Adoptive Family Preservation (AFP) Program during the past three years.

| Families w/ International Adoption Served 4/1/08 through 3/31/11 | | | | | | | | |
|--|-----------|------------------|-----------------------|------------------|------------|-------------|------------------------------------|--------------------|
| Agency | Family ID | Type Adoption #1 | Country #1 | Type Adoption #2 | Country #2 | Closed Date | Closed Reason | Closed Reason Code |
| C.A.S.E. | 888 | International | Guatemala | | | 10/15/10 | No longer needs services | 2 |
| C.A.S.E. | 900 | International | India | | | 12/15/09 | No contact in 60 days | 1 |
| C.A.S.E. | 905 | International | Philippines | | | | | 0 |
| C.A.S.E. | 908 | International | Kazakhstan | International | Kazakhstan | 01/15/09 | No longer need services | 2 |
| C.A.S.E. | 916 | International | Kazakhstan | | | 06/15/08 | Child out of home (no dissolution) | 4 |
| C.A.S.E. | 944 | International | Paraguay | | | | | 0 |
| C.A.S.E. | 951 | International | Korea | International | Korea | 05/15/09 | No longer need services | 2 |
| C.A.S.E. | 969 | International | China | | | | | 0 |
| C.A.S.E. | 1005 | International | India | | | 03/03/10 | No contact in 60 days | 1 |
| C.A.S.E. | 1007 | International | St. Petersburg Russia | | | | | 0 |
| C.A.S.E. | 1018 | International | Ukraine | | | | | 0 |
| C.A.S.E. | 1033 | International | Russia | International | Russia | | | 0 |
| C.A.S.E. | 1041 | International | Russia | | | 11/15/10 | No longer needs services | 2 |
| C.A.S.E. | 1124 | International | Ukraine | International | Ukraine | | | 0 |
| C.A.S.E. | 1126 | International | Guatemala | | | | | 0 |
| Coord/2 | 149 | International | Russia | International | Russia | | | |

| Families w/ International Adoption Served 4/1/08 through 3/31/11 | | | | | | | | |
|--|-----------|------------------|------------|------------------|------------|-------------|--------------------------|--------------------|
| Agency | Family ID | Type Adoption #1 | Country #1 | Type Adoption #2 | Country #2 | Closed Date | Closed Reason | Closed Reason Code |
| Coord/2 | 351 | International | Kazakhstan | International | Kazakhstan | | | |
| Coord/2 | 620 | International | China | | | 09/30/08 | No contact in 60 days | 1 |
| Coord/2 | 622 | International | Russia | | | 11/30/05 | | 2 |
| Coord/2 | 777 | International | | | | 02/28/11 | No longer needs services | 2 |
| Coord/2 | 909 | International | China | | | 06/30/08 | Family moved | 3 |
| Coord/2 | 1022 | International | Russia | | | | | 0 |
| Coord/2 | 1027 | International | Guatemala | | | | | 0 |
| Coord/2 | 1028 | International | Kazakhstan | | | | | 0 |
| Coord/2 | 1049 | International | Columbia | | | | | 0 |
| Coord/2 | 1058 | International | China | | | | | 0 |
| Coord/2 | 1061 | International | Russia | | | 03/31/11 | No contact in 60 days | 1 |
| Coord/2 | 1069 | International | Guatemala | | | | | 0 |
| Coord/2 | 1073 | International | | | | | | 0 |
| Coord/2 | 1081 | International | Russia | | | | | 0 |
| Coord/2 | 1088 | International | Romania | | | | | 0 |
| Coord/2 | 1113 | International | Russia | | | | | 0 |
| Coord/2 | 1116 | International | Romania | | | | | 0 |
| Coord/2 | 1125 | International | Malawi | | | | | 0 |
| Coord/2 | 1128 | International | Russia | | | | | 0 |
| Coord/2 | 1129 | International | Kazakhstan | | | | | 0 |
| Coord/2 | 1138 | International | Russia | | | | | 0 |
| DePaul Family Services | 835 | International | Bulgaria | | | | | 0 |
| DePaul Family Services | 924 | International | Hong Kong | International | China | 06/30/09 | Family moved | 3 |
| DePaul Family Services | 946 | International | Peru | | | 02/27/09 | No longer need services | 2 |
| DePaul Family Services | 977 | International | Russia | International | Russia | | | 0 |
| DePaul Family Services | 1015 | International | Peru | | | | | 0 |
| DePaul Family | 1032 | International | Haiti | International | Haiti | 02/28/11 | Family moved | 3 |

| Families w/ International Adoption Served 4/1/08 through 3/31/11 | | | | | | | | |
|--|-----------|------------------|------------|------------------|------------|-------------|-------------------------------------|--------------------|
| Agency | Family ID | Type Adoption #1 | Country #1 | Type Adoption #2 | Country #2 | Closed Date | Closed Reason | Closed Reason Code |
| Services | | | | | | | | |
| DePaul Family Services | 1058 | International | China | | | | | 0 |
| DePaul Family Services | 1094 | International | Guatemala | | | | | 0 |
| C'ville/UMFS | 361 | International | Russia | | | | | |
| C'ville/UMFS | 400 | International | Russia | | | 10/31/04 | | 1 |
| C'ville/UMFS | 585 | International | Haiti | Matched | | 06/30/09 | No contact in 60 days | 1 |
| C'ville/UMFS | 888 | International | Guatemala | | | 10/15/10 | No longer needs services | 2 |
| C'ville/UMFS | 924 | International | Hong Kong | International | China | 06/30/09 | Family moved | 3 |
| C'ville/UMFS | 958 | International | Ethiopia | | | 06/24/10 | No longer needs services | 2 |
| C'ville/UMFS | 1033 | International | Russia | International | Russia | | | 0 |
| C'ville/UMFS | 1108 | International | Ukraine | | | | | 0 |
| C'ville/UMFS | 1123 | International | Russia | | | | | 0 |
| NOVA/UMFS | 607 | International | Peru | | | 12/04/09 | No longer need services | 2 |
| NOVA/UMFS | 646 | International | Mexico | | | | | 0 |
| NOVA/UMFS | 716 | International | China | | | | | 0 |
| NOVA/UMFS | 825 | International | Columbia | | | 10/10/08 | Child out of home, (no dissolution) | 4 |
| NOVA/UMFS | 888 | International | Guatemala | | | 10/15/10 | No longer needs services | 2 |
| NOVA/UMFS | 900 | International | India | | | 12/15/09 | No contact in 60 days | 1 |

| Families w/ International Adoption Served 4/1/08 through 3/31/11 | | | | | | | | |
|--|-----------|------------------|------------|------------------|------------|-------------|-----------------------|--------------------|
| Agency | Family ID | Type Adoption #1 | Country #1 | Type Adoption #2 | Country #2 | Closed Date | Closed Reason | Closed Reason Code |
| NOVA/UMFS | 937 | International | Columbia | | | 08/28/09 | No contact in 60 days | 1 |
| NOVA/UMFS | 956 | International | Russia | International | Russia | | | 0 |
| NOVA/UMFS | 1023 | International | Kazakhstan | | | | | 0 |
| NOVA/UMFS | 1033 | International | Russia | International | Russia | | | 0 |
| NOVA/UMFS | 1054 | International | Columbia | | | | | 0 |
| NOVA/UMFS | 1074 | International | Russia | | | | | 0 |
| NOVA/UMFS | 1107 | International | Guatemala | | | | | 0 |
| SoCentral/UMFS | 978 | International | Russia | | | | | 0 |
| SoCentral/UMFS | 1015 | International | Peru | | | | | 0 |
| T'water/UMFS | 549 | International | Russia | | | 02/28/10 | No contact in 60 days | 1 |
| T'water/UMFS | 600 | International | Russia | | | 07/31/10 | No contact in 60 days | 1 |
| T'water/UMFS | 858 | International | Ethiopia | | Ethiopia | 02/28/10 | No contact in 60 days | 1 |
| UMFS/Lynchburg | 400 | International | Russia | | | 10/31/04 | | 1 |
| UMFS/Lynchburg | 716 | International | China | | | | | 0 |
| UMFS/Lynchburg | 835 | International | Bulgaria | | | | | 0 |
| UMFS/Lynchburg | 968 | International | China | | | | | 0 |

D. Licensing waivers

The Resource, Foster, and Adoptive Family Home Approval Standards became effective September 2, 2009. The guidance to support the implementation of these regulations was disseminated to the field in June 2010. The regulations allow variances from a standard on a case by case basis and the variance must not jeopardize the safety and proper care of the child or violate federal or state laws or local ordinances. A local department of social services is required to submit the request for a variance to the regional

Resource Family Consultant for review and approval. Any variances granted must be reviewed on an annual basis by the Department.

E. Juvenile Justice transfers

Through the OASIS data system, Virginia tracks reasons why children exit foster care. For FFY 2011, 38 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 put 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). The Foster Care Unit and Outcome Based Reporting and Analysis unit updated OASIS to better capture the number of children who actually exited care to corrections. Changes to the "Help" section of OASIS that instruct workers as to how to enter such data was completed by summer 2010. The updates include a new value in the *Child Removed From* and *Conditions* fields: "Returned from DJJ" on the Physical Removal screen. The system will default to caretaker listed on previous removal (for AFCARS reasons). Additionally, the Legal Basis for Custody screen has been updated using code citation. There is a new value *Official Custody and Legal Basis* fields: "Code of VA 16.1-293".

F. Collaboration with tribes

Virginia has no federally recognized tribes. Therefore, a child belonging to a Virginia tribe is not subject to the Indian Child Welfare Act, and the local court has jurisdiction. Foster Care policy was strengthened in 2011 to provide additional information, to be consistent with CPS guidance and to provide updated tribal contact information. It directs that if the LDSS suspects or knows that a child in foster care or one about to be placed in foster care is of American Indian or Alaskan Eskimo or Aleut heritage, and the child belongs to a tribe located outside Virginia, the LDSS must contact the designated tribal agent about the child. However, when a child entering care is believed or known to have Virginia Indian heritage, the LDSS must immediately contact the Bureau of Indian Affairs Eastern Regional Office for guidance on ICWA for notification procedures of the proper tribe. The guidance also stresses that LDSS should consider any tribal culture and connections – including Virginia tribes - in the placement and care of the child.

The guidance links to more comprehensive information available in the CPS Manual. This guidance provides:

- Information on the Federal Act, including background, purpose and overview of applicable children.
- Responsibilities of local service workers.
- Requirements that apply to four types of custody proceedings, including foster care placements, termination of certain parental rights, pre-adoption placements, and adoption placements.
- Information on how Virginia tribes are organized and the federal funding they receive for education and community development.
- Specific Virginia Tribes that are recognized by the Commonwealth of Virginia, including the Chickahominy, Eastern Chickahominy, Mattaponi, Monacan, Nansemond, Pamunkey, Rappahannock, and Upper Mattaponi.

Efforts to consult with Virginia's tribes to review and revise procedures related to their role in child welfare services were minimal.

G. Continuation of operations planning

Division of Family Services Continuity of Operations Plan

As of 5/30/11

The Virginia Department of Social Services' (VDSS) 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 agency 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. 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 January 2010 and it was incorporated into VDSS's larger COOP plan.

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

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

II. Secondary Functions to be Recovered

Once the primary functions have been addressed the Division of Family Services must ensure its capacity to meet its state and federal requirements including reporting and grants management. DSS' disaster

recovery plans include maintaining or recovering the numerous information systems that support the agency's programs. Such systems that need to be operational for the central, regional and local social service agencies are OASIS, VACIS, 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

Jack Ledden: Work: 804-726-7501
Home:
E-mail: jack.ledden@dss.virginia.gov

Secondary Contact: Assistant Division Director

Betty Jo Zarris: Work: 804-726-7084
Home: 804-798-5952
E-mail: bettyjo.zarris@dss.virginia.gov

Family Services COOP coordinator:

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

Family Services back up COOP coordinator:

Deborah Eves Work: 804-726-7506
Home: 804-266-5850
Email: deborah.eves@dss.virginia.gov

Each program manager, division director, assistant director, and COOP coordinators will maintain off-site lists of contacts and descriptions of their unit's job functions. Staff will be notified if the emergency requires the relocation of the DSS home office. DFS conducted its second tabletop exercise in 2010 in conjunction with the Emergency Operations Staff. The exercise pin pointed the need for improved preparations for sheltering in place.

In addition, 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 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. Additional locations are currently being evaluated.

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

Continued Communication with Local Staff

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

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

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.

Hotline Contingency Plan

The CPS/APS telephone system is operated by the CISCO Automatic Call Distribution system. This system may be inoperative during inclement weather conditions and/or disasters; therefore a plan has been devised to continue services to the public and mandated reporters. Several tests of moving the hotline have been completed successfully. Twenty-four hour technical assistance for the hotline is provided through VITA/NG VCCC. The contact number for DSS to use is: 1-866-637-8482. Specific instructions for the family services’ hotline have been updated in the online application for the VCCC, to assist in their technical issue response.

V. Continued Review and Revision of Plan

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

VI. Outcomes, Goals and Measures

Virginia has integrated the outcomes, goals and measures of two important initiatives into Virginia’s Five Year State Plan for Children and Family Services:

- Virginia’s Children’s Services System Transformation; and
- The Federal Child and Family Services Review (*CFSR*).

The charts below list the goals Virginia is tracking for the Virginia Children’s Services System Transformation and some of the CFSR outcomes. For each goal, the quantitative measure, national comparative, and Virginia’s goal, baseline and trend data will be provided. The last column highlights whether this goal is an area of strength or needs improvement based on Virginia’s performance.

Virginia will provide insights with each APSR on trends as well as potential reasons for the strength/need designation. This section will be updated with PIP measurements as soon as they have been indicated.

| A. Safety of Children | | | | | | | |
|---|--|--|-----------------|------------------------|-----------------|---------------|---------------------------|
| Children are, first and foremost, protected from abuse and neglect | | | | | | | |
| CFSR Indicator/ Transformation Outcome | Safety Goal | Measure | National | Virginia | | | |
| | | | | Goal | Baseline | Trend | Strength/ Need |
| SafeMeasures Critical Outcome | 1) Increase the number of children remaining safely in their own homes. | Reduce rate of child abuse and neglect per 100,000 children | | Below 3.0 in June 2009 | | | |
| <u>CFSR Safety Indicator 1</u>: More children do not experience repeat abuse and neglect | 2) Increase the percentage of children who do not have repeat incidents of abuse and neglect. | Increase percent of all children who were victims of substantiated or indicated abuse or neglect allegation during the first 6 | 94.6% or higher | 94.6% or higher | | 97.98% (2011) | |

| | | | | | | | |
|--|---|--|------------------|------------------|-------|---------------|--|
| | | months of the fiscal year who <u>were not</u> victims of another substantiated or indicated abuse or neglect allegation within 6 months following that incident | | | | | |
| <u>CFSR Safety Indicator 2:</u> More children in foster care do not experience repeat abuse and neglect | 3) Increase the percentage of children who are not abused or neglected in foster care. | Increase percent of all children served in foster care during the fiscal year who were not victims of a substantiated or indicated maltreatment by a foster parent or facility staff member during fiscal year | 99.67% or higher | 99.67% or higher | | 99.84% (2011) | |
| <u>CFSR Item 1 – Timeliness of initiating investigations of reports of child maltreatment</u> | 4) Children are seen in a timely manner. | How effective is the agency in responding to incoming reports of child maltreatment in a timely manner? | TBD | | | | |
| <u>CFSR Item 3 – Services to family to protect child(ren) in the home and prevent removal or reentry into foster care</u> | 5) Services are in place to prevent removal from the home or reentry into foster care | How effective is the agency in providing services, when appropriate to prevent removal of children from their homes? | | 82.0% | 73.2% | | |
| <u>CFSR Item 4 – Risk assessment and safety management</u> | 6) Risk and safety assessments are in place | How effective is the agency in reducing the risk of harm to children, including | | 76.4% | 70.1% | | |

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| | | those in foster care and those who receive services in their own homes. | | | | | |
|--|--|---|--|--|--|--|--|

B. Children Achieving Permanency

Children have permanency and stability in their living situations

| CFSR Indicator/ Transformation Outcome | Permanency Goal | Measure | National | Virginia | | | |
|---|--|--|--|------------------|---------------------|-------|-------------------|
| | | | | Goal | Baseline | Trend | Strength/ Need |
| SafeMeasures Critical Outcome | 1) Decrease the number of children in out of home care | Reduce rate of children in foster care per 1,000 children | Declined from 7.5 in 2000 to 7.0 in 2006 | | 3.05 (2011) | | |
| <u>Transformation Outcome:</u> More children in foster care achieve permanency <i>(SafeMeasures Critical Outcome)</i> | 2) Increase percentage of all children in foster care who achieve permanency. | Increase percentage of all children in foster care who are discharged to reunification, adoption, or custody transfer to relatives | | 81.00% or higher | 73.77% (2011) | | |
| <u>Transformation Outcome:</u> Children achieve permanency with shorter length of stays. <i>(SafeMeasures</i> | 3) Decrease the amount of time it takes for a child to achieve permanency | Decrease the time to permanency for all children who are reunified, transferred to a relative, or adopted. | | TBD | 25.02 months (2011) | | |

| | | | | | | | |
|--|--|---|-------|------------------|------------------|--|--|
| <i>Critical Outcome)</i> | | | | | | | |
| Transformation Outcome: More children are placed in relative foster homes <i>(SafeMeasures Critical Outcome)</i> | 4) Increase placements of children in kinship care (relative foster family) | Increase percentage of all children currently placed in relative foster family | | TBD | 6.16% (2011) | | |
| | | Increase percentage of all children whose first placement was in relative foster family | | TBD | 4.0% (2011) | | |
| Transformation Outcome: More children are placed in family based care <i>(SafeMeasures Critical Outcome)</i> | 5) Increase placements of children in family based care | Increase percentage of all children currently placed in relative or non relative foster care (<i>therapeutic foster care included</i>), non-finalized adoptive homes, or trial home visits. | | 85.00% or higher | 82.64% (2011) | | |
| | | Increase percentage of all children whose first placement was in relative or non relative foster care (<i>therapeutic foster care included</i>), non-finalized adoptive homes, or trial home visits | | 85.00% or higher | 80.7% (2011) | | |
| CFSR Permanency Composite 1: Timeliness and Permanency of Reunification | 6) Children have permanency and stability in their living situations. | From State Data Profile: Component A: Timeliness of Reunification and Component B: Permanency of Reunification | 122.6 | 121.3 | 117.9 (2008b09a) | | |

| | | | | | | | |
|--|--|--|-------|-------|---------------------|--|--|
| <u>CFSR</u> Permanency Composite 2: Timeliness of Adoptions | 7) Children are adopted in a timely manner. | From State Data Profile Component A: Timeliness of Adoptions of Children Discharged From Foster Care Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer. Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption. | 106.4 | 78.2 | 75.1(2007 B08a) | | |
| <u>CFSR</u> Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time | 8) Children exit care to a permanent situation | From State Data Profile; Component A: Achieving permanency for Children in Foster Care for Long Periods of Time. Component B: Growing up in foster care | 121.7 | 105.4 | 102.5 (2007b08a) | | |
| <u>CFSR Item 7:</u> Permanency goal for child | 9) The child's permanency goal is appropriate and established in a timely manner. | How effective is the agency in determining the appropriate permanency goal for children on a timely basis when they enter foster care? | | 83.7% | 76.7% | | |
| <u>CFSR Item 10:</u> Other planned permanent living arrangement | 10) Alternative goals are appropriate for the child and services are provided | How effective is the agency in establishing planned permanent living arrangements for children in foster care, who do not | | 63.2% | 46.7% | | |

| | | | | | | | |
|---|---|---|--|--------------|---------------------|--|--|
| | | have the goal of reunification, adoption, guardianship, or permanent placement with relative, and providing services consistent with the goal | | | | | |
| Transformation Outcome: Fewer children are placed in congregate care <i>(SafeMeasures Critical Outcome)</i> | 11) Reduce placements of children in congregate care | Decrease percentage of all children currently placed in congregate care | | 15% or fewer | 15.10% (2011) | | |
| | | Decrease percentage of all children whose first placement was in congregate care | | 15% or fewer | 18.5% (2011) | | |
| | | Decrease average number of months children spent in congregate care | | TBD | 33.42 months (2011) | | |

| C. Child and Family Well Being | | | | | | | |
|--|------------------------|----------------|-----------------|-----------------|-----------------|--------------|-----------------------|
| Families have enhanced capacity to provide for their children's needs | | | | | | | |
| CFSR Indicator/ Transformation Outcome | Well Being Goal | Measure | National | Virginia | | | |
| | | | | Goal | Baseline | Trend | Strength/ Need |

| | | | | | | | |
|--|--|---|--|-------|-------|--|--|
| <u>CFSR Item 17:</u> Needs and services of child, parents, and foster parents | 1) Services are provided to children, parents, and foster parents | How effective is the agency in assessing the needs of children, parents, and foster parents, and in providing needed services to children in foster care, to their parents and foster parents, and to children and families receiving in-home services? | | 67.6% | 60.9% | | |
| <u>CFSR Item 18:</u> Child and family involvement in case planning | 2) Children and family are involved in case planning | How effective is the agency in involving parents and children in the case planning process? | | 77.2% | 70.7% | | |
| <u>CFSR Item 19:</u> Caseworker visits with child | 3) Caseworkers visit children monthly face to face with the majority of the visits in the child's residence and those visits are quality visits | How effective are agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes? | | 75% | 68.6% | | |
| <u>CFSR Item 20:</u> Caseworker visits with parents | 4) Caseworkers visit parents monthly face to face and those visits are quality visits | How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services? | | 59.4% | 51.5% | | |

Virginia Child Welfare Staff and Provider Training

The Virginia Department of Social Services (VDSS) has a variety of sources of training for state staff, local departments of social services (LDSS) staff and the providers and community partners on whom we rely as part of the child welfare system. There are also different sources of funding for this training. This document will describe the training VDSS provides, participates in or coordinates, and the funding for our training. Training, like most things in child welfare, constantly evolves as needs are identified, opportunities arise and resources change. This plan supports both the required training under Title IV-E and the interrelated goals and objectives of Virginia's Child and Family Services Plan. In addition, this document will summarize recent past efforts to reengineer competency-based training for child welfare and establish a locally responsive training infrastructure that includes timely initial training and appropriate ongoing training for child welfare staff and pre-service and in-service training for resource parents.

I. BRINGING TRAINING "IN-HOUSE"

Beginning July 1, 2011, VDSS will establish five regional training centers, co-located with the VDSS Regional Offices staffed by VDSS employees. These regional training centers will replace the current system of four local agency Area Training Centers (ATC), as well as the Virginia Commonwealth University (VCU) ATC. During the first three to six months after July 1, 2011, the training related functions now conducted by VCU for child welfare and adult services will be taken on by VDSS staff in the Division of Family Services. It is expected that VDSS will have access to all of the active curricula currently being trained, both classroom and on-line. These changes are in response to an across the board reduction in budget resources.

Planning is in place for the Training Unit of the VDSS Division of Family Services to include a curriculum and trainer development manager (current employee), two curriculum developers and one recruitment, development and monitoring coordinator. This unit will also administer the needs of the Adult Service/ Adult Protective Services program.

II. REENGINEERING CHILD WELFARE TRAINING

Reengineering efforts have made child welfare training more responsive to individual, local, and statewide needs by moving the decision making about frequency and timing of course offerings across the State to the ATC Managers. Training this year has also been vetted to assure opportunities to relate both policy and practice to Virginia Children's Services Practice Model. The Virginia Child Welfare Training Steering Committee which was formed during the fall of 2009, continues to meet and is made up of representatives from VDSS, VCU-VISSTA, ATCs, Local Department of Social Services (LDSS), the Virginia League of Social Service Executives (VLSSE), and the Virginia Alliance of Social Work Practitioners (VASWP). The Steering Committee coordinates and manages the activities and developmental aspects of the training system for child welfare. With the input from local agencies, along with representatives from LDSS, VLSSE, and VASWP, decisions about training system management will be informed by the needs of local workers. The Steering Committee is primarily responsible for:

- Setting priorities for child welfare training including the establishment of training requirements for front-line and supervisory staff;
- Establishing core competencies and core curricula, aligned with Virginia's Children's Services Practice Model, for all targeted job functions that will support assessed needs as well as broaden the base of knowledge and skills for all child welfare staff;

- Ensuring ongoing training opportunities for experienced staff and supervisors to promote the development of managerial skills in the work force and to facilitate transfer of learning;
- Establishing a process and standards for identification of subject matter experts to develop and deliver workshops for in-service trainings based on regionally assessed needs;
- Assessing and evaluating the training system to address both individual and system needs;
- Ensuring the delivery of pre-service and in-service training for resource parents.

The Steering Committee works through several subcommittees that have formed to address different aspects of the reengineering process. Since subcommittees include various representatives outside of those who participate on the Steering Committee, there are ongoing opportunities to engage LDSS, particularly supervisors.

III. TRAINING DELIVERY

VCU-VISSTA

The Virginia Institute for Social Services Training Activities (VISSTA) at Virginia Commonwealth University (VCU) has been the primary provider of skills training for public child welfare staff since 1991. VCU-VISSTA was established in April 1990 as a collaborative training effort between VDSS, VCU School of Social Work and five Area Training Centers (ATCs), one that is managed through a contract with VCU-VISSTA and four through contracts with LDSS in Fairfax, Hampton, Roanoke City and Russell County. Policy and skills training has been offered by VISSTA in nine program areas including child welfare over the past several years. Review of the courses offered through VCU-VISSTA occurs on an ongoing basis and new courses are generally added in conjunction with the annual work plan and budget renewal process. Courses have been and will continue to be approved by the federal Region III child welfare liaison.

Funding

Administrative functions relating to child welfare that are eligible for Title IV-E will be charged at the regular rate with the application of the penetration rate. Administrative functions not supporting the Title IV-E plan will be charged to state funds. Training courses focused on activities that are necessary for the proper and efficient administration of the Title IV-E plan will be charged at the enhanced rate subject to the application of the penetration rate. Other child welfare courses will be charged at the regular rate (with the application of the penetration rate) or paid for from state funds. **Attachment A** to this Training Plan lists the courses related to child welfare that are currently intended to be offered through the VDSS training system in the coming year, the funding source and the Title IV-E rate, if applicable. Additional courses that may be added, depending on availability of funding, will be submitted.

Attendance

The days of child welfare training planned for SFY12 are yet to be determined but will at minimum provide mandated and critically needed training for new and experienced child welfare staff. The courses which will get first priority that are designated for child welfare workers are included in **Attachment A**. The average attendance for sessions in SFY11 was 13 participants. Child welfare courses conducted during SFY12 totaled 373. Child welfare trainees for SFY11 numbered 4778. For SFY2011, it is projected that a reduced number of staff will attend due to reduced resources.

D. Local Agency Training Plans

1. Local Foster and Adoptive Worker Training

For SFY 2012, LDSS submitted plans to provide child welfare training under this category. These plans describe the type of training to be provided (i.e., new worker or on-going training for staff as well as the topic area to be covered and the over-all plan for training).

Approval of LDSS training plans is contingent upon the plan's compliance with federal guidelines regarding allowable expenses. Total funding approved for the enhanced rate for SFY 2012 for this category of training is \$528,668.00. Approved training at the enhanced rate is \$497,918.00 and approved training at the administrative rate is \$30,750.00. 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 percent 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 training that are eligible for Title IV-E will be charged at the federal financial participation (FFP) rate of 50 percent with the application of the penetration rate. LDSS provide the appropriate match.)

2. Employee Educational Award Program (EEAP)

LDSS can establish an Employee Educational Award Program (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 2012 are \$152,975.00. 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 2012, eight LDSS submitted applications which were approved for this program. Title IV-E EEAP will be charged at the enhanced rate of 75 percent subject to the application of the penetration rate.

3. Resource, Foster and Adoptive Family Training

A total of 58 LDSS applied for and received approval to use Title IV-E funding to support training for their resource, foster and adoptive families in SFY 2012

The purpose of this training is to enhance the knowledge, skills, and abilities of current and prospective resource, foster, and adoptive families in order for them to meet the needs of Title IV-E children.

Training is comprised of two major components: pre-service training and in-service training.

Pre-service training provides resource, foster, and adoptive families with knowledge, skills, and abilities that prepare them to meet the needs of the child. In FY 2010, Agency-Approved Provider Regulations (22VAC40-211) were approved. These regulations 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. Such curricula will be approved so long as all required core competencies are included.

In-service training is for current resource, foster and pre-adoptive parents to refresh and enhance their knowledge and skills related to working with the LDSS and children in foster care. According to the newly approved Agency-Approved Provider Regulations (22VAC40-211), local departments are required to provide opportunities for in-service training on an annual basis. Families are surveyed no less than annually to determine training needs and the determination is practiced uniformly and fairly across families and involves the family in the determination of training needs.

Total program costs approved for SFY 2011 for resource, foster and adoptive family training is \$1,508,747.00. Of that amount \$1,431,575.00 is approved at the enhanced rate and \$77,172.00 is approved at the administrative training rate. This amount includes only funding for purchase of services such as travel, hotel accommodations, conference fees, training supplies and/or curriculum, training equipment, contractual services for the purpose of administering training, etc. It does not include salaries and related expenses of LDSS staff that provide training. Training activities that are necessary for the proper and efficient administration of the Title IV-E plan will be charged at the enhanced rate of 75 percent subject to the application of the penetration rate.

Administrative costs such as the salary of a LDSS employed training staff are part of the RMS process. (Administrative functions relating to training that are eligible for Title IV-E will be charged at the FFP 50 percent rate with the application of the penetration rate. Training activities that are necessary for the proper and efficient administration of the Title IV-E plan will be charged at the enhanced rate subject to the application of the penetration rate. Other resource, foster, and adoptive parent training will be charged at the regular rate with the application of the penetration rate. LDSS will provide appropriate matching funds. Expenses related to this program not allowable under Title IV-E will be borne by the LDSS.)

E. Department Training Initiatives

Resource Families 101: one-day, regional training offered to local agency staff who work with resource families to understand best practices in recruitment for families in for children in foster care.

Advanced Resource Family Recruitment, Development and Support: One day course offered once in each of the five state regions. Curriculum reviewed the best practice framework for obtaining, training and keeping Resource families. A part of the training focused on sharing examples of local recruitment innovations from CORE initial Transformation agencies.

Recruitment, Development, and Support-Regional Peer Cooperative (RPC): RPC is a series of six training / working sessions that each focus on different areas of Recruitment, Development and Support of Resource Families. This is a voluntary program for agencies. The RPC series begins with 2 sessions focusing on the Support of Resource Families. This is followed by two sessions focusing on the Development of Resource Families. The series ends with two sessions focusing on Recruitment of Resource Families. The RPC follows a curriculum that was developed by the Family Resource Unit based on the framework below.

Child Protective Services Changes in Intake, Safety and Risk Assessment: During June and July of calendar 2011, the Division of Family Services will be conducting training across the state to include all local child protective services caseworkers and supervisors as well as staff in the agencies that cover child protective services on-call duties after hours. Along with a refresher in the associated policy, this training covers the use of an Intake Tool, a Safety Tool, and a Risk Assessment Tool that have been developed in Virginia with the help of the Children's Research Center. At the completion of the training, all LDSS will be expected to use these Structured Decision Making tools in their practice. The training is being conducted by Department staff from the five Regional and the Home office. State staff are partnering with local agency staff at each of the trainings.

Addressing Children's Needs and Disabilities: Maximizing Services Available to Foster Children Through DMAS, DRS, and SSA: This training, presented by the Virginia Office on Protection and Advocacy seeks to increase awareness and knowledge of services designed to assist children become productive and independent adults. These services include: Early Periodic Screening Diagnosis and Treatment (EPSDT), a Medicaid program for children that can provide everything from basic health care to therapies, assistive technology and therapeutic placements; the Ticket to Work Program which can provide job training and placement services to help people avoid or get off of Social Security Disability Insurance; Vocational Rehabilitation through the Department of Rehabilitative Services, for vocational, educational and health services designed to help people with disabilities obtain and maintain employment; the 1619(B) Program, which is designed to help people access and maintain Medicaid services while working; and Special Education transition services, to help children receive higher education and/or vocational training. This training was delivered in each LDSS region SFY 2011, at no cost to VDSS.

E. Community Resource, Adoptive, and Foster Family Training Program (CRAFFT)

CRAFFT promotes the safety, permanency and well-being of children through the training of LDSS foster, adoptive, and resource parents (collectively referred to as resource parents) to meet the needs of children in Virginia's child welfare system. CRAFFT's goal is to increase the knowledge and skills of resource parents through the development and delivery of standardized, competency-based, pre-and in-service training, as required by VDSS. The standardized curricula used is the PRIDE training curriculum. CRAFFT delivers statewide pre-service and in-service PRIDE training in each region, based on the completion of an annual needs assessment completed with each local department of social services. In larger agencies, CRAFFT collaborates with LDSS training staff to prepare the LDSS staff to deliver the training. CRAFFT staff can serve as the PRIDE co-trainer with a local foster parent trainer when the LDSS has no professional trainer available. CRAFFT Coordinators also conduct the following activities:

- Develop and deliver additional in-service training for resource families, based on input from families as well as local agencies and VDSS;
- Collaborate with LDSS and Virginia Foster, Adoptive and Kinship Parents Association (FACES) to promote membership, participate in the annual FACES conference/training, and develop relationships with regional FACES board members and FACES staff;

- Develop and maintain a regional training plan, updated as needed, based on the results of the needs assessment demonstrated in LDSS’ local training plans;
- Work closely with the Regional Resource Family consultants and training, meetings, conference calls, and activities related to the regional Family Engagement Roundtables and implementation of a family engagement model; and,
- Conduct regularly scheduled regional roundtable meetings with LDSS staff and other key stakeholders to provide training and resources regarding resource parent development and support; inform agencies of current state or program initiatives related to resource parent training; and allow agencies to collaborate, exchange resources and share challenges and solutions.

In 2012, in addition to continuing the above activities, CRAFFT will expand its focus to include kinship caregivers in in-service training for resource families, enhance the collection of statewide data and implement measurable outcomes for each region.

The CRAFFT Program employs six staff (five regional CRAFFT Coordinators throughout the state, and a Program Manager who oversees the program) based at three universities in Virginia (Norfolk State University, Radford University and Virginia Commonwealth University) with whom VDSS has a Memoranda of Agreement (MOA) for the provision of statewide competency-based training. All CRAFFT coordinator activities are directly related to the development and delivery of federally approved training.

The CRAFFT contracts for SFY 2011 total \$563,119. Training activities that are necessary for the proper and efficient administration of the Title IV-E plan will be charged at the enhanced rate subject to the application of the penetration rate.

The CRAFFT Program employs six staff (five regional CRAFFT Coordinators throughout the state, and a Program Manager who oversees the program) based at three universities in Virginia (Norfolk State University, Radford University and Virginia Commonwealth University) with whom VDSS has a Memoranda of Agreement (MOA) for the provision of statewide competency-based training.

The total of the CRAFFT contract budgets is \$563,119. All CRAFFT coordinator activities are directly related to the development and delivery of federally approved training.

G. Independent Living Program (ILP)

VDSS is responsible for providing IL training, tools and technical assistance (TA) to local department of social services (LDSS) workers to strengthen their program of services to foster care youth. In July 2009, VDSS awarded a contract to United Methodist Family Services (UMFS), program entitled “**Project LIFE, Living Independently, Focusing on Empowerment**” to provide training and TA. During FY 2011, Project LIFE staff (five regional IL consultants) provided the following:

- Ansell Casey Life Skills Assessment (ACLSA) trainings/technical assistance
- National Youth in Transition Database (NYTD) trainings/technical assistance
- Guidance and training on the Independent Living Program (ILP); Education and Training Vouchers Program (ETV); Transitional Living Plan (TLP); and Permanency for Older Youth

| Topic | # of Trainings/TA | # of Adult Participants |
|-------|-------------------|-------------------------|
| ACLSA | 31 | 141 |

| | | |
|--------------------------------------|----|-----|
| NYTD | 40 | 345 |
| ETV | 12 | 31 |
| General (ILP, TLP, Permanency) | 32 | 58 |

In early 2010, VDSS contracted with The Downs Group, LLC to provide five regional training sessions and one makeup session (for those who were unable to attend any of the five regional trainings) on NYTD by September 10, 2010. Representatives from 69 LDSS participated. The target audience included VDSS regional foster care and adoption consultants as well as foster care and adoption staffs from local departments of social services (LDSS). The training objectives included:

- Identifying the purpose and applying the requirements of NYTD;
- Demonstrating the ability to instruct youth on survey completion;
- Identifying strategies for locating and engaging youth in the data collection process; and
- Verbalizing how NYTD relates to the Virginia Children’s Services Practice Model and can enhance permanency planning for older youth.

VDSS staff members were in attendance at each session to:

- Provide training on the VDSS Child Welfare Data System NYTD Screens;
- Review VDSS expectations of LDSS regarding NYTD implementation and data input;
- Provide participants an opportunity to verbalize their concerns and needs regarding NYTD implementation; and
- Facilitate a question and answer period.

VDSS also provided training and technical assistance to LDSS on using up to 30% of their basic allocation for room and board for young people who left foster care at age 18 but have not turned 21, or who have moved directly from foster care to IL programs. In Virginia, room and board includes security deposits, apartment application fees, utilities and telephone connection fees, emergency shelter, and rent payments if youth are at risk of being evicted. For SFY 2011, approximately 15% of Virginia’s Chafee grant was spent on room and board for eligible youth. In Virginia, youth who are receiving IL services can continue to receive Medicaid coverage until the age of 21 as long as they continue to meet eligibility requirements.

State ILP staff placed a basic IL training course on the VDSS on-line Knowledge Center for LDSS staff and began developing an online NYTD course. The on-line Knowledge Center course replaced the face-to-face training provided to LDSS in years past. VISSTA offered Course CWS3061: Permanency Planning for Teens-Creating Life-Long Connections to local staff. The course focused on:

- Permanent family connections and the role of relationship permanency in fostering the successful transition to adulthood, and
- Best practices and resources that assist youth to successfully sustain life-long emotional relationships with adults.

FY 2012 VDSS and Project LIFE will continue to collaborate to ensure older youth and LDSS staffs are receiving the support, training and technical assistance needed for an integrated approach to youth permanency and preparation for adulthood.

H. Promoting Safe and Stable Families Program (PSSF)

One PSSF training session was held in the VDSS Central Region by PSSF state office staff. Prior to this session, an electronic survey was sent to the PSSF locality contacts regarding their need for training using

the historical five regional trainings model. Based on the feedback and relying on the ongoing annual trainings over the past six to eight years, it was determined to have one optional training session for anyone who needed to attend. In response to challenging economic times, this plan allowed localities and the state office to minimize expenses for travel and staff time away from home base. Thirteen persons attended. Additionally, PSSF state office staff has trained in localities by invitation. For example, training was held in September, 2010 for Amelia County with staff new to the job for that locality. In April, 2011 training was held for stakeholders in Chesapeake where the locality is reassessing its use of PSSF funds.

PSSF training is designed to improve local program staff knowledge in the following key areas: service planning and delivery; outcome measurement; data management; and budget development. Training is available to all members of local teams (i.e., LDSS, CSA, CPMT, etc.). Assistance also helps localities understand how to apply for PSSF funds.

The PSSF work plan supports Virginia's Practice Principle "We believe that all children and communities deserve to be safe" and "We believe that children do best when raised in families." PSSF outcomes measures support these practice principles and are as follows:

- Number of children who receive PSSF services who enter foster care will not exceed 5%
- Number of children targeted for Time-Limited Family Reunification that reunite within 15 month time period
- Number of children placed with relatives
- Number of children for whom a new abuse complaint was made

Funds spent by VDSS on one training held in central region = \$150.00.

I. Kinship Training

The 2010 Statewide Conference on Kinship Care was held October 7, 2010 at the Point Plaza Suites and Conference Hotel, Newport News. The conference theme was "Exploring Models for Kinship Families: *Building on the Transformation in Child Welfare.*" The conference was led by A KinCare Connection – Hampton Roads Regional Task Force on Kinship Care in collaboration with the Virginia Department of Social Services (VDSS) and several faith-based organizations. The target audience included local agency workers and kinship care providers. Conference attendance increased by 41 percent over the 2009 conference (2010 attendance = 180 compared to 2009 attendance of 107 persons). The 2010 conference was for one day in contrast to the historical three day format for the statewide conference. The plan for a one day conference was in response to the economic challenges confronting the state.

Goal – The goal of the conference was to enhance service delivery and practices that impact the lives of kinship families and creates permanency options for children who are not living with their birth parents. This goal strongly supports the Virginia Children's Services System Transformation Practice Model. The conference was approved for Title IV-E training at 75% reimbursement. The keynote address was presented by Helivi L. Holland, Esquire and director for the Virginia Department of Juvenile Justice. The eight workshops that were presented are the following:

- Diligent Family Search
- Engaging Non-Custodial Fathers
- Family Engagement: A Critical Element in Child Welfare
- Effects of Childhood Abuse & Neglect on Transitioning to Adulthood
- Kinship: Why Adopt?
- Aging-Out of Care: Implications for Kinship

- Family Engagement: A Cultural Perspective (Panel)
- From Congregate Care to Family-Based Placement: Preparation & Outcomes

The Silent Savior Awards Luncheon recognized organizations and individuals who are kinship care advocates and caregivers. The cost of the conference was off-set by support from the Virginia Department of Social Services and ads purchased by eastern area businesses, social and civic organizations, churches and families.

Funds contributed by VDSS for SFY 2010 were \$8,500.

J. Managing by Data

Two years ago, Virginia, in partnership with the Casey Foundation, contracted with the Children's Resource Center to implement the SafeMeasures reporting system in Virginia. This effort uses OASIS data to help social workers and supervisors manage work as well as assist managers in monitoring child welfare service delivery. In calendar year 2011, Virginia took over sole financial responsibility for SafeMeasures and continues to train local staff on the benefits of performance management. As of March 2011 SafeMeasures has over 400 regular users and averages over 25,000 hits per month.

Applied Safe Measures: This is a two-day training for local agency child welfare staff, supervisors and managers. Users will understand basic navigation and report production in SafeMeasures, users will understand the difference between process and outcome data, and users will learn how to use process and outcome data with staff to improve practice and child welfare outcomes. Pre and post tests were conducted at each training which indicate the learning objectives were well grasped by trainees. Approximately 200 local social services directors, supervisors, and workers attended Applied SafeMeasures training.

IV. REQUIRED TRAINING

A. Child Protective Services Staff

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.”

Within the first three months of their employment, CPS staff that provide responses to reports of abuse of neglect or manage/supervise any CPS investigation or family assessment shall complete the VISSTA Course CWS 2000 Child Protective Services New Worker Policy training. In addition during their first year, new CPS workers must complete the following mandatory courses offered by VCU-VISSTA:

- VISSTA Course CWS 2011 Intake, Assessment and Investigation in Child Protective Services
- VISSTA Course CWS 2021 Sexual Abuse
- VISSTA Course CWS 2031 Sexual Abuse Investigations

CPS staff are also required to complete the mandatory course, VISSTA CWS 2010 Ongoing Services in Child Protective Services.

The following courses shall be completed by all CPS workers within two years of the start of employment:

- VISSTA Course CWS 5305 Advanced Interviewing: Motivating Families for Change
- VISSTA Course DWS 1001 Understanding Domestic Violence OR
- VISSTA Course DWS 1031 Domestic Violence and its Impact on Children pursuant to 63.2-150 of the Code of Virginia.
- VISSTA Course CWS2141 Out of Family Investigations – if conducting designated out of family investigations pursuant to 22 VAC40-730-130.

CPS policy further requires that all CPS workers complete the following VCU-VISSTA courses within two years of employment if a specific need is assessed by the worker and supervisor. Even when a specific need is not identified, VDSS encourages workers to complete the following courses:

- VISSTA Course CWS 1001 Exploring Child Welfare
- VISSTA Course CWS 1011 Casework Process & Case Planning Child Welfare
- VISSTA Course CWS 1021 Effects of Abuse & Neglect on Child and Adolescent Development
- VISSTA Course CWS 1031 Separation and Loss Issues in Human Service
- VISSTA Course CWS 1051 Crisis Intervention
- VISSTA Course CWS 5011 Case Documentation
- VISSTA Course CWS 53037 Assessing Safety, Risk and Protective Capacities in Child Welfare
- VISSTA Course CWS 5701 Child Welfare Supervision

State funds are used to support CPS training.

B. Permanency Staff

The Code of Virginia requires that, "The Department shall, pursuant to Board regulations, establish minimum training requirements and shall provide educational programs for foster and adoption workers employed by the local department and their supervisors."

The Department has promulgated regulations and developed guidance to specify the curriculums that local foster care and adoption staff and supervisors are required to attend including time frames for existing staff as well as future hires. To date the courses identified as the State's required courses for child welfare workers and supervisors are listed below:

Minimal training for new foster care and adoption workers during the first six months of employment:

- CWS 1031 Separation and Loss Issues in Human Services Practice
- CWS 3000 Foster Care New Worker Policy Training w/OASIS
- CWS 3010 Adoption New Worker Policy Training with OASIS
- CWS 1061 Family Centered Assessment in Child Welfare
- CWS 1071 Family Centered Case Planning
- CWS 3041 Working with Children in Placement

Minimal training for new foster care and adoption workers who have been employed seven to 12 months:

- CWS 3061 Permanency Planning for Teens-Creating Life-long Connections
- CWS 3081 Promoting Family Reunifications
- CWS 5011 Case Documentation

- CWS 5305 Advanced Interviewing: Motivating Families for Change

The State will continue to offer the new worker foster care and adoption policy courses which include training on Virginia's automated child welfare information system (OASIS) and are offered on a regular basis in all regions of the state to ensure an understanding of federal and state requirements related to the safety, permanency and well-being of children. These courses are strongly encouraged and most LDSS workers take advantage of them. LDSS encourage workers to attend training beyond that offered. Attendance at child welfare conferences and seminars related to case management in foster care and managing hard to place youth are samples of the types of additional training LDSS staff receive beyond the regularly offered courses. Such conferences and courses, when not offered as part of the VDSS approved coursework, are approved by VDSS in advance to ensure that LDSS are seeking reimbursement for training costs at the appropriate rate. Because LDSS report all training attended and the expenditures related to this training on a quarterly basis, VDSS is able to cross check LDSS reports with actual federal dollars claimed to ensure all costs are allowable and are claimed at the appropriate rate.

IV. FUNDING

Funding for child welfare training is provided by VDSS either directly, through LDSS or through contracts or agreements with other entities comes from different sources including federal, state and local funds.

Training costs are subject to all routine cost accounting procedures. In instances where a cost is supporting only one activity (e.g., PRIDE Training), those costs are directly charged to the appropriate funding source using the appropriate federal match rate. Costs for activities that support one or more activities are collected in one or more cost codes. Quarterly, these costs are assigned to a cost pool and statistical formulas are used to determine the allocation of funds.

Title IV-E funds may be used for the following types of training:

- Title IV-E Eligibility Training
- Resource, Foster, and Adoptive Parent Training
- Title IV-E Student Stipends; and
- Foster Care/Adoptive Worker Training.

Attachment A

VISSTA Child Welfare Training Activity

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| <p>CWS 1002 Exploring Child Welfare On-line, self-paced course for child welfare workers with less than twelve months experience working in a local agency</p> <p>Introduction to 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 legislation; basic assumptions and guiding principles of Virginia practice; ethics and values clarification; cultural awareness; and, roles, rights, and responsibilities of the worker, child, parents and the community.</p> <p style="text-align: right;">Fund: IV-E IV-E rate: 75%</p> |
| <p>CWS 1011 Casework Process and Planning 2-day course for child welfare workers with less than 6 months experience in a local agency; workers with non-human service college degrees; experienced workers with no formal training in Child Welfare</p> <p>Explore the principles, values and steps in best practice Child Welfare casework process and planning; learn strength-based family assessment; develop casework planning strategies</p> <p style="text-align: right;">Fund: IV-E IV-E rate: 75%</p> |
| <p>CWS 1021 The Effects of Abuse and Neglect on Child and Adolescent Development 2-day course for child welfare workers with less than six months experience in a local agency, or experienced workers with no formal training</p> <p>Learn new information or refresh existing knowledge and skills in basic child and adolescent development theory. Topics include: characteristics associated with abuse or neglect and impact on survivors; and, referral services and effective intervention techniques</p> <p style="text-align: right;">Fund: IV-E IV-E rate: 75%</p> |
| <p>CWS 1031 Separation and Loss Issues in Human Services Practice 2-day course for human service workers with less than six months working experience in a local DSS agency and experienced workers with no formal training.</p> <p>Understand the dynamics of separation and loss in children and families. Topics include: feelings commonly associated with separation; impact of loss on children and families in placements; crisis intervention theory; and strategies to minimize impact of trauma on children and families.</p> <p style="text-align: right;">Fund: IV-E IV-E rate: 75%</p> |
| <p>CWS 1041 Legal Principles in Child Welfare Practice 2-day course for child welfare workers and supervisors with limited experience working with the juvenile court system.</p> <p>Gain an understanding of the court structure in Virginia; learn how to use it to protect children. Topics include: Civil and criminal courts systems, reasonable efforts and burdens of proof, roles and responsibilities of professionals in the court process, problem solving for best practices in court</p> <p style="text-align: right;">Fund: IV-E IV-E rate: 50%</p> |

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| <p>CWS 1051 Crisis Intervention 2-day course for human services workers and supervisors</p> <p>Learn about the dynamics of crisis and the principles, goals and steps of intervention Topics include: Crisis assessment; effective strategies for defusing crisis; worker safety in crisis.</p> <p style="text-align: right;">Fund: IV-E IV-E rate: 50%</p> |
| <p>CWS 2000 Child Protective Services New Worker Training with OASIS 4-day training for local staff new to the CPS program</p> <p>Learn the policy requirements of the CPS program in Virginia. Become knowledgeable about the laws, regulations and policy that guide CPS practice and practice documenting the policy requirements in OASIS Topics include: purpose and basic assumptions of CPS; definitions of child abuse and neglect in Virginia; receiving and responding to a report of child abuse or neglect; conducting family assessment or investigation; best practices; ongoing services in open cases; how to document in OASIS.</p> <p style="text-align: right;">Fund: State IV-E rate: N/A</p> |
| <p>CWS 2010 Ongoing Services in Child Protective Services 1-day course for local workers new to providing services in open CPS cases</p> <p>Learn policy and best practice for providing services to prevent further abuse or neglect in open CPS cases Topics include: case opening policy and issues; implementing goals of family integrity and child safety; service planning with the family, issues related to recurrence of abuse or neglect; reassessment and closure factors and requirements; documentation in OASIS.</p> <p style="text-align: right;">Fund: State IV-E rate: N/A</p> |
| <p>CWS 2011 Intake, Assessment, and Investigation in Child Protective Services 3-day course for child welfare workers</p> <p>Learn practical skills and techniques for interviewing children and their families in abuse and neglect assessments and investigations. Learn best practices to be used throughout the process. Topics include: interpersonal, family and environmental factors that increase the risk of abuse and/or neglect; how to gather pertinent information; how to interview children, non-offending caretakers, and the alleged offending caretaker; how to assess information to make safety plans, informed case decisions and identify service needs.</p> <p style="text-align: right;">Fund: State IV-E rate: N/A</p> |
| <p>CWS 2020 On-Call Policy Training for Non-CPS Workers 1-day course for local agency staff who fulfill CPS on-call duties and are not designated as CPS workers.</p> <p>Learn the policy requirements of the CPS program in Virginia as they relate to fulfilling on-call duties. Become knowledgeable about the laws, regulations, and policy that guide CPS practice at the local level and learn how to apply that knowledge to on-call work. Topics include: CPS definition, process and basic assumptions; definitions of abuse and neglect in Virginia; overview of validity and the responsibilities of reporting; determining track ;conducting safety assessments; gathering information; emergency removals or placements.</p> <p style="text-align: right;">Fund: State IV-E rate: N/A</p> |

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| <p>CWS 2021 Sexual Abuse 2-day course for child welfare , including foster care and adoption workers who require an overview of child sexual abuse</p> <p>Understand the dynamics and scope of child sexual abuse. Examine the implications for best practice interventions. Topics include: definitions of child sexual abuse; consequences of sexual abuse from a developmental perspective; treatment needs of the non-offending caregiver; and, dynamics of sexual abuse and intervention strategies to promote safety and well-being in children and families.</p> <p style="text-align: right;">Fund: State IV-E rate: N/A</p> |
| <p>CWS 2031 Sexual Abuse Investigation 3-day course for child welfare workers and supervisors responsible for investigating child sexual abuse complaints.</p> <p>Explore critical issues that impact the investigation of child sexual abuse. Practice the skills necessary when interviewing victim, non-offending caretaker, and alleged offender. Topics include: forensic investigation – goals, roles and preparation; developmental issues to consider for child interview; interview processes for child; interviewing teens, credibility and evidence collection; focusing on safety, legal issues.</p> <p style="text-align: right;">Fund: State IV-E rate: N/A</p> |
| <p>CWS 2141 Out of Family Investigations 2-day course for CPS workers and supervisors who conduct out-of-family investigations.</p> <p>Provides 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. 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; and, policy unique to out-of-family investigations</p> <p style="text-align: right;">Fund: State IV-E rate: N/A</p> |
| <p>CWS 3000 Foster Care New Worker Policy Training With OASIS 4-day course for local staff new to the Foster Care program</p> <p>Become knowledgeable about the laws, regulations, and policy that guide foster care practice at the local level. Practice documenting 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 re-determinations; policy and practice related to closing cases, funding maintenance and service provision; and documenting in OASIS.</p> <p style="text-align: right;">Fund: IV-E IV-E rate: 75%</p> |
| <p>CWS 3010 Adoptions New Worker Policy Training With OASIS 3-day course for local agency staff new to the Adoption Program</p> <p>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 and practice documenting the policy requirements in OASIS. Topics include: purpose and guiding principles of providing agency placement adoptions; provisions of pre- and post- adoption services; how to</p> |

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| <p>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.</p> <p style="text-align: right;">Fund: IV-E IV-E rate: 75%</p> |
| <p>CWS 3021 Promoting Partnerships Between Birth Parents & Foster Parents 1-day course for local agency directors, child welfare supervisors, social workers (CPS, permanency, adoption and stabilization/prevention program areas), all local child-serving agencies, private and public community partners, resource/foster parents, and community stakeholders.</p> <p>This course will specifically deal with one of the core principles of family engagement; that of promoting meaningful partnerships between foster and birth families as partners in promoting safety, well being and permanency for children. Topics include: The benefits and challenges of working with the child’s family, roles and responsibilities of birth parents, foster parents, and social workers in promoting birth and foster family partnerships, demonstrate ways in which they can work with the child’s family and/or support on-going communication between the birth family and foster family, ways to minimize the challenges of working with the child’s family recognize the application of working with the child’s family or with various resource family situations such as foster/resource and adoptive families and foster families and extended birth family, how to conduct an Ice-breaker Meeting with all interested stakeholders, engaging fathers in the permanency planning process, visit-coaching techniques and strategies.</p> <p style="text-align: right;">Fund: IV-E IV-E rate: 75%</p> |
| <p>CWS 3031 Assessment and Service Planning 2-day course for child welfare workers and supervisors</p> <p>Learn to assess the needs of children and families. Establish goals and service plans that address needs and promote safety and permanency. Topics include: impact of maltreatment on development, attachment, and placement needs; at-risk families, including the risk of further abuse/neglect; goals and service plans that address reasons for removal and family needs; reasonable efforts and criteria for changing goals; issues relating to placement with relatives; and post-placement services.</p> <p style="text-align: right;">Fund: IV-E IV-E rate: 75%</p> |
| <p>CWS 3041 Working with Children in Placement 2-day course for child welfare workers and supervisors</p> <p>Learn practical skills and techniques for working with children in placement. Topics include: Assessing children’s needs; managing behavior and preventing disruptions.</p> <p style="text-align: right;">Fund: IV-E IV-E rate: 75%</p> |
| <p>CWS 3042 Orientation to Interstate Compact on the Placement of Children 1-day course for child welfare workers and other local staff who may prepare ICPC documents and materials or supervise the placement of children across state lines.</p> <p>Learn basic knowledge of the Interstate Compact for the Placement of Children including requirements and practices. The ICPC procedures are to assure that children placed across state lines receive the same protections and services as children placed within state. Topics include: History of ICPC; legal base and placement authority; placing or receiving a child across state lines; and unusual circumstances in</p> |

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| the ICPC process. | Fund: IV-E | IV-E rate: 75% |
| <p>CWS 3061 Permanency Planning for Teens – Creating Life-long Connections 2-day course for Foster Care and Adoption workers and those individuals involved in the permanency planning process.</p> <p>Learn how to help teens identify and establish emotional connections and build the family support necessary for navigating the difficult transition into adulthood. Strategies for finding maternal and paternal relatives and permanent connections are discussed. Topics Include: Developmental issues and the need for permanency for teens, impact of the Child Welfare system and barriers to permanency, the key elements of loyalty, loss, self-esteem, behavior management, and self-determination as the foundation of permanency, making connections through a teen-centered planning process, maintaining sibling and family connections, the role of youth-specific recruitment in making permanent connections, strategies for preparing teens for family living and supporting permanency, diligent relative search techniques.</p> | Fund: IV-E | IV-E rate: 75% |
| <p>CWS 3071 Concurrent Permanency Planning 2-day course for child welfare workers and those individuals involved in the permanency planning process</p> <p>Learn about Concurrent Permanency Planning, a means of working towards family reunification while, at the same time, developing an alternative permanent plan. Topics include; impact of ASFA on permanency for children in foster care; six essential processes and practices; assessment for the potential for reunification; strategies to motivate clients and facilitate movement through the change process; and documenting concurrent plan in case records.</p> | Fund: IV-E | IV-E rate: 75% |
| <p>CWS 3081 Promoting Family Reunification 1-day course for foster care workers, child welfare workers and others involved in the permanency planning process</p> <p>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: principles of reunification; maintaining connectedness; planned visitation; partnership and collaboration; role of foster parents, birth parents, or prior custodians in the casework process, service delivery, and case planning.</p> | Fund: IV-E | IV-E rate: 75% |
| <p>CWS 3101 Introduction to the PRIDE Model 2-day training for agency staff including child welfare workers and supervisors, community partners, foster, resource, and adoptive parents who wish to be PRIDE trainers, conduct PRIDE mutual family assessments, or who are associated with agencies implementing PRIDE.</p> <p>This course offers an overview of the PRIDE Model. It is a practice model for recruiting, supporting, and developing resource, adoptive, and foster families. The PRIDE Model emphasizes teamwork and collaboration, selecting appropriate families through the use of a joint pre-service and mutual assessment process, and developing skills and knowledge in the PRIDE Core Competencies.</p> | Fund: IV-E | IV-E rate: 75% |
| <p>CWS3103 PRIDE Family Assessment 2-day training for child welfare workers in localities employing the PRIDE model for developing foster/adoptive family assessments</p> | | |

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| <p>This course prepares VDSS staff to implement the mutual assessment process for foster, adoptive and resource families. The course takes trainees through the process of the home assessment using the PRIDE connections and pre-service training. This course builds upon skills and knowledge acquired in CWS 3101: Introduction to the PRIDE Model</p> <p style="text-align: right;">Fund: IV-E IV-E rate: 75%</p> |
| <p>CWS 4010 Transformation: Promoting Change by Valuing and Engaging Families Online course that is designed to introduce child welfare workers and their community partners to the Children’s Services System Transformation</p> <p>This course offers an overview of the importance of cultivating a multi-disciplinary approach to child welfare services in Virginia. Learners will be able to explain the purpose of the Transformation and why Virginia is improving the way services are delivered to youth and families, describe the Practice Model, its guiding principles, and its importance to child and family service delivery in Virginia , recognize the significance of VA-FEM (Virginia’s Family Engagement Model) as part of the Transformation, define cultural competence and its significance in treating families with dignity and respect, and identify steps taken to contribute to transforming the way state and local child serving agencies deliver services in Virginia</p> <p style="text-align: right;">Fund: State IV-E rate</p> |
| <p>CWS 4020 Introduction to Virginia’s Family Engagement This training will provide a foundation of knowledge about Virginia’s Family Engagement Model (FEM). This course explores the key elements and underlying values of the process of engaging families at key decision points during their involvement with social services. Participants will learn how the FEM can strengthen and support families.</p> <p style="text-align: right;">Fund: State IV-E rate</p> |
| <p>CWS4030: Facilitator Training for Virginia Family Partnership Meetings This training prepares experienced child welfare professionals to facilitate Family Partnership Meetings (FPMs) using the principles of the Virginia Family Engagement Model. This training explores and provides practice opportunities for each phase of the FPM and prepares facilitators to build teams, direct the meeting process, resolve differences, and develop consensus. A detailed overview of meeting implementation is provided, thus local agencies are encouraged to have prospective facilitators complete this training prior to beginning the process of engaging families in placement decision meetings.</p> <p style="text-align: right;">Fund: State IV-E rate</p> |
| <p>CWS 5011 Case Documentation 2-day course for child welfare workers and supervisors</p> <p>Learn writing skills that support case documentation and build upon skills to enhance their ability to document casework activity, assessment, decision-making, and planning in child welfare cases. Topics include: purpose, goal and strategy (focusing on your reader’s needs); how to recognize the difference between fact and opinion; child welfare case narrative (how much is too much); the elements of a child welfare assessment; service planning in child welfare the SMART way; and tips for correspondence and intake.</p> <p style="text-align: right;">Fund: IV-E IV-E rate: 75%</p> |
| <p>CWS 5305 Engaging Families</p> |

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| <p>2-course for child welfare workers and supervisors</p> <p>Course will assist workers to engage families in a mutually beneficial partnership and assess a family's readiness for change. Workers will learn engagement models and the recommended strategies for sustaining motivation and commitment to change.</p> <p>Topics include: Engagement and the strengths perspective; the stages of change; and solution-focused interviewing techniques.</p> <p style="text-align: right;">Fund: IV-E IV-E rate: 75%</p> |
| <p>CWS 5411 Emotional Disorders</p> <p>3-day course for child welfare workers and supervisors</p> <p>Learn to recognize the symptoms of emotional disorders to assess needs and refer for appropriate treatment. Address issues in case management.</p> <p>Topics include: healthy emotional development; symptoms of diagnoses in the DSM-IV and implications for case management; biopsychosocial assessment and appropriate treatment modalities; and collaboration with community resources</p> <p style="text-align: right;">Fund: IV-E IV-E rate: 75%</p> |
| <p>CWS 5701 Child Welfare Supervision</p> <p>3-day course for local agency supervisors who direct the work of child protective services or permanency workers</p> <p>Acquire the specific knowledge, skills, and abilities needed to fulfill responsibilities to ensure their staff provide effective and efficient child welfare services. Nationally recognized standards and techniques are addressed in order for supervisors to instill in workers the capacity to improve safety, permanency, and well-being outcomes for the children and families they serve.</p> <p style="text-align: right;">Fund: IV-E IV-E rate: 50%</p> |
| <p>DVS 1001 Understanding Domestic Violence</p> <p>1-day course for workers and supervisors in all LDSS programs</p> <p>Gain basic knowledge about domestic violence.</p> <p>Topics include: abusive behaviors used to maintain power in an intimate or family relationship; theories and dynamics of domestic violence; arrests and protective services; relationship between domestic violence and gender; and violence in society and how it contributes to domestic violence.</p> <p style="text-align: right;">Fund: IV-E IV-E rate: 75%</p> |
| <p>DVS 1031 Domestic Violence and its Impact on Children</p> <p>2-day course for workers and supervisors in all service programs, particularly Child Welfare</p> <p>Learn core principles of domestic violence intervention techniques and discuss assessment skills necessary to determine risk for all family members.</p> <p>Topics include: impact of domestic violence on children's development; essential procedures and techniques for interviewing children in violent homes; appropriate community referrals and proper monitoring techniques; and Virginia law and legal options available in domestic violence situations to ensure safety.</p> <p style="text-align: right;">Fund: IV- E IV-E rate: 75%</p> |

2011 CAPTA Virginia State Plan

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 incorporate PIP strategies as well as other strategies that will address the purpose and objectives of the CAPTA program areas.

The PIP strategies are:

1. Engage Families across the Continuum of Child Welfare

Goal: Ensure children, youth and parental input is heard and considered in the decision-making processes regarding safety, permanency, well-being, and service planning and placement decisions

2. Improve Assessment and Service Delivery

Goal: Appropriately assess safety, risk, and the needs of children and families in order to provide high quality, timely, efficient, and effective services.

3. Reengineer Competency Based Training System

Goal: Improve training and supervision in order to serve children and families through high quality, timely, efficient, and effective services

4. 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

To mirror the five year plan, this plan will highlight activities in three areas: Safe children and stable families, Family, child and youth driven practice, and strengthening community services and supports. Strategies will be updated yearly or as activity occurs.

VII. Safe children and stable families

These strategies strives 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; 14. Developing and implementing procedures for collaboration among child protective services, domestic violence services and other agencies.

Goal: Protect children at risk of abuse and neglect

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

- f) Assess and review how local CPS workers have implemented the new intake tools that became effective July 2011
- g) Hold focus groups with local supervisors and workers to assess and identify any areas of concern or need for clarification
- h) Clarify and disseminate revised policy/guidance manual, as needed
- i) Work with the Quality Service Review Unit to evaluate the extent to which initial safety and risk assessments are being completed correctly and within the required timeframes
- j) Develop new intake measures into Safe Measures to determine how well Idss are implementing the new intake tools.
- k) Provide refresher training, as needed.

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

- a) Obtain input from the CPS policy advisory committee, the Office of Family Violence, and the Department of Behavioral Health and Developmental Services to ensure that the tools are assessing issues of domestic violence, mental health and substance abuse
- b) Revise, if needed and incorporate these factors in the current safety and risk assessment tools and into the CPS policy/guidance manual
- c) disseminate guidance and make necessary changes to OASIS

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

- a) Review reports in Safe Measures 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.
- b) Develop a report in Safe Measures to assess how well staff are adhering to the new policy on timeframes for face to face contact with victims
- c) Review the reports generated through Safe Measures with CPS regional consultants and develop a plan to work with individual localities who are having problems in responding to reports in a timely manner
- d) Clarify and disseminate policy/guidance manual, as needed

- e) Provide consultation to ldss, as needed.
- 4. Develop strategies to support and sustain the practice change for CPS supervisors and workers on the use of the new intake, safety and risk assessment model.**
- a) Hold focus groups and/or survey local CPS supervisors to assess their continued needs
 - b) Develop tools for supervisors to use with workers to support the use of the structured decision making tools in casework practice.
 - c) Hold peer support groups for supervisors to practice using this tool and conduct peer reviews of cases
 - d) Schedule and conduct refresher training as needed.
- 5. Improve local department staffs' abilities to conduct service needs assessments and develop relevant service plans.**
- a) review SDM family strengths and needs assessment tools to ensure consistency with VA regulation and policy.
 - b) obtain input from the Child Protective Services Advisory Committee
 - c) Request assistance from the In-Home NRC to review current policy/guidance manual and recommend changes
 - d) revise on-going services section of CPS guidance to enhance and strengthen workers ability to assess and provide services to families by providing tools to support on-going assessment, risk reassessment and service planning for children and families' service needs
 - e) disseminate the revised policy/guidance manual.
- 6. Develop and implement statewide training for CPS supervisors and workers on the use of new assessment of family strengths and needs, service plans and risk re-assessment tools**
- a) develop training curriculum
 - b) select and train Trainers, to include CPS regional consultants and supervisors
 - c) develop statewide training schedule
 - d) train all CPS supervisors and workers on use of new policy/guidance
- 7. Create requirements for OASIS screens to reflect new CPS service needs assessment and service plans**
- a) Utilize workgroup to review OASIS screens and make recommendations for screen changes
 - b) Outcome Based Reporting and Analysis Unit (OBRA) will review what is currently in OASIS and the workgroup recommendations and determine if current screens can be modified or if new screens must be created
 - c) OBRA and Family Services meet to develop requisition to present to the Managing by Data workgroup (MBD) to approve screen changes.
 - d) OBRA and Family Services meets with MBD prioritize timing for screen changes in OASIS
- 8. Revise policy/guidance on conducting investigations in Out of Family Setting**
- a) Establish a committee composed of local CPS workers and supervisors to review the current policy/guidance and identify areas needing revision/clarification.
 - b) Request assistance from the NRC on CPS to review materials and make recommendations for changes
 - c) Solicit input from the Out of Family Advisory Committee to the State Board of Social Services
 - d) Revise policy/guidance manual and disseminate

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

- a) develop training curriculum
- b) select and train Trainers, to include CPS regional consultants and supervisors
- c) develop statewide training schedule
- d) train all CPS supervisors and workers on use of new policy/guidance

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

- a) Work with the subcommittee of the State Board of Social Services to study the increase of child deaths to gain a better understanding of the factors surrounding those deaths
- b) Review cases of children who have been known to the child welfare system over the past several years to determine what lessons may be learned to prevent child deaths
- c) Request assistance from the In-Home NRC to assist in this review and make recommendations
- d) Review recommendations with subcommittee of the State Board of Social Services and the State Child Fatality Team and develop a plan to implement new practices, as appropriate

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

- a) Establish a committee of representatives from the League of Social Services Executives, State Board members, and other Department staff to identify and review the trends to determine the number of decisions that are being sustained, amended or overturned by type of abuse and neglect, in-home or out-of-family setting, and locality.
- b) Review and evaluate findings from the committee and revise/clarify policy/guidance manual, as appropriate
- c) Review and revise Appeal Handbooks, if needed
- d) Develop training materials and/or provide consultation to ldss to support their practice in this area

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

- a) Review the current schedule and revise to accommodate the incoming calls to ensure that the most adequate coverage is available
- b) Assess the needs of the Hotline staff in terms of training to ensure a family-focused, and strength-based approach to responding to calls of suspected child abuse and neglect
- c) Ensure that the Hotline phone number is published in all directories across the Commonwealth.

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

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

II. Family, child and youth-driven practice

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

- **Applicable CAPTA program areas as described in section 106(a):**
- 6. Developing, strengthening, and facilitating training including – training regarding research-based strategies, including the use of differential response, to promote collaboration with families;
 - 11. Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level

Goal: Engage families in decision making using a strength-based, child-centered, family-focused and culturally competent approach

- 1. Develop and implement a plan for sustaining and supporting a consistent statewide approach to family engagement and kinship care**
 - a) Train selected service providers and state/regional staff on strategies for engagement on a regional basis.
 - b) Implement a plan for regional staff to provide training and technical assistance to localities on family engagement strategies
 - c) Survey selected programs to determine the level of change in involvement and recommendations for improvements.
 - d) Explore the use of CAPTA funds to Idss to support Family Partnership meetings
- 2. Examine and amend CPS guidance to determine revisions required to support subsidized custody and connections to relatives**
 - a) Review guidance around identification and notification of relatives within 30 days of removal and the process to inform them of the right to participate in the care of the child
 - b) Support state collaborations that focus on increasing awareness and training of kin (*relatives*) as valuable resources in creating permanency options for children who cannot live with their birth parents.
 - c) Increase local capacity for locating absent parents, siblings, other relatives and significant others to engage them in service delivery and establishing permanent, life-long connections by providing the use of Accurint, a web-based search engine that will be available statewide.
- 3. Enhance the current CPS Differential Response System (DRS) Practice Model to ensure a more family-focused and family-driven approach**
 - d) Incorporate the Children's Services Practice Model into the CPS DRS Family Assessment Track.
 - e) Revise and align the CPS policy and guidance manual consistent with strengthened family engagement philosophy, procedures and practices.
 - c) Develop and/or contract for the development of training for local CPS workers in implementing the Family Engagement Model when conducting Family Assessments.

III. Strengthening community services and supports

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

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

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

Goal: Expand community services and supports that are child-centered, family-focused and culturally relevant.

- 1. Expand services to prevent and treat child abuse and neglect through supporting and advocating for interdisciplinary resources.**
 - c) Utilize child abuse and neglect prevention funds to support evidenced-informed and evidenced-based programs and practices.
 - d) Utilize child abuse and neglect treatment funds for support services to child victims.
 - e) Develop Request for Proposals, select and negotiate contracts, monitor grantees and evaluate performance for programs such as Healthy Families, parent support groups, parent education programs, Child Advocacy Centers, Court Appointed Special Advocates (CASA), etc.
 - f) Work with the Outcome Based Reporting and Analysis Unit to develop stronger performance-based contracts.

- 2. Collaborate with state and local stakeholders on developing and strengthening services that preserve families, achieve permanency, and promote child health, safety and well being.**
 - c) 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.
 - d) Develop and provide education 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*).

- e) 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.
- f) Evaluate and renew contracts for performances of sexual abuse prevention play to be presented to school-aged children statewide
- g) Evaluate and renew contract with James Madison University for the publication of the Virginia Child Protection Newsletter
- h) Review and revise the Interagency Agreement with the VA Department of Education and disseminate to all Idss' and public school divisions
- i) 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.
- j) 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.
- k) 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.

CAPTA Plan Description as required by section 106(b)(2)(D)

1) Services to be provided under the grant to individuals, families, or communities, either directly or through referrals aimed at preventing the occurrences of child abuse and neglect

The Code of Virginia, §§ 63.2-1505 and 63.2-1506 provides statutory authority to provide or arrange for services to families at the conclusion of a family assessment or investigation.

22VAC40-705, the CPS regulations, states: *"At the completion of a family assessment or investigation, the local department shall consult with the family to provide or arrange for necessary protective and rehabilitative services to be provided to the child and his family to the extent funding is available pursuant to §§ 63.2-1505 and 63.2-1506 of the Code of Virginia."*

According to CPS policy: *"When the local department completes a CPS family assessment or investigation and the risk of future maltreatment is high or moderate, the identified and needed services to reduce risk should be made available to the child and his family. The identification and provision of services may also be provided to the family during the family assessment or investigation... The local department shall provide CPS services either directly or by purchase, without regard to income for a child, parent or guardian, and alleged abuser or neglecter when the local department documents that other resources are not available to cover the cost of service. All service needs must be documented in the service plan and it must be documented that these services are to prevent further child abuse or neglect or to prevent placement of the child outside of the family."*

Many of the objectives under Strengthening Community Services and Supports expand community services and supports that are child-centered, family-focused and culturally relevant and address the services to be provided to individuals, families and communities. In conjunction with the Community-Based Child Abuse Prevention grant and the Victims of Crime Act grant, some of these services include fatherhood mentoring, parent education services such as Parents as Teachers, Nurturing Parenting Programs, Systematic Training for Effective Parenting (S.T.E.P.), home visiting services such as Healthy Families and CHIP, parent support

groups such as Circle of Parents, performances of a sexual abuse prevention play, “Hugs & Kisses” performed throughout the state in elementary schools, counseling for children who are victims of child abuse or who have witnessed domestic violence, mental health counseling, CASA, emergency shelter, short term crisis counseling and support, advocacy services for child victims, family partnership meetings, the use of Accurint, and counseling for adult victims molested as children. The Department also supports the 17 Child Advocacy Centers across the State.

2. Training to be provided under the grant to support direct line and supervisory personnel in report taking, screening, assessment, decision making, and referral for investigating suspected instances of child abuse and neglect.

A great deal of training for direct line and supervisory personnel in report taking, screening, assessment, decision making, and referral for investigating suspected instances of child abuse and neglect is being planned. It is outlined under Safe Children and Stable Families. Fifty, two-day sessions on CPS intake, safety and risk assessment are being planned across the State using the Structured Decision Making (SDM) tools and model. State CPS staff and local supervisory staff are being paired to conduct this training. An additional 15 to 17 one-day sessions designed for those staff who perform on-call functions is also being planned as well as two, one-day sessions for all State Hotline staff on the screening and intake functions. Refresher training and other ways to help support staff and sustain the practice change are also being planned.

In year two or three of this plan, local supervisory staff and direct line workers will be trained in conducting service needs assessments and in developing service plans using the SDM tools for assessing family strengths and needs and in re-assessing risk. CPS policy/guidance will be revised and enhanced to strengthen practice in this area.

In year two or three of this plan, statewide training will be planned and implemented for those workers who conduct Out-of-Family investigations. CPS policy/guidance will be revised and enhanced to strengthen practice in this area.

3. Training to be provided under the grant for individuals who are required to report suspected cases of child abuse and neglect

The Virginia Department of Social Services (VDSS) regularly receives requests from individuals and groups to train those professionals who are mandated to report suspected cases of child abuse and neglect. While there is no actual plan or calendar in place, requests come routinely from CASA volunteers, school teachers, nurses, emergency medical technicians, mediators, medical assistance services, etc. VDSS has three online training courses – one specifically for teachers, one specifically for eligibility/benefit workers and another more generic course for all other mandated reporters. These courses focus on understanding the role and responsibilities of a mandated reporter, defining the types of child abuse and neglect including definitions, recognizing the indicators of abuse and neglect, determining the appropriate responses to disclosure of abuse and neglect, following procedures for reporting suspected child abuse and neglect, knowing what information is needed by CPS when making a report, and knowing what to expect from CPS after a report is made. There is also a written booklet, A Guide for Mandated Reporters in Recognizing and Reporting Child Abuse and Neglect. These materials will be revised and updated as needed and are available on the VDSS website.

4. Policies and procedures encouraging the appropriate involvement of families in decision-making pertaining to children who experienced child abuse and neglect.

Several objectives under Section 2: Family, Child and Youth-Driven Practice; the goal of Engage Families in Decision Making Using a Strength-Based, Child-Centered, Family-Focused and Culturally Competent Approach address the involvement of families in decision making. VDSS has begun to implement a Family

Engagement Model in all 120 local departments of social services. The model is a relationship focused approach that provides structure for decision making that empowers both family and the community in the decision making process. Family partnership meetings (FPM) improve the decision making process by including a variety of professional staff, family, extended family, and community members in the decision making process. FPM help the agency develop and sustain more consistent and accountable practices when placement is being considered, helping to assure that only those children who need to be placed are placed, and ensuring that reasonable efforts to prevent placement are made in every case. By connecting families to natural supports within their own neighborhoods, family engagement often contributes to the development of long term community safety nets for families at risk. The process also nurtures growing partnerships between public child protection systems and the neighborhood-based entities. Local departments of social services were required to implement FPM in at least one of the five decision points: all high or very high risk cases, after emergency or when considering removal, prior to change of placement, prior to change of goal, and at the request of the parent (birth, foster, adoptive, legal guardian) or social worker by December 2010. Technical assistance and consultation is being provided to the localities to support this new practice and to continue to expand the practice throughout the child welfare continuum. VDSS has created a report in Safe Measures to assess and document that local departments are conducting FPMs and FPS Incentive funds are being allocated to localities based on this documentation. Link to the VDSS Family Engagement manual: <http://www.dss.virginia.gov/files/division/dfs/fe/manual/manual.pdf>

5. Policies and procedures that promote and enhance appropriate collaboration among child protective service agencies, domestic violence service agencies, substance abuse treatment agencies, and other agencies in investigation, intervention, and the delivery of services and treatment provided to children and families affected by child abuse or neglect, including children exposed to domestic violence, where appropriate.

Fundamental to the CPS Program is the belief that through increased collaboration across child-serving agencies, the system can improve, children and families can be better served through existing resources, and the quality of outcomes will improve. There has been a significant increase in opportunities for stakeholder collaboration and communication regarding child welfare issues and service delivery.

The Governor's Advisory Board on Child Abuse and Neglect was established in the *Code of Virginia*, Section 63.2-1528 to advise the Department of Social Services, Board of Social Services, and the Governor on all matters concerning the prevention of child abuse and neglect and treatment of abused and neglected children and their families. The Board is composed of nine citizen members appointed by the Governor, and representatives from the Departments of Social Services; Education; Health, Behavioral Health and Developmental Services; Criminal Justice Services, Juvenile Justice; and the Office of the Attorney General. This is an excellent forum for collaboration among the agencies serving abused and neglected children.

The Office of Family Violence Action Team works to promote and enhance collaboration between child protection agencies and domestic violence service agencies. Issues around roles and responsibilities, identification and reporting of suspected child abuse and neglect, and the need for specialized services for children who have witnessed domestic violence are issues being addressed by this work team.

The State Level Medical/Legal Forensic Workgroup is a multidisciplinary workgroup that focuses on improving the medical response to child abuse. The workgroup promotes stakeholder and general community recognition of child physical and sexual abuse. Most recently the workgroup developed a poster about these issues for distribution in hospital emergency rooms across Virginia. The workgroup also developed a power point training presentation for educating pediatric practitioners on suspected child abuse and neglect.

The Statewide Home Visiting Consortium operates as part of Virginia's Early Childhood Initiative to increase local and state collaborative efforts and to increase the efficiency and effectiveness of home visiting services. The Consortium is chaired by the Virginia Department of Health (VDH). VDSS has a Memorandum of Understanding with VDH and provides CAPTA funding in the amount of the \$10,000 to support the work, such as training for home visitors.

6. Policies and procedures regarding the use of differential response, as applicable.

The Department implemented a Differential Response System statewide in 2002. The *Code of Virginia*, section 63.2-1504 states that the Department shall implement a child protective services differential response system in all local departments. The differential response system allows local departments to respond to valid reports or complaints of child abuse or neglect by conducting either an investigation or a family assessment. The *Code of Virginia*, section 63.2-1506, addresses the use of a Family Assessment response. A number of factors can influence track decision. Certain situations, listed below must be investigated. 22VAC40-705 states: "...Any valid report may be investigated, but in accordance with 63.2-1506(C) of the Code of Virginia, the following shall be investigated: (i) sexual abuse, (ii) child fatality, (iii) abuse or neglect resulting in a serious injury as defined in §18.2-371.1, (iv) child has been taken into the custody of the local department of social services, or (v) cases involving a caretaker at a state-licensed child daycare center, religiously exempt child day center, regulated family day home, private or public school, or hospital or any institution." When an investigation is not mandated, the choice of the family assessment track is predicated on immediate concerns about the child's safety and the perception of the ability of the LDSS to work with the family and community service providers. The CPS policy/guidance manual outlines the procedures for making these track decisions and requirements as well as case work practices for each track. Approximately 67% of the reports statewide are handled as a Family Assessment. Link to the CPS manual:

http://www.dss.virginia.gov/files/division/dfs/cps/intro_page/manuals/07-2010/manualtoc.pdf

There have been no substantive changes 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 continues to operate three Citizen Review Panels. They are the Governor's Advisory Board on Child Abuse and Neglect, the State Child Fatality Team, and the Children's Justice Act/CASA Advisory Board.

CAPTA Annual State Data Report

Juvenile Justice Transfers

Through the OASIS data system, Virginia tracks reasons why children exit foster care. For FFY 2011, 38 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 put 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). The Foster Care Unit and Outcome Based Reporting and Analysis unit updated OASIS to better capture the number of children who actually exited care to corrections. Changes to the "Help" section of OASIS that instruct workers as to how to enter such data was completed by summer 2010. The updates include a new value in the *Child Removed From* and *Conditions* fields: "Returned from DJJ" on the Physical Removal screen. The system will default to caretaker listed on previous removal (for AFCARS reasons). Additionally, the Legal Basis for Custody screen has been updated using code citation. There is a new value *Official Custody and Legal Basis* fields: "Code of VA 16.1-293".

Information on Child Protective Workforce

Education, qualifications, and training requirements established by the State: Virginia is a state supervised, locally administered system for social services. Because localities are responsible for hiring CPS workers, there are no education, qualification, and training requirements established by the State. The state's human resources department has occupational title descriptions for social work professionals that can be modified by local departments including Social Worker Program Manager, Social Work Supervisor, and Social Worker I-IV. Each title description include the level of supervision suggested for each level and upon completion of a training program or other requirements the person may be redefined to a higher level social worker. There is an educational and experience section of the title description that states: "Minimum of a Bachelor's degree in a Human Services field or minimum of a Bachelor's degree in any field with a minimum of two years of appropriate and related experience in a Human Services area as mandated in Section 22VAC40-670-20 of the Administrative Code of Virginia and implemented by the Virginia Board of Social Services. Possession of a BSW or MSW degree and a Commonwealth of Virginia Social Worker license are desirable."

VDSS does not current collect demographic information, education, qualifications, or training requirements on local department workers.

CPS Caseloads: Using 2009 NCANDS data, there were 106 Intake/Screening CPS workers and 267 Investigations CPS workers in Virginia. There were 30,364 completed reports which average out to 114 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. The attachment "Active CPS Caseload SFY 2010.xlsx" lists several different types of CPS workers, the number of cases, the number of workers, and the caseload. This report counts any worker that was assigned to a child at any given so the count may be inflated.

CPS required training: All CPS workers in the state are mandated to complete skills and policy training within the first year of employment. Since 1996 Virginia has had regulations addressing CPS training.

22 VAC 40-705-180 mandates uniform training requirements for CPS workers and supervisors:

"The department shall implement a uniform training plan for child protective services workers. The plan shall establish minimum standards for all child protective services workers in the Commonwealth of Virginia."

22 VAC 40-705-180 (B) requires CPS workers to complete training within their first year.

"Workers shall complete skills and policy training specific to child abuse and neglect investigations within the first year of their employment."

Within the first three months of their employment, CPS staff who provide responses to reports of abuse of neglect or manage/supervise any CPS investigation or family assessment, shall complete the VISSTA Course CWS 2000 Child Protective Services New Worker Policy training. In addition during their first year, new CPS workers must complete the following mandatory courses offered by VCU-VISSTA:

- VISSTA Course CWS 2011 Intake, Assessment and Investigation in Child Protective Services
- VISSTA Course CWS 2021 Sexual Abuse
- VISSTA Course CWS 2031 Sexual Abuse Investigations

CPS staff are also required to complete the mandatory course, VISSTA CWS 2010 Ongoing Services in Child Protective Services.

The following courses shall be completed by all CPS workers within two years of the start of employment:

- VISSTA Course CWS 5305 Advanced Interviewing: Motivating Families for Change
- VISSTA Course DWS 1001 Understanding Domestic Violence OR
- VISSTA Course DWS 1031 Domestic Violence and its Impact on Children pursuant to 63.2-150 of the Code of Virginia.
- VISSTA Course CWS2141 Out of Family Investigations – if conducting designated out of family investigations pursuant to 22 VAC40-730-130.

CPS policy further requires that all CPS workers complete the following VCU-VISSTA courses within two years of employment if a specific need is assessed by the worker and supervisor. Even when a specific need is not identified, VDSS encourages workers to complete the following courses:

- VISSTA Course CWS 1001 Exploring Child Welfare
- VISSTA Course CWS 1011 Casework Process & Case Planning Child Welfare
- VISSTA Course CWS 1021 Effects of Abuse & Neglect on Child and Adolescent Development
- VISSTA Course CWS 1031 Separation and Loss Issues in Human Service
- VISSTA Course CWS 1051 Crisis Intervention
- VISSTA Course CWS 5011 Case Documentation
- VISSTA Course CWS 53037 Assessing Safety, Risk and Protective Capacities in Child Welfare
- VISSTA Course CWS 5701 Child Welfare Supervision

State funds are used to support CPS training.