

**Child and Family Services Review**  
**Virginia Department of Social Services**  
**Statewide Assessment**

**May 2009**

**Name of State Agency**

Virginia Department of Social Services

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**State Agency Contact Person for the Statewide Assessment**

<b>Name:</b>	Lynette Isbell
<b>Title:</b>	Special Assistant to the Commissioner
<b>Address:</b>	Virginia Dept. of Social Services
	7 N. 8 <sup>th</sup> Street
	Richmond VA 23219
<b>Phone</b>	804-726-7082
<b>Fax:</b>	804-726-7015
<b>E-Mail</b>	lynette.isbell@dss.virginia.gov

## Table of Contents

Glossary	1
Introduction	7
Overview of Virginia Children’s Services System Transformation	12
Data Profile	20
Safety Outcomes	
Children are, first and foremost, protected from abuse and neglect	40
Children are safely maintained in their homes whenever possible and appropriate	58
Permanency Outcomes	
Children have permanency and stability in their living situations	73
The continuity of family relationships and connections is preserved for children	105
Well-Being Outcomes	
Families have enhanced capacity to provide for their children's needs	123
Children receive appropriate services to meet their educational needs	136
Children receive adequate services to meet their physical and mental health needs	142
Systemic Factors	
Statewide Information System	148
Case Review System	155
Quality Assurance System	177
Staff and Provider Training	187
Service Array and Resource Development	203
Agency Responsiveness to the Community	228
Foster and Adoptive Home Licensing, Approval, and Recruitment	241
Virginia’s Assessment of Strengths and Needs	254
On-Site Review Activities	264
Statewide Assessment Process	266

## GLOSSARY

AFCARS	Adoption and Foster Care Analysis and Reporting System –National system for collecting data on children in foster care and children who are being adopted
APPLA	Another Planned Permanent Living Arrangement – Virginia’s foster care goal for children with a severe and chronic emotional, physical, or neurological disabling condition requiring treatment and services in a residential setting
APR	Administrative Panel Review - LDSS review held every six months for children who are subject to annual foster care reviews by the court and who have an approved permanent goal of adoption, permanent foster care, or independent living
AREVA	Adoption Resource Exchange of Virginia – Statewide recruitment effort for children in foster care who are legally free for adoption
ASFA	Adoption and Safe Families Act of 1997 – Federal law governing child welfare that is designed to improve the safety, permanency, and well-being of children and families
ATC	Area Training Center – Training site for local department of social services’ staff
CASA	Court Appointed Special Advocate – Volunteers who advocate for abused and neglected children involved in the juvenile and domestic relations court system
CFSP	Child and Family Services Plan – Each state must complete a five-year Child and Family Services Plan to ensure that every effort has been made to protect children and to serve both children and families in return for federal funding
CFSR	Child and Family Services Review – Joint federal and state review of federally assisted child and family services programs to determine substantial conformity with state plan requirements
CHIP	Comprehensive Health Investment Project – Virginia develops and operates a network of local public-private partnerships providing comprehensive care coordination, family support, and preventive medical and dental services to low-income, at risk children

CIP	Court Improvement Program – Virginia’s initiative funded by the U.S. Department of Health and Human Services to direct and coordinate efforts to improve court processes and practices in child dependency cases
CORE	Council on Reform – CORE was established to transform the children’s services system in the Commonwealth. CORE is made up of 13 geographically-diverse localities who are working together to develop and test strategies in their own communities that will adopted by other Virginia localities
CPMT	Community Policy and Management Team – Local team, established by the Comprehensive Services act, appointed by local governing bodies, to manage local cooperative efforts to serve at-risk children and families
CPS	Child Protective Services – A program to identify abused/neglected children under the age of 18 and provide services to keep these children safe
CRAFFT	Community Resource, Adoption, and Foster Family Training – Virginia’s statewide training program and technical support for foster, adoptive, and resource parents
CSA	Comprehensive Services Act – Virginia’s law for youth and families that provides a collaborative system of services and funding that is family-focused and community-based
CSB	Community Services Board – Local mental health agency that promotes community-based care for persons with mental health, mental retardation, and substance abuse concerns under the auspices of the Department of Mental Health, Mental Retardation, and Substance Abuse Services
CWAC	Child Welfare Advisory Committee - A statewide stakeholder committee that was formed to share information, facilitate discussion, promote participation, and formulate strategies for children and family services
DCJS	Department of Criminal Justice Services – Virginia’s agency that provides operation and support services to promote and enhance public safety in the Commonwealth through education, standards, forensic laboratory services, grant funding, information, programs, and technical assistance
DJJ	Department of Juvenile Justice – Virginia’s agency providing services to delinquent youth and protecting public safety by assisting the courts in holding juveniles accountable for their actions

DMAS	Department of Medical Assistance Services – Virginia’s agency overseeing comprehensive health services to qualifying Virginians and their families under Medicaid and FAMIS
DMHMRSAS	Department of Mental health, Mental Retardation, and Substance Abuse Services – Virginia’s agency providing mental health, mental retardation, and substance abuse services through comprehensive community based, inpatient and residential services
DOE	Department of Education – Virginia’s agency that establishes policy, and administers and coordinates education
DOH	Department of Health – Virginia’s agency that is responsible for promoting and protecting the health of all Virginians
DRS	Differential Response System – Protocol for an alternative response to a valid child protective services report when there are no immediate safety concerns
EPSDT	Early and Periodic Screening, Diagnosis and Treatment – Health program within Medicaid for children from newborn to age 21 to detect and treat health care problems early
FACES	Family Advocacy, Collaboration, Empowerment and Support of Virginia Families: Foster, Adoption and Kinship Association - A statewide, family-based organization in Virginia dedicated to advocacy, collaboration, empowerment, and support for foster, adoptive, and kinship families
FAMIS	Family Access to Medical Insurance Security – Virginia’s health program for uninsured children between the ages of 0 through 18 years (see CHIP) supervised by DMAS
FAPT	Family Assessment and Planning Team – Local team created through the Comprehensive Services Act to assess the strengths and needs of individual at-risk children and their families
FY	Fiscal Year
FFY	Federal Fiscal Year
GAL	Guardian ad Litem – Attorney appointed by a judge to represent a child involved in a court process and to assist the court in determining the circumstances
HHR	Health and Human Resources – Virginia’s Secretariat for social services and other health and human services agencies

HHS	Health and Human Services – Federal agency for health and human services
ICPC	Interstate Compact on the Placement of Children – Agreement among all states governing placement and supervision of children across state borders
IEP	Individualized Education Plan – Written education plan that guides a disabled student’s involvement and progress in the general curriculum
IFSP	Individual Family Service Plan – Plan for services for children and their families developed by the Family Assessment and Planning Team under the Comprehensive Services Act
LDSS	Local Departments of Social Services – 120 county and city agencies that provide social service to the community under the oversight of the Virginia Department of Social Services
OASIS	Online Automated Services Information System – Virginia’s automated system, for child welfare case management and information
OCS	Office of Comprehensive Services – Virginia’s administrative entity for the Comprehensive Services Act
PIP	Program Improvement Plan – A plan to implement policies and practices to improve the lives of children and families in Virginia in each outcome and systemic factor that was found to need improvement during the CFSR. Virginia’s PIP was developed in collaboration with the local departments of social services, stakeholders and consumers
PRIDE	Parent Resources for Information, Development and Education – Program designed to strengthen the quality of family foster care and adoption by providing a standardized framework for recruitment, retention, and selection of foster and adoptive homes
SACWIS	Statewide Automated Child Welfare Information System – Federal term for automated information system for child welfare
SCFRT	State Child Fatality Review Team – Virginia’s multi-disciplinary team established to systematically analyze child deaths to determine if the deaths could have been prevented and to make recommendations for education, training, and prevention
SEC	State Executive Council – Collaborative team at the state level that oversees policies and implementation of the Comprehensive Services Act

SLAT	State Local Advisory Team – Collaborative team at the state level that addresses issues related to state program and fiscal policies, and their impact, making recommendations to the State Executive Council.
SFY	State Fiscal Year
TANF	Temporary Assistance for Needy Families – Financial assistance designed to move a recipient to employment by turning welfare into a program of temporary assistance.
TPR	Termination of Parental Rights – Legal process to eliminate the rights of birth parents so a child is legally free for adoption
Transformation	Virginia Children’s Services System Transformation - An intensive effort to create systemic change in how services are delivered to youth and families in Virginia
VCU	Virginia Commonwealth University – Institution of higher learning in the central region of Virginia
VCU-VISSTA	Virginia Commonwealth University-Virginia Institute for Social Services Training Activities – Organization that develops and provides training through curriculum development and trainer resources to human service providers in Virginia; part of Virginia Commonwealth University
VDSS	Virginia Department of Social Services – Virginia’s agency that administers state-mandated social services required by federal and state laws
VCFSSP	<p>Virginia’s Child and Family Services State Plan – A five-year plan that is updated annually. The programs covered are:</p> <ul style="list-style-type: none"> <li>• Promoting Safe and Stable Families (Family Preservation)</li> <li>• Child Protective Services</li> <li>• Foster Care</li> <li>• Independent Living, a component of Foster Care for older youth</li> <li>• Adoption</li> </ul> <p>In addition, Child Welfare Training, Indian Child Welfare, and Administrative Support are also addressed in the plan</p>
VDSS	Virginia Department of Social Services – Virginia’s agency that administers state-mandated social services required by federal and state laws
VISSTA	Virginia Institute for Social Services Training Activities – Organization that develops and provides training through curriculum development and

trainer resources to human service providers in Virginia, part of Virginia Commonwealth University

V-YAC

Virginia Youth Advisory Council – V-YAC provides a voice for youth in legislative and policy related matters as well as a forum through which youth can connect with other foster care youth

## Introduction

**The Virginia Department of Social Services (VDSS) has oversight responsibility for child and family services in Virginia.** The mission of the Virginia Social Services System is: People helping people triumph over poverty, abuse and neglect to shape strong futures for themselves, their families and communities. The vision of the Virginia Social Services System is a Commonwealth in which individuals and families have access to adequate, affordable, high-quality human/social services that enable them to be the best they can.

**Virginia has a state-supervised, locally administered child and family services system, with 120 local departments of social services (LDSS).** Virginia has 135 local political entities, made up of 40 independent cities and 95 counties. Virginia's population is approximately 7,642,884. A number of small independent cities have agreements with surrounding counties to combine social services and other public organizations. Virginia's LDSS also administer Food Stamps, Temporary Assistant for Needy Families (TANF), Medicaid eligibility, child care and other programs. Virginia's social services system is divided into five regions: Northern, Central, Eastern, Piedmont, and Western. According to the US Census, 23.6 percent of Virginia's population is under the age of 18 and 9.5 percent of the population lives below the poverty line. A language other than English is spoken at home in 11.1 percent of the population. In Virginia, 73.3 percent of the population is Caucasian and 19.9 percent is African American.

**A snapshot of Virginia's Children in Foster Care from February 2009 shows there were 7,135 children in care.** Three percent of the children were under the age of one, 19 percent were between one and five, 13 percent were between six and nine, 10 percent were between 10 and 12, 48 percent were between 13 and 18, and seven percent were over 18. Ninety nine percent of the children in care had only one removal episode. Sixty-three percent of these children were placed in foster homes (either relative or non-relative), three percent were in pre-adoptive homes, 13 percent were placed in institutions, seven percent were in group homes and Five percent were on trial home visits. Fifty-two percent of the children had one or two placements during this current removal episode, 14 percent had three placements, nine percent had four placements, six percent had five placements, and 15 percent had six or more placements.

**The Division of Family Services promotes safety, permanency and well-being for children, families and individuals in Virginia.** It is responsible for providing leadership, developing policies and budgets, providing guidance and information to LDSS, collaborating with state level partners, and identifying and disseminating information for the following programs:

- Adult services/adult protective services;
- Child protective services;
- Family domestic violence; and
- Permanency (adoption, foster care, independent living, interstate/inter-country placement of children, and safe and stable family services).

Five regional offices oversee LDSS operations, as follows:

<b>Eastern</b>	<b>Central</b>	<b>Northern</b>	<b>Piedmont</b>	<b>Western</b>
Accomack (001)	Amelia (007)	Alexandria (510)	Albemarle (003)	Bland (021)
Brunswick (025)	Buckingham (029)	Arlington (013)	Alleghany(005)/Covington (580)/Clifton Forge (560)	Bristol (520)
Chesapeake (550)	Caroline (033)	Clarke (043)	Amherst (009)	Buchanan (027)
Dinwiddie (053)	Charles City (036)	Culpeper (047)	Appomattox (011)	Carroll (035)
Franklin City (620)	Chesterfield (041)/Colonial Heights (570)	Fairfax (059)/Fairfax City (600)/Falls Church (610)	Bath (017)	Dickenson (051)
Gloucester (073)	Cumberland (049)	Fauquier (061)	Bedford (019)/Bedford City (515)	Floyd (063)
Greensville(081)/Emporia (595)	Essex (057)	Frederick (069)	Botetourt (023)	Galax (640)
Hampton (650)	Fluvanna (065)	Fredericksburg (630)	Campbell (031)	Giles (071)
Isle of Wight (093)	Goochland (075)	Greene (079)	Charlotte (037)	Grayson (077)
James City (095)	Hanover (085)	Harrisonburg (660)/Rockingham (165)	Charlottesville (540)	Lee (105)
Matthews (115)	Henrico (087)	King George (099)	Craig (045)	Montgomery (121)
Newport News (700)	Hopewell (670)	Loudoun (107)	Danville (590)	Norton (720)
Norfolk (710)	King & Queen (097)	Louisa (109)	Franklin County (067)	Patrick (141)
Northampton (131)	King William(101)	Madison (113)	Halifax (083)/South Boston (780)	Pulaski (155)
Portsmouth (740)	Lancaster (103)	Manassas City (683)	Henry (089)/ Martinsville (690)	Radford (750)
Prince George (149)	Lunenburg (111)	Manassas Park (685)	Highland (091)	Russell (167)
Southampton (175)	Middlesex (119)	Orange (137)	Lynchburg (680)	Scott (169)
Suffolk (800)	New Kent (127)	Page (139)	Mecklenburg (117)	Smyth (173)
Surry (181)	Northumberland (133)	Prince William (153)	Nelson (125)	Tazewell (185)
Sussex (183)	Nottoway (135)	Rappahannock (157)	Pittsylvania (143)	Washington (191)
Virginia Beach (810)	Petersburg (730)	Shenandoah (171)	Roanoke (770)	Wise (195)
Williamsburg (830)	Powhatan (145)	Spotsylvania (177)	Roanoke Co. (161)/Salem (775)	Wythe (197)
York (199)/Poquoson (735)	Prince Edward (147)	Stafford (179)	Rockbridge (163)/Buena Vista (530)/ Lexington (678)	
	Richmond City (760)	Warren (187)	Staunton (790)/Augusta (015) /Waynesboro (820)	
	Richmond County (159)	Winchester (840)		
	Westmoreland (193)			



- VDSS;
- DMHMRSAS;
- DMAS; and
- DOE.

SLAT also includes a parent representative who is not an employee of any public or private program which serves children and families; a representative of a private provider of children's or family services; a local CSA coordinator; a juvenile and domestic relations district court judge; and one member from each of the five different geographical areas of the Commonwealth who serves on and is representative of the different participants of the community policy and management teams. SLAT addresses issues related to the state program, fiscal policies, and the impact of these issues on CSA service delivery.

**At the local level, two interagency teams collaborate on services and funding.** The Community Policy and Management Team (CPMT) manages the cooperative effort in each community to better serve the needs of troubled and at-risk youths and their families and maximizes the use of state and community resources. CPMTs are responsible for establishing procedures in their respective jurisdiction regarding how families will access services through the Family Assessment and Planning Team (FAPT) and how services recommended by the FAPT will be funded. Because local CPMTs have the ability to establish processes and protocols, the CPMTs function differently from one locality to another. All CPMTs, however, are responsible for proper fiscal management of funds under their control and must ensure that the funds are used appropriately to meet the needs of youth and families served. Membership on the CPMT includes local agency heads of the CSB (mental health), juvenile court service unit, health department, local school system, and LDSS. The team should also include a private provider and parent representative.

**The local FAPT has the responsibility of assessing the strengths as well as the needs of individual children and their families, and determining the full complement of services required to meet these needs.** The FAPT works with families to develop an Individual Family Services Plan (IFSP). Rather than fitting families into a set array of services, services are designed and provided around the needs of the child and family. If the services needed are beyond what is available in the participating agencies and there are no other family or community resources available, the team may authorize purchasing the services with local and state CSA funds. Families and at-risk youth are referred to the local FAPT by LDSS, health departments, schools, probation/parole officers, and mental health agencies. In some communities parents may learn about the FAPT and initiate a self-referral. At-risk youth and their families must be assessed by the local FAPT in order to obtain services that are paid for using CSA funds.

FAPT is comprised of the supervisory level staff from the same agencies as the CPMT, a parent, and a private provider.

**Virginia's Court Improvement Program (CIP), part of the Office of the Executive Secretary, Supreme Court of Virginia, directs and coordinates efforts to improve court processes and practices in child dependency cases.** This initiative has been made possible by grants from the U.S. Department of Health and Human Services since February 1995. The

objectives of the CIP efforts are to expedite placement of foster children in safe, permanent homes and to promote the well-being of children in LDSS care. Initiatives to advance CIP goals have included establishing legislation for compliance with the Adoption and Safe Families Act of 1997 and providing the training, tools, technical assistance and technology necessary to implement state laws, procedures and best practices.

**A collaborative, cross-disciplinary approach has been utilized in planning and carrying out the CIP initiatives.** Stakeholder partners in this endeavor include judges, clerks of court, representatives from VDSS, LDSS and their counsel, private child-placing agencies, Court Appointed Special Advocate Programs (CASA), and guardians ad litem for children. Local court improvement teams have been designed that mirror this collaborative model to best ensure that practitioners have the information, commitment, and resources needed for the successful resolution of cases involving children who have been abused, neglected and placed in foster care.

**The Virginia Children’s Services System Transformation (Transformation) is an intensive effort to create systemic change in how services are delivered to youth and families in Virginia.** Research indicates that children without permanent, legal connections to family are statistically more likely to become homeless, less likely to complete high school or receive a GED, end up on public assistance or in the criminal justice system (The Pew Charitable Trusts, 2007). Every child in Virginia deserves a safe environment and permanent, life-long connection to caring adults. Supporting this belief, the Transformation is an intensive effort to create systemic change. Goals of the Transformation are:

- increase the number and rate at which youth in foster care move into permanent family arrangements;
- increase the number of at-risk children and youth placed with kin and foster parents; and
- devote more resources to community-based care.

The next section of this report provides a detailed overview of the Transformation.

## Overview of Virginia Children's Services System Transformation

Virginia is currently transforming how services are delivered to youth and families. Research indicates that children without permanent, legal connections to family are statistically more likely to become homeless, less likely to complete high school or receive a GED, and end up on public assistance or in the criminal justice system (The Pew Charitable Trusts, 2007). Every child in Virginia deserves a safe environment and permanent, life-long connection to caring adults. Supporting this belief, the Virginia Children's Services System Transformation (Transformation) is an intensive effort to create systemic change. Goals of the Transformation are:

- increase the number and rate at which youth in foster care move into permanent family arrangements;
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- devote more resources to community-based care.

### Mission

The mission of the Transformation initiative is: To strengthen permanent family connections for children and youth by transforming how services are delivered.

The purpose is to improve outcomes for children and families who use the child service agencies in Virginia. We would like to see every child achieve his or her greatest potential and we want to ensure that families are empowered to provide support for their children.

### Background

As a former Juvenile and Domestic Relations Court Judge, First Lady Anne Holton began an initiative called *For Keeps* in the spring of 2007 that focused on ensuring that all of Virginia's children have permanent, stable family connections and the community support to sustain them. Her work with the Commonwealth's human service agencies and private organizations provided significant momentum for the change process that is currently underway in Virginia. *For Keeps* has three primary objectives:

- strengthen the voices of youth in foster care and of foster parents;
- find permanent families and permanent family connections for older children in foster care or at risk of coming into care; and
- champion efforts to improve family and community supports for all children to reduce the need for out-of-home placements and to increase community-based alternatives to congregate care.

Building on the *For Keeps* initiative, the Governor's Cabinet Secretary for Health and Human Resources, Marilyn Tavenner, and the Virginia Department of Social Services (VDSS) Commissioner Anthony Conyers launched major reforms in child welfare, in partnership with children's mental health and the Office of Comprehensive Services for At Risk Youth and Families (CSA) in 2007. The Secretary established a Special Advisor for Children's Services Reform, Ray Ratke, who reports directly to her and is responsible for directing major reforms and achieving results. Child welfare and children's mental health all directly report to Mr.

Ratke, thus improving coordination across the child serving agencies in the Secretariat of Health and Human Resources (SHHR).

Governor Tim Kaine, Secretary Tavenner, and the First Lady engaged with the Annie E. Casey Foundation Strategic Consulting Group (CSCG) to assist with major child welfare reforms. CSCG selected Virginia as one of a few states to receive long term strategic consulting services for the duration of Governor Kaine's administration. They also are engaged in an intensive Transformation pilot with the City of Richmond Department of Social Services.

Since April 2007, a team of full-time CSCG staff and national expert consultants have been working with State and local agency partners to reform the State's child welfare system. The First Lady and CSCG contracted with Child Trends to provide analytical expertise and comparative child welfare data nationally. Child Trends conducted point in time and cohort analyses on permanency and placement practices in Virginia, reporting both statewide and locality trends. Reports revealed that Virginia had a high percentage of children in foster care that exit the system without permanent connections to family. Data from 2007 includes

- 23 percent of Virginia's children aged out of foster care without permanent connections;
- 43.7 percent of teens (12 and older) achieved permanence;
- 25 percent of foster care youth were in a group care setting (congregate care);
- 52 percent of initial placements for youth 12 and older were in a group care setting (a 24 percent increase from 2000);
- 23 percent of youth were placed in non-relative foster care (an 18 percent decrease from 2000); and
- fewer than 5 percent of children in foster care were being placed with relatives.

The data analysis confirmed that Virginia needed to dramatically improve the ways in which children and families received services.

### **Council on Reform**

Led by the Special Advisor for Children's Services, 13 geographically diverse localities across Virginia began to pilot the first phase of the Transformation in December 2007. These 13 localities, also known as the Council on Reform or CORE, account for nearly 50 percent of the statewide foster care population. Local departments of social services (LDSS) included Henrico, Chesterfield, Richmond City, Norfolk, Virginia Beach, Charlottesville, Roanoke City, Roanoke County, Prince William, Fairfax, Dinwiddie, Washington County, and Newport News. In addition, community and state partners such as the Virginia Department of Social Services (VDSS), Office of Comprehensive Services (OCS), the Department of Juvenile Justice (DJJ), the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS), the Department of Education (DOE), the Virginia Association of Community Services Boards, and FACES (Family Advocacy, Collaboration, Empowerment and Support) of Virginia Families: Foster, Adoption and Kinship Association also participated. By implementing a variety of strategies and best practices that have proven effective, CORE has set the stage for system change statewide.

Initially CORE focused on four critical reform areas:

- Adopting a state-wide philosophy that supports family-focused, child-centered, community based care with a focus on permanency for all children.
- Establishing a state-level practice model focused on family-centered care and permanence that is reinforced by a uniform training program.
- Creating and implementing a statewide strategy to increase the availability and utilization of relative care and non-relative foster and adoptive placements to ensure that children can be placed in the most family-like setting that meets their needs.
- Creating a robust performance system to identify and measure outcomes, monitor quality of practice, and improve accountability.

In an effort to address the four critical areas, several workgroups were formed around key “building blocks” of the Transformation. Building blocks include training, resource families, data management, family engagement, and community based care. The workgroups and their charges were:

- Managing by Data: provide LDSS with the data necessary to guide practice change;
- Resource Family Development: develop a standard practice to recruit, support and retain foster and kinship families;
- VDSS Training and Best Practices: conduct a statewide assessment of the current training system using a competency based assessment tool;
- Private Providers: educate the provider community regarding the Transformation process;
- Comprehensive Services Act (CSA) Best Practices: evaluate a continuum of care that best serves Virginia’s youth;
- Richmond Approach: learning laboratory for implementing best practice;
- Community Resource Development: evaluate CSA best practices; and
- Family Engagement: identify best practice in family engagement models.

As the process evolved over time, additional progress was made in other areas. For example, a Practice Model (a copy of the Practice Model can be found starting on page 17) was developed to serve as a guiding framework for systems change. This strength-based, family-centered document helps to improve the VDSS Division of Family Services’ organizational structure, change culture, realign policies and operating procedures, provide training and other practice supports, commit to quality assurance, and reach desired outcomes. In addition, the Practice Model helps LDSS implement best practice strategies within the context of the Transformation and helps set standards for encouraging effective collaboration and practice consistency.

The Practice Model promotes:

- All children and youth need and deserve a permanent family.
- All children and youth deserve a safe environment.
- Family, child, and youth-driven practice are most effective.
- Children do best when raised in families.
- Partnering with others supports child and family success in a system that is family-focused, child-centered, and community-based.
- How we do our work is as important as the work we do.

CORE developed the initial measures of success for the Transformation. Specific outcome measures included:

- increasing the number of youth who exit foster care to permanency;
- decreasing the amount of time it takes those youth to exit the foster care system to permanency;
- increasing the number of youth entering family-based care;
- increasing the number of youth entering kinship care placements;
- decreasing the number of youth in congregate care; and
- decreasing the length of time youth spend in congregate care.

Since CORE began its work in December 2007, significant progress has been on the overall Transformation outcome measures. CORE progress is outlined in the table below:

<b>Outcome Data for CORE Agencies</b>			
	<b>Group Care Placements</b>	<b>Discharges to Permanency</b>	<b>Family-Based Placements</b>
<b>December 2007</b>	25.53%	62.40%	71.43%
<b>February 2009</b>	19.19%	69.42%	77.46%

### **Statewide Implementation**

As a direct result of the work done by the Special Advisor for Children's Services and the success of CORE, the Transformation is beginning to gain momentum across all child-serving agencies statewide. At the beginning of 2009, the Special Advisor for Children's Services established an Executive Team. The Executive Team, which now serves as the governing body for the Transformation, includes the Special Advisor, the Director of Family Services for VDSS, the Manager of Child and Family Services for DMHMRSAS, the Program Development Manager for the Division of Community Programs for DJJ, the Director of Financial and Data Services for DOE, and the Executive Director of OCS.

At the beginning of 2009, three critical stages were identified as part of the plan to implement the Transformation statewide. The stages include information sharing, short-term training, and building regional capacity. In an attempt to share information across the Commonwealth, 10 Transformation Kick-off Forums were conducted in March 2009 in an attempt to prepare and galvanize local leaders to drive this work. The purpose of the Transformation Kickoff Forums was to introduce the Transformation and the plans for rollout to localities across Virginia, generate momentum, and gather feedback on how best to build a regional structure that can provide ongoing support to localities. The Special Advisor of Children's Services led each forum that included Directors of LDSS, Community Service Boards (CSB), Court Service Units (CSU), CSA Coordinators, School Superintendents, and local Community Policy and Management Team (CPMT) directors. Approximately 600 leaders across the Commonwealth attended the Transformation Kick-off Forums.

In an attempt to provide some short-term training, the Transformation Academy was developed at the beginning of 2009 to provide a series of skills-based trainings to key state staff regarding

the Transformation. As a result of working with the Casey Strategic Consulting Group, Virginia has been fortunate to receive training and technical assistance from various national experts. The Transformation Academy gives state staff the opportunity to gain the same knowledge and develop the same skills as the CORE agencies and helps shift from *bringing* the experts to *becoming* the experts. Training participants include staff from VDSS, DMHMRSAS, and OCS; Virginia Institute for Social Services Training Activities (VISSTA) trainers and curriculum developers; Community Resource, Adoptive and Foster Family Training (CRAFFT) Coordinators; and designated CORE representatives.

In addition to the Transformation Kick-off Forums and the Transformation Academy, Virginia's roll-out strategy required an increased focus on collaboration. In an effort to build regional capacity, Regional Collaboratives have been identified as a way to focus on information sharing and practical guidance on implementing the Transformation at a local level. The Regional Collaboratives will replicate the information that was shared with CORE over the course of 2008 and will be led by a team of regional representatives from VDSS, OCS, CSB, DJJ, and DOE. All localities will receive basic tools developed through CORE in 2008 to begin implementation. The Regional Collaboratives are still under development and are tentatively scheduled to begin in the summer of 2009.

CORE will continue to meet on a quarterly basis through the rest of 2009. CORE membership will consist of original CORE localities and state staff who directly support the work of the Transformation. Once the Regional Collaboratives begin, CORE localities will be asked to lead and support neighboring localities in order to fully implement the building blocks of the Transformation.

Specific to VDSS, the Virginia Children's Services System Transformation has sparked a renewed commitment to improving permanency outcomes for children. This transformative change has led to a significant focus on building capacity and improving the agency's internal structure. VDSS' Division of Family Services is concentrating on identifying best practices in family engagement and implementing a formal model that is specific to Virginia, providing strong support around policy and regulation, developing external partnerships, improving communication, and realigning division structure in order to fully support LDSS in the Transformation. In addition, significant improvements have been made regarding the use of data to drive decision-making and provide strong support to LDSS in order to increase capacity to recruit, develop, and support resource families.

## Virginia Children's Services Practice Model

### **We believe that all children and youth deserve a safe environment.**

1. Child safety comes first. Every child has the right to live in a safe home. Ensuring safety requires a collaborative effort among family, agency staff, and the community.
2. We value family strengths, perspectives, goals, and plans as central to creating and maintaining child safety.
3. In our response to safety and risk concerns, we reach factually supported conclusions in a timely and thorough manner.
4. Participation of parents, children, extended family, and community stakeholders is a necessary component in assuring safety.
5. We separate caregivers who present a threat to safety from children in need of protection. When court action is necessary to make a child safe, we use our authority with respect and sensitivity

### **We believe in family, child, and youth-driven practice.**

1. Children and families have the right to have a say in what happens to them and will be treated with dignity and respect. The voices of children, youth and parents are heard, valued, and considered in the decision-making regarding safety, permanency, and well-being.
2. Each individual's right to self-determination will be respected.
3. We recognize that family members are the experts about their own families. It is our responsibility to understand children, youth, and families within the context of their own family rules, traditions, history, and culture.
4. Children have a right to connections with their biological family and other caring adults with whom they have developed emotional ties.
5. We engage families in a deliberate manner. Through collaboration with families, we develop and implement creative, individual solutions that build on their strengths to meet their needs. Engagement is the primary door through which we help families make positive changes.

### **We believe that children do best when raised in families.**

1. Children should be reared by their families whenever possible.
2. Keeping children and families together and preventing entry into foster care is the best possible use of resources.
3. Children are best served when we provide their families with the supports necessary to raise them safely. Services to preserve the family unit and prevent family disruption are family-focused, child-centered, and community-based.
4. People can and do make positive changes. The past does not necessarily limit their potential.
5. When children cannot live safely with their families, the first consideration for placement will be with kinship connections capable of providing a safe and nurturing home. We value the resources within extended family networks and are committed to seeking them out.
6. When placement outside the extended family is necessary, we encourage healthy social development by supporting placements that promote family, sibling and community connections.

7. Children's needs are best served in a family that is committed to the child.
8. Placements in non-family settings should be temporary, should focus on individual children's needs, and should prepare them for return to family and community life.

**We believe that all children and youth need and deserve a permanent family.**

1. Lifelong family connections are crucial for children and adults. It is our responsibility to promote and preserve kinship, sibling and community connections for each child. We value past, present, and future relationships that consider the child's hopes and wishes
2. Permanency is best achieved through a legal relationship such as parental custody, adoption, kinship care or guardianship. Placement stability is not permanency.
3. All planning for children is focused on the goal of preserving their family, reunifying their family, or achieving permanency with another family.
4. Permanency planning for children begins at the first contact with the children's services system. We proceed with a sense of urgency until permanency is achieved. We support families after permanency to ensure that family connections are stable.

**We believe in partnering with others to support child and family success in a system that is family- focused, child-centered, and community-based.**

1. We are committed to aligning our system with what is best for children, youth, and families.
  - Our organization, consistent with this practice model, is focused on providing supports to families in raising children. The practice model should guide all of the work that we do. In addition to practice alignment, infrastructure and resources must be aligned with the model. For example, training, policy, technical assistance and other supports must reinforce the model.
  - We take responsibility for open communication, accountability, and transparency at all levels of our system. We share success stories and best practices to promote learning within and across communities and share challenges and lessons learned to make better decisions.
  - Community support is crucial for families in raising children.
2. We are committed to working across agencies, stakeholder groups, and communities to improve outcomes for the children, youth, and families we serve.
  - Services to families must be delivered as part of a total system with cooperation, coordination, and collaboration occurring among families, service providers and community stakeholders.
  - All stakeholders share responsibility for child safety, permanence and well-being. As a system, we will identify and engage stakeholders and community members around our practice model to improve services and supports.
  - We will communicate clearly and often with stakeholders and community members. Our communication must reinforce the belief that children and youth belong in family and community settings and that system resources must be allocated in a manner consistent with that belief.

**We believe that how we do our work is as important as the work we do.**

1. The people who do this work are our most important asset. Children and families deserve trained, skillful professionals to engage and assist them. We strive to build a workforce that works in alignment with our practice model. They are supported in this effort through open dialogue, clear policy, excellent training and supervision, formal and informal performance evaluation and appropriate resource allocation.
2. As with families, we look for strengths in our organization. We are responsible for creating and maintaining a supportive working and learning environment and for open, respectful communication, collaboration, and accountability at all levels.
3. Our organization is focused on providing high quality, timely, efficient, and effective services.
4. Relationships and communication among staff, children, families, foster parents, and community providers are conducted with genuineness, empathy, and respect.
5. The practice of collecting and sharing data and information is a non-negotiable part of how we continually learn and improve. We will use data to inform management, improve practice, measure effectiveness and guide policy decisions.
6. As we work with children, families, and their teams, we clearly share with them our purpose, role, concerns, decisions, and responsibility.

Child Safety Profile	Federal Fiscal Year 2007AB						12-Month Period Ending 3/31/2008 (7B8A)						Federal Fiscal Year 2008AB (in validation process)					
	Reports	%	Duplic. Children <sup>A</sup>	%	Unique Children	%	Reports	%	Duplic. Children	%	Unique Children	%	Reports	%	Duplic. Children	%	Unique Children	%
<b>I. Total CA/N Reports Disposed<sup>B</sup></b>	30,196		61,342		57,552		28,088		57,659		53,856							
<b>II. Disposition of CA/N Reports<sup>C</sup></b>																		
Substantiated & Indicated	4,377	14.5	6,413	10.5	6,271	10.9	4,083	14.5	5,847	10.1	5,722	10.6						
Unsubstantiated	3,855	12.8	5,542	9.0	5,169	9.0	2,379 <sup>1</sup>	8.4	3,494	6.1	3,164	5.9						
Other	21,964	72.7	49,387	80.5	46,112	80.1	21,636	77.0	48,318	83.8	44,970	83.5						
<b>III. Child Victim Cases Open for Post-Investigation Services<sup>D</sup></b>			3,703	57.7	3,574	57.0			3,367	57.6	3,257	56.9						
<b>IV. Child Victims Entering Care Based on CA/N Report<sup>E</sup></b>			1,173	18.3	1,115	17.8			1,070	18.3	1,025	17.9						
<b>V. Child Fatalities Resulting from Maltreatment<sup>F</sup></b>					31 <sup>2</sup>	0.5					29	0.5						

<sup>1</sup> Virginia has a process to purge referrals after a specified time interval which is driven by policy and legislation. Specifically, unfounded referrals have a 1-year purge date. Identifying information about the clients is removed from the referral 1-year after the report date, and the entire referral is purged 60-days later. This resulted in a drop in unsubstantiated reports in the 2007B2008A data submission.

<sup>2</sup> For Federal Fiscal Year 2007, Virginia reported all fatalities in the Child File.

	Federal Fiscal Year 2007AB						12-Month Period Ending 3/31/2008 (7B8A)						Federal Fiscal Year 2008AB (in validation process)					
	Reports	%	Duplic. Children	%	Unique Children	%	Reports	%	Duplic. Children	%	Unique Children	%	Reports	%	Duplic. Children	%	Unique Children	%
<b>STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY</b>																		
<b>VI. Absence of Maltreatment Recurrence<sup>G</sup></b> [Standard: 94.6% or more]					2,895 of 2,954	98.0					2,615 of 2,672	97.9						
<b>VII. Absence of CA/N in Foster Care<sup>H</sup></b> (12 months) [Standard: 99.68% or more]					10,960 of 10,982	99.8					10,604 of 10,626	99.79						
<b>ADDITIONAL SAFETY MEASURES FOR INFORMAITON ONLY (NO STANDARDS ARE ASSOCIATED WITH THESE)</b>																		
	Hours				Unique Childn.	%	Hours				Unique Childn.	%	Hours				Unique Childn.	%
<b>VIII. Median Time to Investigation in Hours (Child File)<sup>I</sup></b>	>48 but <72 <sup>3</sup>						>48 but <72											
<b>IX. Mean time to Investigation in Hours (Child File)<sup>J</sup></b>	197						205											

<sup>3</sup> The investigation start date in the Child File is defined as the first completed face-to-face contact with any alleged victim or, if none, the “first meaningful contact.” The “first meaningful contact” is identified by the worker as a contact that provides information regarding whether or not the abuse or neglect occurred or regarding child safety and immediate family service needs. The information system captures time to the minute.

	Federal Fiscal Year 2007AB						12-Month Period Ending 3/31/2008 (7B8A)						Federal Fiscal Year 2008AB (in validation process)					
	Hours				Unique Childn.	%	Hours				Unique Childr.	%	Hours				Unique Childn.	%
<b>X. Mean Time to Investigation in Hours (Agency File)<sup>K</sup></b>																		
<b>XI. Children Maltreated by Parents While in Foster Care<sup>L</sup></b>					52 of 10,982	0.47					43 of 10,626	0.40						
<b>CFSR ROUND ONE SAFETY MEASURES TO DETERMINE SUBSTANTIAL CONFORMITY</b>																		
	Reports	%	Duplic. Children	%	Unique Childn.	%	Reports	%	Duplic. Children	%	Unique Children	%	Reports	%	Duplic. Children	%	Unique Children.	%
<b>XII. Recurrence of Maltreatment<sup>M</sup> [Standard: 6.1% or less]</b>					59 of 2,954	2.0					57 of 2,672	2.1						
<b>XIII. Incident of CA/N in Foster Care<sup>N</sup> (9 months) [Standard .57% or less]</b>					15 of 10,190	0.15					14 of 9,634	0.15						

<b>NCANDS DATA COMPLETENESS INFORMATION FOR THE CFSR</b>			
Description of Data Test	Federal Fiscal Year 2007AB	12-Month Period Ending 3/31/2008 (7A8B)	Federal Fiscal Year 2008AB (in validation process)
<b>Percent of duplicate victims in the submission</b> [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence.]	2.20	2.10	
<b>Percent of victims with perpetrator reported</b> [File must have at least 95% to reasonably calculate maltreatment in foster care.]	100	100	
<b>Percent of perpetrators with relationship to victim reported</b> [File must have at least 95%.]	92.30	89.20	
<b>Percent of records with investigation start date reported</b> [Needed to compute mean and median]	99.30	99.40	

time to investigation.]			
<b>Description of Data Test (cont.)</b>	<b>Federal Fiscal Year 2007AB</b>	<b>12-Month Period Ending 3/31/2008 (7A8B)</b>	<b>Federal Fiscal Year 2008AB (in validation process)</b>
<b>Average time to investigation in the Agency file</b> [PART measure.]	Not reported		
<b>Percent of records with AFCARS ID reported in the Child File</b> [Needed to calculate maltreatment in foster care by the parents. All Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child does not have to be in foster care to have this ID.]	100	100	

**FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE**

Each maltreatment allegation reported t NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

<b>Disposition Category</b>	<b>Safety Profile Disposition</b>	<b>NCANDS Maltreatment Level Codes Included</b>
A	Substantiated or Indicated (Maltreatment Victim)	“Substantiated,” “Indicated,” and “Alternative Response Disposition Victim”
B	Unsubstantiated	“Unsubstantiated” and “Unsubstantiated Due to Intentionally False Reporting”
C	Other	“Closed – No Finding,” “Alternative Response Disposition – Not a Victim,” “Other,” “No alleged Maltreatment,” and “Unknown or Missing”

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated. The disposition of “No alleged maltreatment” was added for federal fiscal year 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.)

Starting with federal fiscal year 2003, the data year is the fiscal year.

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Starting with federal fiscal year 2004, the maltreatment levels for each child are used consistently to categorize. While report disposition are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded “substantiated,” “indicated,” or “alternative response victim.” A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded “unsubstantiated” or “unsubstantiated due to intentionally false reporting.” A child classified as “other” has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to “other” disposition. If a child has no maltreatments in the record and the report has either an unsubstantiated disposition or an “other” disposition, the child is counted as having the same disposition as the report disposition.

- <sup>A</sup> The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.
- <sup>B</sup> The data element, “Total CA/N Reports Disposed,” is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on “reports,” “duplicated counts of children,” and “unique counts of children” are provided.
- <sup>C</sup> For the column labeled “Reports,” the data element, “Disposition of CA/N Reports,” is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under “substantiated” (Group A) and the other is not a victim and is counted under “unsubstantiated” (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of “other” (Group C) includes children whose report may have been “closed without a finding,” children for whom the allegation disposition is “unknown,” and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.
- <sup>D</sup> The data element, “Child Cases Opened for Services,” is based on the number of victims (Group A) during the reporting period under review. “Opened for Services” refers to post-investigative services. The duplicated number counts each time a victim’s report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.

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- <sup>E</sup> The data element, “Children Entering Care Based on CA/N Report,” is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim’s report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.
- <sup>F</sup> The data element “Child Fatalities” counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.
- <sup>G</sup> The data element “Absence of Recurrence of Maltreatment” is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State’s substantial conformity with CFSR Safety Outcome #1 (“Children are, first and foremost, protected from abuse and neglect”).
- <sup>H</sup> The data element “Absence of Child Abuse/or Neglect in Foster Care” is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent or facility staff member. This data element is used to determine the State’s substantial conformity with CFSR Safety Outcome #1 (“Children are, first and foremost, protected from abuse and neglect”). A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided.
- <sup>I</sup> Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.
- <sup>J</sup> Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as “under 24 hours”, one day difference (investigation date is the next day

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after report date) is reported as “at least 24 hours, but less than 48 hours”, two days difference is reported as “at least 48 hours, but less than 72 hours”, etc.

- <sup>K</sup> Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.
- <sup>L</sup> The data element, “Children Maltreated by Parents while in Foster Care” is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship “Parent” are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.
- <sup>M</sup> The data element, “Recurrence of Maltreatment,” is defined as follows: Of all children associated with a “substantiated” or “indicated” finding of maltreatment during the first six months of the reporting period, what percentage had another “substantiated” or “indicated” finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State’s substantial conformity with Safety Outcome #1 for CFSR Round One.
- <sup>N</sup> The data element, “Incidence of Child Abuse and/or Neglect in Foster Care,” is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of “substantiated” or “indicated” maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State’s substantial conformity with Safety Outcome #2 for CFSR Round One.

POINT-IN-TIME PERMANENCY PROFILE	Federal Fiscal Year 2007AB		12-Month Period Ending 3/31/2008 (7B8A)		Federal Fiscal Year 2008AB	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>I. Foster Care Population Flow</b>						
Children in foster care on first day of year <sup>4</sup>	7,557		7,451		7,143	
Admissions during year	3,425		3,175		3,063	
Discharges during year	3,279		3,413		3,081	
Children discharging from foster care in fewer than 8 days. (These cases are excluded from length of stay calculations in the composite measures)	138	4.2% of the discharges	135	4.0% of the discharges	118	3.8% of the discharges
Children in care on last day of year	7,704		7,213		7,126	
Net change during year	147		-238		-17	
<b>II. Placement Types for Children in Care</b>						
Pre-Adoptive Homes	610	7.9	500	6.9	268	3.8
Foster Family Homes (Relative)	338	4.4	365	5.1	389	5.5
Foster Family Homes (Non-Relative)	2,590	33.6	2,791	38.7	4,229	59.3
Group Homes	286	3.7	340	4.7	477	6.7
Institutions	471	6.1	536	7.4	978	13.7
Supervised Independent Living	71	0.9	46	0.6	73	1.0
Runaway	46	0.6	43	0.6	64	0.9
Trial Home Visit	90	1.2	63	0.9	313	4.4
Missing Placement Information	26	0.3	24	0.3	52	0.7
Not Applicable (Placement in subsequent year)	3,176	41.2	2,505	34.7	283	4.0
<b>III. Permanency Goals for Children in Care</b>						
Reunification	2,784	36.1	2,460	34.1	2,569	36.1
Living with Other Relatives	562	7.3	495	6.9	462	6.5
Adoption	1,690	21.9	1,682	23.3	1,602	22.5
Long Term Foster Care	1,208	15.7	1,149	15.9	1,068	15.0
Emancipation	1,011	13.1	1,009	14.0	943	13.2
Guardianship	1	0.0	0	0.0	0	0.0
Case Plan Goal Not Established	389	5.0	367	5.1	414	5.8
Missing Goal Information	59	0.8	51	0.7	68	1.0

<sup>4</sup> The FFY 2007 7B8A, and FFY 2008 counts of children in care at the start of the year exclude 23, 36, and 44 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered at some point during the reporting period. To avoid counting them as both “in care on the first day” and “entries,” the Children’s Bureau selects only the most recent record. That means they got counted as “entries,” not “in care on the first day.”

POINT-IN-TIME PERMANENCY PROFILE	Federal Fiscal Year 2007AB		12-Month Period Ending 3/31/2008 (7B8A)		Federal Fiscal Year 2008AB	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>IV. Number of Placement Settings in Current Episode</b>						
One	3,343	43.4	2,898	40.2	2,471	34.7
Two	1,691	21.9	1,661	23.0	1,788	25.1
Three	947	12.3	999	13.8	1,009	14.2
Four	603	7.8	558	7.7	609	8.5
Five	370	4.8	371	5.1	417	5.9
Six or More	715	9.3	699	9.7	801	11.2
Missing placement settings	35	0.5	27	0.4	31	0.4
<b>V. Number of Removal Episodes</b>						
One	6,802	88.3	6,366	88.3	6,320	88.7
Two	786	10.2	743	10.3	708	9.9
Three	108	1.4	97	1.3	89	1.2
Four	4	0.1	4	0.1	6	0.1
Five	4	0.1	3	0.0	3	0.0
Six or more	0	0.0	0	0.0	0	0.0
Missing removal episodes	0	0.0	0	0.0	0	0.0
<b>VI. Number of Children in Care 17 of the most Recent 22 Months<sup>5</sup> (% based on cases with sufficient information for computation)</b>	2,151	43.6	2,163	45.5	2,495	46.6
<b>VII. Median Length of Stay in Foster Care (of children in care on last day of FFY)</b>	17.8		18.7		18.9	

<sup>5</sup> We designated the indicator, *17 of the most recent 22 months*, rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

<b>POINT-IN-TIME PERMANENCY PROFILE</b>	<b>Federal Fiscal Year 2007AB</b>		<b>12-Month Period Ending 3/31/2008 (7B8A)</b>		<b>Federal Fiscal Year 2008AB</b>	
	<b># of Children Discharged</b>	<b>Median Months to Discharge</b>	<b># of Children Discharged</b>	<b>Median Months to Discharge</b>	<b># of Children Discharged</b>	<b>Median Months to Discharge</b>
Reunification	1,489	8.2	1,641	8.0	1,428	8.0
Adoption	610	30.7	606	29.8	600	31.2
Guardianship	0	---	0	---	0	---
Other	1,046	28.9	1,034	31.1	994	29.9
Missing Discharge Reason <sup>6</sup>	128	11.2	128	14.6	56	14.1
<b>Total Discharges (excluding those w/ problematic dates)</b>	<b>3,273</b>	<b>16.4</b>	<b>3,409</b>	<b>16.8</b>	<b>3,078</b>	<b>18.4</b>
Dates are problematic <sup>7</sup>	6	N/A	4	N/A	3	N/A

<sup>6</sup> This count only includes case records missing a discharge reason, but which have calculable lengths stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell "Dates are Problematic."

<sup>7</sup> The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data; 2) faulty data (chronologically impossible); 3) a child was in care less than 1 day so the child should not have been reported in the foster care file; or 4) child's length of stay would equal 21 years or more. These cases are marked N/A because no length of stay can legitimately be calculated.

<b>Statewide Aggregate Data Used in Determining Substantial Conformity: composites 1 through 4</b>			
	<b>Federal Fiscal Year 2007AB</b>	<b>12-Month Period Ending 3/31/2008 (7B8A)</b>	<b>Federal Fiscal Year 2008AB</b>
<b>IX. Permanency Composite 1: Timeliness and Permanency of Reunification [National Standard: 122.6 or higher]</b> Scaled Scores for this composite incorporates two components	State Score = 110.5	State Score = 118.3	State Score = 121.4
<b>National Ranking of State composite Scores</b>	30 of 47	18 of 47	12 of 47
<b>Component A: Timeliness of Reunification</b> The timeliness component is composed of three timeliness individual measures.			
<b>Measure C1 – 1: Exit to reunification in less than 12 months:</b> Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) <b>[National median = 69.9%, 75<sup>th</sup> percentile = 75.2%]</b>	64.7%	64.0%	60.9%
<b>Measure C1 – 2: Exit to reunification, median stay:</b> Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visits adjustment) <b>[National median = 6.5 months, 25<sup>th</sup> percentile = 5.4 months (lower score is preferable in this measure)]</b>	8.2months	8.0 months	8.2 months
<b>Measure C1 – 3: Entry cohort reunification in less than 12 months:</b> Of all children entering foster care for the first time in the 6 month period just prior to the year shown, and who remained in foster care for 8 days or longer, what percent was discharged from foster care to reunification in less than 12 months from the date of latest removal from home? (Includes trial home visit adjustment) <b>[National median = 39.4%, 75<sup>th</sup> percentile = 48.4%]</b>	22.6%	23.1%	27.6%
<b>Component B: Permanency of Reunification</b> The permanency component has one measure			
<b>Measure C1 – 4: Re-entries to foster care in less than 12 months:</b> Of all children discharged from foster care to reunification in the 12-month period prior to the year shown, what percentage re-entered foster care in less than 12 months from the date of discharge? <b>[National median = 15.0%, 25<sup>th</sup> percentile = 9.9% (lowered score is preferable in this measure)]</b>	10.2%	5.6%	3.9%

	Federal Fiscal Year 2007AB	12-Month Period Ending 3/31/2008 (7B8A)	Federal Fiscal Year 2008AB
<p><b>X. Permanency Composite 2: Timeliness of Adoption [National Standard: 106.4 or higher]</b> Scaled Scores for this composite incorporate three components.</p>	State Score = 74.1	State Score = 75.1	State Score – 73.7
<b>National Ranking of State Composite Scores</b>	39 of 47	38 of 47	39 of 47
<b>Component A: Timeliness of Adoptions of Children Discharged from Foster Care.</b> There are two individual measure of this component.			
<b>Measure C2 – 1: Exits to adoption in less than 24 months:</b> Of all children who were discharged from foster care to finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [National median = 26.8%, 75 <sup>th</sup> percentile = 36.6%]	29.0%	30.9%	25.0%
<b>Measure C2 – 2: Exits to adoption, median length of stay:</b> Of all children who were discharged from foster care to a finalized adoption in the year shown, what was the median length of stay in foster care (in months) from the date of latest removal from home to the date of discharge to adoption? [National median = 32.4 months, 25 <sup>th</sup> percentile = 27.3 months (lower score is preferable in this measure)]	30.7 months	29.8 months	31.2 months
<b>Component B: Progress Toward Adoption for Children in Foster care for 17 Months or Longer.</b> There are two individual measures.			
<b>Measure C2 -3: Children in care 17+ months, adopted by the end of the year:</b> Of all children in foster care on the first day of the year shown who were in foster care for 17 continuous months or longer (an who, by the last day of the year shown, were not discharged from foster care with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from foster care to a finalized adoption by the last day of the year shown? [National median = 20.2%, 75 <sup>th</sup> percentile = 22.7%]	13.0%	13.9%	13.9%

	Federal Fiscal Year 2007AB	12-Month Period Ending 3/31/2008 (7B8A)	Federal Fiscal Year 2008AB
<p><b>Measure C2 – 4: Children in care 17+ months achieving legal freedom within 6 months:</b> Of all children in foster care on the first day of the year shown who were in foster care for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from foster care to “reunification,” “live with relative,” or “guardianship.” <b>[National median = 8.8%, 75<sup>th</sup> percentile = 10.9%]</b></p>	5.3%	4.3%	3.9%
<p><b>Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption.</b> There is one measure for this component.</p>			
<p><b>Measure C2 – 5: Legally free children adopted in less than 12 months:</b> Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? <b>[National median – 45.8%, 75<sup>th</sup> percentile = 53.7]</b></p>	36.7%	38.2%	35.1%

	Federal Fiscal Year 2007AB	12-Month Period Ending 3/31/2008 (7B8A)	Federal Fiscal Year 2008AB
<p><b>XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [National Standard: 121.7 or higher]</b> Scaled Scores for this composite incorporate two components.</p>	State Score = 101.7	State Score = 102.5	State Score = 102.8
<b>National Ranking of State Composite Scores</b>	40 of 51	40 of 51	40 of 51
<b>Component A: Achieving Permanency for Children in Foster Care for Long Periods of Time.</b> This component has two measures.			
<p><b>Measure C3 – 1: Exits to permanency prior to 18<sup>th</sup> birthday for children in care for 24+ months:</b> Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18<sup>th</sup> birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). [National median = 25.0% 75<sup>th</sup> percentile = 29.1]</p>	15.2%	15.5%	16.2%
<p><b>Measure C3 – 2: Exits to permanency for children with TPR:</b> Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported in AFCARS for both mother and father), what percentage was discharged to a permanent home prior to their 18<sup>th</sup> birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). [National median = 96.8%, 75<sup>th</sup> percentile = 98%]</p>	88.6%	89.2%	90.1%
<b>Component B: Growing up in Foster Care.</b> This component has one measure.			
<p><b>Measure C3 – 3: Children emancipated who were in foster care for with 3 years or more:</b> Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18<sup>th</sup> birthday while in foster care, what percent were in foster care for 3 years or longer? [National median = 47.8%, 25<sup>th</sup> percentile = 37.5]</p>	43.6%	45.2%	43.8%

	Federal Fiscal Year 2007AB	12-Month Period Ending 3/31/2008 (7B8A)	Federal Fiscal Year 2008AB
<b>XII. Permanency composite 4: Placement Stability [National Standard: 101.5 or higher]</b> Scale Scores for this composite incorporate no components but three individual measures.	State Score – 102.7	State Score – 102.3	State Score – 99.0
<b>National Ranking of State Composite Scores</b>	11 of 51	11 of 51	12 of 51
<b>Measure C4 – 1: Two or fewer placement settings for children in care less than 12 months:</b> Of all children served in foster care during the 12 months target period who were in foster care for at least 8 days but less than 12 months, what percent had two or fewer placement settings? [ <b>National median = 83.3%, 75<sup>th</sup> percentile = 86%</b> ]	87.9%	88.8%	87.7%
<b>Measure C4 – 2: Two or fewer placement settings for children in care for 12 to 24 months:</b> Of all children served in foster care during the 12 months target period who were in foster care for at least 12 months but less than 24 months, what percent had two or fewer placement settings? [ <b>National median = 59.9%, 75<sup>th</sup> percentile = 65.4%</b> ]	67.5%	65.3%	61.9%
<b>Measure C4 – 3: Two or fewer placement settings for children in care for 24+ months:</b> Of all children served in foster care during the 12 months target period who were in foster care for at least 24 months, what percent had two or fewer placement settings? [ <b>National median = 33.9%, 75<sup>th</sup> percentile = 41.8%</b> ]	40.7%	39.9%	37.2%

**Special Notes for Composite Measures**

The National Rankings show your State’s performance on the composites compared to the performance of all the other States that were included in the 2004 data. The 2004 data were used for establishing the rankings because that is the year used in calculating the National Standards. The order of ranking goes from 1 to 47 or 51, depending on the measure. For example, “1 of 47” would indicate this State performed higher than all the States in 2004.

In most case, a high score is preferable on the individual measures. In these cases, you will see the 75<sup>th</sup> percentile listed to indicate that this would be considered a good score. However, in a few instances, a low score is good (shows desirable performance), such as

re-entry to foster care. In these cases, the 25<sup>th</sup> percentile is displayed because that is the target direction for which States will want to strive. Of course, in actual calculation of the total composite scores, these “lower are preferable” scores on the individual measures are reversed so that they can be combined with all the individual scores that are scored in a positive direction, where higher scores are preferable.

<b>PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP</b>	<b>Federal Fiscal Year 2007AB</b>		<b>12-Month Period Ending 3/31/2008 (7B8A)</b>		<b>Federal Fiscal Year 2008AB</b>	
	<b># of Children</b>	<b>% of Children</b>	<b># of Children</b>	<b>% of Children</b>	<b># of Children</b>	<b>% of Children</b>
<b>I. Number of children entering care for the first time in cohort group</b> (% = 1 <sup>st</sup> time entry of all entering within first 6 months)	1,595	88.8	1,602	90.8	1,411	90.7
<b>II. Most Recent Placement Types</b>						
Pre-Adoptive Homes	45	2.8	33	2.1	2	0.1
Foster Family Homes (Relative)	116	7.3	116	7.2	135	9.6
Foster Family Homes (Non-Relative)	638	40.0	787	49.1	847	60.0
Group Homes	86	5.4	84	5.2	97	6.9
Institutions	121	7.6	153	9.6	192	13.6
Supervised Independent Living	14	0.9	10	0.6	12	0.9
Runaway	6	0.4	10	0.6	15	1.1
Trial Home Visit	36	2.3	28	1.7	59	4.2
Missing Placement Information	7	0.4	8	0.5	14	1.0
Not Applicable (Placement in subsequent year)	526	33.0	373	23.3	38	2.7
<b>III. most Recent Permanency Goal</b>						
Reunification	1,027	64.4	1,026	64.0	897	63.6
Living with Other Relatives	206	12.9	175	10.9	172	12.2
Adoption	65	4.1	72	4.5	54	3.8
Long Term Foster Care	40	2.5	45	2.8	21	1.5
Emancipation	108	6.8	110	6.9	99	7.0
Guardianship	0	0.0	0	0.0	0	0.0
Case Plan Goal Not Established	136	8.5	139	8.7	150	10.6
Missing Goal Information	13	0.8	35	2.2	18	1.3
<b>IV. Number of Placement Settings in Current Episode</b>						
One	932	58.4	985	61.5	762	54.0
Two	405	25.4	402	25.1	417	29.6
Three	164	10.3	149	9.3	140	9.9
Four	57	3.6	41	2.6	56	4.0
Five	17	1.1	18	1.1	26	1.8
Six or More	10	0.6	5	0.3	8	0.6
Missing placement settings	10	0.6	2	0.1	2	0.1

<b>PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP (cont.)</b>	<b>Federal Fiscal Year 2007AB</b>		<b>12-Month Period Ending 3/31/2008 (7B8A)</b>		<b>Federal Fiscal Year 2008AB</b>	
	<b># of Children</b>	<b>% of Children</b>	<b># of Children</b>	<b>% of Children</b>	<b># of Children</b>	<b>% of Children</b>
<b>V. Reason for Discharge</b>						
Reunification/Relative Placement	377	83.0	421	88.1	345	79.7
Adoption	3	0.7	2	0.4	1	0.2
Guardianship	0	0.0	0	0.0	0	0.0
Other	58	12.8	55	11.5	66	15.2
Unknown (missing discharge reason or N/A)	16	3.5	0	0.0	21	4.8
	<b>Number of Months</b>		<b>Number of Months</b>		<b>Number of Months</b>	
<b>VI. Median Length of Stay in Foster Care</b>	9.9 <sup>8</sup>		12.8 <sup>9</sup>		Not yet determinable <sup>10</sup>	

<b>AFCARS Data Completeness and Quality Information (2% or more is a warning sign)</b>						
	<b>Federal Fiscal Year 2007AB</b>		<b>12-Month Period Ending 3/31/2008 (7B8A)</b>		<b>Federal Fiscal Year 2008AB</b>	
	<b>N</b>	<b>As a % of Exits Reported</b>	<b>N</b>	<b>As a % of Exits Reported</b>	<b>N</b>	<b>As a % of Exits Reported</b>
File contains children who appear to have been in care less than 24 hours	1	0.0%	1	0.0%	0	0.0%
File contains children who appear to have exited before they entered	4	0.0%	3	0.0%	2	0.0%
Missing dates of latest removal	1	0.0%	0	0.0%	1	0.0%
File contains "Dropped Cases" between report periods with no indication as to discharge	3	0.1%	0	0.0%	131	4.3%
Missing discharge reasons	128	3.9%	128	3.8%	56	1.8%
	<b>N</b>	<b>As a % of Adoption Exits</b>	<b>N</b>	<b>As a % of Adoption Exits</b>	<b>N</b>	<b>As a % of Adoption Exits</b>

<sup>8</sup> This First-Time Entry Cohort median length of stay was 9.9 in federal fiscal year 2007. This includes 1 child who entered and exited on the same day (who had a zero length of stay). If this child was excluded from the calculation, the median length of stay would still be 9.9.

<sup>9</sup> This First-time entry Cohort median length of stay was 12.8 for the 12-month period ending March 31, 2008. This includes 1 child who entered and exited on the same day (who had a zero length of stay). If this child was excluded from the calculation, the median length of stay would still be 12.8.

<sup>10</sup> This First-Time Entry Cohort median length of stay is Not Yet Determined for federal fiscal year 2008. This includes 0 children who entered and exited on the same day (they had a zero length of stay). Therefore, the median length of stay would still be Not Yet Determined, but would be unaffected by an 'same day' children. The designation, Not Yet Determined occurs when a true length of stay for the cohort cannot be calculated because fewer than 50% of the children have exited.

File submitted lacks data on Termination of Parental Rights for finalized adoptions	10	1.6%	8	1.3%	7	1.2%
Foster Care file has different count than Adoption File of (public agency) adoptions (N = adoption count disparity)	58	8.7% fewer in the foster care file	42	6.5% fewer in the foster care file	10	1.7% fewer in the adoption file
	<b>N</b>	<b>Percent of cases in file</b>	<b>N</b>	<b>Percent of cues in file</b>	<b>N</b>	<b>Percent of case in file</b>
File submitted lacks count of number of placement settings in episode for each child	35	0.5%	27	0.4%	31	0.4%

<b>CFSR Round One Permanency Measures</b>						
	<b>Federal Fiscal Year 2007AB</b>		<b>12-Month Period Ending 3/31/2008 (7B8A)</b>		<b>Federal Fiscal Year 2008AB</b>	
	<b># of Children</b>	<b>% of Children</b>	<b># of Children</b>	<b>% of Children</b>	<b># of Children</b>	<b>% of Children</b>
<b>IX.</b> Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal from home? (4.1) <b>[Standard: 76.2% or more]</b>	961	64.4	1,049	63.8	889	62.2
<b>X.</b> Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) <b>[Standard: 32.0% or more]</b>	177	29.0	187	30.9	150	25.0
<b>XI.</b> Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) <b>[Standard: 86.7% or more]</b>	3,485	87.9	3,332	89.0	3,060	87.8
<b>XII.</b> Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) <b>[Standard: 8.6% or less]</b>	108	3.2 (88.3% new entry)	111	3.5 (89.1% new entry)	133	4.3 (90.0% new entry)

## **Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.**

**Item 1: Timeliness of initiating investigations of reports of child maltreatment.** How effective is the agency in responding to incoming reports of child maltreatment in a timely manner?

### **Policy and Practice**

The Code of Virginia, §§ 63.2-1505 and 63.2-1506 requires local departments of social services (LDSS) to make an immediate response to reports of child abuse or neglect. The Child Protective Services (CPS) regulation, 22VAC40-705, states: *“Valid complaints or reports shall be screened for high priority based on the following:*

- 1. The immediate danger to the child;*
- 2. The severity of the type of abuse or neglect alleged;*
- 3. The age of the child;*
- 4. The circumstances surrounding the alleged abuse or neglect;*
- 5. The physical and mental condition of the child; and*
- 6. Reports made by mandated reports.”*

In January 2007, CPS policy established timeframes for three response priorities based on information collected at the time of the referral and focused on immediate child safety concerns. These response priorities are:

- Response 1 (R1): as soon as possible within 24 hours of the date of the referral;
- Response 2 (R2): as soon as possible within 48 hours of the date of the referral; and
- Response 3 (R3): as soon as possible within five working days of the date of the referral.

CPS policy and best practice expect the first contact in response to a report to include the victim child in order to conduct an initial safety assessment. However, the LDSS may initiate the response with a collateral contact if the information contributes to the assessment of initial child safety. CPS policy states: *“The local department will initiate most family assessments or investigations with face to face contact with the victim child in order to conduct an initial safety assessment. Sometimes, the local department’s initial efforts to respond to the report will not be successful such as when no one is home. In other situations, the local department’s first contact, although not with the victim child, does provide information to assess child safety. Sometimes, the initial response may be by telephone with the victim, the parent or a collateral that provides information to begin the family assessment or investigation and contributes to the initial child safety assessment.”*

The Virginia Department of Social Services (VDSS) maintains a 24/7 Hotline to receive reports of suspected child abuse or neglect; however, it is not a centralized Hotline. During normal business hours most calls go directly to the LDSS in the locality in which the alleged victim resides or in which the alleged abuse/neglect occurred. Most LDSS transfer their calls to the VDSS Hotline after hours.

When a LDSS receives a report of suspected abuse or neglect, a worker must determine if it is a valid complaint. In order for the complaint to be determined valid:

- the child must be under the age of 18 at the time of the complaint;
- the alleged abuser must be the alleged victim child's parent or other caretaker;
- the LDSS receiving the complaint is the LDSS of jurisdiction; and
- the circumstances described allege suspected child abuse and/or neglect as defined in law.

The LDSS has five days to determine if the complaint is valid. During LDSS monitoring visits, VDSS staff reviews CPS cases to determine the appropriateness of the screening in/out process and the assignment of priority levels.

Virginia has a Differential Response System (DRS). Every valid report of abuse or neglect must be placed in either the family assessment or investigation track. The goals of both responses are to:

- assess child safety;
- strengthen and support families; and
- prevent child maltreatment.

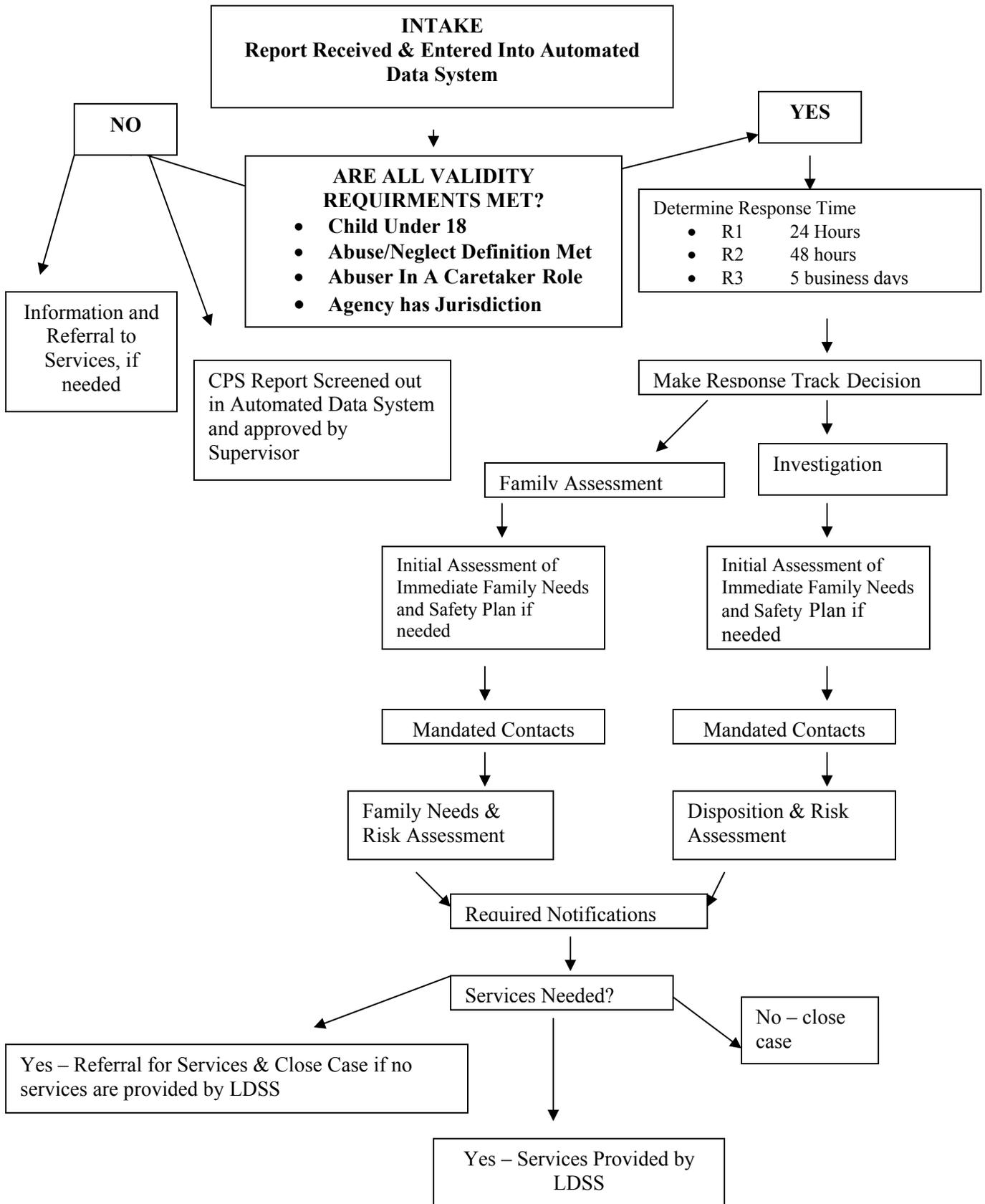
22VAC40-705 defines family assessment and investigation as follows:

- *“‘Family assessment’ means the collection of information necessary to determine:*
  - *The immediate safety needs of the child;*
  - *The protective and rehabilitative services needs of the child and family that will deter abuse or neglect;*
  - *Risk of future harm to the child; and*
  - *Alternative plans for the child’s safety if protective and rehabilitative services are indicated and the family is unable or unwilling to participate in services. These arrangements may be made in consultation with the caretaker(s) of the child.”*
- *“‘Investigation’ means the collection of information to determine:*
  - *The immediate safety needs of the child;*
  - *The protective and rehabilitative services needs of the child and family that will deter abuse or neglect;*
  - *Risk of future harm to the child;*
  - *Alternative plans for the child’s safety if protective and rehabilitative services are indicated and the family is unable or unwilling to participate in services;*
  - *Whether or not abuse or neglect has occurred;*
  - *If abuse or neglect has occurred, who abused or neglected the child; and*
  - *A finding of either founded or unfounded based on the facts collected during the investigation.”*

There has been a steady increase in the use of the family assessment track since it was implemented statewide in 2002. The statewide percentage of family assessments increased from 55 percent in 2002 to 70 percent in 2007. 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 day care 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 two tracks are similar in the types of abuse or neglect assigned to each track. In both tracks, physical neglect is the most frequent allegation, comprising 46 percent of investigations and 57 percent of family assessment. The second most frequent allegation is physical abuse, found in 36 percent of investigations and 38 percent of family assessments.

The following chart shows the CPS process for both a family assessment and investigation.

### CPS PROCESS CHART



The chart below shows the CPS requirements for a family assessment and an investigation.

**CPS REQUIREMENTS FOR FAMILY ASSESSMENT AND INVESTIGATION**

<b>CPS REQUIREMENTS</b>	<b>FAMILY ASSESSMENT</b>	<b>INVESTIGATION</b>
Conduct Initial Safety Assessment	YES	YES
<u>Mandated contacts:</u> <ul style="list-style-type: none"> <li>• Child &amp; siblings</li> <li>• Alleged Abuser</li> <li>• Parent or Guardian</li> <li>• Collaterals</li> </ul>	YES	YES
<u>Other Contacts, if relevant:</u> <ul style="list-style-type: none"> <li>• Commonwealth attorney – if criminal act is alleged</li> <li>• Medical Examiner – if child fatality</li> <li>• Law Enforcement – if criminal act is alleged and joint response is needed</li> <li>• CPS Regional Specialist – child fatality or certain out of family reports</li> </ul>	YES	YES
Observe family environment and/or site where alleged abuse occurred.	YES	YES
Enter the home if allowed to do so by an adult residing in the home.	YES	YES
Notify: <ul style="list-style-type: none"> <li>• Parent if child interviewed at school or other setting;</li> <li>• Alleged abuser;</li> <li>• Non-custodial parent when that parent is not the subject of a report;</li> <li>• All parties of any extension of timeframe;</li> <li>• All parties when family assessment or investigation is completed</li> </ul>	YES	YES
Refer children under age 3 to Infant and Toddler Connection Program	NO	YES
Complete Family Needs Assessment including risk assessment within 45-60 days.	YES	NO
Complete Investigation Dispositional Assessment and individual child risk assessment(s) within 45-60 days	NO	YES
Provide Services if risk is moderate or high and services are needed for prevention of abuse or neglect.	YES	YES
Document all CPS requirements in automated data system.	YES	YES

The Code of Virginia, § 63.2-1506 requires LDSS to complete and document the family assessment or investigation within 45 calendar days of receipt of the complaint or report. The family assessment or investigation can be extended for 15 calendar days upon written justification by the LDSS, based on locally determined and documented rationale.

A founded or unfounded disposition must be made in all investigations. According to 22VAC40-705: “‘*Founded*’ means that a review of the facts shows by a preponderance of the evidence that child abuse and/or neglect has occurred. A determination that a case is founded shall be based primarily on first source evidence; in no instance shall a determination that a case is founded be based solely on indirect evidence or an anonymous complaint.” A founded disposition must be categorized into one of three levels. Categorization is dependent on the nature of the act and the seriousness of the harm or threatened harm to the child as a result of maltreatment:

- Level 1. This level includes those injuries/conditions, real or threatened, that result in or were likely to have resulted in serious harm to a child.
- Level 2. This level includes those injuries/conditions, real or threatened, that result in or were likely to have resulted in moderate harm to a child.
- Level 3. This level includes those injuries/conditions, real or threatened, that result in minimal harm to a child.

22VAC40-705 states: “‘*Unfounded*’ means that a review of the facts does not show by a preponderance of the evidence that child abuse or neglect occurred.”

In a family assessment the CPS worker must determine the likelihood of any occurrence or reoccurrence of abuse or neglect based on information gathered during the Family Needs Assessment. The decision on the risk of future harm should be based on the assessment of individual, family, and other risk factors. Any identified services for the family should be based on the needs identified in the Family Needs Assessment, which is documented in the automated information system. The outcome of the risk assessment will influence the type and intensity of services to be provided:

- High Risk: The worker's assessment of risk related factors indicates a likelihood that the child is in jeopardy of abuse or neglect, and that intervention is necessary in order to protect one or more children in the family.
- Moderate Risk: The worker's assessment of risk related factors indicates that the child or other children are in possible jeopardy, but that a positive change in the situation is likely to occur with minimal intervention.
- Low Risk: The worker's assessment of risk related factors indicates that the situation can and will be changed, that no additional intervention is necessary and that the child or other children are at no reasonably assessable risk of abuse or neglect.

According to 22VAC40-705: “‘*Child Abuse and Neglect Information System*’ means the computer system which collects and maintains information regarding incidents of child abuse and neglect involving parents or other caretakers. The computer system is composed of three parts: the statistical information system with non-identifying information; the Central Registry of

*founded complaints not on appeal; and a data base that can be accessed only by the Department and local departments that contains all non-purged CPS reports...*

*'Central Registry' means a subset of the child abuse and neglect information system, and is the name index with identifying information of individuals named as an abuser and/or neglector in founded child abuse and/or neglect complaints or reports not currently under administrative appeal, maintained by the Department...*

*All complaints and reports of suspected child abuse and/or neglect shall be recorded in the child abuse and neglect information system. A record of all reports and complaints made to a local department or the Department, regardless of whether the report or complaint was found to be a valid complaint of abuse and/or neglect shall be retained for one year from the date of the complaint...During the course of the investigation, the child protective services (CPS) worker shall make and record in writing in the state automated system the following contacts and observations...When any of these contacts or observations is not made, the CPS worker shall record in writing why the specific contact or observation was not made...*

*The local department shall report all founded case dispositions to the child abuse and neglect information system for inclusion in the Central Registry pursuant to subdivision 5 of §63.2-1515 of the Code of Virginia and 22VAC40-700-30. Identifying information about the abused and/or neglector and the victim child or children reported include demographic information, type of abuse or neglect, and date of the complaint. The identifying information shall be retained based on the determined level of severity of the abuse or neglect pursuant to the regulation dealing with retention in the Central Registry, 22VAC40-700-30."*

A LDSS may have multiple similar reports on a family which are unfounded. Unfounded complaints are maintained in the child abuse and neglect information system for one year unless there is a subsequent founded or unfounded report regarding the individual against whom the allegations of abuse or neglect were made or regarding the same child. In these cases, the report is kept for an additional year.

There might also be multiple founded reports on a family. When child abuse or neglect allegations are made on an open on-going CPS case, the report must be treated as a new CPS report. In smaller LDSS, the worker responding to the new referral will probably be the worker providing the on-going services since smaller LDSS tend to have generic workers because of the small number of staff. Larger LDSS tend to have specialized workers, so the on-going worker is usually a different worker than the one completing investigations or family assessments. If the child is in foster care and a referral is received on the foster parents, the CPS worker will complete the investigation in larger LDSS. The service plan for on-going CPS cases should be re-evaluated at least every three months to ensure that underlying issues are being addressed.

LDSS work closely with law enforcement and are required to report any felony or Class 1 misdemeanor offense to them. Many LDSS have a Memoranda of Understanding (MOU) with law enforcement. The MOU should explain how varied situations will be handled, how communications should flow, etc. Provisions for roles and responsibilities of all parties, cross-training of staff, updating the agreement, and resolving problems are other examples of what the

MOU should include in order for it to be an effective and continuous agreement among these agencies that are so vital to the protection of children.

The Code of Virginia, § 63.2-1517 states: “A physician or child-protective services worker of a local department or law-enforcement official investigating a report or complaint of abuse and neglect may take a child into custody for up to 72 hours without prior approval of parents or guardians provided:

1. The circumstances of the child are such that continuing in his place of residence or in the care or custody of the parent, guardian, custodian or other person responsible for the child's care, presents an imminent danger to the child's life or health to the extent that severe or irremediable injury would be likely to result or if evidence of abuse is perishable or subject to deterioration before a hearing can be held;
2. A court order is not immediately obtainable;
3. The court has set up procedures for placing such children;
4. Following taking the child into custody, the parents or guardians are notified as soon as practicable. Every effort shall be made to provide such notice in person;
5. A report is made to the local department; and
6. The court is notified and the person or agency taking custody of such child obtains, as soon as possible, but in no event later than 72 hours, an emergency removal order pursuant to § 16.1-251; however, if a preliminary removal order is issued after a hearing held in accordance with § 16.1-252 within 72 hours of the removal of the child, an emergency removal order shall not be necessary. Any person or agency petitioning for an emergency removal order after four hours have elapsed following taking custody of the child shall state the reasons therefore pursuant to § 16.1-251.

*If the 72-hour period for holding a child in custody and for obtaining a preliminary or emergency removal order expires on a Saturday, Sunday, or legal holiday or day on which the court is lawfully closed, the 72 hours shall be extended to the next day that is not a Saturday, Sunday, or legal holiday or day on which the court is lawfully closed.”*

If a CPS report does not involve a caretaker who is part of the victim child’s family, that investigation is deemed an “out of family investigation.” There are many types of settings and situations that are considered “out of family” settings. These settings include those regulated by other agencies such as state licensed and religiously exempted child day care centers, regulated family day homes, private and public schools, private foster homes, group residential facilities, hospitals, or institutions. “Out of family” settings may also include settings that are not externally regulated such as camps, athletic leagues, children’s clubs, babysitters who are not required to be regulated, babysitting coops, and “sleepovers” at friends’ or relatives’ homes. The Code of Virginia, § 63.2-1506 requires CPS reports in certain “out of family settings” to be investigated. These settings include programs that are subject to state regulatory oversight and where the relationship between the alleged victim child and caretaker is more professional than familial. In addition, CPS reports in locally approved provider settings must be investigated.

Some CPS reports involve a caretaker who is a relative not residing in the child’s household (e.g. grandparent, aunt/uncle, etc.) or other person who has a more familial relationship with the

alleged victim child. These reports may be placed in the family assessment track if there are no other elements of the report that require an investigation. The family assessment or investigation should be completed within 45 calendar days of receipt of the complaint or report. The family assessment or investigation can be extended for 15 calendar days upon written justification by the LDSS, based on locally determined guidelines.

Child Advocacy Centers (CAC) are established to promote the safety and well-being of children when there is an allegation of sexual, severe physical, and/or mental abuse. The CAC is a comfortable, child friendly environment where children can feel safe to share information about their alleged abusive experience. Virginia has 18 CAC across the state. LDSS work closely with these centers.

### **Performance**

According to results from the monitoring completed by Virginia Tech after the first Child and Family Services Review (CFSR), Item 1 was rated a strength in 77 percent of the applicable cases reviewed in 2005 and a strength in 89 percent of the applicable cases reviewed in 2006. Until CPS policy established specific timeframes for responding to reports in January 2007, VDSS was unable to develop a reliable statistical report for measuring the timeliness of response to CPS reports utilizing the automated data system. To get some baseline information concerning response time, an exploratory study of timeliness of response was conducted as part of the annual evaluation of DRS in 2007. The purpose of the study was to gather basic data, identify questions for further study, and begin to identify any issues regarding response time that may need to be addressed by policy or training. Two sources of data were used, OASIS (on-line automated services information system) data on completed referrals from calendar year 2006 and a case review of 220 randomly selected statewide referrals in which the first meaningful contact was delayed.

VDSS defines the first meaningful contact as one that provides information pertinent and relevant to determining whether or not the abuse or neglect occurred. The first meaningful contact provides pertinent information relevant to the safety of the child. It is usually a face-to-face visit with the victim, but the first meaningful contact may occur by telephone. There are circumstances where the first meaningful contact is with the alleged abuser or a collateral.

Since there were no statewide guidelines for contact times in 2006, the standard used in the study was the response time adopted by individual LDSS for reports at each of the three priority levels. Response priorities were assigned by the LDSS and based primarily on safety. The person responsible for assigning the priority level varies by LDSS. In some LDSS the Hotline/Intake Worker is the one who assigns the priority level, while in others it may be the social worker assigned to intake that day, and in other LDSS it may be the supervisor or some combination of the individuals mentioned above. Complaints with the most serious safety issues were Priority 1 and those with no significant safety issues were Priority 3. The most common contact time guidelines used by the LDSS were 24 hours for Priority 1, three days for Priority 2, and five days for Priority 3 complaints. Data from the initial safety assessment performed at the time of the first meaningful contact showed that LDSS generally did a good job in assessing safety issues at intake and assigning an appropriate priority level.

In about two-thirds (64 percent) of all referrals, the first meaningful contact occurred on or before the day called for in the LDSS guidelines. Twelve percent of contacts were one to two days late; nine percent were three to five days late; six percent were six to 10 days late; and nine percent were more than 10 days late. When considering these data, it is important to remember that what is recorded in OASIS is the date the first meaningful contact was completed, *not* the date of the first *attempted* contact. An attempted contact is one where the LDSS worker went out to the home and no one was home or the family could not be located. A LDSS worker could make strenuous efforts to complete the first meaningful contact on time but be unable to do so for a variety of reasons. LDSS workers are required to document their efforts to respond in a timely manner. For example, if three phone messages were left or two home visits were made with no one answering the door, these attempts should be documented in the automated child welfare system. Supervisors are required to monitor the actions of their workers to ensure that the first meaning contact is made in a timely manner. The chart below provides information on the timeliness of the first meaningful contact by priority level for referrals accepted January through December 2006.

<b>First Meaningful Contact by Priority Level</b>				
<b>Contact Time in Relation to LDSS Guidelines</b>	<b>Priority 1</b>	<b>Priority 2</b>	<b>Priority 3</b>	<b>All Referrals</b>
On time	78%	61%	57%	64%
1 to 2 days late	9%	13%	13%	12%
3 to 5 days late	5%	11%	10%	9%
6 to 10 days late	3%	6%	8%	6%
More than 10 days late	5%	9%	12%	9%
Total	100%	100%	100%	100%
<b>Number of Complaints</b>	<b>6887</b>	<b>7822</b>	<b>9856</b>	<b>24565</b>
Source: OASIS: Referrals Accepted January through December 2006				

The timeliness of the first meaningful contact varied with the priority level. Contact was on time in 78 percent of Priority 1 referrals, 61 percent of Priority 2 referrals, and 57 percent of Priority 3 referrals. Timeliness of contact also varied with the track to which the complaint was assigned. Contact was more often on time in investigations (71 percent) than in family assessments (61 percent). These findings are what would be expected since referrals with serious safety issues are generally Priority 1 investigations and would be given high priority by the LDSS.

The exploratory report confirmed the need for technical assistance to LDSS to improve their timely response to CPS referrals. This technical assistance included revisions to CPS policy establishing uniform state-wide timeframes for response to CPS referrals based on the priority of the referral and specific assistance to LDSS by CPS Regional Specialists. A new statistical report was developed to measure timeliness of response to CPS reports based on input from the CPS Policy Advisory Committee. The report provides both summary and case detail of the timeliness of response to CPS reports in three areas:

- the response time occurred within the assigned response priority;
- the first victim contact occurred within the response priority; and

- the first meaningful contact to begin the CPS response occurred within the response priority.

The first report was published statewide in April 2009 using February 2009 data. The chart below presents statewide response data on referrals received in February 2009.

<b>Response Information for Referrals Received in February 2009</b>				
<b>Type of Contact</b>	<b>Contacts Within Response Time</b>	<b>Contacts Not Within Response Time</b>	<b>Contacts Not Made</b>	<b>Total Number of Referrals</b>
First Response Contact	2177 (71%)	367 (12%)	518 (17%)	3062
First Victim Contact	1653 (54%)	522 (17%)	887 (29%)	3062
First Meaningful Contact	1604 (52%)	420 (14%)	1038 (34%)	3062

The chart above indicates that the first meaningful contact was late in 14 percent of the referrals and was not made in 34 percent of the referrals. By looking at the information for the other two types of contacts (first response and first victim), it appears that the 34 percent is incorrect. In order for a contact to count as the first meaningful contact a box has to be checked in OASIS. It would appear that workers are not checking this box. Thus, contacts that should be counted as the first meaningful contact are not being counted. Since workers and management will now be able to see how a LDSS is doing in making the contacts within required timeframes, it is anticipated that compliance will improve. LDSS workers have also been reminded of the importance of entering information about the first meaningful contact in an accurate and timely manner.

### **Previous Rating**

Item 1 was rated an area needing improvement in the first CFSR with 74 percent of the applicable cases rated a strength. It was determined that in 26 percent of the applicable cases the LDSS did not initiate a response to a maltreatment report in accordance with required timeframes. To address this issue, in the Program Improvement Plan (PIP) the Commonwealth indicated that it would:

- Determine local departments of social services response time to CPS reports; and
- Implement in 30 pilot agencies policies and tools related to the acceptance, prioritization, and response time of reports of maltreatment through a contract with the Children's Research Center (CRC) for a Structured Decision Making (SDM) model.

Both of these action steps were completed.

Since 2003, VDSS has worked with the CRC to implement SDM. The primary goals of the SDM model are to:

- bring a greater degree of consistency, objectivity, and validity to child welfare decisions; and

- help CPS units focus their limited resources on cases at the highest level of risk and need.

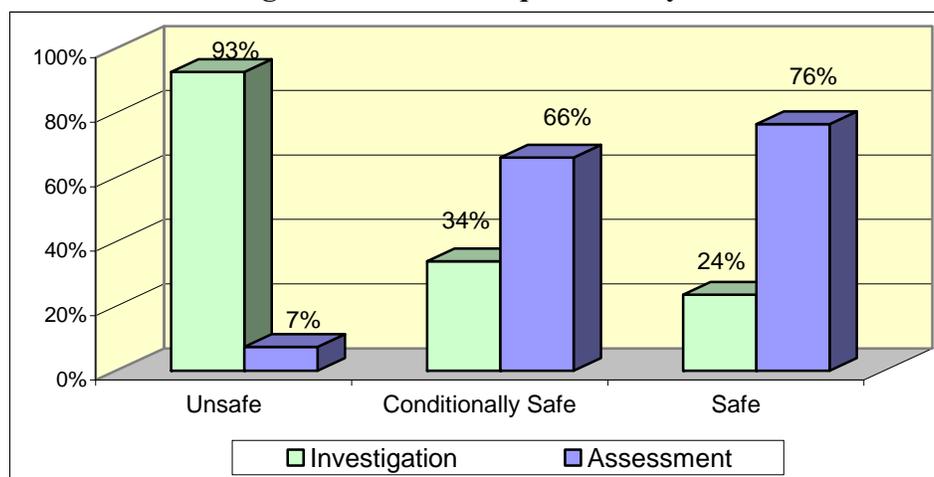
The purpose of SDM is to provide LDSS with tools and guidance for making consistent and effective decisions regarding the immediate safety of the child and future risk of child maltreatment and to provide a means of consistent documentation of these important decisions. At one time Virginia had 45 LDSS participating in the SDM program. Some LDSS have dropped out, although they report still using the SDM instruments. The explanation for the drop-off is generally that following the SDM process as trained by CRC is a drain on resources (an ongoing CPS case that is rated at high risk must be seen four times each month, which is more often than the number of times some LDSS visit their high risk cases) when combined with the recent requirement for monthly visits with foster care children. An early evaluation of the program by VDSS' research staff showed that LDSS staff members were generally positive about the tools, training, and process. The exception was that some supervisors felt the case review instrument took too much time to use. Risk assessment practices changed in LDSS that piloted SDM. The SDM agencies became more likely to evaluate families as high or moderate risk. In 2007, SDM agencies determined that 30 percent of families were high or moderate risk, compared with nine percent in non-SDM agencies. Forty-three percent of families in SDM agencies were moderate risk, compared to 23 percent in non-SDM agencies. Conversely, SDM agencies evaluated only 27 percent of families as low risk, compared to 68 percent in non-SDM agencies. The non-SDM agencies use a risk assessment format that address elements of risk such as incident, child, caretaker, and family related factors, but there is not tool.

SDM is a promising approach that can assist LDSS in focusing resources on families at the highest risk of abuse and neglect to prevent recurrence of maltreatment and to close or not open low and some moderate risk cases. VDSS is currently trying to determine if SDM can be implemented statewide without any additional resources at the local level. Because of the economic condition, VDSS is unable to obtain any additional funding from the General Assembly for new programs.

### **Strengths**

Despite response time delays, child safety does not seem to be adversely impacted as noted in the 2008 DRS evaluation. The data showed that the decision made at intake regarding the response priority, which influences track assignment, is generally borne out in the formal safety assessment conducted after contacting the family. Almost all (93 percent) referrals in which the child was found to be unsafe were investigated. A family assessment was completed in the other seven percent of referrals that were found to be unsafe. In contrast, 66 percent of referrals in which the child was conditionally safe and 76 percent of referrals in which the child was safe were placed in the family assessment track. The chart below presents the track assignment by safety assessment for referrals accepted January through December 2007.

### Track Assignment and Subsequent Safety Assessment



Source: OASIS, Referrals Accepted January through December 2007

As described above, VDSS has developed a report for local CPS staff to track timeliness of response and first victim contact. It is anticipated that this report will help LDSS improve response times and timeliness of documentation in the automated data system.

CPS policy has been revised to establish statewide time frames for each response level.

#### **Stakeholder Input**

Several stakeholder groups were interviewed to obtain input on child safety in CPS reports. One group of 10 LDSS staff from the Northern, Central and Eastern Regions was specifically asked to comment on how effective they were in keeping children safe when responding to a CPS report. The group thought the term “safe” was viewed differently by experienced and new workers. In their opinion, SDM has improved the understanding of safety as a concept and how it differs from risk. Most participants felt their LDSS were making the initial response to a valid report in a timely manner. While discussing documentation of contacts and safety or risk decisions, a consistently expressed theme was the lack of support OASIS offers for clear documentation. Other issues were lack of experienced staff performing intake functions, lack of supervisory oversight, and poor time management skills.

From their personal experiences, the State Child Fatality Review Team agreed that response times vary from LDSS to LDSS, and the effectiveness depends on the reporting body and the CPS personnel taking the report. Based on their personnel experience, The Governor’s Advisory Board on Child Abuse and Neglect thought response times had improved since the first CFSR review.

The Governor’s Advisory Board on Child Abuse and Neglect (GAB) and the Court Appointed Special Advocate/Children’s Justice Act Advisory Committee (CASA/CJA) believe LDSS are screening out valid CPS reports. Members of these panels are often mandated reporters and expressed frustration that LDSS will not accept reports that are consider to be “red flags” and high risk. In addition, there was an agreement among the members of these committees that staff are often under trained and/or inexperienced and therefore not able to adequately assess the

severity of the report. There is often a lack of community collaboration to establish protocols for CPS reporting. In several localities, however, there are effective protocols for responding to serious CPS reports, including partnering with one of the 18 Child Advocacy Centers located throughout Virginia.

CPS policy indicates that Founded Level 1 reports are “serious” reports. These include injuries or conditions that resulted in or were likely to have resulted in serious harm. Examples for physical abuse include:

- those situations that require medical attention in order to be remediated;
- the injury was to the head, face, genitals, or was internal and located near a vital organ; or
- the injuries were caused by the use of an instrument such as a weapon.

Examples of conditions that could result in serious physical neglect include:

- the condition would be one where the child’s minimal needs are rarely met for food, clothing, shelter, supervision, or medical care; or
- the child is left by the caretaker with no plan for the child’s care.

Examples of serious mental abuse or neglect include situations where the child has engaged in self-destructive behavior or requires psychiatric hospitalization. Serious sexual abuse includes situations where there was genital contact or force or threat was used. For medical neglect, serious reports include those where the caretaker failed to provide medical care in a life threatening situation.

Stakeholders recommended more oversight and monitoring by VDSS to ensure LDSS compliance with CPS policy, as well as additional training for CPS staff.

### **Barriers**

There are several systemic barriers to improving the timeliness of response to CPS reports. The automated data system does not meet the needs of LDSS staff for ease of data entry. It is difficult to make changes to the system to keep up with program data needs. VDSS’ decision to develop a new state approved child welfare information system (SACWIS) compliant system resulted in the loss of technical resources to maintain the existing system. In 2008 a decision was made to halt development of a new system and “revitalize” the existing system. The decision to not continue developing a SACWIS compliance system was made because one of the SACWIS requirements is that there be a single financial system from which all checks are cut. It was determined that Virginia would be unable to meet this requirement. In Virginia’s state supervised, locally administered system, payments are made at the local level with local governments having to put up a match for the federal/state funds. Since local governments cannot transfer money to the state, there is no way that checks can be cut at the state level. “Revitalizing” OASIS will include making enhancements that will make it easier for workers to use the system.

### **Promising Approaches**

The use of SDM in 40 LDSS in Virginia has provided excellent data regarding the establishment of the response priority for valid CPS reports. The report on SDM Case Reading Results for 2008 stated:

*“Once the agency has established that a report of child abuse/neglect is valid, workers complete a response priority tool. They consult one or more SDM response priority decision trees based on the type(s) of maltreatment alleged in the report. The decision trees help determine the timeframe within which a worker is required to make initial contact with the family. Correct use of the response priority has a direct impact on child safety by identifying appropriate and timely action to initiate the investigation or family assessment.*

*A limited case review of 309 cases in SDM LDSS revealed that in about nine in 10 cases, the SDM intake tool was done according to policy (89 percent) and the decision matched the SDM recommendation (89 percent). There was full supporting narrative in 85 percent of the intake cases.”*

**Item 2: Repeat maltreatment.** How effective is the agency in reducing the recurrence of maltreatment of children?

### **Policy and Practice**

The CPS Manual states: *“The broad goals of CPS services are:*

- *Prevention of further abuse or neglect to the child;*
- *Assurance of the child’s safety; and*
- *Maintenance of the child in his family.*

*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 the risk should be made available to the child and his family.*

*The local department is responsible for the CPS service planning process. This planning should be based on the assessed risk and family centered and strength based. The service plan should be jointly developed with the family, including both parents and caretakers whenever possible, and should be written in clear and understandable language.*

*The service plan must be based on the local department’s assessment of the following:*

- *Identification and evaluation of significant and interaction of key risk elements;*
- *Family’s view of the situation and individual strengths; and*
- *Collaboration with other community resources as needed to reduce risk of further abuse or neglect.*

*The appropriate services for a particular family must be tailored to the family’s unique strengths; the type of abuse or neglect that has been identified; and the local department’s*

*assessment of the child's safety and risk of future maltreatment. The local departments should provide CPS on-going services to the family based on these principles:*

- *Social services should be delivered to the family as part of a total system, with cooperation and coordination occurring among administration, temporary assistance and family services programs.*
- *Every effort should be made to maintain the family as a functioning unit and prevent its breakup, while keeping children safe.*
- *The worker/family relationship is a primary vehicle for change.*
- *Positive change is possible.*
- *The most effective way to address a family's needs is to recognize and support its strengths.*
- *CPS services are successful by virtue of how they are presented, understood, and used by the family to keep all children free from maltreatment.*

*CPS services should empower families to function independent of the social services system while all members remain safe."*

*According to 22VAC40-705: "Service Plan' means a plan of action to address the service needs of a child and/or his family in order to protect child and his siblings, to prevent future abuse and neglect, and to preserve the family life of the parents and children whenever possible."*

*The CPS Manual states: "The elements of a CPS service plan include:*

- *The local department shall work, in partnership, with the family and other community resources to identify specific behaviors and environmental conditions that need to change in order to prevent abuse or neglect and to provide a safe environment for the child;*
- *When the service plan is completed, the local department must offer or arrange for services and resource appropriate to meet those needs identified in the service plan...; and*
- *The service plan must be reviewed with the family at least once every three months. Changes to the service plan must be based on the family progress toward attaining specific objectives and reduction of risk of future maltreatment...*

*The frequency of contacts with the child and family should be determined from the needs identified in the service plan, but the following are minimum requirements:*

- *Face-to-face contact between the CPS worker and the child and family at least one time per month;*
- *The CPS worker must visit in the family home at least one time every other month..."*

*When child abuse or neglect allegations are made on an open on-going CPS or prevention case, the report must be treated as a new CPS report, evaluated for validity and responded to accordingly. The local department may decide whether to have the on-going worker respond to a valid report if that worker has received the mandated training for CPS. The referral and*

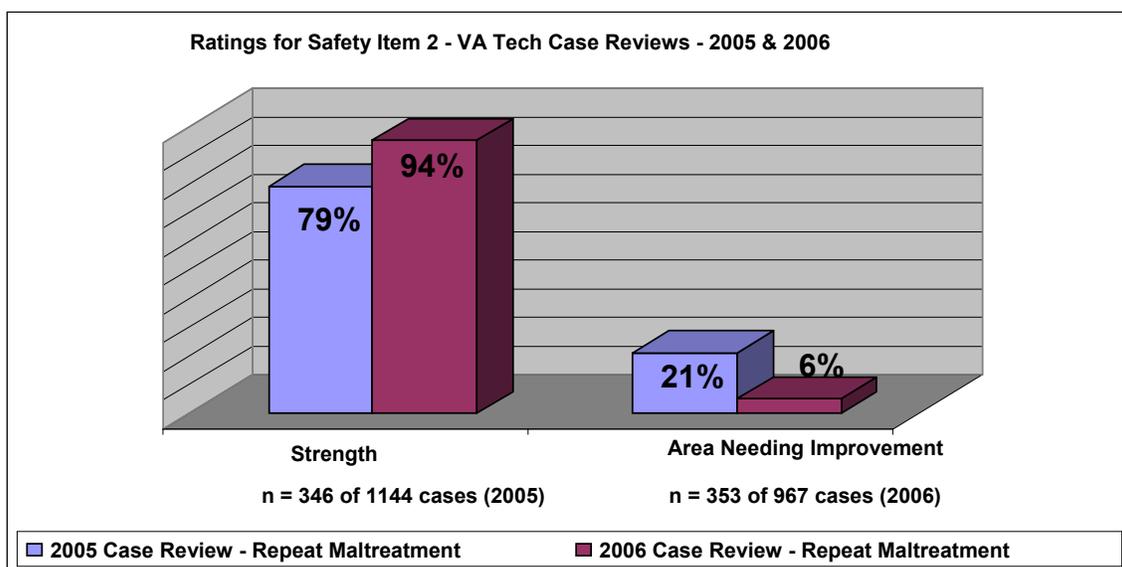
results of a valid report must be documented in the automated information system as a family assessment or an investigation.”

**Performance**

In federal fiscal year (FFY) 2007, Virginia exceeded the federal standard (94.6 percent) with a 98.0 percent rating for the absence of maltreatment recurrence in founded investigations. For the 12-month period ending March 31, 2008, Virginia has a absence of maltreatment recurrence rating of 97.9 percent. However, since nearly 70 per cent of all reports are responded to as a family assessment and there is currently no way to track the absence of maltreatment recurrence in these reports in the automated data system, Virginia is unable to statistically determine the absence of maltreatment in both founded investigations and family assessments.

In 2006 CPS Regional Specialists reviewed 301 on-going CPS cases to determine compliance with CPS policy that new allegations of abuse or neglect must be responded to as a new complaint in on-going CPS cases. There were only 3 cases (.01 percent) out of 301 cases that were identified as being out of compliance with this policy. Regional staff provided technical assistance and support to the LDSS out of compliance.

According to the Virginia Tech monitoring reports, in 2005 Safety Item 2 was rated as a strength in 79 percent of the applicable cases. In 2006 Safety Item 2 was rated as a strength in 94 percent of the applicable cases. It should be noted that Virginia Tech measured the recurrence of child maltreatment in both investigations and family assessments that led to opening a case for services due to risk of harm to the children. The chart below presents the findings from the Virginia Tech review.



**Previous Rating**

Item 2 was rated a strength in 95 percent of the applicable cases in the first CFSR, thus it was not addressed in the PIP. In 37 of the 39 applicable cases there was no evidence of repeat maltreatment within a six-month period of the prior report.

**Strengths**

The outcome of the 2006 case review completed by the CPS Regional Specialists demonstrated that LDSS are complying with CPS policy as it relates to responding to new allegations of abuse or neglect as a new complaint in on-going CPS cases.

**Stakeholder Input:**

The Governor's Advisory Board on Child Abuse and Neglect (GAB) and a focus group of LDSS staff expressed concern about repeat maltreatment in chronic neglect cases. They indicated that the new allegations may not always be treated as a new complaint. Physical and sexual abuse reports are more clearly identified as a new report. The State Child Fatality Review Team indicated that prior maltreatment is not always evident in their review of child deaths. However, in several child death reviews the team thought that foster care may have prevented the caretaker homicides and that consistent monthly visits by LDSS workers could help prevent maltreatment. Recurrence is directly related to lack of staff, funding, and service resources for families.

**Barriers**

There are several issues with OASIS that need to be modified to ensure that the most accurate count of repeat maltreatment is being captured. Although OASIS has a function to ensure a client is only in the system once, it is not efficient or user friendly for social workers. Further, CPS does not require the child or abuser to be identified by a unique identifier such as a social security number. Also, OASIS does not provide a mechanism to include family assessments with services needed in determining recurrence of maltreatment.

**Promising Approaches**

SDM is a promising approach that can assist LDSS in focusing resources on families at the highest risk of abuse and neglect to prevent recurrence of maltreatment and to close or not open low and some moderate risk cases. VDSS is currently trying to determine if SDM can be implemented statewide without any additional resources at the local level. Because of the economic condition, VDSS is unable to obtain any additional funding from the General Assembly for new programs.

This year Virginia expects to begin statewide implementation of a family engagement model based on Team Decision Making. Successful implementation will involve extended family more fully in high risk cases to not only prevent foster care but to ensure family support to address risk factors in on-going CPS cases.

## **Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.**

**Item 3: Services to family to protect child (ren) in the home and prevent removal or re-entry into foster care.** How effective is the agency in providing services, when appropriate, to prevent removal of children from their homes?

### **Policy and Practice**

According to the CPS policy that was outlined in Item 2 above, services can be offered to families during a family assessment or investigation and must be offered to any family whose case is opened for on-going CPS. An on-going CPS case can result from either the family assessment or investigation track.

CPS policy requires that when moderate or high risk is assessed in a completed family assessment or investigation, the LDSS shall consult with the family to provide or arrange for necessary protective or rehabilitative services. The LDSS has no authority to enforce the provision of services when a family refuses to accept these services. When services are refused, the LDSS must consider whether an alternative action is necessary. The decision to seek an alternative action to compel the acceptance of services should be based on the risk of harm to the child or immediate safety factors. If a parent refuses to accept services, the worker should consult with the county/city attorney to determine if court action is needed. The LDSS may petition the court to order the necessary services. Service needs are determined by working with the family to identify their strengths and needs. Services are either provided directly by the LDSS worker or arranged for through another provider. SDM agencies use the Family Strengths and Needs tool to determine service needs.

In smaller LDSS the family assessment or investigation worker and the on-going worker are the same. In larger LDSS, there is a worker who completes the family assessment or investigation, and then the CPS case is transferred to an on-going worker. The on-going worker should receive the entire record on the family. However, the need for the entire record should not delay the transfer of enough information to begin essential services.

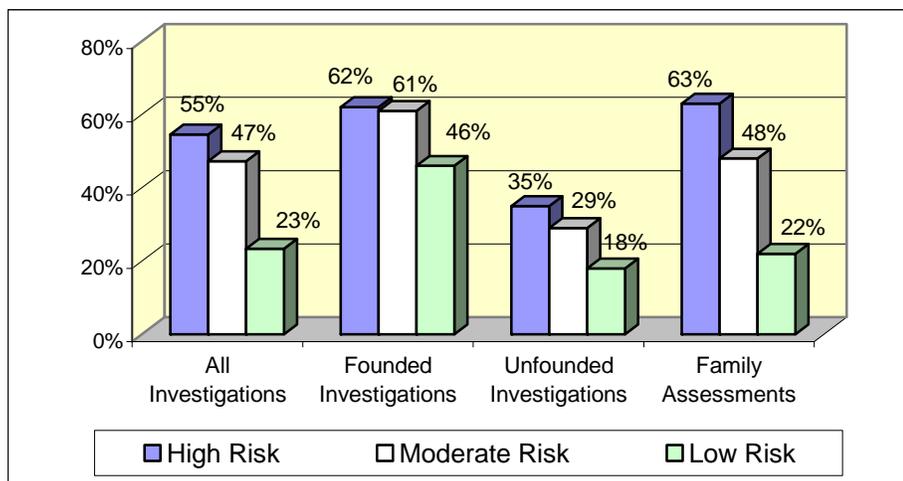
### **Performance**

According to results from the monitoring completed by Virginia Tech after the first CFSR, Item 3 was rated a strength in 93 percent of the applicable cases reviewed in 2005 and a strength in 98 percent of the applicable cases reviewed in 2006.

The 2007 DRS evaluation showed that regardless of disposition, families at high or moderate risk are the ones who most often have service needs. In 2007 families had identified service needs in 62 percent of high risk founded investigations and 63 percent of high risk family assessments. Among those at moderate risk, 61 percent of families in founded investigations and 48 percent in family assessments needed services. Service needs were found less often in unfounded investigations, but even in those referrals about a third of high or moderate risk families had service needs. In families at low risk, service needs were more often identified in founded investigations (46 percent) than in unfounded investigations (18 percent) or family

assessments (22 percent). The chart below shows the percentage of families with identified services needs by track, disposition and risk.

**Percent of Referrals with Service Needs by Track, Disposition and Risk**



Source: OASIS, Referrals Accepted January through December 2007

### **Previous Rating**

Item 3 was rated a strength in 88 percent of the applicable cases in the first CFSR, thus it was not addressed in the PIP. In 28 of the applicable 32 cases it was determined that:

- appropriate services were provided to the parents and child to prevent removal (23 cases);
- the children were appropriately removed from the home to ensure their safety (4 cases); and
- the family received appropriate post-reunification services (one case).

### **Strengths**

CPS policy is based on broad goals to prevent further abuse or neglect to the child, to assure the child's safety, and to maintain the child in his family. Policy further requires the active participation of the family and social worker to develop and implement a plan to achieve these goals that includes monthly contact. A service plan must be completed within 30 days of opening the case to on-going CPS services. Finally, CPS policy emphasizes the need to provide services to families with high or moderate risk for repeat maltreatment.

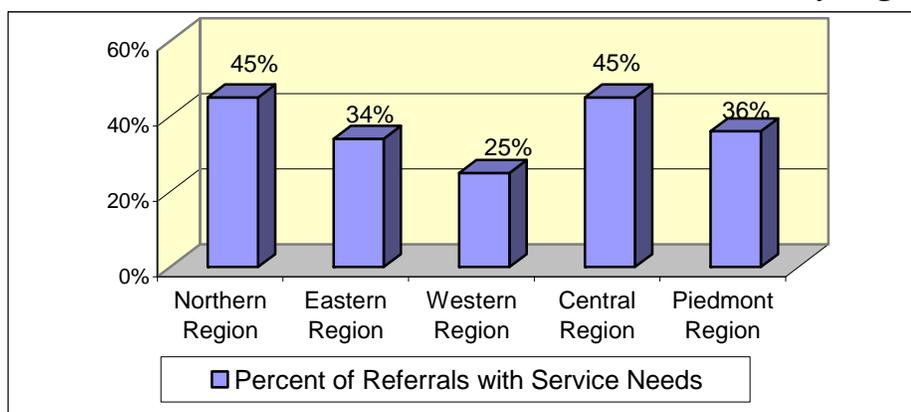
### **Regional Issues**

There are significant regional differences in identification of service needs and even greater differences among LDSS. A number of factors could account for these differences, including both community characteristics and LDSS characteristics. At the community level, some areas of Virginia may have more families with service needs than other areas. Services also may be less available in some areas, leading workers not to record needs for which they know no

services are available.<sup>11</sup> Or even if the services are available, local resources may not be sufficient to ensure that families actually have access to the needed services. Within LDSS there may be differences in workers' abilities to assess family needs, in the priority given to addressing service needs, or in supervisory oversight of service related issues. Case reviews have shown that workers sometimes skip the OASIS service screens in investigations since there is not a requirement that they must enter information about service needs. VDSS is looking into the feasibility of mandating service screens be completed. Heavy caseloads could lead workers in some LDSS to be less thorough about data entry. Differences in supervisory monitoring of data entry could also contribute to these differences.

LDSS in the five regions differ greatly in the percentage of families with identified service needs. LDSS in the Northern and Central Regions reported the highest level of service needs, 45 percent in both regions. The Eastern and Piedmont Regions each reported services needs in a little over a third of their referrals, 34 and 36 percent respectively. The Western Region had the lowest level of identified service needs, 25 percent. The chart below shows the percentage of cases with service needs by region.

**Percent of Referrals with Identified Service Needs by Region**



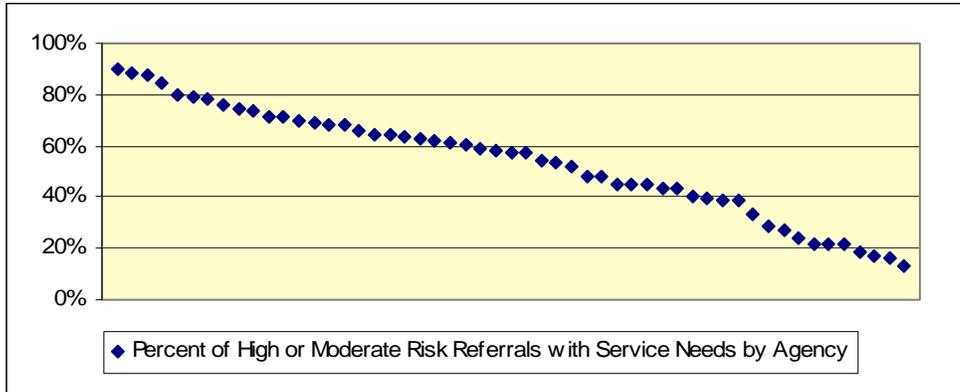
Source: OASIS, Referrals Accepted January through December 2007

While there are substantial regional differences in service needs identification, there are far greater differences among individual LDSS. To explore LDSS variation, data were analyzed for referrals accepted from January 1, 2007 through December 31, 2007. First, LDSS with at least 50 high or moderate risk referrals were identified. That criterion was used to ensure that the LDSS had substantial experience with high or moderate risk referrals and that the findings were not skewed by LDSS with only a small number of such referrals. Fifty-three LDSS met this criterion. Each dot on the scatter gram below represents one LDSS. As the chart shows, among the 53 LDSS the percentage of referrals with identified service needs varies from 13 to 90 percent. Even if the LDSS with the five highest and five lowest percentages are excluded, the differences remain great -- from 22 to 79 percent. Analysis of the 39 LDSS that had at least 100 high or moderate risk referrals showed similar variation, with the LDSS identifying from 13 to 88 percent of families as having service needs. These results are very similar to those found in

<sup>11</sup> A study of the Multiple Response System, which piloted the key features of DRS, showed that workers sometimes did not record service needs if relevant services were not available.

2004 to 2006. There is no evidence of a trend toward greater consistency among LDSS in identifying service needs in high or moderate risk families.

**Identified Service Needs, Agencies with 50 or more High or Moderate Risk Referrals**



Source: OASIS, Referrals Accepted January through December 2007

**Stakeholder Input:**

The Citizen Review Panels were asked to comment on the services provided to families and children. All responses reflected the perceived gap in resources for at risk families and the challenges LDSS face in preventing removal. However, these panels did view LDSS as partnering with the local community to find ways to fill these needs. LDSS often partner with local school districts, Community Service Boards and local health departments to provide needed services.

In a survey of LDSS, the agency was asked which of the CPS in-home services were available in their community for the children and families they served. The following graph shows the response of the 98 LDSS responding to this question.

Service	Number of Communities with the Service
Counseling	89
Group Home Care	32
Substance Abuse Evaluation	72
Substance Abuse Treatment	57
Psychological Evaluation	60
Medical Evaluation	80
Medical Treatment	75
Respite Care	45
Child Care	83
Financial Assistance/Budgeting	66
Anger Management	67
Domestic Violence	69
Forensic Interviewing	39
Homemaker Services	23
Home Visitation	49
Other, please specify	10

This same survey of LDSS also asked what services were not available to meet the needs of children and families. Many of the services listed above were identified.

### **Barriers**

The lack of consistent assessment strategies and services creates barriers to the development and provision of services to families. The lack of services for non-English speaking families is evident throughout the state. While VDSS has a contract with a provider for a Language Line, this service is only available to the CPS Hotline and LDSS during the investigation of a report of suspected abuse or neglect. The lack of a kinship care program or support services for relatives of children at serious risk of removal or placement creates a barrier for children to remain in their local communities with family members.

In 2006 the Virginia Part C Office in the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) and VDSS recognized the need to examine current practices for referral of children under the age of three who were victims of abuse and neglect to the Part C early intervention program. A study was conducted that provided important baseline information on regional compliance with Virginia's law requiring that children under the age of three who are the victims of founded child abuse or neglect be referred to the Part C Early Intervention Program. The data suggested there may be a need for strengthening awareness, procedures, and practices at the regional and local level. In 2007 and 2008 the findings from the study were shared with LDSS. Staff from DMHMRSAS met with LDSS in all regions to provide information about the Part C Early Intervention Program. As a result of this effort, an increase in LDSS referrals to early intervention services is expected.

### **Promising Approaches**

The most recent case review of SDM agencies seems to indicate that services do reduce risk of further abuse or neglect and support reunification of children in foster care. These data are based on the use of the SDM model in over 40 LDSS and covers the period between July 1, 2007 and February 29, 2008.

The data showed that workers completed in-home risk reassessments for 1,261 families. The results suggest that reassessment risk levels dropped fairly substantially from the initial risk level when services were provided. Using the most recent risk reassessment (there may have been multiple reassessments during the period for any given family), the risk distribution showed that most on-going CPS cases were either moderate (36.4 percent) or low (48.9 percent) risk at the time of reassessment. Just 14.8 percent of the cases were high or very high risk.

SDM reunification assessment results (using the most recently completed review) were reported for 550 children. The risk reassessment portion of the reunification review showed the following risk distribution:

- very high - 34 percent;
- high - 34.5 percent;
- moderate - 24.5 percent; and
- low - 6.9 percent.

The visitation portion of the assessment showed that in 46.5 percent of the foster care cases where the goal was reunification, the visitation between the parents and the children had either an excellent or good rating. Families with excellent or good visitation also tended to be low or moderate risk. For example, 94.7 percent of the low risk families had excellent or good visitation, compared to just 18.7 percent of the very high risk families. If a family is low or moderate risk and has excellent or good visitation, a reunification safety review should be conducted to determine whether the child should be recommended for return home (152 of the 550 children, or 27.6 percent, came from families who reached these thresholds). The safety assessment results for these families showed that they all were either safe (65.1 percent) or conditionally safe (34.9 percent).

The permanency plan recommendations resulting from the SDM reunification reviews (using the SDM tool) indicated that approximately one fifth (22.4 percent) of the children should be returned home. The recommendation for about half (48.2 percent) the children was to continue in foster care, while for the remaining children (29.5 percent) the recommendation was to change the permanency plan goal. The recommendations associated with the SDM reunification review show a somewhat different pattern this year compared to last year. The percentage of cases with a return home recommendation was very similar (22.4 percent this year vs. 21.1 percent last year). However, this year there was a higher percentage of cases in which the recommendation was to change the goal (29.5 percent vs. 25.2 percent) and a lower percentage of cases in which the recommendation was to continue in foster care (48.2 percent vs. 53.7 percent).

Healthy Families Virginia (HFV) helps parents provide a safe and supportive home environment, gain a better understanding of their child's development, obtain access to health care and other supportive services, use positive forms of discipline, and nurture the bond with their child, thus

reducing the risk factors linked to child maltreatment. Currently there are 38 local Healthy Families Programs involving 89 counties/cities in Virginia. The Healthy Families Programs are operated by both public and private, non-profit agencies. Referrals for the services for Healthy Families Programs come primarily from local health departments, hospitals, and LDSS. The Healthy Families Programs offer voluntary, frequent home visiting services for up to five years for the high risk families who agree to participate. The services include in-home parenting education, child development, preventive health care, and support services for parents who need and want individualized and comprehensive support. Data from the FY 2003 – 2007 Statewide Evaluation Report indicates that from 2,351 participating families the rate of founded cases of abuse and neglect was only 1.4 percent.

**Item 4: Risk assessment and safety management.** How effective is the agency in reducing the risk of harm to children, including those in foster care and those who receive services in their own homes?

### **Policy and Practice**

The CPS Manual states: *“The elements of a CPS service plan include:*

- *The local department shall work, in partnership, with the family and other community resources to identify specific behaviors and environmental conditions that need to change in order to prevent abuse or neglect and to provide a safe environment for the child.*
- *When the service plan is completed, the local department must offer or arrange for services and resources appropriate to meet those needs identified in the service plan.*
- *The identified service needs shall be documented in the automated data system.*
- *The service plan must be developed within 30 days of opening the case and include:*
  - *The specific needs identified with the family and the services to be provided to the family to address those specific needs, including the family’s perception of those needs;*
  - *Who will provide the services;*
  - *The frequency of these services;*
  - *A specific time to review the service plan; and*
  - *The goal or expected outcome of the service.*
- *The service plan must be reviewed with the family at least once every three months. Changes to the service plan must be based on the family progress toward attaining specific objectives and reduction of risk of future maltreatment.*

*The frequency of contacts with the child and family should be determined from the needs identified in the service plan, but the following are minimum requirements:*

- *Face-to-face contact between the CPS worker and the child and family at least one time per month;*
- *The CPS worker must visit in the family home at least one time every other month; and*
- *All contacts must be documented in the automated data system.*

*If the LDSS provides purchased services to the child or family, the CPS worker must document in the automated data system the need for those services as well as the fact that the purchased services were provided. All services should be related to reducing the risk of abuse or neglect.*

*The LDSS shall review each CPS service plan every three months or more often if the risk to the child changes. Every service plan review shall include a risk reassessment with the family and a determination of current level of risk to the child that is reviewed with the supervisor and documented in the automated data system.*

*Based on the risk reassessment, a new service plan shall be developed with the family if the risk level is high or moderate. If risk is low and services are no longer needed, the case may be closed.”*

CPS policy states that “every service plan review shall include a risk reassessment with the family and a determination of current level of risk to the child that is reviewed with the supervisor and documented in the automated data system.” There is no requirement for a risk assessment to be completed at the time of case closure.

The Code of Virginia, § 16.1-281 states: “*If consistent with the child’s health and safety, the plan shall be designed to support reasonable efforts which lead to the return of the child to his parents or other prior custodians within the shortest practicable time which shall be specified in the plan. The child’s health and safety shall be the paramount concern of the court and the agency throughout the placement, case planning, service provision and review process.*”

According to 22VAC40-201, the Permanency Services (Prevention, Foster Care, Adoption, and Independent Living) regulation that is currently being promulgated by VDSS: “*All children in foster care shall have a face-to-face contact with an approved case worker at least once per calendar month, regardless of the child’s permanency goal or placement and in accordance with guidance developed by the Department. The majority of each child’s visits shall be in his place of residency. The purpose of the visits shall be to assess the child’s progress, needs, adjustment to placement, and other significant information related to the health, safety, and well-being of the child.*”

Foster care policy states: “*Permanency planning is an on-going process that first and foremost must consider the best interests of the child. The permanency planning process begins when the first contact is made with the child and family. The planning process continues until the health and safety of the child is assured and services are terminated. Core concepts and principles upon which permanency planning depends include:*

- *Health and safety are paramount;*
- *Best interest of the child controls case decision;*
- *Reasonable efforts by the local department of social services; reasonable progress by the parents; the child’s sense of time; and*
- *Concurrent planning.*

*Health and safety are the paramount factors that must be considered when determining the best interests of the child. In exploring permanent options for children, consideration must be given to the physical safety and emotional security of the environment. Safety relates to the conditions of the home environment, or the behavior or physical/mental condition of a family member. Health relates to the family's capacity to meet both the physical and mental health needs of their child."*

Although there is no standardized process or tool for assessing on-going safety and risk of a child while in foster care, LDSS are required to assess the parent's and child's service needs, progress in eliminating the service needs, and attend to factors that led to foster care placement as long as the child is in care. The Foster Care Manual emphasizes that assessment is an on-going process and builds on the assessment completed by the CPS worker. Assessments may be formal or informal, depending on the discretion of the LDSS. Child safety is a priority which should be addressed in each worker visit with a child in foster care. The Foster Care Manual provides a tool for workers to use in guiding the content of their contacts with children in care and includes an emphasis on the child's feelings of safety both in the child's current place of residency and when visiting with family members. Most LDSS use case staffing processes to review all cases when they are assigned. Supervisors and other social workers discuss cases and assess (either formally or informally or both) case progress, needs, and safety prior to reunification occurring. For those LDSS involved in SDM, a formal assessment of the family's ability to care for the child safely upon his return home is completed.

According to the Foster Care Manual: *"Prior to allowing overnight visitation to occur with parents, previous custodians or individuals with whom the child is to be placed; or prior to the return of the child home, the agency must conduct a criminal background search and a child abuse and central registry check on all adults residing in the home in which the child is to visit or be placed (§63.2-901.1)." While the existence of a criminal history may not prevent the child from returning home, it is used as verification of the parent's and other adult's current criminal activity. Department of Motor Vehicle checks and local sheriff's department checks are conducted by many LDSS to check for issues of risk such as DUI, reckless driving, etc.*

Foster care policy states: *"'Best interest of the child' is defined as the physical safety, including food, shelter, health and clothing, and emotional well-being of the child...Reunification services must be provided to the child and parents early in the placement process to ensure that they have adequate time to remedy the conditions that brought the child into care. Social workers will document that reasonable efforts are made to prevent or eliminate the need to remove a child from the child's home and to reunify the family when temporary placement of the child occurs. The intent of providing services to children in foster care and their families is to achieve the permanency goal established for the child by implementing the child's service plan.*

*The parent(s) will be engaged in planning for themselves and for their child. An outcome based service plan that addresses the health, safety, and well being of the child is developed in writing, and all parties to the planned return are provided with a copy...The parent(s) will follow the service plan and demonstrate an increase capacity to parent. The parent(s) will assure the child's health and safety are protected as evidenced by successful parent-child visits and appropriate involvement in parental responsibilities. The parent(s) will demonstrate an ability*

*to care for himself or herself and a child financially. The parent (s) will accept responsibility for preventing maltreatment of the child and develop an on-going support network to ensure continued safety of the child at home.”*

Services to address the family’s financial needs as they relate to their ability to care for the child can be offered. These services may involve referral to community –based agencies for on-going assistance (e.g., food bank, energy assistance, etc.) or the LDSS may provide material assistance such as a bed for the returning child. All LDSS and other service providers working with the case share responsibility for assisting the family in meeting the goals of the service plan. The Foster Care Manual specifically refers to “the Team” of individuals responsible for case planning, service provision, monitoring, and assistance. Through practices such as Family Group Decision Making, Family Group Conferencing, and similar best practice models, the LDSS is the coordinator in helping the family identify and establish relative and community support systems to facilitate the safe return home of the child. An implementation plan for a modified statewide Team Decision Making model is being developed.

The Foster Care Manual states: *“The social worker has a corresponding responsibility to make reasonable efforts to reunify the family. This means the social worker must ensure the family is provided appropriate and timely services to facilitate changes necessary for reunification...Activities that support this role include:*

- *Assessing whether the parent is making the necessary behavioral changes in the conditions which led to the removal of the child;*
- *Assessing whether placement is the only safe intervention at this time or whether, with assistance, the child can be safe and healthy while in the care of the family...*

*When deciding whether to recommend to a court that children in placement should be returned home to their parents’ care, the local department of social services will consider whether the parents have made reasonable progress in correcting the conditions that led to the removal of their children from the home. The parents have achieved the outcomes of the foster care service plan in such a manner that the conditions determined essential to the child’s safety and well-being have been met.”*

According to 22VAC40-201: *“A service worker shall make a pre-placement visit to any out-of-home placement to observe the environment where the child will be living and ensure that the placement is safe and capable of meeting the needs of the child.”*

VDSS is in the process of promulgating 22VAC40-211, Establish Resource, Foster, and Adoptive Family Home Standards for Local Departments of Social Services. The final regulation was presented to the State Board of Social Services in April 2009 for final approval. 22VAC40-211 states: *“All background checks must be in accordance with applicable federal and state laws and regulations. Convictions of offenses as set out in §63.2-1719 of the Code of Virginia shall preclude approval of an application to become resource, foster, and/or adoptive provider...The approval period for a provider is 36 months. Prior to the end of each 36 month approval period, the local department shall re-evaluate the provider using all documentation*

*required for the initial approval. The local department's determination that the provider remains suitable to provide care for children will result in the provider's reapproval."*

### **Performance**

According to results from the monitoring completed by Virginia Tech after the first CFSR, Item 4 was rated a strength in 89 percent of the applicable cases reviewed in 2005 and a strength in 97 percent of the applicable cases reviewed in 2006.

In 2006, CPS Regional Specialists reviewed 301 on-going service cases to determine if LDSS were complying with CPS policy that services be based on level of risk. Of these cases, 243 (81 percent) had either high or moderate risk thus complying with policy to open CPS cases based on risk. The remaining 58 (19 percent) cases were either low risk or had no risk level assigned in OASIS.

The CPS Regional Specialists contacted 22 LDSS that were out of compliance with CPS policy in 30 on-going cases to offer technical assistance in understanding the concept of risk and service planning/delivery as well as to correct, update, or amend the on-going case documentation. In most cases the LDSS needed to update the OASIS record to document compliance with CPS policy. VDSS staff members are offering technical assistance to all LDSS workers on the importance of timely and accurate documentation.

The 2008 DRS evaluation included a limited review of on-going CPS cases. One analysis included whether on-going services may have prevented a need for foster care in some families. The case reviewer examined 89 cases in which it was clear that the child had not been removed from his home. The reviewer found clear evidence that services helped to prevent foster care in 10 percent of the 89 cases and some evidence that services may have prevented foster care in 30 percent. In 29 percent the reviewer determined that foster care was not really at issue, and in 30 percent the reviewer could not make a judgment.

The Foster Care and Adoption Regional Specialists conducted training sessions with the foster care supervisors in their regions on using the worker contact tool guide. This tool was developed and disseminated during the PIP to assist local workers in understanding the types of questions and issues they should be discussing with youth during a face-to-face contact. The tool is consistent with foster care policy related to safety and health of the child, engaging with the youth, and determining what is in the best interest of the child or youth. The tool is now a component of the "best practice guidance" in the Foster Care Manual.

### **Previous Rating**

Item 4 was rated an area needing improvement in the first CFSR with 81 percent of the applicable cases rated a strength. In 19 percent of the applicable cases it was determined that the LDSS was not effective in addressing the risk of harm to the children. To address this issue, in the PIP the Commonwealth indicated that it would:

- Develop and implement training for local CPS and foster care workers and supervisors on the knowledge and skills needed to effectively engage families in safety and risk

assessment and reassessment to ensure that child welfare workers and supervisors look beyond immediate, identified problems;

- Improve the assessment of risk of harm to children living in their own homes in SDM pilot agencies; and
- Clarify policy related to the management of CPS in-home (on-going) cases, including intensity of service provision and worker contacts based on risk.

These three action steps were completed.

In 2005 VDSS made the “Engaging Families” course available statewide. This course must be completed within two years of employment as a CPS worker and within 12 months of being employed as a foster care or adoption worker. This course introduces child welfare workers and supervisors to strength-based and motivational interviewing techniques that engage families to assess their service needs and determine safety. Techniques that are appropriate at the different stages of change and solution focused methods are introduced. As of January 2007 more than 300 LDSS staff statewide had received this skills training. This course continues to be offered statewide on a regular basis.

In 2007 VDSS sponsored a statewide conference for supervisors in SDM pilot LDSS. The conference was planned to address the need expressed by many supervisors in the SDM pilot LDSS to come together and share information and ideas for more effective and successful implementation of SDM. The 90 conference participants were successful in their mission as many innovative and creative ideas and suggestions were shared.

In 2009 CPS regulations were revised to require supervisors to receive CPS policy and skills training along with supervisory skills training. The regulation became effective in March 2009 and the CPS Unit is now working on identifying the minimum standards that will be required.

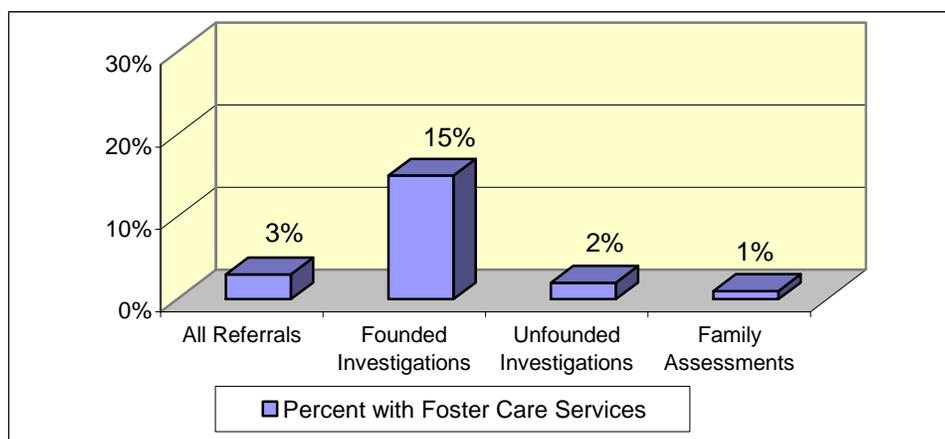
### **Strengths**

The 2008 DRS evaluation confirmed a low percentage of children entering foster care within 90 days of the disposition of a CPS referral. Three percent of all 2007 referrals involved foster care placement. As would be expected, founded investigations had the highest rate of entry into foster care at 15 percent. Children in two percent of unfounded investigations and one percent of family assessments also entered foster care. It should be noted that there are a number of reasons why referrals other than founded investigations may involve foster care. For instance, a child could be determined to be in need of foster care for a reason not related to an issue of abuse or neglect. One example was a family in which there was no abuse or neglect, but the mother required hospitalization and foster care services were provided until the mother could resume care for the child.

In family assessments, the LDSS is supposed to change the referral to an investigation if the LDSS takes custody of the child. However, since the data include any foster care placement occurring within 90 days after the disposition, data for these referrals can show a placement that occurred after the family assessment was completed. Placements may occur due to a new referral or as part of the follow-up process in which the LDSS and the court monitor parental compliance with protective orders entered during the investigation or family assessment. In these instances, judges ordered removals at hearings in which they determined that the requirements of the

protective orders were not being met. Sometimes children are removed from the home as the result of a CHINS (Child in Need of Services) petition such as a runaway teenager with serious mental health needs who, the judge determines, would be better off in foster care. There are also instances in which parents ask to be relieved of custody or the family comes to the attention of the court for reasons other than a CPS complaint. The overall percentage and breakdown by disposition are consistent with data from previous years. The chart below shows the percentage of children entering foster care by track and disposition.

**Foster Care by Track and Disposition**



Source: OASIS, Referrals Accepted January through December 2007

### **Regional Issues**

LDSS in the five regions differ greatly in the percentage of families with identified service needs. LDSS in the Northern and Central Regions reported the highest level of service needs, 45 percent in both regions. The Eastern and Piedmont Regions each reported services needs in a little over a third of their referrals, 34 and 36 percent respectively. The Western Region had the lowest level of identified service needs, 25 percent.

### **Stakeholder Input:**

The CASA/CJA Advisory Committee was asked to comment on the level of services to reduce risk to children. In general the group responded that from their experience they saw services being offered. But even though services were offered, even to the point of exhausting services, the services did not always work. There is a concern when all services are offered and the situation remains unsafe/unstable, but the LDSS will not bring that child into care. Another concern is sometimes when services are in place and being provided by another entity, the LDSS tends to back away.

This group agreed that from their experience they do not see many services in place when a child returns home. In general, once the child is at home the case is closed. Services that are offered are very focused and limited. This is not consistent with foster care policy which states that services should be provided to the child and his family to prevent the need for the child to reenter foster care.

Several systemic issues were noted by this group as challenging a LDSS' efforts to provide services based on risk. This included lack of funding, lack of experienced and trained workers in all community agency settings, and staff turnover.

The GAB noted lack of prevention services, including home based services, for Latinos. This stakeholder group recognized some local community success with agency collaboration to reduce risk to children by provision of services. The group believes kinship care needs to be supported and that communities need to increase attention to children at serious risk of removal due to abuse or neglect. The issues of kinship care and prevention are currently being considered as part of the Transformation. With changes in federal law regarding the usage of Title IV-E for subsidized guardianship, a workgroup is being formed to look at how this might be implemented in Virginia. In addition, a VDSS staff member is beginning a comprehensive review of prevention practices and policy throughout VDSS as well as other child-serving agencies in order to recommend a cohesive strategy for approaching prevention statewide. Finally, Virginia is supporting kinship care through less formal measures such as the Department of Aging's Kinship Care Task Force and FACES (Family Advocacy, Collaboration, Empowerment and Support) of Virginia Families: Foster, Adoption and Kinship Association which is a support and advocacy group for foster, adoptive, and kinship care families. Lack of funding for kinship care remains a barrier to establishing a broader based support system for kin caring for child relatives.

Focus groups of LDSS staff noted that substance and/or drug abuse is a key factor in risk of abuse or neglect. There are few services available to assess substance abuse and fewer community supports for families that can reduce risk to children while maintaining children in their homes. Families who lack adequate parenting skills are challenging and there seem to be few consistently effective or available programs. Chronic mental illness in parents or children adds to the challenge of reducing risk of repeat maltreatment. Finally, chronic physical neglect that is based on poverty continues to be very difficult to address through services.

These focus groups noted that choice of placement, background check requirements, and frequency of worker contact were important factors in contributing to the safety of children in foster care. Workers indicated that it was important to talk to the child privately to help ensure safety in the foster home. Several members of the groups from SDM LDSS stated that they were trying to make sure needed information was shared between CPS and Foster Care staff. In addition to staffings, they stated that the SDM tools helped foster care workers understand the safety and risk decisions made before the child came into foster care. All workers agreed some type of reunification decision tool would be helpful in determining when it was safe to return the child home. If a decision is made to implement SDM statewide, then all LDSS workers will have access to the SDM tool.

### **Barriers**

At the community level, some areas of Virginia may have more families with service needs than other areas. Services also may be less available in some areas, leading workers not to record needs for which they know no services are available. Even if services are available, local resources may not be sufficient to ensure that families actually have access to needed services. Within a LDSS there may be differences in the workers' ability to assess family needs, differences in the priority given to addressing service needs, or differences in supervisory

oversight of service related issues. Apparent differences could also be due to some LDSS staff simply being less thorough in entering data into OASIS. Heavy caseloads could lead workers to be less thorough about data entry. Differences in supervisory monitoring of data entry could also contribute to these differences.

### **Promising Approaches**

VDSS has provided technical assistance to supervisors in SDM pilot LDSS on how to assess the level of risk in open cases. In 2008 a report on the results of SDM assessments and the associated case decisions was published that reflected the use of the SDM model in pilot LDSS and covered the period between July 1, 2007 and February 29, 2008. One of the most important findings was that the SDM agencies are adhering closely to the SDM case-opening guidelines, which emphasize focusing resources on the highest risk cases. For example, among investigations, just 6.1 percent of the low risk cases were opened for services, while 74.8 percent of the very high risk cases were opened. The same pattern held for assessments: 1.1 percent of low risk assessment cases were opened, while 52.5 percent of the very high risk assessment cases were opened. In both tracks, the higher the risk level, the higher the percentage of cases that was opened for services.

Workers in the SDM study completed in-home risk reassessments for 1,261 families. The results suggest that reassessment risk levels dropped fairly substantially from the initial risk level. Using the most recent risk reassessment (there may have been multiple reassessments during the period for any given family), the risk distribution shows that most on-going CPS cases were either moderate (36.4 percent) or low (48.9 percent) risk at the time of reassessment. Just 14.8 percent of the cases were high or very high risk.

## Permanency Outcome 1: Children have permanency and stability in their living situations

**Item 5: Foster care re-entries.** How effective is the agency in preventing multiple entries of children in foster care?

### **Policy and Practice:**

Foster care policy states *“Federal and state law requires that children not linger in foster care. Reasonable efforts must be made to reunite the child with his or her family. Reunification services must be provided to the child and parents early in the placement process to ensure that they have adequate time to remedy the conditions that brought the child into care...A wide range of services can be provided to a child and family to achieve the permanency goal for a child. These include, but are not limited to, day care, respite, counseling, parent training, recreation, transportation, and intensive home based services...When deciding whether to recommend to a court that children in placement should be returned home to their parents’ care, the local department of social services will consider whether the parents have made reasonable progress in correcting the conditions that led to the removal of their children from the home. The parents have achieved the outcomes of the foster care service plan in such a manner that the conditions determined essential to the child’s safety and well-being have been met. Whether the family is ready to be reunified is a topic that will be address directly and openly at every foster care team staffing.”* The members of the team vary from local department of social services (LDSS) to LDSS. Typically they include the foster care supervisor and the foster care worker, but can also include the eligibility worker, other social workers, and in come cases parents, foster parents and children, as well as guardians ad litem, Court Appointed Special Advocate (CASA) and other interested parties. The amount of time needed for a team staffing varies by case.

*Following the return home of a child who has been in substitute care: An initial face to face contact with the child and parent must be made via a visit in the home by the assigned social worker within 24 to 72 hours after the child returns home...Following the initial visit, frequent intervention and contact, as determine by the social worker and supervisor but not less that monthly, with the child and parent in their home is required. Unannounced visits should also be considered...during the post-reunification period, support of the family must continue if the reunification is to succeed. The social worker’s emphasis becomes helping the family assume responsibility for the care of the child. The local department will provide services for up to six months after return home to monitor the safety of the child, or enhance the family’s ability to function in a healthy way, and to provide a smooth transition to reunification...*

*When a foster care child returns home and custody is transferred back to the parents, the local department should consider continuing services to stabilize the family and assure a successful, safe return for the child. If the worker believes services are necessary to prevent disruption but the family refuses services, the local department may seek a protective order to enable the provision of services.”*

LDSS use their assessment skills, varied tools, and best practices to determine the needs of the child and family, what services should be offered prior to the child returning home, and when it is safe for the child to return home. The Risk Re-assessment and Reunification Assessment in

Structured Decision Making (SDM) are used by 40 LDSS to assess risk of harm prior to a child returning home. SDM focuses on how case management decisions are made and how LDSS resources can best be directed. SDM is designed to reduce subsequent maltreatment rates by improving both the efficiency and effectiveness of Child Protective Services (CPS) practice. One of the key assessment tools is a research based risk assessment that classifies families according to their likelihood of continuing to abuse or neglect their children.

For those LDSS that are not SDM pilot agencies, there are several versions of assessments that can be used. Some LDSS rely on the assessment completed by for the Individual Family Service Plan (IFSP) that is used during the Family Assessment and Planning Team (FAPT) meeting. Other LDSS utilize the assessments available in the CPS manual; including the Safety Assessment document, Safety Plan, and the Family Strengths and needs Assessment. Comprehensive Services Act for At-Risk Youth and Families (CSA) funds can be used to provide needed services, on a limited basis, to families when foster children are returned home on a trial basis.

### **Performance**

Virginia continues to be below the national standard for children who exit foster care and return within 12 months. Virginia's re-entry rate for federal fiscal year 2007 was 10.2 percent. Between April 1, 2007 and March 31, 2008, the re-entry rate was 5.6 percent. In federal fiscal year 2008, the re-entry rate was 3.9 percent. For the periods April 1, 2007 through March 31, 2008 and federal fiscal year 2008, Virginia was below the national standard of 9.9 percent. According to results from the monitoring completed by Virginia Tech after the first Child and Family Services Review (CFSR), Item 5 was rated a strength in 98 percent of the applicable cases reviewed in 2005 and a strength in 96 percent of the applicable cases reviewed in 2006.

### **Previous Rating**

In the first CFSR, Item 5 was rated a strength in 98 percent of the applicable cases. Data from the State Data Profile indicated that Virginia's re-entry rate for federal fiscal year (FFY) 2001 was 3.6 percent which met the national standard of 8.6 percent or less. Because this item was rated a strength it was not addressed in the Program Improvement Plan (PIP). The use of trial home visits is believed to be partially responsible for the low re-entry rate.

### **Strengths**

Virginia utilizes trial home visits to help ensure the safety of the child when he returns home. While many states limit the amount of time children remain in trial home visits to one month; on average, trial home visits last six months in Virginia. The JDR court judges work with the LDSS to determine the appropriate amount of time for a trial home visit. While physical custody is with the parent or other caretakers, the legal custody remains with the LDSS allowing for needed services to remain in place. If the trial home visit does not work out, the LDSS is able to return the child to foster care. The juvenile and domestic relations district (JDR) court judge hears the case a final time to release custody of the child back to his parents at the end of a successful trial home visit.

### **Regional Issues**

The re-entry rate appears to be highest in smaller rural LDSS. Below is a listing of the LDSS with the highest re-entry rates according to the Progress to Excellence Report for the period July 1, 2007 to June 20, 2008:

<b>Re-Entry Rate Among Smaller Rural LDSS</b>			
<b>LDSS</b>	<b>Number Returned Home</b>	<b>Number Re-Entered Care within 12 Months</b>	<b>Percent Re-Entered Care within 12 Months</b>
Appomattox	11	3	27%
Bedford	41	7	17%
Carroll	10	2	20%
Giles	15	2	13%
Isle of Wight	5	1	20%
Lancaster	7	1	14%
Mathews	6	1	17%
Nelson	2	1	50%
Norton	15	2	13%
Southampton	2	1	50%
Warren	14	3	21%
Winchester	12	3	25%

These LDSS are not grouped geographically, however, the majority of them are smaller LDSS, with fewer children in foster care; therefore, one child re-entering care causes the re-entry rate to increase exponentially. These LDSS utilize trial home visits when applicable, but in more rural areas there is often a lack of services. VDSS has not identified any trends at this time concerning why these LDSS had a higher rate of re-entry.

### **Barriers**

While Virginia utilizes trial home visits, there is a lack of available resources statewide to provide services to families that have been reunified. Many families fall into the “non-mandated” portion of CSA funds and have a hard time accessing services on their own. If services continue after a child is discharged from foster care, it is up to the parent/caretaker to provide transportation. This can be problematic, especially in rural areas, due to the lack of public transportation options.

### **Promising Approaches**

Fairfax Department of Family Services uses post-foster care protective supervision and/or voluntary after-care services to help prevent children from re-entering foster care. CSA funds for non-mandated children are used to provide these services. These services can include in-home services, individual and family counseling, housing assistance, etc.

**Item 6: Stability of foster care placement.** How effective is the agency in providing placement stability for children in foster care (that is, minimizing placement changes for children in foster care)?

### **Policy and Practice**

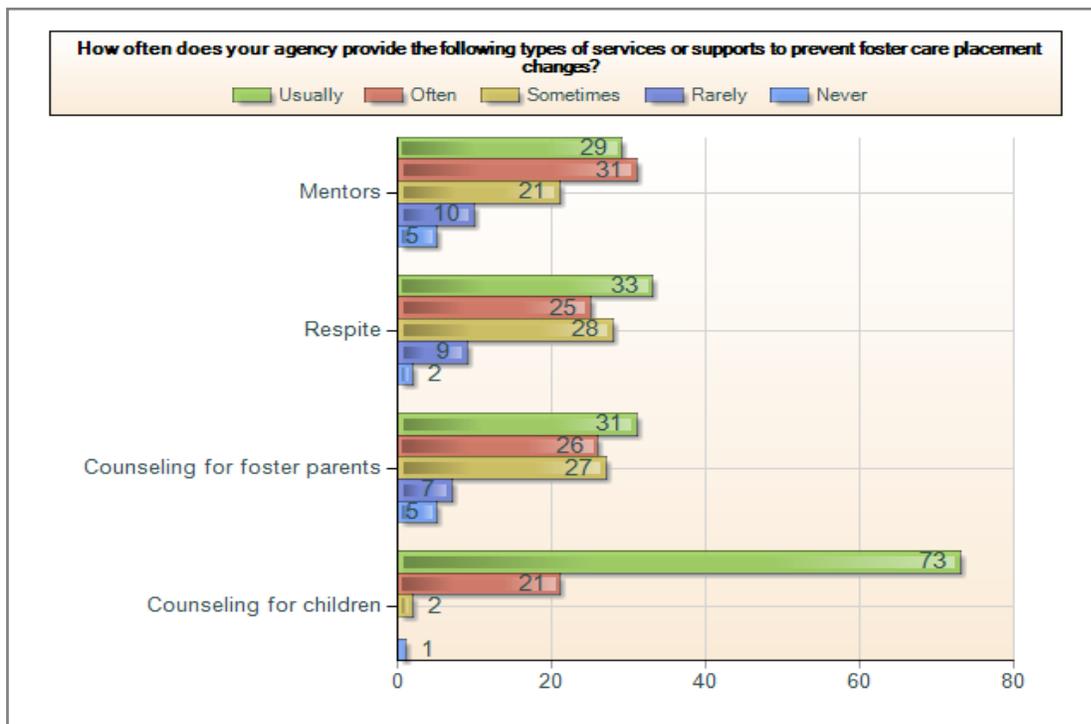
There are different reasons that foster children may have more than one placement change throughout their stay in foster care. As stated in the first CFSR final report, most localities in Virginia utilize temporary placements, such as an emergency foster home, to provide a safe place for a child to live when he is initially taken into foster care. This type of foster home is meant to be a temporary placement. In some cases a child must be placed in a temporary home due to a lack of an appropriate foster family setting or to stabilize the child in a crisis situation or to learn more about the child so an appropriate home can be found. A child usually does not stay in this type of placement longer than two weeks, but there are occasions where a child has remained in an emergency placement for more than 30 days due to a lack of another appropriate placement. Sibling groups are accepted at some emergency foster homes, depending on the size of the home. Some LDSS also utilizes assessment homes. Assessment homes are utilized to enable a thorough assessment to determine the most appropriate placement for the child, followed by a placement that will more likely be stable. A typical stay in an assessment home is approximately one month. LDSS were surveyed about their use of temporary types of placements. Of the 98 respondents, 84 percent reported using emergency foster homes, 85 percent use emergency shelters, 32 percent utilize assessment homes, and 54 percent use in-patient assessment facilities. An in-patient assessment facility is a hospital or other mental health setting where a child can be either court ordered or placed by his legal guardian.

As part of the Virginia Children's Services System Transformation (Transformation), a Virginia Children's Services Practice Model (Practice Model) has been adopted. A key philosophy of the Practice Model is "We believe that children do best when raised in families." One of the goals of the Transformation is a reduction in congregate care placements for children in foster care. Since the Transformation began in 2008, there has been a 20 percent decrease in congregate care placements across the state. The children that have left congregate care settings have either stepped down to a less restrictive environment or been reunified with family.

According to 22VAC40-201, the Permanency Services (Prevention, Foster Care, Adoption, and Independent Living) regulation that is currently being promulgated by VDSS: "*A service worker shall make a pre-placement visit to any out-of-home placement to observe the environment where the child will be living and ensure that the placement is safe and capable of meeting the needs of the child...Foster, adoptive, and resource parents who have children placed with them shall be contacted by a service worker as often as needed but at least monthly in order to assess service needs and progress. Foster, adoptive, and resource parents shall be given full factual information about the child, including but not limited to, circumstances that led to the child's removal, and complete educational, medical and behavioral information. All information shall be kept confidential...If needed, services to stabilize the placement shall be provided...Respite care for foster, adoptive, and resource parents may be provided on an emergency or planned basis in accordance with criteria developed by the Department.*"

Local workers were surveyed about services provided to help prevent placement disruptions. Counseling for children was the most common service provided to help prevent placement changes. The workers indicated that foster parents were often offered counseling and respite services. Each LDSS has its own process for prevention of placement disruption. Foster parents are trained to keep the lines of communication open with the social worker and report when there are issues with the children in their care. Social workers work with foster parents and foster

children to come up with reasonable solutions to issues before placement disruptions occur. VDSS strongly urges LDSS to utilize respite care funds. Social workers also try to maintain open lines of communications with congregate care workers and foster children to prevent placement disruptions. The chart below presents a summary of the how often different services are offered.



**Performance**

According to results from the monitoring completed by Virginia Tech after the first CFSR, Item 6 was rated a strength in 88 percent of the applicable cases reviewed in 2005 and a strength in 93 percent of the applicable cases reviewed in 2006. Virginia’s Progress to Excellence Report, shows that Virginia has improved in the area of placement stability during the first 12 months in foster care. Data for the period April 1, 2007 through March 31, 2008 showed a rate of 88.8 percent, which was above the national standard of 86 percent.

The chart below shows Virginia performance on the placement composite for October 1, 2006 through September 30, 2007; April 1, 2007 through March 31, 2008; and October 1, 2007 through September 30, 2008.

<b>Placement Stability in Virginia</b>			
<b>Measure</b>	<b>Federal Fiscal Year 2007AB</b>	<b>12-Month Period Ending 3/31/2008 (7B8A)</b>	<b>Federal Fiscal Year 2008AB</b>
Two or fewer placements and in care less than 12 months (National Standard - 86%↑)	87.9%	88.8%	87.7%
Two or fewer placements and in care 12 to 24 months (National Standard – 65.4%↑)	67.5%	65.3%	61.9%
Two or fewer placements and in care for more than 24 months (National standard – 41.8%↑)	40.7%	39.9%	37.2%
<b>Placement Stability Standard (101.5↑)</b>	<b>102.7</b>	<b>102.3</b>	<b>99.0</b>

The chart below shows the number of placements for children entering foster care for the first time between: October 1, 2006 and September 30, 2007; April 1, 2007 and March 31, 2008; and October 1, 2007 and September 30, 2008.

<b>Number of Placements for Children Entering Foster Care for the First Time During Specific Periods</b>			
<b>Number of Placements</b>	<b>Federal Fiscal Year 2007AB</b>	<b>12-Month Period Ending 3/31/2008 (7B8A)</b>	<b>Federal Fiscal Year 2008AB</b>
1	58.4%	61.5%	54.0%
2	25.4%	25.15	29.6%
3	10.3%	9.3%	9.9%
4	3.6%	2.6%	4.0%
5	1.1%	1.1%	1.8%
6 or More	0.6%	0.3%	0.6%
Missing	0.6%	0.1%	0.1%
<b>Number of Children Entering Care</b>	<b>1,595</b>	<b>1,602</b>	<b>1,411</b>

### **Previous Rating**

In the first CFSR, Item 6 was rated a strength in 63 percent of the applicable cases. This item was rated an area needing improvement because children had multiple placement changes that were not consistent with case plan goals or treatment needs and data from the State Data Profile for FFY 2001 indicated that the percentage of children who had no more than two placements during the first 12 months in foster care (84.8 percent) did not meet the national standard of 86.7 percent or more. In the PIP, the Commonwealth indicated that it would:

- Mandate pre-service training for resource parents, foster parents, and adoptive parents to prepare families to meet the needs of children entering foster care.
- Ensure statewide consistency in mandated pre-service training of resource parents, foster parents, and adoptive parents.
- Mandate in-service training for resource parents and foster parents to prepare families to meet the on-going needs of children in foster care.
- Develop and implement strategies to strengthen the screening and assessment of children's needs.

VDSS is in the process of promulgating 22VAC40-211, Establish Resource, Foster, and Adoptive Family Home Standards for Local Departments of Social Services. The regulation received final approval by the State Board of Social Services in April 2009. This regulation requires LDSS to ensure that pre-service training is provided to resource, foster, and adoptive family home providers. Since there are several pre-service training curricula available, the regulation does not specify a particular training curriculum. Instead it states that the training must address, but not be limited to, core competencies. The regulation also mandates that every LDSS must ensure that each provider receives annual on-going training. The training shall be relevant to the needs of children and families and may be structured to include multiple types of training modalities. The providers are required to complete pre-service and annual in-service trainings. The LDSS are given the flexibility of choosing the curricula that best meets the needs of their locality. Many LDSS have chosen the Parent Resource for Information, Development and Education (PRIDE) curricula, which is supported by the state. The resource, foster, and adoptive families were not required to attend training during the period under review, but many LDSS offered training during that time.

The Children's Resource Center (CRC) conducted training for trainers to review all aspects of SDM, including the Family Strengths and Needs Assessment and the Family Reunification Tools. All CPS and Foster Care Regional Specialists were invited, as well as the SDM coordinators for each of the pilot LDSS. On an ongoing basis, the Regional Specialists provided training and technical assistance on using the SDM assessment tools to the pilot agencies.

### **Strengths**

Over time there has been decrease in the number of placements foster children experience during their stay in foster care. The Progress to Excellence Report for June 2008 indicated that at least 70 of the 120 LDSS meet or exceed the national standard with 28 LDSS achieving 100 percent. There are no identified trends across Virginia concerning the types of children who experience placement disruptions.

FACES (Family Advocacy, Collaboration, Empowerment and Support) of Virginia Families: Foster, Adoption and Kinship Association supported legislation mandating a Code of Ethics and Mutual Responsibilities to be implemented in January 2009. The Code of Ethics and Mutual Responsibilities is one component of the Foster Care Placement Agreement used by LDSS and private child-placing agencies (LCPA) when placing a child in a family foster home or Children's Residential Facility (CRF). This new form used in conjunction with other placement forms lists items that set mutual expectations when placing a child. These expectations include

mutual responsibilities for the social worker, the resource, foster or adoptive parent, and the child (if age appropriate) such as:

- *Participate actively in permanency planning meetings and offer input into the service planning process regarding the child. Reasonable, advance notice will be given to all parties involved.*
- *Approach familial issues with an attitude of support, problem solving, and guidance, especially with regard to foster care placements with relatives (kinship care).*
- *Consider additional support services and assessments in an effort to reduce placement disruptions.*
- *Make reasonable efforts to support each other in addressing issues of loss and separation when the child leaves a home.*

Foster care policy states: “*Respite care is a therapeutic support service designed to offer short-term relief to families caring for children by providing substitute care for children. The purpose of respite care for families, including foster families, is to reduce foster home disruption and provide a stable foster care placement for the child. It can be provided on an emergency or planned basis.*” Respite care can be provided for up to 30 days per year with an exception for children with special needs that are documented in their records. Respite care cannot extend beyond 60 days per year for children with special needs. A total of 56 LDSS received an initial allocation of approximately \$238,000 in FY 2009. Of this allocation, \$28,500 was used to promote sibling respite. Sibling respite is a way for siblings who are placed in separate homes or facilities to have time together.

As part of the Transformation, three new uses of respite care were added to help support efforts to provide permanency and connections with relatives. Respite care can now be used:

- to help transition a child from a foster home to an impending foster or adoptive placement;
- when a child is stepping down from a congregate care placement; and
- to increase relative contacts and help facilitate relative placements.

Standards for being a respite care provider were added to proposed regulation 22VAC40-211. An individual will now have to meet certain standards and receive training in order to be approved as a respite care provider.

### **Stakeholder Input**

Stakeholder input received from a CASA directors’ meeting indicated that the majority of CASA programs in the state see at least two placement changes for children in care. The directors indicated that a barrier to placement stability was that some children have severe behavior problems which cause conflicts within the foster home. In some situations, it was believed that the extent of children’s problems was not fully shared with the foster parents by the LDSS. The directors acknowledged that often the extent of the behaviors are not fully known until after the child has been placed and the foster parents may not be equipped or trained to deal with the problems. Another theme was the lack of foster homes and therapeutic or specialized foster homes. This can lead to a child being placed in a home that is not equipped to meet his needs.

Some foster parents report to CASA feeling “burnt out,” either due to lack of training, perceived lack of support, or other stressors that lead them to ask for children to be removed from their home.

When asked how many foster care placements youth involved with the fall 2008 V-YAC have had, there was a range of answers. Out of the 31 responses:

- five had one placement;
- seven had two placements;
- four had three placements;
- one had four placements;
- three had five placements;
- three had six placements; and
- five had seven or more placements.

These same youth were asked how often their opinion was considered in placement changes. Out of 27 responses, two reported their opinions were “not considered at all;” ten reported their opinions were considered “very little;” one reported “some;” while seven reported their opinions were considered “almost always;” and seven reported their opinions were considered “always.”

**Item 7: Permanency goal for child.** How effective is the agency in determining the appropriate goals for children on timely basis when they enter foster care?

### **Policy and Practice**

According to § 63.2-906 of the Code of Virginia “*Each child in foster care shall be assigned a permanent plan goal to be reviewed and approved by the juvenile and domestic relations district court having jurisdiction of the child’s case. Permissible plan goals are to:*

1. *Transfer custody of the child to his prior family;*
2. *Transfer custody of the child to a relative other than his prior family;*
3. *Finalize an adoption of the child;*
4. *Place the child in permanent foster care;*
5. *Transition to independent living; or*
6. *Place the child in another planned permanent living arrangement in accordance with subsection A2 of § 16.1-282.1.”*

22VAC40-201 states: “*Foster care goals are established in order to assure permanency planning for the child. The establishment of lower ranking goals must include documentation as to why all higher ranking goals were not selected. Foster care goals, in order of priority, are:*

1. *Return custody to parent or prior custodian.*
2. *Transfer of custody of the child to a relative other than his prior family.*
3. *Adoption.*
4. *Permanent foster care.*
5. *Independent living.*

## 6. Another planned permanent living arrangement...

*There shall be a current service plan for every child in foster care. The service plan shall specify the assessed permanency goal and, when appropriate, the concurrent permanency goal and shall meet all requirements set forth in federal or state law.”* A social worker in consultation with her supervisor has the authority to decide when it is appropriate to seek a concurrent permanency goal.

Foster care policy indicates that *“Foster care goals have been established by state law in order to assure permanent planning for the child. The service plan for the child must specify one of the permanency goals and the service plan should also specify the concurrent goal in those cases where an alternative permanency goal has been established. It must also document specific reasons why a particular goal has been selected and the reason for selection of a lower ranking goal over one of higher rank. The Foster Care goals are listed in a hierarchy indicating the order in which the goal must be addressed by the agency.”* The goals are: reunification, placement with relative, adoption, permanent foster care, independent living, and another planned permanent living arrangement. A full service plan must be completed, submitted to the juvenile and domestic relations court, and filed in the case record within 60 days of custody/placement (whichever comes first) of a child through a court commitment, non-custodial foster care agreement, or a permanent entrustment agreement. A new service plan is required whenever the goal changes or there is a permanency planning hearing. The new service plan must be filed with the court within 60 days of the decision to change goals.

In 2003, Virginia implemented a concurrent planning pilot program in 20 LDSS and developed a concurrent planning handbook with assistance from the National Resource Center for Foster Care and Permanency Planning. The pilot concluded in 2006; however, some of the LDSS continued to use the handbook. VDSS is exploring the possibility of implementing concurrent planning statewide as a strategy for the Virginia Children’s Services systems Transformation. It is also supported in the pending regulation.

Foster care policy states: *“Concurrent planning is a practice that facilitates permanency planning for children in foster care. The definition of concurrent planning is ‘a structured approach to case management which requires working towards family reunification while, at the same time, developing and implementing an alternative permanency plan.’ Concurrent planning is used with cases that have a permanency goal of return home but have a poor prognosis for return home. In most cases, the concurrent plan will be placement with a relative or adoption. The Adoption and Safe Families Act (ASFA) allows agencies to engage in concurrent planning while making reasonable efforts to reunite the family. Concurrent planning replaces sequential planning in foster care by simultaneously exploring possible relative options and/or identifying a resource family that can serve as both a foster and adoptive family to a child. The desired outcomes from concurrent planning are decreased length of stay in foster care, fewer placement moves, and fewer children in long-term foster care. These outcomes assist in maintaining continuity of care for children and, thus, healthier attachments to caretakers.”*

Concurrent planning is used for children who have a poor prognosis of reunification and the local worker determines it is in the best interest of the child to work on two goals simultaneously.

Concurrent planning starts when the child first enters foster care. While in the majority of the cases where concurrent planning is used the goals are return home and relative placement or adoption, there are some LDSS that use the goals of return home and independent living or APPLA. The latter is an attempt to have a permanency plan for older children who may have a strong desire to not be adopted. A majority of the LDSS use some form of concurrent planning, meaning that in certain cases they explore two goals for a child simultaneously. Of the 98 LDSS who responded to a survey, 88 percent reported using concurrent planning. All three LDSS who have been selected for the on-site review report using concurrent planning.

### **Performance**

According to results from the monitoring completed by Virginia Tech after the first CFSR, Item 7 was rated a strength in 93 percent of the applicable cases reviewed in 2005 and a strength in 96 percent of the applicable cases reviewed in 2006. The chart below shows the percentage of children with each of the goals at a point in time. Children with the goal of IL or APPLA fall under the goals of Long Term Foster Care.

<b>Goals for Children in Foster Care</b>			
<b>Goal</b>	<b>Federal Fiscal Year 2007AB</b>	<b>12-Month Period Ending 3/31/2008 (7B8A)</b>	<b>Federal Fiscal Year 2008AB</b>
Reunification	36.1%	34.1%	36.1%
Other relatives	7.3%	6.9%	6.5%
Adoption	21.0%	23.3%	22.5%
Long term foster care	15.7%	15.9%	15.0%
Emancipation	13.1%	14.0%	13.2%
Guardianship	0	0	0
Goal not established	5.0%	5.1%	5.8%
Missing goal	0.8%	0.7%	1.0%
<b>Number of Children In Care</b>	<b>7,704</b>	<b>7,213</b>	<b>7,126</b>

The chart below shows the most recent goal for children who entered care during specific times.

<b>Most Recent Goal for Children Entering Foster Care for the First Time During Specific Periods</b>			
<b>Goal</b>	<b>Federal Fiscal Year 2007AB</b>	<b>12-Month Period Ending 3/31/2008 (7B8A)</b>	<b>Federal Fiscal Year 2008AB</b>
Reunification	64.4%	64.0%	3.6%
Other relatives	12.9%	10.9%	12.2%
Adoption	4.1%	4.5%	3.8%
Long term foster care	2.5%	2.8%	1.5%
Emancipation	6.8%	6.9%	7.0%
Guardianship	0	0	0
Goal not established	8.5%	8.7%	10.6%
Missing goal	0.8%	2.2%	1.3%
<b>Number of Children Entering Care</b>	<b>1,595</b>	<b>1,602</b>	<b>1,411</b>

**Previous Rating**

In the first CFSR, Item 7 was rated a strength in 81 percent of the applicable cases. This item was rated an area needing improvement because in 19 percent of the applicable cases an appropriate goal for the child had not been established in a timely manner. In the PIP, the Commonwealth indicated that it would:

- Implement concurrent planning to ensure appropriate permanency goals are selected for children in a timely manner.
- File petitions for termination of parental rights (TPR) simultaneously with the petitions for the initial permanency planning hearing to change the goal to adoption or document in OASIS the reasons for not pursuing termination.

A concurrent planning pilot was implemented in 20 LDSS. A concurrent planning handbook was developed using the pilot agencies, training through the National Resource Center for Family Centered Practices and Permanency Planning (NRC), and other NRC materials. The pilot is no longer running but many LDSS are still utilizing concurrent planning. There are plans, as part of the Virginia Children's Services Systems Transformation, to formalize concurrent planning statewide.

The Code of Virginia, §16.1-283 states *"The court may hear and adjudicate a petition for termination of parental rights in the same proceeding in which the court has approved a foster care plan which documents that termination is in the best interests of the child."* VDSS partnered with the Court Improvement Project (CIP) to develop and disseminate policy on filing the petition for TPR simultaneously with the petition for the initial permanency planning hearing to change the goal to adoption. The policy was distributed to LDSS, JDR courts, guardians ad litem, CASAs, and LDSS attorneys. VDSS also began tracking petition dates in OASIS and developed a report that indicates the percentage of cases that have petitions for TPR filed simultaneously with the petitions for the initial permanency planning hearing.

The Code of Virginia and foster care policy support two methods to terminate parental rights (TPR), voluntary termination and involuntary termination. The applicable sections of the Code of Virginia are referenced below.

**Voluntary Methods of Termination:** Parents may voluntarily terminate their rights either by signing a permanent entrustment agreement (§§ 16.1-277.01, 63.2-900, and 63.2-903 of the Code of Virginia) or by petitioning the court to be permanently relieved of the care and custody of their child (§§ 16.1-277.02 and 16.1-278.3 of the Code of Virginia)

**Involuntary Method to Terminate Parental Rights:** When it is appropriate, LDSS may petition the JDR court to terminate the residual parental rights of a parent involuntarily, after the LDSS first files a foster care plan with the court for the child which documents termination as being in the best interests of the child. The LDSS need not have identified an available family to adopt a child prior to termination being sought or the court's entering a termination order. (§ 16.1-283 of the Code of Virginia)

According to foster care policy: *“The parental rights of a child placed in foster care as a result of court commitment, an entrustment agreement, or other voluntary relinquishment by the parent or parents, may be terminated based on the following grounds:*

- *Failure to Maintain Contact (§ 16.1-283 C): The parent or parents have, without good cause, failed to maintain continuing contact with and to provide or substantially plan for the future of the child for a period of six months after the child's placement in foster care.*
- *Failure to Make Progress (§ 16.1-283 C): Parent or parents, without good cause, have been unwilling or unable, within a reasonable period not to exceed 12 months from the date the child was placed in foster care, to remedy substantially the conditions which led to or required continuation of the child's foster care placement.*
- *Abandonment (§ 16.1-283 D): The child was abandoned and the identity or the whereabouts of the parent or parents cannot be determined after a diligent search; and the child's parent or parents, guardian or relatives have not come forward to identify such child and claim a relationship to the child within three months following the issuance of an order by the court placing the child in foster care.*
- *Convictions for Certain Crimes (§ 16.1-283 E): The parent has been convicted of an offense under the laws of this commonwealth or a substantially similar law of any other state, or any foreign jurisdiction which constitutes murder or voluntary manslaughter, or a felony attempt, conspiracy or solicitation to commit any such offense, if the victim of the offense was a child of the parent, a child with whom the parent resided at the time such offense occurred or the other parent of the child, or the parent has been convicted of an offense under the laws of this Commonwealth, any other state, or any foreign jurisdiction which constitutes felony assault resulting in serious bodily injury or felony bodily wounding resulting in serious bodily injury or felony sexual assault, if the victim of the offense was a child of the parent or a child with whom the parent resided at the time of such offense or the other parent of the child. “Serious bodily injury” means bodily injury which involves substantial risk of death, extreme physical pain, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member, organ or mental faculty.*
- *Aggravated circumstances (§ 16.1-283 B and E): A parent has subjected any child to aggravated circumstances. Aggravated circumstances means torture, chronic or severe abuse, or chronic or severe sexual abuse where the victim is (i) a child of the parent or a child with whom the parent resided at the time such conduct occurred and includes the failure to protect a child from such conduct where that conduct or failure to protect (ii) demonstrates depraved indifference to human life, or (iii) resulted in the death of a child or serious bodily injury to child. Chronic abuse or chronic sexual abuse means recurring acts of physical abuse that place the child's health, safety or well-being at risk. Severe abuse and severe sexual abuse means may include an act or omission that occurred only once but meets the definition of “aggravated circumstances.” (§§ 16.1-281 (B) and 16.1-283 (E)).*
- *Termination of Residual Rights to another child (§ 16.1-283 e and f): The residual parental rights of a sibling of the foster child have previously been involuntarily terminated.*

*For children who have been found by the court to be abused and neglected and in foster care, the following grounds may be used:*

- *The neglect and abuse suffered by the child presents a serious and substantial threat to his or her life, health, or development; and*
- *It is not reasonably likely that the conditions which resulted in neglect or abuse can be substantially corrected or eliminated so as to allow the child's safe return to his parent or parents within a reasonable period of time. In making this determination, the court shall take into consideration the efforts made to rehabilitate the parent or parents by any public or private social, medical, mental health or other rehabilitative agencies prior to the child's initial placement in foster care as well as efforts after placement."*

In September 2006, VDSS modified policy to *"Require that agencies should file a petition to terminate parental rights simultaneously with the petition for the initial permanency planning hearing when a petition for termination of parental rights has not already been filed by the time of the initial permanency planning hearing."*

In federal fiscal year 2007, 43.6 percent (2,151) of Virginia's foster care children had been in care 17 of the most recent 22 months. For the period of time between April 1, 2007 and March 31, 2008, 45.5 percent (2,163) of the children had been in care for 17 of the most recent 22 months. The percentage rose to 46.6 percent (2,495) for federal fiscal year 2008. For children who had been in care for more than 17 months, 13 percent exited foster care to adoption by the last day of federal fiscal year 2007. For the periods April 1, 2007 through March 31, 2008 and federal fiscal year 2008, 13.9 percent, respectively, of the children in care for 17 or more months exited foster care to adoption by the last day of each of the time periods.

### **Strengths**

The practice of using concurrent planning across the state has served to increase the percentage of children with an established permanent goal in a timely manner. Generating reports from OASIS has helped ensure the timeliness of filing the petition for TPR.

**Item 8: Reunification, guardianship, or permanent placement with relatives.** How effective is the agency in helping children in foster care return safely to their families when appropriate?

### **Policy and Practice**

The Practice Model states *"Children should be reared by their families whenever possible...People can and do make positive changes. The past does not necessarily limit their potential."* Foster care policy indicates that reunification is the highest ranking goal and in most situations, the initial permanent case goal. The needs of the child and the circumstances of the birth family or prior custodian shall be assessed to determine the service needs of the family. Federal and state laws require that children not linger in foster care. Reasonable efforts must be made to reunite the child with his or her family. Reunification services must be provided to the child and parents early in the placement process to ensure that they have adequate time to remedy the conditions that brought the child into care. Social workers must document that reasonable efforts were made to prevent or eliminate the need to remove a child from the child's home and to reunify the family when temporary placement of the child occurs.

The intent of providing services to children in foster care and their families is to achieve the permanency goal established for the child by implementing the child's service plan. A wide range of services can be provided to a child and family to achieve the permanency goal for the child. These include, but are not limited to, day care, respite, counseling, parent training, recreation, transportation and intensive home based services. Determining paternity early and early searches for relatives enhances the child's opportunities for reunification with family. There are several relative identifier forms that can be accessed in Appendix C of the Foster Care Manual. Also, custodial parents are required to submit names of non-custodial parents for consideration of child support payments. LDSS works closely with the Division of Child Support Enforcement to establish paternity for children. When surveyed, 99 percent of the LDSS indicated they incorporate children's self identified needs into the case plan and 98 percent indicated they incorporate the parent's self identified needs in the case plan. Youth who attended the fall V-YAC conference were asked about how often their opinions were taken into consideration concerning several areas. Of those responding, eight state their opinions were "always" or "almost always" taken into consideration. Twelve reported their opinions were taken into consideration "some" and another eight reported their opinions were considered "very little" or "not at all."

According to the Code of Virginia, § 63.2-100; *"Kinship Care is the full time care, nurturing and protection of children by a relative."* The Practice Model states: *"When children cannot live safely with their families, the first consideration for placement will be with kinship connections capable of providing a safe and nurturing home."* We value the resources within extended family networks and are committed to seeking them out. VDSS supports placing children with relatives when children cannot live with their parents. In Virginia, kinship care families are eligible for assistance based on either an informal or formal arrangement. Informal Kinship Care means a child is not in the custody of a LDSS. Assistance may include: General Relief, Food Stamps, Women, Infants and Children (WIC) Program, Medicaid or Family Access to Medical Insurance Security (FAMIS), Temporary Assistance for Needy Families (TANF), and Preservation and Support Services. Formal Kinship Care is when the child is in the custody of a LDSS and living with a relative who is an approved foster parent. Assistance for these relatives includes: annual training to develop knowledge and improve skills regarding meeting the needs of the child, a monthly stipend for the child's basic care requirements, access to foster care services for the child, and assistance in the management of the child's behavior.

### **Performance**

According to results from the monitoring completed by Virginia Tech after the first CFSR, Item 8 was rated a strength in 92 percent of the applicable cases reviewed in 2005 and a strength in 96 percent of the applicable cases reviewed in 2006. The Progress to Excellence Report from the period July 1, 2007 through June 30, 2008 indicated that 66.31 percent of the reunifications were completed within 12 months of the children entering foster care. This is below the national standard of 76.2 percent. There is a discrepancy between the monitoring completed by Virginia Tech and the Progress to Excellence reports. This is due to the small number of cases reviewed by Virginia Tech.

The chart below shows Virginia's ratings on the timeliness to reunification indicators for federal fiscal year 2007; April 1, 2007 through March 31, 2008; and federal fiscal year 2008.

<b>Timeliness of Reunification</b>			
<b>Measure</b>	<b>Federal Fiscal Year 2007AB</b>	<b>12-Month Period Ending 3/31/2008 (7B8A)</b>	<b>Federal Fiscal Year 2008AB</b>
Exit to Reunification in Less than 12 Months (National Standard – 75.2%↑)	64.7%	64.0%	60.9%
Exit to Reunification: Median Stay (National Standard – 5.4 months↓)	8.2months	8.0 months	8.2 months
Entry Cohort: Reunification in Less than 12 Months (National Standard – 48.4%↑)	22.6%	23.1%	27.6%

The chart below shows the number and percentage of children with the goals of reunification and placement with relatives at a point in time.

<b>Goals for Children in Foster Care</b>			
<b>Goal</b>	<b>Federal Fiscal Year 2007AB</b>	<b>12-Month Period Ending 3/31/2008 (7B8A)</b>	<b>Federal Fiscal Year 2008AB</b>
Reunification	2,784 (36.1%)	2,460 (34.1%)	2,569 (36.1%)
Other relatives	562 (7.3%)	495 (6.9%)	462 (6.5%)
<b>Number of Children In Care</b>	<b>7,704</b>	<b>7,213</b>	<b>7,126</b>

The chart below shows the number and percentage of children with the goals of reunification and placement with relatives who entered care during specific times.

<b>Most Recent Goal for Children Entering Foster Care for the First Time During Specific Periods</b>			
<b>Goal</b>	<b>Federal Fiscal Year 2007AB</b>	<b>12-Month Period Ending 3/31/2008 (7B8A)</b>	<b>Federal Fiscal Year 2008AB</b>
Reunification	1,027 (64.4%)	1,026 (64.0%)	897 (63.6%)
Other relatives	206 (2.9%)	175 (10.9%)	172 (12.2%)
<b>Number of Children Entering Care</b>	<b>1,595</b>	<b>1,602</b>	<b>1,411</b>

### **Previous Rating**

In the first CFSR, Item 8 was rated a strength in 67 percent of the applicable cases. This item was rated an area needing improvement because in 33 percent of the applicable cases the reviewers determined that the LDSS had not made diligent efforts to attain the goals of reunification in a timely manner and data from the State Data Profile indicated that for FFY 2001 the percentage of children who were reunified within 12months of entry into foster care was 73.6

percent which did not meet the national standard of 76.2 percent or more. In the PIP, the Commonwealth indicated that it would:

- Implement Structured Decision Making (SDM) tools in the decision-making process for reunification in 30 pilot localities.
- Provide guidelines and tools to local departments of social services on mental health screening of children entering foster care and children and families receiving ongoing CPS services.
- Develop and utilize a “relative identifier” form to expedite the identification and location of relatives as placement options for children entering foster care. The form should be used to collect such information on relatives as name, address, telephone number, and relationship to child. This information should be obtained on non custodial parents, paternal relatives, and maternal relatives.
- Support permanency with relatives by providing subsidized custody to relative caregivers through a Title IV-E waiver.

All of the above benchmarks were accomplished.

VDSS chose to help LDSS utilize the Child and Adolescent Functional Assessment Scale (CAFAS). CAFAS is a rating scale which assesses a youth’s degree of impairment in day-to-day functioning due to emotional, behavioral, psychological, psychiatric, or substance use problems. Many social workers are familiar with this tool because it is used in the FAPT process. The CAFAS score helps to determine the child’s level of need. VDSS, working with CSA, offered training sessions on the CAFAS to all LDSS. The CRC conducted training to review the Family Strengths and Needs Assessment and the Family Reunification tools. All 40 SDM pilot agencies participated in the initial training. Regional Specialists continue to provide technical assistance and trainings as needed on SDM.

Staff members from the Division of Family Services attended a training session led by Mark Friedman and Jolie Pillsbury called “Getting from Talk to Action: Improving Results & Performance Accountability in Children and Family Services” in May 2006. This training began a process for individuals responsible for improvements in the child welfare arena to develop a framework for thinking about, communicating, and measuring what they wanted to accomplish for children and families that would improve their overall well-being. Other participants included members of the State Executive Council (SEC) and the State/Local Advisory Team (SLAT) and representatives from LDSS. The training was provided by the Office of Comprehensive Services (OCS) and was designed to develop a common language for goal setting, identification of problem areas, services to provide children and families, and indicators of progress.

Virginia needed to expedite the identification and location of relatives that could be used as placement options for children entering foster care. To do so, a “relative identifier” tool was developed. The tool collects information on relatives such as name, address, telephone number, and relationship to child. Both CPS and foster care workers are instructed to collect information on non-custodial parents and both paternal and maternal relatives. This form is now included in

the foster care procedural manual and new worker training with an emphasis on the importance of identifying relatives. Also included in the manual is a diligent search checklist. .

Virginia's CIP also emphasizes the importance of identifying family members when conducting training for judges and members of the legal community. The topic has been addressed at Best Practice Courts Conferences, training for guardians as litem, and trainings for attorneys representing parents in child dependency cases. When appropriate, CIP also distributes to the courts and members of the legal community "relative interested parties" forms developed and utilized by various localities across the state. Distribution of these forms is intended to show localities seeking to improve their process for early identification of family members and other interested parties, the efforts of other localities doing the same.

### **Strengths**

One of the Transformation's goals is to increase the use of kinship care placements. Historically, Virginia does not utilize kinship/relative placements because families must become foster parents in order to receive financial support for caring for their relatives. This was true during the period under review. Since the Transformation has started, the CORE agencies have had an increase in the percentage of kinship placements while non-CORE agencies have had a decrease. CORE agencies were challenged to find alternative placements to congregate care. Many LDSS asked, when they may not have before, the child and/or parents if there were family members that could care for the child. More attention was paid to providing support for extended family members, thus allowing them to be able to take custody of a child. With the Transformation going statewide starting in 2009, it is believed that there will be a greater utilization of kinship placements across Virginia.

### **Stakeholder Input**

Stakeholder input taken from a CASA Directors' meeting indicates a positive shift towards locating relatives. CASA has observed more cases with the goal of placement with relative over the last five years. The Foster Care Demographic reports indicate that the percentage of cases with the goal of relative placement across the state has remained fairly stable over the last five years. The year during which the highest percentage of children had the goal of relative placement was 2007 with 5.6 percent. The lowest year was 2006 with 4.5 percent. Looking at the LDSS that the CASA directors work with, there does seem to be an increase in the usage of placement with relatives. For example, Bedford Department of Social Services increased from 1.7 percent to 5 percent while Chesterfield Department of Social Services increased from 7.5 percent to 11.1 percent. According to the CASA Directors, the process of location and placement with relatives can move too quickly at times. When that happens placements are made prematurely. Some placements fail because not enough research was done on the family members and either they cannot meet the child's needs or they did not fully understand what they were getting into.

On the other hand, the process can move too slowly at times. There are issues with background checks taking a long time, thus delaying custody transfers. In some cases this has resulted in the relative deciding not to accept custody of a child. In other cases social workers are reluctant to use family members because "the apple doesn't fall far from the tree," meaning if the parent has inappropriate behaviors, then one could assume that other family members would also act inappropriately. One CASA Director reported that it is sometimes difficult for relative

placements to be approved, even if there is a drain on regular foster homes, because of this prejudice against the family.

Youth participating in the V-YAC Conference were asked if relatives were considered as a placement option. Of the 31 that responded, 11 said their relatives were not asked and 10 were unsure if their relatives had been asked about being a potential placement.

### **Promising Practices**

In 2008, VDSS staff and several LDSS representatives from the Northern Virginia area participated in a series of trainings entitled “Finding Families” by Kevin Campbell and hosted by the Metropolitan Washington Council of Governments. Mr. Campbell is an internationally known expert and founder of the Center for Family Finding and Youth Connectedness. The goal of “Finding Families” is to find permanent connections for the “hard to serve” children and youth in foster care by discovery, engagement, planning, decision making, evaluation, and supports. The LDSS that participated in the training included Fairfax, Prince William County, Arlington County and the City of Alexandria. They have started implementing “Finding Families” techniques to secure permanent connections for foster care children and youth. To date, there are no data on the number of family members located using the “Finding Families” technique. Other LDSS around the state (i.e. Roanoke County) report subscribing to services such as Lexus Nexus to find family.

The Newport News Department of Social Services has developed “The Parent Support Program” in which a social worker is assigned to work specifically with parents and relatives to guide them through the foster care process using a Partners in Permanency notebook created jointly by the social worker and the family. Four years ago, the LDSS began employing parent support specialists to work directly with biological families as soon as children enter foster care. Parent support specialists arrange for child visitation, assess what services are needed by the parent, and work to make sure those services are received. The services include everything from providing transportation to meetings, to assisting with housing and employment, to coordinating drug treatment. The parent support specialist works in conjunction with the foster care intake worker and the family to develop a service plan that will facilitate returning the child to the biological home or placing the child with a family member. Family team meetings are held 30 days after a child enters care to help develop the plan. Both biological and foster parents are invited to the meeting, along with extended family members, the guardian ad litem, the CASA, and, oftentimes, the youth. The meeting is led by LDSS staff. Outcomes of the program include:

- average length of time in foster care has been reduced;
- relations between LDSS and biological families have improved; and
- biological families are actively participating in permanency planning for their children.

Currently there is no plan to implement this program in other LDSS. There are, however, other LDSS that utilize notebooks to help families navigate the process of working with the LDSS.

**Item 9: Adoption.** How effective is the agency in achieving timely adoptions when that is appropriate for a child?

### **Policy and Practice**

According to Foster care policy, *“The intent of the goal of adoption is to achieve a permanent home for a child through adoption. The Adoption and Safe Families Act (ASFA) of 1997 requires that an agency petition for termination of parental rights of a child if the child has been in care for any 15 of the last 22 consecutive months. An agency would not petition for termination of parental rights if:*

- *The agency documents and provides compelling reasons why it is not in the best interest of the child to terminate parental rights;*
- *The child resides with relatives; or*
- *Services have not been provided to the parent to return the child home safely...*

*If the goal of adoption is being selected, the two higher-ranking goals must have been explored fully and ruled out consistent with the child’s best interest. However, when a concurrent plan of reunification and adoption exist, the focus of services is to work toward reunification while at the same time, working toward achieving the goal of adoption if the child cannot return home.”*

22VAC40-201 states: *“When the permanency goal is changed to adoption, the local department shall file petitions with the court 30 days prior to the hearing to:*

- *approve the foster care service plan seeking to change the permanency goal to adoption; and*
- *terminate parental rights.”*

Federal law requires that reasonable efforts be made to locate adoptive homes. When LDSS conduct pre-service training for foster and adoptive parents, the prospective parents learn about the large number of foster care children who are adopted by their foster parents and how that might apply to them. Once dual approval is implemented in Virginia, pre-service training will be strengthened so that prospective foster families will be made aware of the possibility of also being approved as an adoptive family. In concurrent planning cases, the search for an adoptive home starts at the beginning of the case. If there is not concurrent plan, the search for the adoptive home begins when the goal of adoption is selected. Resources at the local, state and national levels must be used to recruit adoptive families. ASFA requires that once a LDSS files a petition to TPR, it begins the process of recruiting, identifying, and approving an adoptive home for the child. LDSS social workers do not need to wait until the TPR is final to begin recruiting an adoptive home for the child.

According to Adoption policy: *“Adoption Progress Reports must be submitted to the juvenile and domestic relations court every six months following termination of parental rights until the adoption is final... When a child is not in an adoptive placement at the time of the progress report, the report must include statements affirming that the agency has been diligent in implementing the agency’s case plan to permanently place the child for adoption. Documentation must also include barriers to placing the child in an adoptive home.”*

According to the Code of Virginia, § 63.2-1300: *“The purpose of adoption assistance is to facilitate adoptive placements and ensure permanency for children with special needs. Adoption assistance includes subsidy payments made pursuant to requirements set forth in this chapter. A child with special needs is any child (i) in the custody of a local board that has the authority to*

*place the children for adoption and consent thereto in accordance with the provisions of §§ 63.2-900, 63.2-903, and 63.2-1105 or (ii) in the custody of a licensed child-placing agency, for whom it has been determined that it is unlikely that the child will be adopted within a reasonable period of time due to one or more factors including, but not limited to:*

- 1. Physical, mental or emotional condition existing prior to adoption;*
- 2. Hereditary tendency, congenital problem or birth injury leading to substantial risk of future disability; or*
- 3. Individual circumstances of the child related to age, racial or ethnic background or close relationship with one or more siblings.*

*Child with special needs shall also include a child for whom the factors set out in subdivision 1 or 2 are present at the time of adoption but are not diagnosed until after the final order of adoption is entered and no more than one year has elapsed.”*

22VAC 40-201 states: “‘Child with special needs’ as it relates to the adoption process means any child in the care and responsibility of a child-placing agency who:

- 1. is legally free for adoption as evidenced by termination of parental rights.*
- 2. has one or more of the following individual characteristics that make the child hard to place:*
  - a. a physical, mental, or emotional condition existing prior to adoption in accordance with guidance developed by the Department;*
  - b. a hereditary tendency, congenital problem, or birth injury leading to risk of future disability;*
  - c. a physician’s or his designee’s documentation of prenatal exposure to drugs or alcohol;*
  - d. is five years of age or older;*
  - e. has a minority racial or ethnic background;*
  - f. is a member of a sibling group who is being placed with the same family at the same time;*
  - g. has significant emotional ties with the foster parents with whom the child has resided for at least 12 months, when the adoption by the foster parent is in the best interest of the child; or*
  - h. has experienced a previous adoption disruption or dissolution or multiple disruptions of placements while in the custody of a child-placing agency.*
- 3. Has had reasonable but unsuccessful efforts made to be placed without adoption assistance.*
- 4. Had one or more of the conditions stated in a, b, or c at the time of adoption, but the condition was not diagnosed until after the entry of the final order of adoption and no more than a year has elapsed from the date of diagnoses.”*

There are three types of adoption assistance for which a child may be eligible:

1. Title IV-E if the child meets federal eligibility requirements;
2. State adoption assistance when the child’s foster care expenses were paid from state pool funds; and
3. Conditional adoption assistance when payment and services are not needed at the time of placement but may be needed later, and the child’s foster care expenses were paid from state pool funds.

There are three types of payments which can be made on behalf of a child who is eligible for adoption assistance:

1. Nonrecurring expenses of adopting a child with special needs;
2. Maintenance payment; and
3. Special service payment to help meet the child’s physical, mental, emotional, or non-routine dental needs.

The goal of Adoption is achieved when the final order of adoption is entered.

**Performance**

According to results from the monitoring completed by Virginia Tech after the first CFSR, Item 9 was rated a strength in 45 percent of the applicable cases reviewed in 2005 and a strength in 47 percent of the applicable cases reviewed in 2006.

Virginia is below the Timeliness of Adoption standard of 106.4 or higher according to the State Data Profile. The chart below shows Virginia performance on the adoption composites for October 1, 2006 through September 30, 2007; April 1, 2007 through March 31, 2008; and October 1, 2007 through September 30, 2008.

<b>Timeliness of Adoption</b>			
<b>Measure</b>	<b>Federal Fiscal Year 2007AB</b>	<b>12-Month Period Ending 3/31/2008 (7B8A)</b>	<b>Federal Fiscal Year 2008AB</b>
Exit to Adoption in Less than 24 Months (National Standard – 36.6%↑)	29.0%	30.9%	25.0%
Exit to Adoption: Median Stay (National Standard – 27.3 months↓)	30.7 months	29.8 months	31.2 months
In Care 17+ Months and Adopted by the End of the Year (National Standard – 22.7%↑)	13.0%	13.9%	13.9%

<b>Timeliness of Adoption (cont.)</b>			
<b>Measure</b>	<b>Federal Fiscal Year 2007AB</b>	<b>12-Month Period Ending 3/31/2008 (7B8A)</b>	<b>Federal Fiscal Year 2008AB</b>
In Care 17+ Months who Achieve Legal Freedom within 6 Months (National Standard – 10.9%↑)	5.3%	4.3%	3.9%
Legally Free Children who are Adopted in Less than 12 Months (National Standard – 53.7%↑)	36.7%	38.2%	35.1%
<b>Timeliness of Adoption (National Standard – 106.4 or higher)</b>	<b>74.1</b>	<b>75.1</b>	<b>73.7</b>

According to the March 2009 Foster Care Demographics Report for Children with a Goal of Adoption:

- 1077 (72 percent) of the 1492 children with the goal of adoption had a TPR;
- 818 (76 percent) of the children with a TPR were awaiting an adoptive placement; and
- 259 (23 percent) of the children with a TPR were in an adoptive placement.

By comparison, in March 2008:

- 1179 (73 percent) of the 1613 children with the goal of adoption had a TPR;
- 948 (80 percent) of the children with a TPR were awaiting an adoptive placement; and
- 231 (20 percent) of the children with a TPR were in an adoptive placement.

The average time in care for a child with the goal of adoption for March 2009 was 38.41 months. By comparison, in March 2008 the average time in care for a child with the goal of adoption was 36.64 months.

### **Previous Rating**

During the first CFSR, Item 19 was rated a strength in 18 percent of the applicable cases. The item was rated an area needing improvement because the State Data Profile for FFY 2001 indicated that the State's percentage of finalized adoptions that occurred within 24 months of removal from the home was 17.9 percent which did not meet the national standard of 32 percent or more, and in 82 percent of the applicable cases, the reviewers determined that the LDSS had not made concerted efforts to achieve adoption in a timely manner. In the PIP, the Commonwealth indicated that it would:

- Implement concurrent planning to expedite adoption of children in foster care when appropriate.

- Promulgate regulations and develop policy that allow for dual approval of resource parents, foster parents, and adoptive parents.
- Utilize “Progress to Excellence” reports as a management tool for assessing efforts to expedite adoptions and ensure timely documentation of final orders of adoption and other actions.
- Support efforts of the Office of the Executive secretary, Supreme Court of Virginia regarding Dispute Resolution for Child Dependency Mediation. The mediation should help facilitate timely permanency for children in foster care.
- Collaborate with the Court Improvement Program to identify and educate on child welfare best practices and issues influencing timely permanency for children in foster care.

To help achieve these action steps, several strategies were implemented. Virginia began to utilize what is called the Progress to Excellence Report. This report is based on the outcome measures from the first CFSR. The reports are shared quarterly with LDSS and are used as a management tool for assessing efforts to expedite adoptions and ensure timely documentation of final orders of adoption and other actions. The data for the Progress to Excellence Report are extracted from OASIS, and once the report is run, it is posted on the intra agency website. LDSS were provided technical assistance by the Foster Care/Adoption Regional Specialists on how to improve their results.

22VAC40-211 states: “*Dual approval process’ means a process that includes a home study, mutual selection, interviews, training and background checks completed on all applicants to be considered for approval as a resource, foster and/or adoptive family home provider.*”

Additionally, child dependency mediation provides a non-adversarial setting in which a mediator assists the parties in reaching a fully informed and mutually acceptable resolution that focuses on the child’s safety and the best interest and safety of all family members. The phrase “child dependency” describes a case in which a child is before the court and a public or private child-placing agency is also involved. These cases concern children who are the subject of any of the following petitions: child abuse or neglect; child at risk of abuse or neglect; approval of an entrustment agreement or relief of custody; foster care review; permanency planning; and termination of parental rights.

In December 2005 the Office of the Executive Secretary, Supreme Court of Virginia, Department of Judicial Services, requested Virginia certified family mediators submit an application and a letter of support from their local JDR court judge for consideration to be included in a child dependency mediation training program. Approximately 60 mediators applied and 22 mediators representing 16 jurisdictions were selected to attend the March 2006 training program. The family mediators were chosen based on their experience, their geographical diversity, and their own racial and ethnic diversity. Currently there are 18 child dependency mediators representing 15 jurisdictions across Virginia. Hampton, one of the on-site review LDSS, is one of the jurisdictions that utilizes child dependency mediators.

A follow-up training for child dependency mediators was sponsored by CIP in March 2007. The program was designed to provide mediators with the opportunity to highlight their

accomplishments and identify program challenges they had experienced in their localities since the 2006 training. CIP works to generate support for this alternative form of dispute resolution with LDSS and their legal counsel and to encourage courts to refer cases to mediation.

VDSS and the CIP consult regularly on issues of mutual concern: this includes permanency issues. VDSS and LDSS staff also participate in CIP sponsored Best Practice Courts Conferences. Directors of the LDSS participate in these events as members of local Best Practices Court teams. In November 2008 VDSS staff participated in the Class of 2008 Best Practice Courts Conference to emphasize the partnership between VDSS and the judiciary to implement a Practice Model for Virginia Children's Services. VDSS staff also facilitated the social services professional designation breakout session to discuss the implications of collaboration among community entities with responsibilities for meeting the needs of children and families involved in child dependency cases before the courts. VDSS offered two of its technical assistance days from the National Resource Center for Foster Care and Permanency Planning to support participation at the Fourth Statewide Best Practice Court Conference in Williamsburg.

### **Strengths**

Virginia increased the number of children being adopted from the foster care system in FFY 2004, 2006, and 2007. In FFY 2007, 177 children were adopted from the foster care system who were nine years of age and older.

Through the usage of grants, VDSS has partnered with licensed child-placing agencies to support LDSS in increasing the number of adoptions that are finalized. Virginia received a federal adoption opportunity grant, named the Rural Adoption Family Initiative (RAFI), to increase the number of permanent adoptive placements in rural adoptive homes for children in foster care, with a particular emphasis on minority children and children with special needs. This was a five-year grant which ran from October 2003 to September 2008. VDSS partnered with Virginia One Church One Child program to provide recruitment and family support activities; with the Center for Adoption Support and Education (CASE) to provide mental health and education support; and with two LDSS (Louisa and Loudoun Counties) to approve home studies for interested families. Families were recruited from 22 rural jurisdictions. About 225 families responded to recruitment activities and 30 new families attended training and were fully approved as adoptive homes. Fourteen homes that had already started the adoptive home study process were helped in completing the process. Children have been placed in 13 of the approved homes.

Two significant findings from the RAFI grant were:

- parents who call about adopting a foster child had vastly different experiences depending on the jurisdiction in which they lived; and
- inter-jurisdictional barriers to the adoption of waiting children among locally administered LDSS functioned as a more powerful barrier to adoption than the mental health or educational barriers that RAFI was designed to address.

VDSS also partnered with licensed child-placing agencies to assist LDSS with the adoptions of waiting children. Between 2002 and 2005 there were 467 children adopted with the assistance of

these grants. There were 532 adoptions finalized with the assistance of these grants from July 1, 2005 through June 30, 2008. The grants provide a variety of assistance to LDSS including:

- recruitment of adoptive parents;
- conducting home studies;
- preparing children for adoption;
- matching children with adoptive families; and
- assisting with court reports.

Additionally, Adoption Day Celebrations are planned and held in communities across Virginia. The purpose of the events is to finalize adoptions and celebrate the adoption process with LDSS, the courts, volunteers, and families. In 2008, celebrations occurred in the following localities with the sponsorship of the LDSS; Alexandria, Campbell, Chesapeake, Fairfax, Fredericksburg, Hampton, Isle of Wight, Leesburg, Norfolk, Greater Prince William Area, Richmond City, and Roanoke County/Salem. In many instance Adoption Day Celebrations are further sponsored or supported by the local JDR court.

### **Stakeholder Input**

In 2007, as the result of a legislative mandate, VDSS studied policies and procedures related to expediting adoptions for children in the foster care system as well as those children who were adopted but were not from foster care. A workgroup comprised of 47 individuals from VDSS, LDSS, the Virginia League of Social Services Executives, CIP, private child-placing agencies, OCS, JDR court judges, city and county attorneys, guardians ad litem, CASA, a university law professor and adoptive parents met to discuss issues related to expediting adoptions. National expertise was provided by two individuals representing a wide range of experience and knowledge in adoptions, Ada White of the Child Welfare League of America and John Levesque from the National Child Welfare Resource Center for Adoption. The workgroup reviewed materials related to expediting adoptions and survey results from LDSS regarding policy and practices that supported as well as hindered timely adoptions.

The workgroup developed the following findings:

- Virginia lacks adequate numbers of trained, adoption-dedicated social workers, with sufficient knowledge of the policies and practices needed to expedite adoptions.
- To support LDSS in their work to expedite adoptions, VDSS needs regional adoption specialists to focus on the training and technical needs of localities.
- The lack of mandated training for foster care and adoption workers negatively affects the recruitment and retention of trained workers and results in higher staff costs for the Commonwealth.
- The lack of mandated training for foster care and adoptive parents makes it difficult to recruit and retain adequate numbers of individuals to adopt.
- Annual statewide training events are needed that include all partners involved in the adoption process, in order to share knowledge about adoption best practices and create collaborative relationships that will support the adoption process.
- The deficiencies in the state's child welfare data system prevent localities from being able to monitor their own progress in achieving adoptions in a timely manner.

- The absence of regional child welfare data system trainers/technical support personnel denies localities the support needed to understand how to enter data correctly and use system reports to monitor their own progress towards adoption outcomes.
- The process for appealing termination of parental rights reduces the timely adoption of children and results in higher costs to the Commonwealth.
- Evidence-based and best practices known to expedite the adoption process are not practiced statewide due to the lack of resources necessary for implementation in all localities.
- Recent legislative changes in the 2006 General Assembly removed barriers to, and increased options for, expediting adoptions of children not placed in the foster care system.

In order to address these findings, the workgroup made the following recommendations to improve both public and private agencies' ability to expedite adoptions:

- Make the Juvenile and Domestic Relations District Court a court of record with direct appeal to the Court of Appeals in cases in which the goal of adoption has been approved for a child in foster care and termination of parental rights has been ordered over the objection of a parent. For these limited cases, the de novo appeal to the circuit court should be eliminated.
- Increase staff positions dedicated to adoption at the state and local levels.
- Virginia should mandate adoption competency training for all foster care and adoption workers through statutory language similar to that which exists for mandated training for Child Protective Services workers.
- Virginia should provide the fiscal resources necessary to fund at least a minimum number of required pre-service and in-service training hours for foster care and adoptive parents.
- Virginia should fund an annual statewide adoption training conference that includes all partners involved in the adoption process.
- Provide state funds through the Appropriations Act to supplement federal money used to fund post-adoption services.
- Ensure the means to provide on-going monitoring and modifications of the State child welfare data system that will continue once the current system upgrades are complete.
- Create five dedicated positions within the VDSS to provide statewide training and technical assistance to LDSS on the state child welfare data system.

Because of the current economic conditions, VDSS has not been able to obtain the additional funding that is needed to implement several of these recommendations. VDSS will attempt to obtain this funding when the economic situation improves and look for grant options.

### **Barriers**

Additional staff resources are needed to support adoption efforts at both the state and local levels. Another barrier is the need for increased resource and adoptive families for placement.

A survey was sent to all 120 LDSS concerning the TPR process after the petition is filed. They were asked to rank the following reasons for delay in achieving TPR from one to three, with one being the most significant reason for delay in the TPR process. The reasons were "appeals,"

“courts reluctance to terminate,” and “court scheduling.” Of the 98 LDSS who responded to the survey:

- 53 percent responded that “appeals” was the number one reason for a delay in achieving TPR;
- 43 percent responded that “courts’ reluctance to terminate” was the number two reason; and
- 39 percent reported that “court scheduling” was the number three reason.

When asked to think about what factors prohibit filing a TPR for children who have been in foster care for 15 of the last 22 months, workers were asked to rank the following reasons from one to five, with one being the most common reason for NOT filing a TPR. The reasons included: “child opposed to TPR,” “parent opposed to TPR,” “unavailability of services,” “child perceived as unadoptable,” and “availability of adoptive parents.” Of those responding to the survey:

- 43 percent indicated that the number 1 reason for not filing a TPR was “child opposed to TPR;”
- 24 percent indicated that “parents opposed to TPR” was the second most common reason;
- 26 percent and 29 percent indicated that “unavailability of services” was the third and fourth most common reasons; and
- 29 percent indicated that “availability of adoptive parents” was the fifth most common reason for not filing a TPR.

Workers were also asked how often the following factors cause a delay in the timely finalization of an adoption. The factors were: “delay in TPR,” “delay in completing the paperwork,” “adoptive parent issues,” “child’s behavioral issues,” and “child’s medical issues.” Of those responding to the survey:

- 38 percent responded that “delay in TPR” **usually** delayed finalization;
- 21 percent indicated that “delay in TPR” **often** delayed finalization;
- 48 percent indicated that “child behavioral issues” **sometimes** delayed finalization;
- 47 percent indicated that “child’s medical issues” **rarely** delayed finalization;
- 17 percent indicated that medical issues **never** delayed finalization;
- 45 percent indicated “delay in paperwork” **rarely** delayed finalization; and
- 18 percent indicated that paperwork **never** delayed finalization.

Once TPR cases are fully heard in the JDR court and final orders are entered, these orders are subject to appeal to the circuit court. The decision of the circuit court is appealable to the Court of Appeals of Virginia. Providing parents with two appeals of the JDR court is granted in § 16.1-296 (D) of the Code of Virginia which notes: *“When an appeal is taken in a case involving termination of parental rights brought under § 16.1-283, the circuit court shall hold a hearing on the merits of the case within ninety days of the perfecting of the appeal. An appeal of the case to the Court of Appeals shall take precedence on the docket of the Court.”*

As with all JDR court cases, appeals to the circuit court are treated as new trials, known as *de novo appeals*. This creates the possibility of a full reconsideration of all actions taken by the JDR court. There are often substantial delays in scheduling these circuit court trials, conducting the trials, and entering final appealable orders by the circuit courts. Thus, this appeal sometimes affects the ability to permanently place children for whom the goal of adoption has been documented and approved by the JDR courts after a lengthy foster care planning process and after a full trial in which termination of parental rights is granted.

During the 2008 session of the General Assembly, legislation was proposed that, if passed, would have established that a JDR court functions as a court of record in cases involving termination of residual parental rights. The legislation would have further provided that a JDR court's decision in such cases would be appealed directly to the Court of Appeals. This legislation was carried over to the 2009 session, and ultimately no action was taken by the General Assembly. At this time the court system has no future legislative action planned regarding the TPR process.

### **Promising Approaches**

In 2005 the first Heart Gallery was held in Virginia. The Heart Gallery is a unique recruitment opportunity which has drawn national attention and been very effective in other states. The Heart Gallery features portraits by professional photographers who volunteer their time and talents to photograph some of Virginia's waiting children. The first Heart Gallery was held in the Tidewater area and presented portraits of 61 children. In 2006, Norfolk Department of Social Services hosted a second Heart Gallery in the Tidewater area. In 2007, three Heart Galleries were hosted in Abingdon (July 2007), Richmond (September 2007) and Roanoke (September 2007). Approximately 100 children were featured in the 2007 gallery openings. Currently there are plans to open a Heart Gallery in the Northern Region which will incorporate three planning districts. The gallery will move from one planning district to another in an effort to get as much exposure for the children as possible.

Statistics on the 180 children that have been featured in the Virginia Heart Galleries include:

- 49 children who have been placed in an adoptive placement and the adoption is finalized;
- 41 children who have been placed in an adoptive placement and are awaiting adoption finalization;
- 24 children who have had an adoptive family identified and are awaiting placement;
- 13 children who no longer have the goal of adoption; and
- 72 children continue to participate in recruitment activities and their pictures are on display at various sites around Virginia.

In summary, 114, or 63 percent, of the children have found permanent or potentially permanent families because of the Heart Galleries. Information on the Heart Gallery is posted on the VDSS public website at: [http://www.dss.virginia.gov/family/ap/children\\_for\\_adoption.html](http://www.dss.virginia.gov/family/ap/children_for_adoption.html).

**Item 10: Other planned permanent living arrangement.** How effective is the agency in establishing planned permanent living arrangements for children in foster care, who do not have

the goal of reunification, adoption, guardianship, or permanent placement with relatives, and providing services consistent with the goal?

### **Policy and Practice**

#### **Permanent Foster Care**

Foster care policy indicates that the selection of Permanent Foster Care as a goal and placement of a child in a permanent foster home occurs only after a determination that the goals of return home, placement with relatives, or adoption of the child are not reasonable alternatives. This goal is selected when the child has developed a relationship with a foster family. The child should be age 14 or older. The intent is for the child to remain with the foster family permanently. The court order approving permanent foster care has the name of the permanent foster parents and the child. The LDSS must enter into a written agreement with the permanent foster parents which describes the roles and responsibilities of the foster parents, LDSS, and parent(s). The agreement should include any requirements that are part of the court order. Permanent foster parents have the legal authority to consent to surgery, military services, marriage, application for driver's license and college admission, and other activities requiring parental consent.

The legal authority for Permanent Foster Care can be found in § 63.2-908 of the Code of Virginia. The Code of Virginia indicates that:

- The LDSS must petition the court to approve a permanent foster care placement for a child. A residential facility is not a permanent foster care placement. The permanent foster family must be identified before this goal is selected and the family's name appears on the court order.
- The court must determine that reasonable efforts have been made to return the child home, place the child with relatives, or place the child for adoption prior to approving the permanent foster home placement.
- The court order approving the permanent foster care placement must specify (i) the nature and frequency of visitation by the birth parents, and (ii) any modifications in rights and responsibilities of the foster parents that differ from those provided in §63.2-908.

#### **Independent Living (IL)**

IL may be chosen for youth, ages 16 and over, who are preparing for independent living when all other goals have been considered and are not feasible. This goal does not require that the youth be living in an independent living arrangement. Services must be provided to assist older teens to acquire skills to become self-sufficient and transition from foster care to independence.

The IL Program offers assistance to foster care youth ages 14 to 21 in developing the skills necessary to transition from foster care to independence. All youth, 14 or older, regardless of their permanency goal, must have a transitional independent living plan which describes the services that will be provided to prepare them for independence. The LDSS worker develops a transitional independent living plan that is:

- based on a formalized life skills assessment. VDSS has begun implementing the Ansell Casey Life Skills Assessment. Areas of focus include personal development skills such

as self-esteem, communication skills, decision-making, conflict resolution and anger management;

- incorporated into the Foster Care Service Plan. It may be a separate document but must be attached to the service plan;
- developed through a team process. The youth must be an integral part of the planning and must understand his responsibility for developing and achieving the plan;
- coordinated with the Individual Education Program (IEP) that must be developed through the school district for all youth in special education.

Older youth in foster care may live in foster homes, group homes, residential facilities, or independent living arrangements and are eligible for services regardless of the placement or goal. IL services may be funded through the CSA Pool Fund or through Independent Living Program (ILP) funds. Examples of IL services are career exploration, job skills, money management, housing, transportation, and legal issues.

### **Another Planned Permanent Living Arrangement (APPLA)**

Section 16.1-282 of the Code of Virginia indicates that APPLA is appropriate only if the child has a severe and chronic emotional, physical or neurological disabling condition for which the child requires long term residential treatment of six months or longer. Foster care policy states: “The agency proposing this goal for a child must document the following in the foster care service plan:

- The agency has thoroughly investigated the feasibility of the following placement alternatives; return to parents or prior custodian, placement with relatives, adoption, permanent foster care and independent living, and determined why none of these alternatives are currently in the child’s best interest;
- Compelling reason(s) why none of the alternative goals are achievable for this child at this time;
- Identify a long term residential treatment service provider,
- Nature of the child’s disability;
- Anticipated length of time required for the child’s treatment; and
- Status of the child’s eligibility for admissions and long term treatment.”

The intent of APPLA is to obtain treatment for the child until the child no longer needs residential treatment for his disabling condition.

### **Performance**

According to results from the monitoring completed by Virginia Tech after the first CFSR, Item 10 was rated a strength in 85 percent of the applicable cases reviewed in 2005 and a strength in 98 percent of the applicable cases reviewed in 2006.

Virginia is below the Permanency for Children and Youth in Care for Long Periods of Time standard of 121.7 or higher according to the state data profile. The chart below shows Virginia performance on this composite for: federal fiscal year 2007; 12-month period ending March 31, 2008; and federal fiscal year 2008.

<b>Permanency for Children and Youth in Care for Long Periods of Time</b>			
<b>Measure</b>	<b>Federal Fiscal Year 2007AB</b>	<b>12-Month Period Ending 3/31/2008 (7B8A)</b>	<b>Federal Fiscal Year 2008AB</b>
Exit to Permanency Prior to 18 <sup>th</sup> birthday and in Care 24+ Months (National Standard – 29.1%↑)	15.2%	15.5%	16.2%
Exit to Permanency with TPR (National Standard - 98%↑)	88.6%	89.2%	90.1%
Emancipated with 3 or more years in care (National Standard – 37.5%↓)	43.6%	45.2%	43.8%
<b>Permanency for Children and Youth in Care for Long Periods of Time Standard (121.7↑)</b>	<b>101.7</b>	<b>102.5</b>	<b>102.8</b>

### **Previous Rating**

During the first CFSR, Item 10 was rated a strength in 88 percent of the applicable cases. The reviewers determined that children were receiving appropriate services and the foster care placement was stable. This item was not addressed in the PIP

### **Strengths**

In 2007 the First Lady of Virginia launched the For Keeps Initiative with a goal to ensure that all older children leaving foster care have permanent, stable family connections and the community support to sustain them. This initiative led to the Transformation.

Each LDSS has at least one social worker that works with IL services. Several LDSS have IL units that work directly with older teens. Services must be provided to assist older teens to acquire skills to become self-sufficient and transition from foster care to independence. All youth, 14 or older, regardless of their permanency goal, must have a transitional independent living plan which describes the services that will be provided to prepare them for independence. VDSS has started implementing statewide the Ansell Casey Life Skills Assessment to help determine service needs for these youth. Fourteen LDSS are currently using the Ansell Casey Life Skills Assessment. Other LDSS are using a variety of assessment tools including the Daniel Memorial Independent Living Assessment.

### **Stakeholder Input**

Youth attending the fall 2008 Virginia Youth Advisory Committee (V-YAC) responded to survey questions about what types of Independent Living/Life Skills Training they have received. The majority of the group responded that they had received training on employment skills, problem solving, and educational support. About half indicated they have had some career planning, information on housing, and budgeting classes. Slightly less than half indicated they had received training around positive relationships and assessing resources. Twenty-two of the 31 respondents indicated they have had opportunity to practice the life skills. Several of the youth indicated they were thinking about and planning for their future. Some were planning on going to college or finishing college. Two indicated their desire to enter the military. The majority of the group responded that their social workers and/or foster parents had been helpful to them in planning for the future.

## **Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.**

**Item 11: Proximity of foster care placement.** How effective is the agency in placing foster children close to their birth parents or their own communities or counties?

### **Policy and Practice**

According to 22VAC40-201, the Permanency Services (Prevention, Foster Care, Adoption, and Independent Living) regulation that is currently being promulgated by VDSS: *“The local department shall attempt to place the child in as close proximity as possible to the birth parent’s or prior custodian’s home to facilitate visitation and provide continuity of connections for the child.”* One of the key components of the Practice Model is the belief that children do best when raised in families. The Practice Model states that *“When placement outside the extended family is necessary, we encourage healthy social development by supporting placements that promote family, sibling and community connections.”* The Foster Care Manual states that *“The local department must attempt to place the child in as close proximity as possible to the parent(s) or prior custodian’s home to facilitate visitation.”* The service plan must include *“a discussion of the appropriateness of the placement, which should include the efforts made to place the child in the least restrictive (most family like) setting available that can meet any special needs of the child, and the efforts made to place the child in close proximity to the parent’s home.”*

Appendix C of the Foster Care Manual includes a section on “Selecting a Residential Placement.” In that section it states *“Priority shall be given to facilities that provide services to return children to the community.”*

### **Performance**

According to results from the monitoring completed by Virginia Tech after the first Child and Family Services Review (CFSR), Item 11 was rated a strength in 94 percent of the applicable cases reviewed in 2005 and a strength in 100 percent of the applicable cases reviewed in 2006.

### **Previous Rating**

Item 11 was rated a strength in 94 percent of the applicable cases in the first CFSR, thus it was not addressed in the Program Improvement Plan (PIP). In the cases that were reviewed, it was determined that the child was placed in the same community as the parent or the out of county/out of state placement was necessary to meet the child’s needs.

### **Stakeholder Input**

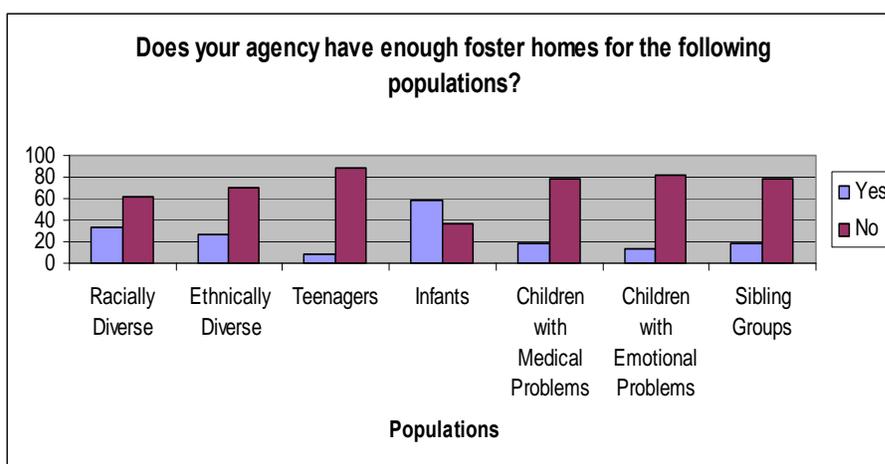
Input received at a Court Appointed Special Advocate (CASA) Directors’ meeting indicated they saw all local departments of social services (LDSS) striving to place children in close proximity to their families. However, this is not always accomplished due to lack of available homes.

Members of the Virginia Youth Advisory Council (V-YAC) participated in a survey as part of a stakeholder focus group at their fall 2008 Conference. Of the teens responding to the question related to the physical location of the foster care placement, six reported that they are currently placed in the same town as their parents and another six are in the same county. Fourteen of the teens are in the same state as their parents while three are in a different state.

## **Barriers**

There are several barriers to placing children in the same community as their parents. Many LDSS report a lack of available foster homes in the communities where the parents reside as well as a lack of homes that can meet the special needs of the children. The efforts to place sibling groups together can be a barrier to finding available homes. LDSS are committed to finding placements for sibling groups whenever possible, and that may lead to placements further from their birth parents at times. Children's behavioral issues also affect placement. There is a perception in Virginia that because of the efforts made by LDSS to keep children from entering foster care, those children who do enter the foster care system have more severe behavioral problems. Because of these behavioral issues, more restrictive placements must often be sought.

In a survey distributed to all LDSS, the LDSS were asked if they had enough foster homes to accommodate the children in placement. The chart below shows the results for the 98 LDSS that responded.



Across the state, there is a lack of placement options for children who have very specialized treatment needs, and one option for these children is to find placements outside Virginia. The Transformation is focusing on bringing children back into their communities to receive services. Some of the children who were in out of state placements in state fiscal year (SFY) 2007 or 2008 have returned to a placement in Virginia due to efforts as a result of the Virginia Children's Services System Transformation (Transformation).

During the past year, a Council on Reform (CORE) workgroup focused on researching best practices for each phase of resource family development with support from national experts. Over the past year, accomplishments in this area included:

- most CORE agencies experienced an increase in the number of people inquiring about foster parenting – generally with a higher proportion of these intakes leading to attendance at orientation;
- many LDSS and licensed child-placing agencies are more aware of (and more likely to utilize) general, targeted, and child-specific recruitment;

- a growing number of LDSS are beginning to track data and use it to inform their resource family development practice; and
- five Regional Family Placement Specialists and a Family Resource Program Manager were hired to provide technical assistance and support to LDSS.

With the passage of legislation creating the Comprehensive Services Act (CSA) in 1992, Virginia created a tool for transforming children's services. By encouraging flexible funding and cross-agency collaboration, CSA offered the promise of serving more children in their own homes and communities – a promise that is being fulfilled through the current Transformation effort. All of the Transformation's building blocks contribute to developing an accessible array of community-based services across the Commonwealth. This approach, which includes wrap around services when needed, reduces the need for more intensive levels of service such as residential care and shortens the length of stay when placement is required. During the past year, Transformation work on the community-based continuum included:

- renewing commitment to community-based approaches through a family-based practice model;
- working with private providers through a dedicated workgroup to restructure their service array to meet the growing demand for community-based services;
- improving communication between the Courts, LDSS, and other key stakeholders to support community-based alternatives to detention;
- documenting and presenting local models for deploying CSA funds to build community-based resources;
- highlighting incentives for community-based services created by new CSA match rates that promote permanency and safety without increasing cost; and
- working with the State Executive Council of CSA to designate Community Service Boards as providers for Intensive Care Coordination.

### **Promising Approaches**

While LDSS report they do not have enough foster homes for all of the different populations of foster children, there is an effort to do something about the situation at the state and local level. Increasing the number of foster homes and the number of foster homes that will take children with special needs will enable LDSS to place children in closer proximity to their birth parents and in their own community. Within the Division of Family Services a Resource Family Team (RFT) has been created. The purpose of the RFT is to promote resource, foster and adoptive parent recruitment statewide. "Family Placement" refers to the Transformation practice of looking for "placement with a family" (as opposed to congregate care settings) whenever possible, including placement with relatives. The RFT includes one Program Manager, who oversees foster family recruitment and retention activities across the Commonwealth, and five Resource Family Specialists (RFS). As of March 2009 there is one RFS in each region. More than simply a regional recruiter, the RFS will provide both direct recruitment activities as well as training and technical assistance to LDSS to develop or refine their own recruitment efforts. Because recruitment, development and support are inextricable, RFS will also work with LDSS regarding resource parents' development issues (e.g., family assessments and "home studies"). Activities undertaken by the RFT will include needs assessments with LDSS, utilization studies of current resource parents, providing a toolkit of resources to bolster recruitment, developing

activities such as intake and orientation, and developing local/regional recruitment plans that are responsive to the needs of the children in care.

The RFT is currently working with Casey Strategic Consulting in the development of a strategic recruitment plan for families that is reflective of not only the ethnic and racial diversity of the children in foster care, but also of the disproportionately large percentage of older youth who are in congregate care settings. Key focus areas within this strategic plan include enhanced use of data to specify the characteristics of children for whom families are most needed (this includes addressing racial disproportionality in care), a consistent process for family development and assessment to ensure that families who are approved are viable placement options for the population in foster care, and the development of both local and regional plans for diligent recruitment. Use of general, targeted and child-specific recruitment strategies are being employed while ensuring LDSS capacity for approving and retaining families. The RFT is aggressively working on a child-specific recruitment framework, as well as the training and technical assistance, to support more child-specific recruitment.

A recent LDSS survey noted targeted recruitment efforts being made. Of the 98 LDSS who responded to the survey, 77 percent reported they have targeted recruitment efforts for teenagers and 70 percent reported having targeted recruitment for sibling groups. These are two of the hardest populations to find foster family homes for at this time in Virginia. Sixty-three percent reported targeted recruitment for children with emotional problems while 52 percent reported targeted recruitment for children with medical problems. Sixty percent of LDSS have targeted recruitment for racially diverse populations.

**Item 12: Placement with siblings.** How effective is the agency in keeping brothers and sisters together in foster care?

### **Policy and Practice**

The 2008 General Assembly modified § 63.2-900.2 of the Code of Virginia to read: *“All reasonable steps shall be taken to place siblings entrusted to the care of a local board or licensed child-placing agency, committed to the care of a local board or agency by any court of competent jurisdiction, or placed with a local board or public agency through an agreement between a local board or a public agency and the parent, parents, or guardians, where legal custody remains with the parent, parents, or guardians, together in the same foster home.”* 22VAC40-201 states *“The local department shall make diligent efforts to place the child with siblings.”* The Practice Model states: *“When placement outside the extended family is necessary, we encourage healthy social development by supporting placements that promote family, sibling and community connections.”*

### **Performance**

According to results from the monitoring completed by Virginia Tech after the first CFSR, Item 12 was rated a strength in 95 percent of the applicable cases reviewed in 2005 and a strength in 99 percent of the applicable cases reviewed in 2006.

### **Previous Rating**

Item 12 was rated a strength in 86 percent of the applicable cases in the first CFSR, thus it was not addressed in the PIP. In nine of the 14 applicable cases, the child was in a placement with at least one other sibling, and in five of those cases, the child was in a placement with all of his or her siblings.

### **Stakeholder Input**

Of the V-YAC youth completing the survey, four reported they were currently placed with their siblings. Twenty-six reported they were not placed with siblings, however, seven of the 26 reported their siblings were not in care. Three reported their siblings had been adopted and four reported their siblings were over the age of 18. One person reported she was not placed with her sibling because her foster mother would not take boys.

### **Promising Approaches**

As mentioned in Item 11, targeted recruitments efforts are being made at both the state and local levels. The regional RFS will be able to provide technical assistance to LDSS around targeted recruitment. These efforts should lead to an increase in the number of resource, foster, and adoptive homes that are willing to accept siblings.

**Item 13: Visiting with parents and siblings in foster care.** How effective is the agency in planning and facilitating visitation between children in foster care and their parents and siblings placed separately in foster care?

### **Policy and Practice**

The 2008 General Assembly modified § 63.2-900.2 of the Code of Virginia to read: *“Where siblings are placed in separate foster homes, the local department, child-placing agency or public agency shall develop a plan to encourage frequent and regular visitation or communication between the siblings. The visitation communication plan shall take into account the wishes of the child, and shall specify the frequency of visitation or communication, identify the party responsible for encouraging that visits or communication occur, and state any other requirements or restrictions related to such visitation or communication as may be determined necessary by the local department, child placing agency, or public agency.”*

Section 63.2-912 of the Code of Virginia states: *“The circuit courts and juvenile and domestic relations district courts shall have the authority to grant visitation rights to the natural parents, siblings, and grandparents of any child entrusted or committed to foster care if the court finds (i) that the parent, sibling, or grandparent had an ongoing relationship with the child prior to his being placed in foster care and (ii) it is in the best interests of the child that the relationship continue. The order of the court committing the child to foster care shall state the nature and extent of any visitation rights granted as provided in this section.”* The visits with grandparents and other relatives do not have to coincide with the visits between the parents and children in foster care.

According to 22VAC40-201: *“A plan for visitation with the birth parents or prior custodians, siblings, grandparents, or other interested individuals for all children in foster care shall be developed and presented to the court as part of the service plan. A plan shall not be required if such visitation is not in the best interest of the child.”* If the grandparents or other relatives are

actively involved in the life of the foster care child, they are generally included in the development of the visitation plan.

Depending on their ability and willingness to care for the child, grandparents are also included in other case related activities. As part of the Transformation, VDSS and CORE are exploring adopting a Family Engagement Model to be used statewide. This building block fulfills the mission of transforming how services are delivered by giving a stronger voice to children and families in decision-making. The 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) that affect a child's life. The model that has been selected is the Team Decision Making (TDM) model. TDM is currently being modified to fit the needs of families in Virginia.

The Foster Care Manual has been revised to include guidelines on what to consider when determining the frequency of visitation between children in foster care and their parents and siblings. The manual states: *“Efforts to maintain contact with the parent(s) or prior custodians in accordance with the goal for the child must begin as soon as the child is placed in foster care.*

- *The child and parent(s) have the right to visit and maintain communication with each other, unless visitation has been restricted by the court. (§63.2-912)*
- *At the time a child is placed in foster care, the service worker must encourage visitation and arrange with the parent(s) a mutually agreeable plan for visitation and other communication such as phone calls, email and letters.*
- *The worker is responsible for facilitating visits.*
- *The frequency and location of the visits should be documented on the Foster Care Service Plan.*
- *Parent(s) must not be prevented from visiting with their children because they do not have transportation. The local department must assist the parent(s), when necessary, to assure that visitation occurs.*
- *If the local department of social services wishes to terminate visitation, it must obtain court approval. If the plan for visitation changes, parent(s) must be notified in writing.*
- *When a child is separated from siblings, the local department of social services must arrange for regular visitation among the siblings.*
- *The requirement to maintain contact between the parent and child also applies to parent(s) who are incarcerated or in a treatment program unless the court has restricted contact.”*

The number of visits between a child and his parents and siblings is not specified in policy. Instead, the social worker and family are given leeway to determine what works best for the family.

The Foster Care Manual indicates that the needs which must be met to achieve the goal for the child must be included in the service plan. The needs should include a plan for visitation between the child and parents/prior custodians. If siblings are separated, a plan for visitation with siblings should be included.

**Performance**

According to results from the monitoring completed by Virginia Tech after the first CFSR, Item 13 was rated a strength in 89 percent of the applicable cases reviewed in 2005 and a strength in 98 percent of the applicable cases reviewed in 2006. The increase in performance is due to workers making a more concerted effort to see that visitations between children in foster care and their parents and siblings in foster care actually occur.

**Previous Rating**

Item 13 was rated an area needing improvement in the first CFSR with 67 percent of the applicable cases rated a strength. It was determined that in 33 percent of the applicable cases the LDSS had not made concerted efforts to ensure that visitation between parents and children and between siblings was of sufficient frequency to meet the needs of the child. To address these issues, in the PIP the Commonwealth indicated that it would:

- establish guidelines for parent(s) and sibling visitation with children and youth in foster care; and
- increase the involvement of resource parents, foster parents, and adoptive parents in facilitating contact between children in care and their parent(s) and siblings.

To meet these two action steps, Virginia utilized the National Resource Center for Permanency Planning and Family Centered Practices to gain insight on other states' policies concerning sibling visitation. Virginia also developed a "Visitation Tool Kit" that included a variety of booklets and articles that was made available to all LDSS.

Foster care policy was revised to include guidelines on what to consider when determining the frequency of visitation between children in foster care and their parents and siblings. Also, VDSS established guidelines on resource parents' and foster parents' roles in facilitating contact between children in foster care and their parents and siblings. Foster Care Regional Specialists held training sessions on the guidelines for LDSS Foster Care Coordinators. The policy was incorporated into the Foster Care New Worker Training in January 2007.

**Strengths**

Training on "Bridging the Gap" was provided to the LDSS that piloted the concurrent planning process in 2006. "Bridging the Gap" is a program that promotes building and maintaining relationships and communication between the birth and foster families involved in a youth's life, or between the foster and adoptive families, with the goal of supporting family reunification or another permanency plan. The benefits of bridging can also be seen between foster parents and extended birth family and between relative caregivers and the child's parents.

**Stakeholder Input**

Stakeholder input taken from the CASA Directors' meeting indicated that there has been a visible positive shift in practice around visitation. The CASA Directors attributed that shift partially to the courts ordering more visits and partially to LDSS making visitation a priority. The directors noted that the LDSS focused more attention and effort on parent/foster child visits than on sibling visitation. The directors also noted that there seems to be a much better line of

communication between social workers and foster parents and a clearer understanding of the role foster parents should take in assisting with visitation.

The V-YAC youth were asked to respond to the following questions “How often do you see...” and “How often do you speak with...” to help gauge connectivity. When asked about seeing their siblings, 17.9 percent stated they lived with or saw them daily, 10.7 percent saw them weekly and 39.3 percent saw their siblings monthly. When asked about seeing their birth mother, 18.5 percent saw their mother weekly and 25.9 percent saw her monthly. When asked about seeing the birth father, the percentage was not as high, 7.7 percent saw their father weekly and 15.4 percent saw him monthly.

The results were slightly more positive when asked “How often do you speak to...?” When asked about speaking to siblings, 22.2 percent stated they lived with or spoke to them daily, 48.1 percent spoke to them weekly, and 11.1 percent spoke to their siblings monthly. When asked about speaking to their birth mother, 12 percent spoke to her daily, 40 percent spoke to her weekly, and 24 percent spoke to her monthly. When asked about speaking to their birth father, 3.8 percent spoke to him daily, 19.2 percent spoke to him weekly, and 11.5 percent spoke to him monthly.

### **Barriers**

According to the LDSS survey and other stakeholder input, transportation remains a major barrier to visitation for both parents and siblings. Foster homes are spread out, making transportation more difficult for all involved. Some parents do not have access to personal transportation and must rely on public transportation such as the bus or metro or ask friends and family for rides. In rural areas of the state, there is no public transportation available. Social workers and/or foster parents must provide transportation for children, and this is not always easily accomplished.

Social workers also report scheduling conflicts as a barrier to visitation. Many social workers try to schedule visits during normal work hours so they can easily transport children as well as have a stable and safe place to conduct the visit. Scheduling visits during work hours also helps to ensure that public transportation is available. However, work day visits can prohibit the parents’ ability to visit. Many parents are working and it is a hardship to take time off from work to visit. Taking time off from work can lead to lower take home pay; less money makes it difficult for parents to purchase items needed in order for the child to return home. There are some LDSS that encourage workers to work flex schedules to accommodate after hours visitation.

Social workers reported a perceived lack of interest by parents as a barrier to visitation. Fifty-seven percent of LDSS (56 agencies) indicated that parents’ lack of interest impeded visitation with their children. Anecdotally, social workers report that issues of drug and alcohol abuse negatively impact many of the parents who are not responsive to visitation with their children.

### **Promising Approaches**

Virginia has implemented some “outside the box” thinking around visitation. One LDSS is paying for siblings who are not placed in the same foster home to attend the same daycare facility. Another LDSS has approved weekend respite for siblings placed in different foster

homes, allowing them to come together for an extended visit. One locality's court has ordered extended family visitation for grandparents, even though the parent's rights were terminated. These best practices have been shared among LDSS during regional supervisors' meetings.

**Item 14: Preserving connections.** How effective is the agency in preserving important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends?

### **Policy and Practice**

According to 22VAC40-201: *“The local department shall attempt to place the child in as close proximity as possible to the birth parent’s or prior custodian’s home to facilitate visitation and provide continuity of connections for the child.”*

The Practice Model states: *“Children have a right to connections with their biological family and other caring adults with whom they have developed emotional ties...Lifelong family connections are crucial for children and adults. It is our responsibility to promote and preserve kinship, sibling and community connections for each child. We value past, present, and future relationships that consider the child’s hopes and wishes.”*

The Foster Care Manual states: *“As team members, foster parents and providers:...Shall gather mementoes (report cards, pictures, awards, etc.) that will go with the child when he/she leaves or may be utilized in preparation of a life book. Life books help children and youth develop and sustain a culturally sensitive, positive identify through identifying, maintaining and building a history of memories and connections. Every child and youth should have a Life book that belongs to them and accompanies them though the course of their involvement in foster care.”* Seventy-two LDSS that responded to the LDSS survey indicated that they usually (17 LDSS), often (21 LDSS), and sometimes (34 LDSS) use life books as a tool to help preserve connections. Workers stress with foster care children that having a connection to their past can help them identify with and feel a part of the families they are currently separated from.

In 2005 the General Assembly modified § 22.1-3.4 of the Code of Virginia to state: *“The sending school division and the receiving school division may agree to allow the child to continue to attend the school in which he was enrolled prior to the most recent foster care placement, upon the agreement of the placing social services agency that such attendance is in the best interest of the child.”* Section 22.1-3.4 also states *“Under no circumstances shall a child placed in foster care be charged tuition regardless of whether such child is attending the school in which he was enrolled prior to the most recent foster care placement or attending a school in the receiving school division.”*

According to 22VAC40-201: *“The child’s desire to remain in his previous school setting shall be considered in making the decision about which school the child shall attend. Local departments shall allow a child to remain in his previous school placement when it is in the best interest of the child to do so.”*

The Foster Care Manual, Appendix C, indicates that if it is in the best interest of the child whose placement is outside his current school district to remain in his current school, the LDSS with

legal custody should explore all options for providing for the child's transportation from the new foster care placement to the previous school. Bus tokens, foster parents transporting the child, and CSA and/or local school district funding for transportation are examples of creative methods that enable the child to remain in his school.

Virginia does not have any federally recognized tribes, although eight state-recognized tribes exist. Each program (child protective services (CPS), foster care, and adoption) has specific policy to ensure an appropriate procedural response when addressing Native American children and children with Alaskan Eskimo heritage in the child welfare system. In the event a Native American child is in imminent danger and does not live on a recognized reservation, the CPS worker has the authority to exercise emergency removal of the child. The LDSS must immediately contact the CPS Unit in the Division before taking any action to place Native American children. The CPS Unit contacts the Bureau of Indian Affairs on behalf of the LDSS to determine which tribe, if any, will take jurisdiction of the child, and how this shall occur. Foster care and adoption policy stipulate that if a LDSS suspects or knows that a Native American child or a child of Alaskan Eskimo heritage is in foster care or is about to be placed in foster care and the child belongs to a tribe located outside Virginia, the LDSS must contact the tribe and the tribal council about the child. If the child belongs to a Virginia tribe, the local court has jurisdiction. However, the LDSS is urged to contact the Virginia Council on Indians and consider tribal culture and connections in the placement and care of the child. At this time, the eight state-recognized tribes are not actively involved in ongoing planning concerning child welfare and do not have a representative on the Child Welfare Advisory Committee.

### **Performance**

According to results from the monitoring completed by Virginia Tech after the first CFSR, Item 14 was rated a strength in 93 percent of the applicable cases reviewed in 2005 and a strength in 98 percent of the applicable cases reviewed in 2006.

### **Previous Rating**

Item 14 was rated an area needing improvement in the first CFSR with 77 percent of the applicable cases rated a strength. It was determined that in 23 percent of the applicable cases the LDSS did not make diligent efforts to preserve children's connections. To assist LDSS in preserving connections for children in foster care, in the PIP the Commonwealth indicated that it would:

- Strengthen statewide use of Life Books to preserve connections;
- Assist LDSS in their recruitment of resource parents, foster parents, and adoptive parents that reflect the ethnic and racial diversity of children in foster care; and
- Strengthen policy and practice on preserving connections for children in foster care to ensure the child remains connected to extended family, heritage, culture, religion, friends, neighborhood, community, etc.

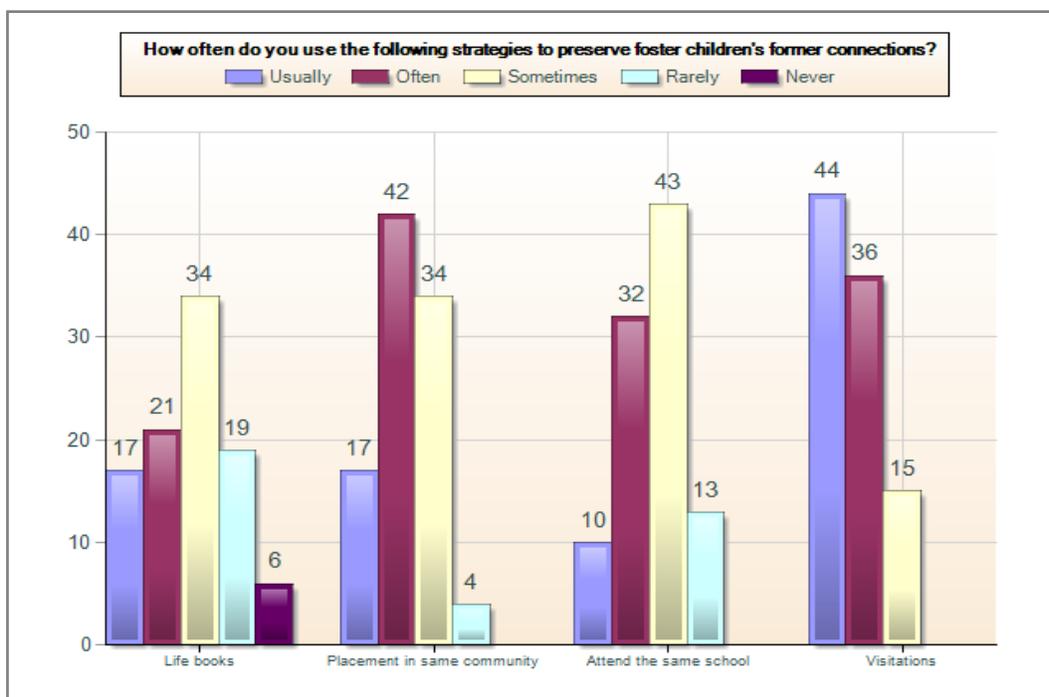
It was recognized that there was a need to recruit more resource, foster, and adoptive parents that reflect the ethnic and racial diversity of children in foster care. To assist with this effort, multilingual brochures were developed to be distributed by LDSS. One brochure talks about

foster care, foster care programs, and what it means to be a resource, foster, or adoptive parent. The other brochure describes how to navigate through the LDSS and access services.

The use of Life Books was incorporated into policy in June 2006 and included in the Foster Care Manual in August 2006. Several LDSS identify Life Books as a training module that is completed as part of the individual training program for workers in their Title IV-E training plans. To further share information about Life Books, VDSS involved CRAFFT. A request was made to include the Life Books information on their website.

**Strengths**

In the LDSS survey social workers were asked how often their agency used several strategies to preserve connections. These strategies included: use of Life Books, placement in the same community, attendance at the same school, and visitations.



**Stakeholder Input**

The V-YAC youth were asked to respond to the following questions “How often do you see...” and “How often do you speak with...” to help gauge connectivity. When asked about extended family, 10.5 percent stated they lived with or saw their extended family daily, 5.2 percent saw their extended family weekly and another 5.2 percent saw them monthly. When asked about prior friends, meaning friends they had before coming into foster care, the youth reported they saw 25 percent daily or lived with them and another 29.1 percent reported seeing them monthly. When asked about participation in clubs or community groups, teens reported 18.2 percent attended daily, while 31.8 percent attended weekly and 27.3 percent attended monthly.

The results were slightly more positive when asked “How often to you speak to...?” When asked about speaking to extended family, 23.8 percent stated they spoke with their extended family daily. 14.3 percent spoke to their extended family weekly, and another 14.3 percent spoke

to them monthly. When asked about prior friends, meaning friends they had before coming into foster care, 40 percent of the youth reported they spoke to friends daily, 8 percent spoke to friends weekly, and another 12 percent reported speaking to them monthly.

When asked if they were encouraged to have their birth parents in their lives, 69 percent responded yes. When asked if they were encouraged to have other relatives in their lives, 76 percent responded yes.

### **Barriers**

Placement location is one of the major barriers to maintaining connectivity for children in foster care. When children are placed out of their communities due to special needs, those children are reliant on social workers, case managers and resource and foster parents to help them keep in contact with those they left behind. The Virginia Children's Services Transformation is trying to address this issue. With a focus on community based placements and wrap around services, it is hoped that there will be more connectivity reported in the future.

### **Promising Approaches**

Training programs, such as "Bridging the Gap," help resource and foster parents understand the importance of preserving connections. Resource and foster parents can help support the children's connections to their families and other important people and places in their lives. VISSTA has been asked to develop a course on this topic for statewide delivery in the coming year.

**Item 15: Relative placement.** How effective is the agency in identifying relatives who could care for children entering foster care, and using them as placement resources when appropriate?

### **Policy and Practice**

Section 63.2-900 of the Code of Virginia states: "*The local board shall first seek out kinship care options to keep children out of foster care and as a placement option for those children in foster care, if it is in the child's best interest, pursuant to § 63.2-900.1.*" Section 63.2-900.1 of the Code of Virginia states: "*The local board shall, in accordance with regulations adopted by the Board, determine whether the child has a relative who is eligible to become a kinship foster parent.*" According to 22VAC40-201: "*The local department shall make diligent efforts to locate and assess relatives as a foster home placement for the child, including in emergency situations.*"

The Foster Care Manual states that in Part B of the Foster Care Service Plan the workers must "*Describe the opportunities for placement with relatives with the intent to transfer custody to them.*" Appendix C of the Foster Care Manual outlines the importance of locating relatives as well as placement with relatives when appropriate. It states: "*Relative placement promotes timely reunification and placement stability, as children placed with relatives experience fewer placement disruptions than children placed with non-related foster parents. Preserving the child's existing connections and relationships to familiar adults is achieved with relative placements. In many instances, relative placement preserves the continuity of care, relationships, culture and environment that are essential to a child's overall well-being...Relative placements facilitate the development of positive self-image, self-esteem,*

*identity, and consequently may help children to avoid the double jeopardy of being abandoned by both parents and family...Family members are the first placement consideration for children who are not able to live with their parents. The responsible LDSS should conduct a relative search to ensure that relatives are given first consideration for placement of children who are not able to live with their parents. Placement with Relatives with subsequent transfer of custody is the second highest priority permanency goal in Virginia statute...At each of the different types of court hearings concerning the child's health and safety, the court may consider placement of the child with a relative or other interested individual as an alternative to foster care. The court may also consider transferring temporary custody to a relative or other interested individual at the preliminary removal hearing or the dispositional hearing. If the court orders transfer of temporary custody to a relative or other interested individual, the order may provide for the initiation and completion of an investigation of the relative or other interested individual; and may require the LDSS to continue supervision of the placement until disposition. The order may also provide for compliance with any preliminary protective order and as appropriate, ongoing provision of services to the child and temporary custodian. A thorough identification of extended family members should be completed with the parents and other sources. Relatives are assessed for their appropriateness to provide a temporary and a permanent home to the child. Interstate referrals should also be completed as soon as possible...The LDSS should make special efforts to recruit a foster family from among the child's relatives." The Foster Care Manual also includes a reminder about cultural considerations that should be taken into account when looking for relatives. There is a diligent search check list and a relative identifier tool that can be used by social workers.*

Appendix C of the Foster Care Manual talks about the need to identify both maternal and parental relatives. The relative identifier form has a contact information section that includes both maternal and paternal information.

Relative caregivers are not accorded the same services as foster parents, but they may apply for food stamps, general relief, Medicaid or Family Access to Medical Security Insurance (FAMIS), and Temporary Assistance for Needy Families (TANF). They are also entitled to preservation and support services.

### **Performance**

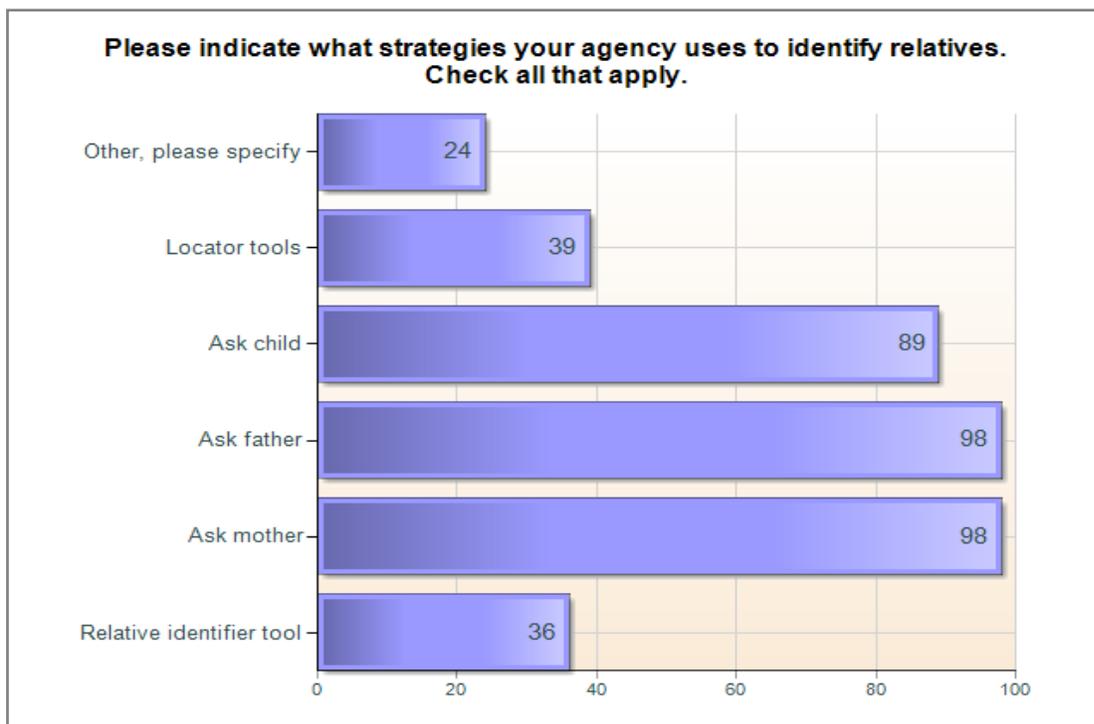
According to results from the monitoring completed by Virginia Tech after the first CFSR, Item 15 was rated a strength in 88 percent of the applicable cases reviewed in 2005 and a strength in 98 percent of the applicable cases reviewed in 2006. Several factors can account for the increase. VDSS and the Court Improvement Program (CIP) worked together to emphasize the importance of conducting relative searches. Both have created relative identifier tools that can be utilized to find both maternal and paternal family members. Training on the VDSS tool was incorporated in the CPS and Foster Care New Worker Training.

In federal fiscal year 2007 there were 7,704 children in foster care in Virginia; 338 children were placed in foster homes (relative) and 562 had a permanency goal of "live with other relatives." For the 12-month period ending March 31, 2008, there were 7,213 children in foster care; 365 children were placed in foster homes (relative) and 495 had a permanency goal of "live with other relatives." In federal fiscal year 2008 there were 7,126 children in foster care; 380 children

were placed in foster homes (relative) and 462 children had a permanency goal of “live with other relatives.” There is an equal emphasis on searching for maternal and paternal relatives. The search for relatives starts when it becomes apparent that the child might not be able to remain in his home and can continue through the time the child is in care. The Transformation has led to an increased emphasis on the importance of relative identification and searches. There has been a significant push to have children in congregate care returned home, placed with a relative, or placed in a family foster home. Because of this push, LDSS have gone back to search for relatives that they may not have found earlier.

Youth present at the V-YAC conference were surveyed about their knowledge of extended family being considered as a placement option. Out of the 30 responses to the question, nine indicated they were aware that extended family members were considered as a placement option; 11 stated that extended family members were not considered as a potential placement; and 10 indicated they were unsure if extended family members were considered as a potential placement. Several of those who indicated their extended family members were not considered as a potential placement provided additional comments explaining why. One said that no one in her family stepped up to take her and another stated that family was not considered because parental rights were terminated.

In the LDSS survey, agencies were asked about the strategies they used to identify relatives. The chart below presents the results.



**Previous Rating**

Item 15 was rated as an area needing improvement in the first CFSR with 74 percent of the applicable cases rated a strength. It was determined that in 26 percent of the applicable cases the LDSS did not make diligent efforts to locate and assess relatives as potential placement

resources. To assist LDSS in locating and assessing relatives as potential placement resources, in the PIP the Commonwealth indicated that it would:

- Develop and utilize a “relative identifier” form to expedite the identification and location of relatives as placement options for children entering foster care. The form should be used to collect such information on relatives as name, address, telephone number, and relationship to child. This information should be obtained on non custodial parents, paternal relatives, and maternal relatives.

The relative identifier form and diligent search worksheet were created in collaboration with CIP staff. VDSS also developed “Relative Search Best Practice Guide” to help workers understand the importance of locating relatives that are able to care for the child and how to conduct the searches. In February 2006, a document identifying on-line locator services was sent to all LDSS. The Foster Care Manual was revised in June 2006 to include information concerning relative searches, and the importance of identifying both maternal and paternal relatives was emphasized. The Regional Foster Care and Adoption Specialists provided training on the tool. The training emphasized the importance of juvenile and domestic relations court judges assisting the LDSS in obtaining the information and the need to search for relatives consistently throughout the life of the case. The updated foster care manual was sent to VISSTA for inclusion in the Foster Care New Worker Training.

Virginia’s CIP also emphasizes the importance of identifying family members when conducting training for judges and members of the legal community. The topic has been addressed at Best Practice Courts Conferences, training for guardians ad litem, and training for attorneys representing parents in child dependency cases. When appropriate, CIP also distributes to the courts and members of the legal community “relatives/interested parties” forms developed and utilized by various localities across the state. Distribution of these forms is intended to show localities seeking to improve their process for early identification of family members and other interested parties what other localities have developed.

### **Stakeholder Input**

Stakeholder input from the CASA Directors’ meeting shows that CASA staff has seen a positive shift towards finding and using relatives as placements. They have also seen the goal of relative placement being used more often in foster care plans. CASA staff indicated they had seen evidence of social workers using the relative identifier tool, and if a social worker was unable to find someone immediately using the tool, they generally made additional efforts to search for relatives throughout the life of the case. There was a lengthy discussion at the CASA Directors’ meeting concerning relative placements and kinship care. CASA staff noted that at times there appeared to be a rush to place children with relatives to keep them from coming into foster care and some of these placements seemed to be premature. Some of the relative placements failed because there was not enough research done on family members, and either they could not meet the needs of the child, or the relatives did not fully understand what they were getting into by taking the children. On the flip side, several CASA Directors related stories about how relative placements took too long. They believed that social workers were reluctant to use family members because of the “apple doesn’t fall far from the tree” mentality.

### **Promising Approaches**

Fairfax Department of Family Services uses Accurint, a database of public records and non-public information operated by LexisNexis, to help locate individuals. Sources of data include the Department of Motor Vehicles, land and deed records, telephone records, utility records, criminal records, voter registrations, business licenses, and others. Jurisdictions give LexisNexis permission to access specific types of records, so not all types of records are available in the different jurisdictions. Entities must have a contract with LexisNexis to access the database.

Accurint can find relatives to the third degree. It can connect people currently or formerly living at the same address and provide address and telephone information to contact people.

Examples of its use include:

- entering the name of an absent parent and a previous address and obtaining a current address and phone number; and
- entering the name of a parent and learning about grandparents, aunts, uncles, and other relatives that are part of a child's family.

Accurint is an extremely helpful tool in locating missing parents and in identifying relatives who may be contacted about serving as a possible placement or other resource for a child.

**Item 16: Relationship of child in care with parents.** How effective is the agency in promoting or helping to maintain the parent-child relationship for children in foster care, when it is appropriate to do so?

### **Policy and Practice**

Section 63.2-912 of the Code of Virginia states: *“The circuit courts and juvenile and domestic relations district courts shall have the authority to grant visitation rights to the natural parents, siblings, and grandparents of any child entrusted or committed to foster care if the court finds (i) that the parent, sibling, or grandparent had an ongoing relationship with the child prior to his being placed in foster care and (ii) it is in the best interests of the child that the relationship continue. The order of the court committing the child to foster care shall state the nature and extent of any visitation rights granted as provided in this section.”*

According to 22VAC40-201: *“A plan for visitation with the birth parents or prior custodians, siblings, grandparents, or other interested individuals for all children in foster care shall be developed and presented to the court as part of the service plan. A plan shall not be required if such visitation is not in the best interest of the child.”*

The guidelines on what to consider when determining the frequency of visitation between children in foster care and their parents can be found in the Policy and Practice Section of Item 13.

The Foster Care Manual discusses what must be included in preparing the foster care service plan. A discussion concerning the needs which must be met to achieve the goal for the child

must be included in the service plan. The needs should include a plan for visitation between the child and parents/prior custodians.

Foster care policy also states: *“The requirement to maintain contact between the parent and child also applies to parent(s) who are incarcerated or in a treatment program unless the court has restricted contact.”*

Parents are encouraged to attend school meetings and medical appointments with their child who is in foster care when it is appropriate to do so.

### **Performance**

According to results from the monitoring completed by Virginia Tech after the first CFSR, Item 16 was rated a strength in 94 percent of the applicable cases reviewed in 2005 and a strength in 99 percent of the applicable cases reviewed in 2006.

### **Previous Rating**

Item 16 was rated an area needing improvement in the first CFSR with 67 percent of the applicable cases rated a strength. It was determined that in 33 percent of the applicable cases the LDSS had not made concerted efforts to support the parent-child relationships of children in foster care. To support the parent-child relationship of children in foster care, in the PIP the Commonwealth indicated that it would:

- Implement guidelines and best practice strategies for visits between the child in care and parent(s) and siblings to facilitate visitation that is responsive to the needs of the child, parent(s) and siblings; and
- Collaborate with VDSS’ Division of Licensing Programs (DOLP) to implement methods in addition to structured visitation for children in foster care and their parents to maintain contact.

The Division of Family Services collaborated with the DOLP to implement methods in addition to structured visitation for children in foster care and their parents to maintain contact. Statewide policy was developed instructing public and private child-placing agencies to develop policy and procedures to institute additional and regular forms of contact such as emails, letters, phone calls, etc. between parents and any child in out of home placements. VDSS developed policy that included the need for LDSS and child-placing agencies to support contact between children and their families. The policy was shared with DOLP and LDSS staff as well as public and private providers.

The policy stated: *“Efforts to maintain contact with the parent(s) or prior custodians in accordance with the goal for the child must begin as soon as the child is placed in foster care.*

- *The child and parent(s) have the right to visit and maintain communication with each other, unless visitation has been restricted by the court. (§63.2-912)*
- *At the time a child is placed in foster care, the service worker must encourage visitation and arrange with the parent(s) a mutually agreeable plan for visitation and other communication such as phone calls, email and letters.*

- *The worker is responsible for facilitating visits.*
- *The frequency and location of the visits should be documented on the Foster Care Service Plan.*
- *Parent(s) must not be prevented from visiting with their children because they do not have transportation. The local department must assist the parent(s), when necessary, to assure that visitation occurs.*
- *If the local department of social services wishes to terminate visitation, it must obtain court approval. If the plan for visitation changes, parent(s) must be notified in writing.*
- *When a child is separated from siblings, the local department of social services must arrange for regular visitation among the siblings.*
- *The requirement to maintain contact between the parent and child also applies to parent(s) who are incarcerated or in a treatment program unless the court has restricted contact.”*

## Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

**Item 17: Needs and services of child, parents, 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?

### Policy and Practice

Both federal (Adoption Assistance and Child Welfare Act of 1980, Public Law 96-272) and state law (§ 16.1-251, § 16.1-253, and § 16.1-278 of the Code of Virginia) require that reasonable efforts be made to prevent or eliminate the need for removal of the child from his home and to make it possible for the child to return home. As part of the initial judicial determination, the local department of social services (LDSS) must document and submit the following to the court: service needs of the child and family; services offered to meet the needs; the family's participation in service planning; and the family's response to the services offered.

According to Child Protective Services (CPS) policy: *“An initial safety assessment is conducted at the beginning of a family assessment or investigation. The purpose of the initial safety assessment and safety plan is to:*

- *Assess whether any children are currently in immediate danger of serious physical harm that may require a protecting intervention; and*
- *To determine what interventions should be maintained or initiated to provide appropriate protection.*

*Safety Assessments differ from Risk Assessments in that the purpose is to assess a child's present or immediate danger and the interventions currently needed to protect the child. In contrast, Risk Assessment evaluates the likelihood of future maltreatment.”*

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.”*

The CPS Manual states *“The broad goals of CPS services are:*

- *Prevention of further abuse or neglect to the child;*
- *Assurance of the child’s safety; and*
- *Maintenance of the child in his family.*

*The local department is responsible for the CPS service planning process. This planning should be based on the assessed risk and family centered and strength based. The service plan should be jointly developed with the family, including both parents and caretakers whenever possible, and should be written in clear and understandable language.*

*The service plan must be based on the local department’s assessment of the following:*

- *Identification and evaluation of significant and interaction of key risk elements;*
- *Family’s view of the situation ,and individual strengths; and*
- *Collaboration with other community resources as needed to reduce risk of further abuse or neglect.*

*The elements of a CPS service plan include:*

- *The local department shall work, in partnership, with the family and other community resources to identify specific behaviors and environmental conditions that need to change in order to prevent abuse or neglect and to provide a safe environment for the child.*
- *When the service plan is completed, the local department must offer or arrange for services and resources appropriate to meet those needs identified in the service plan.*
- *The identified service needs shall be documented in the automated data system.*
- *The service plan must be developed within 30 days of opening the case and include:*
  - *The specific needs identified with the family and the services to be provided to the family to address those specific needs, including the family’s perception of those needs;*
  - *Who will provide the services;*
  - *The frequency of these services;*
  - *A specific time to review the service plan; and*
  - *The goal or expected outcome of the service.*
- *The service plan must be reviewed with the family at least once every three months. Changes to the service plan must be based on the family progress toward attaining specific objectives and reduction of risk of future maltreatment...*

*Every service plan review shall include a risk reassessment with the family and a determination of current level of risk to the child that is reviewed with the supervisor and documented in the automated data system.”*

Section 63.2-905 of the Code of Virginia states: “*Foster care services are the provision of a full range of casework, treatment and community services, including but not limited to independent living services, for a planned period of time to a child who is abused or neglected as defined in § 63.2-100 or in need of services as defined in § 16.1-228 and his family when the child (i) has been identified as needing services to prevent or eliminate the need for foster care placement, (ii) has been placed through an agreement between the local board or the public agency designated by the community policy and management team and the parents or guardians where legal custody remains with the parents or guardians, or (iii) has been committed or entrusted to a local board or licensed child placing agency.*”

Foster care policy requires that an individualized foster care service plan be developed for children and families involved with the child welfare system. When the goal is reunification, the individualized service plan must include needs of and reunification services for the child’s family, as well as services for the child, to enable the child to return home. Services may be provided by the LDSS foster care worker, service providers, community resources, school staff and/or volunteers, depending on the needs documented in the individualized service plan. When reunification is not possible, services to achieve other permanent living arrangements must be provided.

Federal and state laws require that the safety of the child be the paramount concern in service planning (§ 16.1-281 of the Code of Virginia). The service plan must directly address any needs or conditions that led to the placement of the child as defined in the CPS Safety Assessment and the Foster Care Initial Assessment as needing remediation. Appropriate services must be made available to a foster child when that service is documented as needed in the child’s foster care service plan or individual family service plan (IFSP). The plan must reflect the identified needs of the child, the birth parents/prior custodians, and foster parents. If a needed service is not available in the community, it is not included in the service plan. However, local workers may put a service in the plan that is close to what is needed when that service is available in the community (e.g., outpatient substance abuse treatment when there is no in-patient treatment available).

In addition to basing the initial service plan on the CPS Risk Assessment, all children entering care and the family members to whom they are to be reunited must be assessed based on consideration of at least the following factors: background history about the child; and background history about the child’s family and/or previous custodians. In addition, children receiving Comprehensive Services Act (CSA) funded maintenance and services must undergo a uniform assessment to assess behavior and functioning. For children ages seven and above, the Child and Adolescent Functional Assessment Scale (CAFAS) is used. For children age four to seven, the Preschool and Early Childhood Assessment (PECFAS) is used to assess the child. On July 1, 2008 the Office of Comprehensive Services (OCS) began the process of transitioning to the Child and Adolescent Needs and Strengths (CANS) assessment as the mandatory uniform assessment instrument for child served by CSA. CANS will replace CAFAS and PECFAS statewide on July 1, 2009.

Federal and state law requires that children not linger in foster care. Foster care policy states that “*reasonable efforts must be made to reunite the child with his or her family. Reunification*

*services must be provided to the child and parents early in the placement process to ensure that they have adequate time to remedy the conditions that brought the child into care. Social workers will document that reasonable efforts are made to prevent or eliminate the need to remove a child from the child's home and to reunify the family when temporary placement of the child occurs. The intent of providing services to children in foster care and their families is to achieve the permanency goal established for the child by implementing the child's service plan. A wide range of services can be provided to a child and family to achieve the permanency goal for a child. These include, but are not limited to, day care, respite, counseling, parent training, recreation, transportation, and intensive home based services. Each permanency goal selected affects the type and delivery of services provided."*

*The parent(s) will be engaged in planning for themselves and for their child. An outcome based service plan that addresses the health, safety, and well being of the child is developed in writing, and all parties to the planned return are provided with a copy...The parent(s) will follow the service plan and demonstrate an increase capacity to parent. The parent(s) will assure the child's health and safety are protected as evidenced by successful parent-child visits and appropriate involvement in parental responsibilities. The parent(s) will demonstrate an ability to care for himself or herself and a child financially. The parent (s) will accept responsibility for preventing maltreatment of the child and develop an ongoing support network to ensure continued safety of the child at home.*

*The social worker has a corresponding responsibility to make reasonable efforts to reunify the family. This means the social worker must ensure the family is provided appropriate and timely services to facilitate changes necessary for reunification...Activities that support this role include:*

- *Assessing whether the parent is making the necessary behavioral changes in the conditions which led to the removal of the child;*
- *Assessing whether placement is the only safe intervention at this time or whether, with assistance, the child can be safe and healthy while in the care of the family...*

The 40 LDSS that are piloting Structured Decision Making (SDM) use the Family Strengths and Needs Assessment (FSNA) to determine what services a family needs. The Family Strengths and Needs Assessment is a companion piece to the risk assessment. It is used to systematically identify critical family issues and resources and provides a foundation for the service plan. Risk and service needs are generally reassessed every 90 days for as long as the case is open. The Code of Virginia (§§ 2.2-5207 and 5208) requires the usage of a Family Assessment and Planning Team (FAPT) to assess and identify the needs of youth and their families. The assessed needs determine what services will be provided.

### **Performance**

According to results from the monitoring completed by Virginia Tech after the first Child and Family Services Review (CFSR), Item 17 was rated a strength in 88 percent of the applicable cases reviewed in 2005 and a strength in 98 percent of the applicable cases reviewed in 2006.

### **Previous Rating**

Item 17 was rated an area needing improvement in the first CFSR with 74 percent of the applicable cases rated a strength. It was determined that in 26 percent of the applicable cases the LDSS had not adequately assessed and/or addressed the service needs of children, parents, and foster parents. To address this issue, in the Program Improvement Plan (PIP) the Commonwealth indicated that it would:

- Develop and implement strategies to strengthen screening and assessment of needs for children and parents;
- Develop and implement strategies to strengthen service planning for children, parents and resource parents, foster parents, and adoptive parents; and
- Develop and implement strategies to better address the needs of resource parents, foster parents, and adoptive parents through standardized training that will be made available to resource parents, foster parents, and adoptive parents and through on-going peer support.

Foster care policy was modified to incorporate language that states that foster and resource parents are part of the team, and services should be provided to meet their needs. The Regional Specialists provided training on the revised foster care policy to representatives from each LDSS. The Virginia Department of Social Services (VDSS) also provided training, through CRC, on SDM including the Family Strengths and Needs Assessment. VDSS worked with the Virginia Institute for Social Services Training Activities (VISSTA) to provide training to workers on conducting assessments. Foster parents' needs are assessed in various ways given the discretion allowed to each LDSS. Foster parents are included in the assessment process although some variation occurs.

### **Strengths**

LDSS are empowering families to make decisions for themselves and their children. The IFSP relies on the input of families as well as social workers to determine the most appropriate services. Anecdotally, LDSS report practices that involve the family and extended family members in decision making. Richmond City Department of Social Services, for example, has instituted specific case practices to involve the family in service decision-making. Other LDSS also rely heavily on family input in order to avoid placement in congregate care whenever possible (e.g., Hampton Department of Social Services).

### **Regional Issues**

The Western Region has experienced a boom in the numbers of children coming into foster care due to factors such as high unemployment and substance abuse. Some LDSS are not fully staffed and workers' caseloads are high. The ability to meet basic needs and "just keep up" affects the worker's ability to provide in-depth assessments.

### **Stakeholder Input**

Of the 98 LDSS who responded to a survey, almost 70 percent reported talking with family members throughout the family's involvement with the agency which is beneficial in assessing the needs of the family. When asked if children's self identified needs were incorporated into case plans, 99 percent of the responding LDSS responded "yes." When asked if parent's self identified needs were incorporated into case plans, 100 percent of the responding LDSS responded "yes."

**Barriers**

Barriers to LDSS ensuring that families have the capacity to meet their needs include caseload sizes and demands, and a decrease in resources due to budgetary constraints. A recent survey also indicated that family engagement practices vary across the state. VDSS' Division of Family Services is currently concentrating on identifying best practices in family engagement and implementing a formal model that is specific to Virginia.

**Promising Approaches**

Some LDSS have started to use the Ansell-Casey Life Skills Assessment (ACLSA) to identify the needs of older youth in foster care. Fourteen LDSS are involved in the current pilot and over the course of the next 12 to 18 months, plans are in place to implement the use of this tool statewide. The ACLSA is an evaluation of independent living skills of youth. It is an effective assessment and planning tool that can be easily incorporated into a youth-driven practice model. The ACLSA is designed to be as free as possible from gender, ethnic, and cultural biases. It is appropriate for all youth regardless of living circumstances.

The ACLSA is youth centered, strength-based and expert focused. It identifies the youth's strengths and needs in nine domains: career planning, communication, daily living skills, housing and money management, self care, work life, social relationships, and work and study skills. The domain scores indicate areas of strength and opportunities for improvement.

Youth and caregivers (including foster parents, social workers, residential program staff, etc.) complete the ACLSA. For the youth, it is a self assessment. Caregivers complete the assessment based on their knowledge of the youth. The ACLSA heightens awareness and increases the youth's investment in planning and learning life skills. Data from these assessments can be used by VDSS to determine the services provided to the individual youth.

The goal of ACLSA is to:

- Help youth acquire knowledge and understanding about a life skill and then apply the skill in real life situations; and
- Provide curricula for foster parents and other caregivers for teaching the skills identified on the assessment.

**Item 18: Child and family involvement in case planning.** How effective is the agency in involving parents and children in the case planning process?

**Policy and Practice**

See Item 17, Policy and Practice section for information related to involving the child and family in case planning.

Appendix C of the Foster Care Manual discusses preparing the service plan. It goes into detail about how to engage those involved in the planning process. It is crucial to actively engage parents in the process and not just tell them what will happen. The manual instructs social workers to inform parents about the timelines for reunification and to impress on them the need

to participate as much as possible. Children who are old enough (generally age 12 and older) and/or of sufficient maturity should be invited to participate in meetings and service planning involving their case. Again, children should be engaged in the process and not just attend the meeting as a formality. The service plan documents vary across the state depending on whether the VDSS template is used or the local FAPT template is used. All service planning is designed to be individualized, with the service worker completing the document with input from the family, the child when appropriate, other service providers, and any other identified stakeholders. The VDSS Quality Assurance Team and the CSA Quality Management Team review service plans regularly to ensure they are completed and individualized. Virginia is currently involved in establishing a Team Decision Making process that will further enhance development of the service plan as a team process that produces an individualized plan

### **Performance**

According to results from the monitoring completed by Virginia Tech after the first CFSR, Item 18 was rated a strength in 90 percent of the applicable cases reviewed in 2005 and a strength in 98 percent of the applicable cases reviewed in 2006.

### **Previous Rating**

Item 18 was rated an area needing improvement in the first CFSR with 69 percent of the applicable cases rated a strength. It was determined that in 31 percent of the applicable cases the LDSS had not made diligent efforts to involve parents and/or children in the case planning process. To address this issue, in the PIP the Commonwealth indicated that it would:

- Develop and implement strategies to actively involve children and families in service planning.

The “Engaging Families” course was made available starting in February 2005 with over 300 workers attending the training statewide by January 2007. This course is used to strengthen motivational and solution focused interviewing techniques that engage families in assessing their service needs and determining safety.

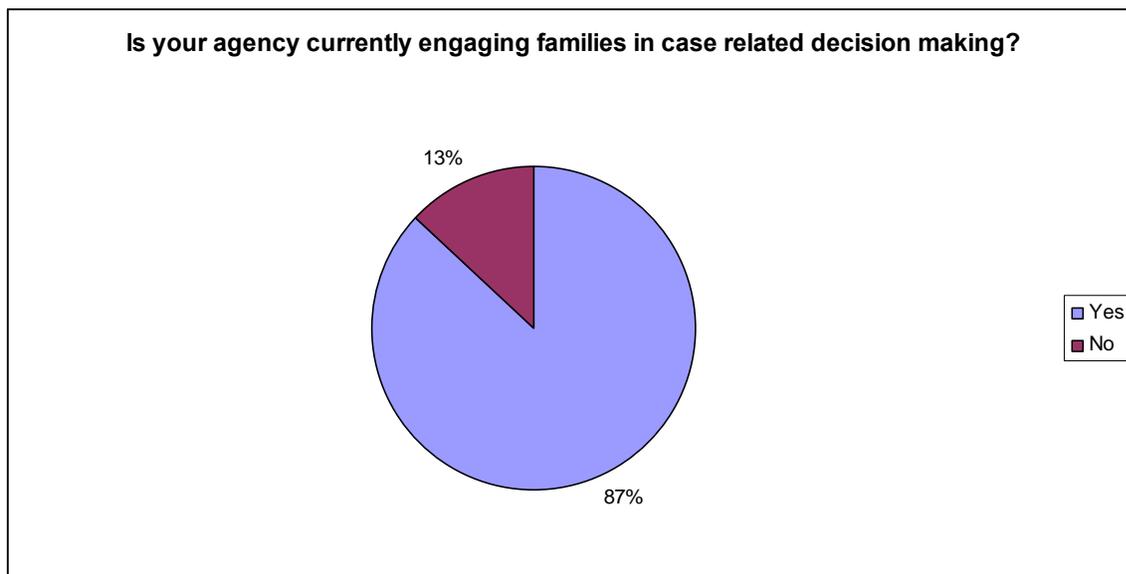
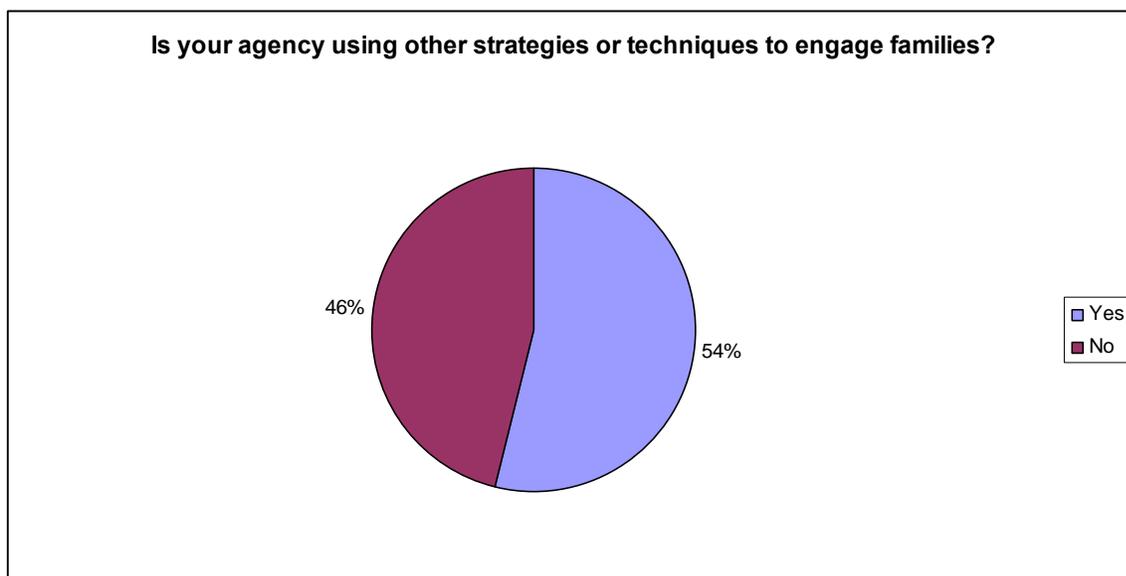
Foster care policy regarding child and family involvement in service planning was strengthened and training was provided to LDSS workers on the policy revisions. The training was provided by the regional specialist to the foster care coordinator in each LDSS. It was the responsibility of the foster care coordinator to provide the training to the rest of the LDSS foster care staff.

### **Strengths**

From July 2006 through September 2008, 97 LDSS employees completed a training course that taught skills concerning assessing the needs of children and families and establishing goals that addressed the needs to promote safety and permanency.

### **Stakeholder Input**

A recent survey of LDSS revealed that they are making deliberate efforts to include children and families in the decision making process. The Charts below show the percentage of LDSS that are using strategies or techniques to engage families and the percentage that engage families in decision making.



Many LDSS are utilizing specific family engagement models for a structured approach to involving families. Of the 67 LDSS surveyed, 40 percent reported using Family Team meetings as an approach to engaging families, 25 percent reported using Team Decision Making, and 16 percent reported using Family Group Conferencing. Other practices used include Bridging the Gap and Nurturing Families.

Teens attending the fall 2008 Virginia Youth Advisory Council (V-YAC) conference were asked to complete a survey about their experience in foster care. They were asked “How often is your opinion included in case plan development.” Of the 28 youth who responded to the question, eight indicated they always or almost always were included in planning. Twelve indicated they were some times included in planning and eight indicated they were not included.

**Barriers**

Social workers responding to the LDSS survey reported several reasons parents are not involved in decision making. A major barrier is the family's lack of transportation which results in an inability to attend meetings. Social workers also reported that families refuse to maintain contact with the LDSS; change addresses; change phone numbers or have phones disconnected; or change or lose jobs, all without letting the LDSS know. This leads to breaks in communications between the social worker and the family. Family conflicts, driven in most cases by substance abuse issues, impede the ability to make appropriate decisions. Additionally, family members often fail to keep scheduled appointments. The Division of Family Services is currently looking at methods to implement statewide that would engage nuclear and extended family members in the decision making process.

**Promising Approaches**

Concerted efforts are being made to develop a deliberate and structured approach to involving families in the decision-making process. As a result, state level policy, training, and technical assistance will be provided to LDSS across the state to identify a process for collaboration between partners and professionals. A family engagement model with an emphasis on Team Decision Making has been developed that provides specific criteria and decision points for how to partner with families. The model requires that the process of engaging families should occur throughout the family's involvement with the LDSS and should begin prior to an out of home placement. It is anticipated that through having a family engagement model, used consistently throughout the state, permanency outcomes for children, including placement with relatives, and placement stability will improve significantly.

Several LDSS have implemented promising approaches that involve the family and child as well as the social worker in making decisions about the best interest of the child. Fairfax Department of Family Services utilizes Family Group Conferencing (FGC) as a voluntary process that brings together immediate and extended family members (and others that the family would like to attend) to make decisions and develop detailed plans to ensure the safety and stability of their children. FGC is often used to prevent children from entering foster care or to transition children from foster care into a permanent home.

Some of the benefits of FGC are:

- It allows families to make the best decisions for their children;
- it builds on the strengths of the existing extended family and community support network;
- it reduces agency involvement in family members' lives;
- it prevents out-of-home placements;
- it promotes every child having a safe and loving home; and
- it decreases the length of stay for children in out-of-home placements.

**Item 19: Caseworker visits with child.** 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?

### **Policy and Practice**

The Child and Family Services Improvement Act (CFSIA) of 2006 (P.L. 109-288) requires states to implement monthly face-to-face contacts by caseworkers with children in foster care. This federal law also requires that "... the caseworker [contacts] are well-planned and focused on issues pertinent to case planning and service delivery to ensure the safety, permanency, and wellbeing of the children". On August 27, 2008 VDSS issued Broadcast 5131 which stated: *"Beginning Sept. 1, 2008, all children in foster care must have face-to-face contact with an approved caseworker. Monthly face-to-face contacts must:*

- *Occur within each and every calendar month...*
- *Be face-to-face...*
- *Occur in the child's place of residence more than 50 percent of the time..."*

Individuals having face-to-face contacts with children in foster care should either be:

- the primary LDSS service worker; or
- other service workers who attend case planning staffings for the child on an on-going basis and are known by the child either through attendance at service planning meetings, family team meetings or through other meetings, court or administrative hearings or conferences; or
- case aides, volunteer, bachelor or master's level student interns as long as they meet the criteria above and are specifically assigned to provide on-going assistance in a particular case; or
- CSA coordinators.

*"Caseworker contacts must be well-planned and focused on issues pertinent to case planning. The over-all focus of worker contacts should be on the child's safety, well-being, and progress to permanency. Key elements to consider in the meaningfulness of such contacts include:*

- *The stated purpose and function of the contact with goals and areas of exploration determined in advance of the visit;*
- *The child's age and developmental level and the best manner in which to communicate with the child;*
- *Who, in addition to the child, can provide information about the child and service plan goals and outcomes;*
- *The safety of the child's environment;*
- *Adequate time to discuss the child's, provider's and family's case plan and the completion of actions necessary to support children and families in achieving the goals established in their plans; and*
- *Examining changes in the child's, provider's, or family's circumstances on an ongoing basis."*

According to 22VAC40-201: *"All children in foster care shall have a face-to-face contact with an approved case worker at least once per calendar month, regardless of the child's permanency goal or placement and in accordance with guidance developed by the Department. The majority of each child's visits shall be in his place of residency.*

- *The purpose of the visits shall be to assess the child's progress, needs, adjustment to placement, and other significant information related to the health, safety, and well-being of the child.*
- *The visits shall be made by individuals who meet the Department's requirements consistent with 42 U.S.C. 622(b)."*

According to CPS policy: *"The frequency of contacts with the child and family should be determined from the needs identified in the service plan, but the following are minimum requirements:*

- 1. Face-to-face contact between the CPS worker and the child and family at least one time per month;*
- 2. The CPS worker must visit in the family home at least one time every other month; and*
- 3. All contacts must be documented in the automated data system."*

### **Performance**

According to results from the monitoring completed by Virginia Tech after the first CFSR, Item 19 was rated a strength in 69 percent of the applicable cases reviewed in 2005 and a strength in 81 percent of the applicable cases reviewed in 2006.

In September 2008, Virginia implemented a monthly visit requirement for children in foster care. Virginia has set multi-year goals to help bring the percentage of monthly worker visits up to the required 90 percent with more than 50 percent being held in the child's place of residence. Currently, information concerning worker visits is gathered on a monthly and quarterly basis and sent to each LDSS for review. This process allows workers an opportunity to ensure their monthly visits are being accurately counted. Supervisors are expected to review the reports to determine which cases have received monthly visits and use the report when talking with workers about the importance of completing quality monthly visits with all children in foster care. According to the last quarterly report, October 2008 through December 2008, 64.4 percent of the foster care cases had monthly visited and 50.65 percent of those visits take place in the place of residency.

### **Previous Rating**

Item 19 was rated an area needing improvement in the first CFSR with 76 percent of the cases rated a strength. It was determined that in 24 percent of the cases the caseworkers visits with the children were not of sufficient frequency and/or the visits did not focus on case planning or goal attainment. To address this issue, in the PIP the Commonwealth indicated that it would:

- Develop and implement policies to increase worker contacts with children and parents; and
- Develop and implement strategies to improve the quality of worker contacts with children.

Both of these action steps were completed.

### **Strengths**

As a result of the new requirements concerning visitation with children in foster care, LDSS are making diligent efforts to conduct monthly visits. A workgroup made up of LDSS workers and state staff was formed to work on Virginia's plan to see all foster children on a monthly basis. LDSS workers on this workgroup began the process by reviewing their case records and highlighting issues with the Contacts screen in OASIS and identifying common errors around data entry concerning visits. Policy, in the form of a broadcast, was sent to all LDSS informing workers of the proper way to record visits.

In collaboration with the Permanency Advisory Committee (PAC), a tool was developed to guide workers during their contacts with children. Specifically, the tool assists the worker in identifying issues that need to be addressed during a home visit. It is a guide for the social worker to document home visits and assist with the on-going assessment of children and families. The regional specialists provide technical assistance as needed on the tool.

### **Stakeholder Input**

Youth that attended the fall 2008 V-YAC conference were surveyed about how often they saw their caseworkers. Of the 30 responses, six reported they saw their case workers weekly and 19 reported they saw their case workers monthly. The youth were also asked about their relationship with their case worker. The majority of the youth responded they had a good relationship with their case worker and the worker is able to help them. Several youth reported that they feel encouraged and supported by their workers.

In a survey completed by 98 LDSS, when asked about making visits with children receiving services, LDSS identified staff shortages, lack of trained staff, distance of the child's placement from the LDSS, and transportation costs as challenges to complying with the monthly visitation requirement.

### **Barriers**

Until September 2008, Virginia's foster care policy required workers to make quarterly visits with children in foster care. Monthly visits are now required, many workers had to adjust their practice for this change. The issue of children being placed out of state is particularly tricky due to travel expenses and the requirement that the social worker involved with the case and not a representative see the child. Due to budget limitations, many LDSS have been unable to fill vacancies or hire new staff to assist with the demands of monthly visitations.

### **Promising Approaches**

The Virginia Children's Services Systems Transformation has several goals. One of these goals is to reduce the number of children placed in a congregate care setting. A reduction in the usage of congregate care will allow LDSS to keep children within their communities. An unofficial goal of the Transformation is to bring all children in care back into the state of Virginia when appropriate. Both of these efforts will make visiting on a more frequent basis easier.

**Item 20: Worker visits with parents.** 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?

**Policy and Practice**

According to CPS policy: *“The frequency of contacts with the child and family should be determined from the needs identified in the service plan, but the following are minimum requirements:*

- 1. Face-to-face contact between the CPS worker and the child and family at least one time per month;*
- 2. The CPS worker must visit in the family home at least one time every other month; and*
- 3. All contacts must be documented in the automated data system.”*

Foster care policy requires workers to encourage and maintain regular involvement with the family to facilitate the return of the child home.

**Performance**

According to results from the monitoring completed by Virginia Tech after the first CFSR, Item 20 was rated a strength in 73 percent of the applicable cases reviewed in 2005 and a strength in 88 percent of the applicable cases reviewed in 2006.

**Previous Rating**

Item 20 was rated an area needing improvement in the first CFSR with 77 percent of the applicable cases rated a strength. It was determined that in 23 percent of the applicable cases the frequency and/or content of caseworker visits with parents were not sufficient to monitor the safety and well-being of the child or promote attainment of case goals. To address this issue, in the PIP the Commonwealth indicated that it would:

- Develop and implement policies to increase worker contacts with children and parents; and
- Develop and implement strategies to improve the quality of worker contacts with children.

Both of these action steps were completed.

## **Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.**

**Item 21: Educational needs of the child.** How effective is the agency in addressing the educational needs of children in foster care and those receiving services in their own homes?

### **Policy and Practice**

Child Protective Services (CPS) policy states: *“the case record should contain...Information that addresses child well-being, such as physical health, mental health and education.”*

Children’s educational issues in on-going CPS cases are addressed on an individual basis. When a CPS worker conducts an assessment of the child’s strengths and needs, educational issues are part of that assessment. The CPS worker is required to refer a child under the age of three in a founded investigation for early intervention services. All localities are served by the Infant & Toddler Connection of Virginia program.

In 2005 the General Assembly modified § 22.1-3.4 of the Code of Virginia to state: *“Whenever a student has been placed in foster care by a local social services agency and the placing social services agency is unable to produce any of the documents required for enrollment pursuant to §§ 22.1-3.1, 22.1-270 or 22.1-271.2, the student shall immediately be enrolled...The sending school division and the receiving school division may agree to allow the child to continue to attend the school in which he was enrolled prior to the most recent foster care placement, upon the agreement of the placing social services agency that such attendance is in the best interest of the child...Under no circumstances shall a child placed in foster care be charged tuition regardless of whether such child is attending the school in which he was enrolled prior to the most recent foster care placement or attending a school in the receiving school division.”*

According to 22VAC40-201, the Permanency Services (Prevention, Foster Care, Adoption, and Independent Living) regulation that is currently being promulgated by the Virginia Department of Social Services (VDSS), *“The service worker shall enroll the child in school as soon as possible but no more than 72 hours after placement. The child’s desire to remain in his previous school setting shall be considered in making the decision about which school the child shall attend. Local departments shall allow a child to remain in his previous school placement when it is in the best interest of the child to do so. Whether the child remains in his previous school or a school change is necessary, the service worker, in cooperation with the birth parents or prior custodians, foster care providers, and other involved adults, shall coordinate the school placement.”*

Every local department of social services (LDSS) is responsible for advocating for the educational needs of children in foster care. Workers or foster parents or both attend the Individual Education Program (IEP) meetings and Family Assessment and Planning Team (FAPT) meetings where the child’s educational needs are addressed. For children with a goal of Permanent Foster Care, the foster parent is responsible for educational advocacy for the child with assistance from the LDSS worker as needed.

Foster Care policy requires that a child be enrolled within 72 hours or by the end of the next day the school is open and that the social worker must provide all required enrollment documents within 30 days of enrollment. In 2005, Virginia passed legislation mandating LDSS and local school districts to consider if it was in the best interest of the child to continue attending his current school when his foster care placement changes. Foster care policy states that consideration of whether or not it is in the best interest of the child to remain in their previous school includes:

- *The child's desires;*
- *Opinion of the parent and/or caregiver;*
- *Travel distance and time that would be spent on travel;*
- *Maintaining the child's social and community connections;*
- *Likelihood of returning home in a timely manner;*
- *Availability of programs able to meet the child's identified needs; and*
- *The time of year (i.e., end of the school year, summer, etc.).*

The Foster Care Manual, Appendix C, which provides procedural and best practice guidance, indicates that if it is in the best interest of the child whose placement is outside his current school district to remain in his current school, the LDSS with legal custody should explore all options for providing for the child's transportation from the new foster care placement to the previous school. Bus tokens, foster parents transporting the child, and Comprehensive Services Act (CSA) and/or local school district funding for transportation are examples of creative options. The Virginia Department of Social Services (VDSS) is revising budget lines to allow transportation costs for children to be educated in their home school to be claimed through Title IV-E or CSA for non-Title IV-E eligible children. This reflects policy guidance issued by the federal government in January 2009.

Some LDSS and local schools have established Memorandums of Understanding (MOU) regarding how they will handle cases when a child is going to continue attending his current school that cover the responsibilities of both agencies, the foster parents, etc.

Foster Care policy also states: *"The service worker, in cooperation with the parent(s) and resource, foster care and/or pre-adoptive provider, should also:*

- *Refer the child for an evaluation for special education if he or she is suspected of having a need for special education services;*
- *Monitor the child's educational progress through conferences with school personnel, attendance at IEP meetings; contact with foster care providers, and parents."*

The initial assessment for all children entering care must include information on educational achievement and difficulties. The Service Plan Review Form must include *"current information on psychological, social and education functions with specific descriptions and recommendations regarding peer relationships, coping mechanisms, learning disabilities, emotional symptoms or behavior problems. The review must address the current educational status of the child."*

Foster care policy states: *“The local department of social services must document that it provided educational and medical information to the foster parents or provider at initial placement, each time a child is placed, and on an on-going basis in order to assure that providers have basic medical and educational information about the child. The local department of social services is required to provide the service plan to foster care providers as a means of meeting this requirement, excluding the sections of the plan describing the reasons why the child cannot return home and the alternatives chosen.”*

Foster care policy requires that educational information on the child be kept in the hard copy record in addition to the documentation in OASIS.

### **Performance**

According to results from the monitoring completed by Virginia Tech after the first Child and Family Services Review (CFSR), Item 21 was rated a strength in 91 percent of the applicable cases reviewed in 2005 and a strength in 98 percent of the applicable cases reviewed in 2006.

### **Previous Rating**

Item 21 was rated a strength in 92 percent of the applicable cases in first CFSR, thus it was not addressed in the Program Improvement Plan (PIP). In 36 of the 39 applicable cases it was determined that all educational needs were assessed and addressed.

### **Strengths**

Ongoing educational efforts to improve and support the well-being of Virginia’s foster care youth include:

- the Independent Living Education and Training Vouchers (ETV) Program;
- participation in the Casey Breakthrough Series Collaborative (BSC);
- the *Education, Collaboration, Transformation Summit*; and
- coordination with the Virginia Community College System (VCCS) in the Great Expectations and Tuition Grant Programs.

These programs serve both foster care youth under the age of 18 and youth aging out of foster care between the ages of 18-21. Services are dependent upon the youth’s needs.

The ETV Program assists eligible foster care and adopted youth with post-secondary education and training expenses. It is designed to help youth aging out of foster care with the education, training, and services needed for successful employment. Funding for the program is supplied in the form of vouchers that can be applied toward, but not limited to, colleges, universities, community colleges, and one-year training institutions. Youth are made aware of the program services and eligibility guidelines through LDSS social workers, Independent Living (IL) coordinators, life skills training and educational workshops, the Virginia Youth Advisory Council (V-YAC), and marketing efforts of the VDSS IL Program. LDSS awareness of ETV has grown as is demonstrated by the fact that only 44 LDSS participated in the program in 2006 and currently there are 99 LDSS participating in the program. While all LDSS are eligible to participate in the ETV Program, some LDSS do not participate because they do not have any eligible foster care youth.

Virginia's Independent Living Program (ILP /ETV) started participating in the Casey BSC in November 2006 and continued through April 2008. Believing that educational continuity and school stability promote positive school experiences leading to improved educational outcomes for foster care youth, the collaborative was an opportunity to test promising practices. The Casey BCS invited state, county, and tribal teams from across the country to initiate strategies that targeted improving the many factors that contribute to poor educational outcomes for children and youth in foster care. Virginia Beach Department of Human Services (VBDHS) was designated as the local test site with surrounding cities collaborating on the project. Participating jurisdictions identified, developed, and tested potentially promising strategies for improving practices in their education and child welfare systems that would ultimately support educational continuity and school stability. VBDHS increased the number of staff members using the education screen in OASIS from two percent to 100 percent. This has an acute impact on accurate data collection and analysis of foster care youth enrolled in and completing secondary and post secondary education. According to the United States Department of Health and Human Services, within two to four years of leaving the foster care system approximately 3 percent of foster youth attend college compared to 60 percent of non-foster care youth. From an emotional and financial perspective, this outcome results in significant economic and social costs to society as a whole.

The type of increase experienced in VBDHS, if replicated across the state, could facilitate greater assurance that progress towards secondary and post secondary completion can be quantified statewide. In addition, it would ensure the integrity of statewide data collection, educational progress, and tracking of youth. This goal is congruent with the Children's Services System Transformation.

The BCS findings were shared at the *Education, Collaboration, Transformation Summit* which convened on October 16, 2008. The summit was a starting point for creating and implementing multi-tiered support systems through collaborative efforts. Summit participants included youth, youth advocates, social workers IL coordinators, foster parents, educators, and program administrators. The long-term goal is to progressively increase the percentage of foster care youth who complete post secondary education. In the short term this calls for incorporating and analyzing data compiled from local agencies to ascertain progress, as well as vulnerabilities that suggest a need for further technical assistance. As a result of the summit, the Virginia IL supervisor and education specialist are in the process of drafting a multi-tiered work plan. The plan is designed to establish strategic steps to enhance and improve the educational outcomes of Virginia's foster care youth. The ETV specialist developed a summit survey and the IL trainer administered, collected, and compiled the results.

From a survey administered at the summit, it has been noted that less than three percent of foster youth successfully complete post secondary education. A lack of educational program awareness, lack of strategic cooperative planning, and developmental challenges endemic to foster care youth have a huge negative impact when coordinated collaboration between diverse stakeholders (social workers, school counselors, foster parents, youth, the community, et al.) does not exist. The education summit was held to stimulate awareness while introducing diverse stakeholders to the basic and interconnected components of the IL program. The objective was to underscore

promising and effective use of the educational components such as ETV, highlight successful cooperative collaborations (such as VCCS-ETV), and underscore emergent promising practices.

Another important example of progress is the collaborative efforts of ILP/ETV and VCCS in the Great Expectations and Tuition Grants Programs. Tuition grants are available to foster care youth enrolled in Virginia Community Colleges. VCCS' Great Expectations Program was initiated at nine community colleges around the state to help teenagers in the foster care system. The goals of the program are:

- To help youth complete high school and transition into higher education;
- To increase awareness about the value of a community college education;
- To increase enrollment in Independent Living programs;
- To increase the number of foster youth who gain employment in desirable jobs; and
- To pilot after school programs at all community colleges for younger foster care youth.

The Great Expectations Kick Off took place in August 2008. Since the program is still in the early phases of implementation, outcome data are not available.

Children under age two who have developmental delays are served through various programs such as the local health department's infant stimulation programs and some local children's hospitals (e.g., Children's Hospital in Richmond). The types of services these programs provide include but are not limited to:

- developmental screening;
- assessment/evaluation;
- physical therapy;
- occupational therapy;
- speech therapy;
- infant education;
- services coordination (case management);
- family support activities and links to other community services;
- special raining events; and
- lending library of materials and equipment.

In addition to services provided by local health departments, the Infant & Toddler Connection of Virginia is a statewide system of services and supports through the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) designed to promote the greatest possible developmental outcomes for Virginia's infants and toddlers with developmental delays or disabilities. The system has been established in accordance with the Individuals with Disabilities Education Act (IDEA), Part C – Early Intervention. The Infant & Toddler Connection of Virginia provides early intervention supports and services to infants and toddlers from birth through age two who are not developing as expected or who have a medical condition that can delay normal development. Early intervention supports and services focus on increasing the child's participation in family and community activities that are important to the family. In addition, supports and services focus on helping parents and other caregivers know

how to find ways to help the child learn during every day activities. These supports and services are available for all eligible children and their families regardless of the family's ability to pay.

There is a MOU between the Commissioner of VDSS and the Superintendent of Public Instruction, Virginia Department of Education, in place concerning the protocol for investigating child abuse and neglect reports against school personnel as well as the identification and reporting of all suspected child abuse and neglect reports. The Code of Virginia, § 63.2-1511 requires each LDSS and local school division to adopt a written interagency agreement as a protocol for responding to suspected reports of child abuse and neglect.

Virginia's emphasis on the role of the FAPT team as a community-based joint decision-making body changes the role of advocacy and educational planning from a LDSS responsibility to a shared responsibility by all members of the community team.

### **Stakeholder Input**

Members of V-YAC participated in a survey as part of a stakeholder focus group at their fall 2008 Conference. When asked "How many times you have changed schools:"

- eight responded "none;"
- seven responded "one or "two times;"
- four responded "three times;"
- one responded "seven times;"
- three responded "eight times;" and
- four responded "many times."

During the discussion part of the focus group, youth indicated that "many" of the changes in schools were directly related to changes in their foster care placements.

Youth responded positively in the focus group about education. Three of the youth were already attending college or taking college level classes. Five of the youth stated they wanted to go to college upon graduating from high school. The group felt their social workers supported them with their educational needs, but also felt there were a couple of areas that might need more attention. Transportation is an issue across Virginia. The youth would like a more stable way to get to and from classes. Public transportation is not accessible in all areas, so some teens are reliant on friends, family, or a taxi to get to and from school. Some youth also recognized their personal lack of study skills and/or motivation and would like to have access to a mentor that would keep them focused.

## **Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.**

**Item 22: Physical health of the child.** How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

### **Policy and Practice**

Child Protective Services (CPS) policy states: *“the case record should contain...Information that addresses child well-being, such as physical health, mental health and education.”* Policy also states: *“Local departments must make available to the child and family the following purchasable services if identified in the service plan...Medical/Remedial Care.”*

According to 22VAC40-201, the Permanency Services (Prevention, Foster Care, Adoption, and Independent Living) regulation that is currently being promulgated by the Virginia Department of Social Services (VDSS): *“The service worker shall ensure that the child receives a medical examination no later than 30 days after initial placement. The child shall be provided a medical evaluation within 72 hours of initial placement if conditions indicate such an evaluation is necessary. The child shall receive well child medical examinations in accordance with the Department of Medical Assistance Services periodicity chart.”*

The Foster Care Manual states: *“The service worker is responsible for ensuring that the child receives a medical examination, using the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program, no later than 30 days after placement. EPSDT is a resource which makes health screening and treatment services available to Medicaid eligible children.”*

Foster care policy states: *“The local department of social services must document that it provided educational and medical information to the foster parents or provider at initial placement, each time a child is placed, and on an on-going basis in order to assure that providers have basic medical and educational information about the child. The local department of social services is required to provide the service plan to foster care providers as a means of meeting this requirement, excluding the sections of the plan describing the reasons why the child cannot return home and the alternatives chosen.”*

Foster care policy requires that copies of the child’s medical exams be maintained in the hard copy file. All medical exams are funded by either Medicaid or through Comprehensive Services Act (CSA).

### **Performance**

According to results from the monitoring completed by Virginia Tech after the first Child and Family Services Review (CFSR), Item 22 was rated a strength in 63 percent of the applicable cases in 2005 and a strength in 75 percent of the applicable cases in 2006.

### **Previous Rating**

Item 22 was rated a strength in 95 percent of the applicable cases in first CFSR since it was determined that local departments of social services (LDSS) had adequately addressed the

children's health needs. Since this item was rated a strength, it was not addressed in the Program Improvement Plan (PIP).

### **Strengths**

LDSS are committed to ensuring that children receive necessary medical treatment regularly and as needed. During 2006, LDSS in the Southwest and Eastern regions of Virginia invited representatives from the Department of Medical Assistance Services (DMAS) to regional staff meetings to provide updated information and technical assistance on EPSDT. These LDSS events were a result of training and collaborative planning between DMAS and the regional Foster Care/Adoption Specialists.

### **Regional Issues**

Workers in the Northern and Western regions have cited the limited number of dentists that will accept Medicaid as an ongoing problem related to ensuring the dental needs of youth are met. To resolve this problem, the Department of Medical Assistance Services has implemented "Smiles for Children" statewide. The goal of the project was to increase the number of dental service providers from 620 in state fiscal year (SFY) 2005 to 1120 by SFY 2008. By September 2008 the number of Medicaid dental service providers had increased to 1128. The number of children ages 0 to 20 using Medicaid dental services increased from 219,968 in SFY 2007 to 240,973 in SFY 2008. The number of children receiving dental services in SFY 2008 was increased by 14 percent from the number of children who were receiving dental services when the "Smiles for Children" program started in SFY 2005

### **Stakeholder Input**

A recent survey of LDSS found that 96 of 98 respondents provide annual dental exams for their foster care children and 95 of 98 respondents provide annual physical examinations.

Youth attending the fall 2008 Virginia Youth Advisory Council (V-YAC) conference answered questions about their physical health needs. All youth who responded to the question "Are your physical health needs met" responded "yes." When asked what could be done to better meet their physical health needs, one youth responded that Medicaid should be available to all youth up to the age of 19 no matter what the youth's income is. Twenty-three youth responded "yes" when asked "Do you see the doctor regularly" and four responded "no" to this question.

### **Barriers**

Barriers to obtaining medical care are the limited availability of providers accepting Medicaid and the long waiting lists for services in some areas. Another barrier is the lack of medical insurance after leaving foster care. Child advocates, supported by the First Lady of Virginia, attempted to have legislation passed in the 2008 General Assembly to expand Medicaid coverage for youth aging out of foster care. Had the legislation passed, Medicaid coverage would have been available to all former foster care youth to the age of 21. Given the current economic conditions, it is unlikely that this legislation will be reintroduced in the 2010 or 2011 General Assembly sessions.

### **Promising Approaches**

Some LDSS have initiated partnerships with their local health departments to provide fee-reduced medical services to children and families in need of care. No information is available on the success of this endeavor yet.

Physical issues for children in on-going CPS cases are addressed on an individual basis. When CPS workers conduct an assessment of the child's strengths and needs, physical health issues are part of that assessment.

**Item 23: Mental/behavioral health of the child.** How does the State ensure that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

### **Policy and Practice**

Foster care policy requires that a formal assessment, such as the Child and Adolescent Functional Assessment Scale (CAFAS) for children age seven and over, and the Pre-School and Early Childhood Functional Assessment Scale (PECFAS) for children ages four to seven, be used to document the child's therapeutic needs. All children are required to have an assessment within 30 days of placement. Assessments are expected to be on-going but must occur every six months, prior to court hearings, in order to assess needed changes in the service plan.

LDSS have been using the CAFAS and PECFAS to assess the mental and behavioral needs of the child. LDSS are beginning to use an alternate method of assessment, the Child and Family Needs Assessment (CANS), which provides a more comprehensive analysis of the service needs of the child. The change to the CANS reflects a 2008 change by the State/Local Advisory Team (SLAT) to respond to localities concerns that the CAFAS was not user friendly and did not adequately identify the full range of mental health, as well as behaviorally health, medical, and other needs of the child. CANS will replace CAFAS and PECFAS statewide on July 1, 2009.

CPS policy states: *"the case record should contain...Information that address child well-being, such as physical health, mental health and education."* Policy also states: *"Any other service that the local department identifies as appropriate may be purchased on behalf of the child and family, if it is included in the CPS service plan and is to prevent further abuse or neglect."*

*Examples of purchased services include but are not limited to: emergency shelter for families; emergency needs; child care; and counseling and treatment services."*

Mental health needs of children in on-going CPS cases are addressed on an individual basis. When CPS workers conduct an assessment of the child's strength and needs, mental health issues are part of that assessment. The CPS worker is required to refer a child under the age of three in a founded investigation for early intervention services. All localities are served by the Infant & Toddler Connection of Virginia Program. There is a joint Memorandum of Understanding signed by the Commissioners of VDSS and Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) outlining the two agencies working relationship.

Individual counseling, group counseling, family counseling, crisis counseling and inpatient care are provided to children and families in on-going CPS cases, as needed. Many of these services are provided by the local Community Services Boards (CSB).

### **Performance**

According to results from the monitoring completed by Virginia Tech after the first CFSR, Item 23 was rated a strength in 85 percent of the applicable cases in 2005 and a strength in 98 percent of the applicable cases in 2006.

### **Previous Rating**

Item 23 was rated a strength in 81 percent of the applicable cases in first CFSR. Overall, Item 23 was rated an area needing improvement because in 19 percent of the applicable cases it was determined that LDSS did not make sufficient efforts to address the mental health needs of the children. In one case the child did not receive a formal mental health assessment at entry into foster care and there was evidence that a mental health assessment was needed; in two cases children with mental health needs did not receive ongoing mental health treatment; and in four cases mental health services were delayed, unavailable, or insufficient to meet the child's needs. In the PIP, the commonwealth indicated that it would:

- Provide guidelines and tools to local departments of social services on mental health screening of children entering foster care and children and families receiving ongoing CPS services; and
- Implement strategies to increase mental health resources.

Both of these action steps were completed.

### **Strengths**

The majority of LDSS are utilizing a standardized assessment tool to determine the mental health needs of the child. With the replacement of the CAFAS with the CANS, the mental, behavioral and emotional health needs of children will be more accurately assessed. The CANS, developed by Dr. John Lyons, is a valid and reliable tool for assessing a broader range of children's needs. One strength of the CANS is the fact that it can be (and was) revised with Dr. Lyons' assistance, to reflect the unique needs and characteristics of Virginia's children.

LDSS are also using mental health assessments, neuropsychological tests, psychological evaluations, Individual Education Program (IEP) school child studies, Parent Infant Education Program (PIE), developmental assessments, speech and hearing assessments, social histories, and life skills assessments as alternate methods for determining mental health and behavioral needs.

LDSS have developed partnerships with other child serving agencies (CSB, CSA, etc.) to effectively use multiple funding sources to provide "whatever is necessary" to meet the child needs. By blending funding sources and using local funds, localities in Virginia have effectively developed case-specific service planning that develops and wraps needed services, including mental health services, around youth and families. Hampton's CSA has developed a guide on how to develop such an integrated partnership to serve the needs of the child while maintaining the child in the community if possible. This includes responding to the child's need for mental

health services by developing child-only contracts with individual providers. Other localities have blended local funding to hire mental health providers in areas where no one locality could afford such services. Children in on-going CPS cases can receive these services if funds are available.

### **Regional Issues**

Workers in the Northern and Central regions identify long waiting periods to get an appointment with the community services board as a concern in meeting the mental health needs of children and families. Southwest Virginia reports difficulty in locating Medicaid providers. Travel time to a mental health provider is a challenge in rural areas.

### **Stakeholder Input**

Youth attending the fall 2008 V-YAC conference answered questions about their mental and emotional health needs. Twenty-four youth who responded to the question “Are your mental health and emotional needs met?” responded “yes;” two responded “no;” and two responded “somewhat.”

According to 98 LDSS who responded to a survey sent to all LDSS, 94 percent use the PECFAS and CAFAS as tools for assessing the mental health and behavioral needs of the child and family.

LDSS staff report that despite identifying the mental health needs of children and youth, the task of finding local providers makes it difficult to meet their needs. LDSS resort to placing children in more restrictive placements outside their home community in order to provide the child with the mental health services needed.

### **Promising Approaches**

VDSS and LDSS have contracted for attachment disorder assessments from the University of Virginia for the past several years. Since 2006, more providers in Virginia have been trained to conduct these assessments and LDSS are now able to obtain attachment assessments easier than in previous years.

As noted in the Service Array section, funding was approved by the 2008 General Assembly to increase mental health services to children and adolescents through the CSB. In addition, legislation and funding was made available to create Intensive Care Coordinators (ICC) whose job includes intensive case management for youth in or at-risk of residential care. Working in conjunction with the CSA Coordinator and the LDSS case manager, the ICC had the capacity to ensure that case planning for at-risk youth is done frequently and the youth’s mental and emotional needs are planned for as the youth steps down into less restrictive settings. Children eligible for ICC are identified through the case planning process that occurs at local Family Assessment and Planning Team (FAPT) meetings. Because FAPT is a multidisciplinary team mandated by the Code of Virginia to review service needs of children, it provides a door to ensure children in foster care are referred for mental health treatment to avoid residential care or step down into community-based, less restrictive settings. The ICC is a member of the CSB, thus bringing a more involved presence of the State’s mental health services network to the child welfare services planning table. The ICC role is clinically based and works in an integrated

fashion with the casework management focus of local foster and adoption workers. Both the Office of Comprehensive Services (OCS) and DMHMRSAS monitor the ICC to ensure the intent of the law is carried out. Because this is a new program of mental health-related care in Virginia, no data regarding numbers served or outcomes achieved are available.

### **Barriers**

Despite DMAS' increased efforts to educate LDSS on the benefits of using EPSDT to screen for and access mental health services for youth, the lack of Medicaid providers for children and youth remains a problem throughout Virginia. LDSS do not regularly use EPSDT if they believe they will not be able to access providers who accept Medicaid.

Mental health services in the rural parts of the state are limited and waiting lists are lengthy. Some services (e.g., mental health assessments) are typically available and accessible for most clients. Other types of assessments are not as frequently available or accessible (e.g., attachment disorder assessments). A comprehensive review of the gaps in assessments is contained in the Service Array section of this report.

## Statewide Information System

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

### Policy and Practice

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

Through OASIS, children and families can be tracked statewide, regardless of locality, from the child protective services (CPS) point of entry into the child welfare system through the foster care system and completion of the adoption process, as appropriate.

The Code of Virginia, § 63.2-1514 states: *“The Department shall maintain a child abuse and neglect information system that includes a central registry of founded complaints, pursuant to §63.2-1515. The Department shall maintain all (i) unfounded investigation, (ii) family assessments, and (iii) reports or complaints determined to be not valid in a record which is separate from the central registry and accessible only to the Department and to local departments for child-protective services. The purpose of retaining these complaints or reports is to provide local departments with information regarding prior complaints or reports...The record of unfounded investigations and complaints and reports determined to be not valid shall be purged one year after the date of the complaint or report if there are not subsequent complaints or reports regarding the same child or the person who is the subject of the complaint or report in that one year...The record of family assessments shall be purged three years after the date of the complaint or report if there are no subsequent complaints or reports regarding the same child or the person who is the subject of the report in that three-year period.”*

According to 22VAC40-705 (CPS regulation): *“‘Child Abuse and Neglect Information System’ means the computer system which collects and maintains information regarding incidents of child abuse and neglect involving parents or other caretakers. The computer system is composed of three parts: the statistical information system with non-identifying information; the Central Registry of founded complaints not on appeal; and a data base that can be accessed only by the Department and local departments that contains all non-purged CPS reports...*

*‘Central Registry’ means a subset of the child abuse and neglect information system, and is the name index with identifying information of individuals named as an abuser and/or neglector in*

*founded child abuse and/or neglect complaints or reports not currently under administrative appeal, maintained by the Department...*

*All complaints and reports of suspected child abuse and/or neglect shall be recorded in the child abuse and neglect information system. A record of all reports and complaints made to a local department or the Department, regardless of whether the report or complaint was found to be a valid complaint of abuse and/or neglect shall be retained for one year from the date of the complaint...During the course of the investigation, the child protective services (CPS) worker shall make and record in writing in the state automated system the following contacts and observations... When any of these contacts or observations is not made, the CPS worker shall record in writing why the specific contact or observation was not made...*

*The local department shall report all founded case dispositions to the child abuse and neglect information system for inclusion in the Central Registry pursuant to subdivision 5 of §63.2-1515 of the Code of Virginia and 22VAC40-700-30. Identifying information about the abused and/or neglector and the victim child or children reported include demographic information, type of abuse or neglect, and date of the complaint. The identifying information shall be retained based on the determined level of severity of the abuse or neglect pursuant to the regulation dealing with retention in the Central Registry, 22VAC40-700-30.*

*Pursuant to 22VAC40-700-30, names will be retained in the Central Registry for:*

- a. Eighteen years past the date of the complaint for all complaints determined by the investigating agency to be founded, Level 1.*
- b. Seven years past the date of the complaint for all complaints determined by the investigating agency to be founded, Level 2.*
- c. Three years past the date of the complaint for all complaints determined by the investigating agency to be founded, Level 3.*
- d. If an individual is involved in multiple complaints, the information from all founded complaints will be maintained until the last deletion date has been reached."*

*CPS policy states: "The local department must document the report or complaint in the automated data system within three working days, regardless of whether the complaint or report is determine to be valid or invalid. All contacts in the family assessment and investigation must be entered into the automated data system to document the local department's response to the report and to document compliance with CPS program requirements. This includes documentation of all attempted contacts as well as case planning that affect the initiation of the family assessment or investigation."*

*CPS policy also requires the following to be documented in the automated data system:*

- the decision about the safety of the child(ren) in the home; and*
- the contacts required by regulation and reasons why any mandated contacts or observations were not made or completed.*

For ongoing CPS cases, CPS policy requires the following to be documented in the automated data system:

- the contacts with the child and family;
- the need for all purchased services;
- all services provided;
- risk reassessment and a determination of current level of risk to the child;
- the continuing service plan; and.
- the decision to close the CPS on-going case.

The Code of Virginia, § 63.2-907 states: *“The Department shall establish and maintain... (b) a tracking system of every child in the care and custody of or placed by local boards in order to monitor the effectiveness of service planning, service objectives and service delivery by the local boards that shall be directed toward the achievement of permanency for children in foster care.”*

According to 22VAC40-201, the Permanency Services (Prevention, Foster Care, Adoption, and Independent Living) regulation that is currently being promulgated by the Virginia Department of Social Services (VDSS): *“Information on every child in foster care shall be entered into the Department’s automated child welfare system in accordance with guidance developed by the Department...”*

Current foster care policy states: *“OASIS is the automated child welfare system in Virginia. OASIS is the official system of record in Virginia. All foster care case information that can be documented using the screens available in the OASIS system must be completed for every case...”*

*The Code of Virginia and federal law require that information be maintained in the state approved child welfare system (OASIS) and every child in foster care be tracked so that the Department may monitor service delivery and planning for achieving permanency. This includes children placed under a non-custodial foster care agreement. OASIS is Virginia’s official system of record in which cases must be documented and tracked. Data utilized for state and federal reporting and planning are extracted from OASIS; therefore, all case data must be entered into OASIS accurately within 30 days of each case event occurrence. Information for every child in foster care must be entered into OASIS as soon as possible but no later than 30 days after the child’s custody is transferred to a local department of social services or he/she is placed in foster care. A delay in the entry of OASIS will result in a federal penalty under the federal Adoption and Foster Care analysis and Reporting System (AFCARS). The worker is responsible for entering and updating all case data in OASIS as soon as possible but no later than 30 days after each activity or event...*

*OASIS must be kept up-to-date to reflect required elements needed for AFCARS compliance and compliance with other federal and state requirements. The AFCARS elements are highlighted in red in the system while the other mandated elements are highlighted in yellow. The worker is responsible for entering and updating all case data, including placement information, in OASIS as soon as possible, but no later than 30 days after each activity or event... The case narrative in OASIS should include, but is not limited to, descriptions of the following events and activities:*

- *face-to-face client contacts;*
- *court hearings;*
- *family visits;*
- *provider contacts; and*
- *telephone contacts...*

*The foster care case must be closed in OASIS as soon as possible but no later than 30 days after the child leaves care of the local department of social services. Failure to enter this date within the specified period results in an AFCARS error. If the family is still receiving services from the local department, the worker will need to change the AFCARS case type from foster care to the appropriate case type...When closing a case in OASIS, the final case contact should reflect the case disposition at case closure, a summary of services in place at termination, child and family adjustment, over-all case progress and a summary of the final court hearing. Workers should follow OASIS procedures for discharging a child from care and, when applicable, case closure.”*

### **Previous Rating**

During the last Child and Family Services Review (CFSR), Item 24 was rated a strength because OASIS was able to identify the legal status, demographic characteristics, placement location, and goals for every child in foster care. Therefore, this item was not addressed in the Program Improvement Plan (PIP).

### **Strengths**

Over the past two years VDSS has worked hard to improve the accuracy and quality of OASIS information. The Division of Family Services (Division) has implemented the Data Integrity Initiative which seeks to improve the quality of data captured in OASIS. The Outcome Based Reporting and Analysis Unit is responsible for the Data Integrity Initiative which began as a result of issues related to data quality that arose during the review of AFCARS submissions. Prior to the submission of AFCARS reports, VDSS staff members review all data elements to identify problems that may be occurring statewide or in a particular LDSS. Corrective action has always been taken on elements above the 10 percent error rate, but the Data Integrity Initiative has improved Virginia’s AFCARS submissions by working with LDSS to clean up cases any time an element reaches an error rate higher than 5 percent. VDSS staff members address each problem in a way that is appropriate for that particular problem. The solution might be a statewide broadcast with new instructions, a change to screen edits, or a call to a LDSS to walk through a problem with a particular worker or supervisor.

A series of broadcasts has been distributed to local workers concerning common data entry errors, reminders on how to appropriately complete screens in OASIS, and specific directions on how to complete the funding screens. Guidance for each of these areas is posted on the internet. The guidance includes step by step processes and screen shots. As a result of the Data Integrity Initiative there has been an increase in the quality of the OASIS data, especially around discharge and length of stay data elements. The data quality for characteristics such as legal status, demographic characteristics, placement location, and goals for children in foster care is very high. Ninety-nine percent of cases have placement information; 92 percent of cases have legal basis information; and 97 percent of cases have established permanency goals. All cases have demographic information.

A new release of enhancements to OASIS was issued in March 2009. One of the major revisions in this release was changes to the “Foster Care Placement” screen. The screen was reformatted in an effort to improve the flow of the screen and to make a clear separation between a placement change and a discharge from foster care. These enhancements will eliminate the “missing children” that appear in each AFCARS submission.

The creation of the Outcome Based Reporting and Analysis Unit (Unit) represents an increased focus on the importance of data to help improve the outcomes for the children and families served by the Commonwealth’s child welfare system. The Unit has placed an emphasis on data dissemination and has increased the availability of outcome based reports. This Unit produces the CFSR outcomes reports that monitor local performance on all CFSR outcomes and are distributed to LDSS each quarter. This report was recently revised to reflect the changes made at the federal level to the performance outcomes. The development of a monthly management report is now underway, as are plans to expand longitudinal data analysis. In the summer of 2009 the Division will make Safe Measures available to all 120 LDSS. This will allow for biweekly updates on performance outcomes and process data for local employees, from the director to the front line workers.

Virginia is working with the Casey Strategic Consulting Group on Virginia’s Children’s Services System Transformation (Transformation), a strategic approach to transforming the Commonwealth’s child welfare system. Over the past year a group of 13 LDSS, known as the Council on Reform or CORE, has been working to improve processes and implement a continuous quality improvement approach. One of the main components of the Transformation is learning to manage by data. The CORE agencies have been learning to set outcome goals and make decisions using information more easily and accurately extracted from OASIS. The Outcome Based Reporting and Analysis Unit has developed reports for the CORE agencies which have helped them in setting the performance targets for various outcomes (e.g. reducing congregate care, increasing discharges to permanency, etc).

The Transformation began rolling out statewide in January 2009. As the different regions of the state begin to work on the Transformation, regional collaborations are forming. The Outcome Based Reporting and Analysis Unit is conducting a series of trainings to help the LDSS learn the importance of performance management and data driven decision making. National experts are participating in these training sessions to familiarize staff with the basics of performance management, a review of Transformation outcomes, and methods of incorporating data into local level decision making. These training sessions will continue, gradually increasing in the level of sophistication of the material presented.

The Division has recognized a need to provide refresher OASIS training to child welfare workers and supervisors. Currently the only regularly provided training on OASIS is part of the new worker training that is offered in the different program areas. The Division developed refresher training and starting in January 2009 offered the training statewide with CPS, foster care, and supervisor classes. Although this training was not mandated, it was offered several times in each region for maximum worker participation. At this time the number of employees who took

advantage of this training opportunity is not known. After March 2009 the material from these courses will be available on-line.

### **Stakeholder Input**

The Family Services Steering Committee and several expert panels worked with VDSS over the past several years identifying needs and issues related to child welfare and information systems. The expert panels were comprised of local CPS, foster care, adoption and Title IV-E eligibility workers who use OASIS on a regular basis. These groups developed requirements for the proposed state approved child welfare information system (SACWIS). The informational needs and improvements identified by these groups relate to the OASIS system as well and are being incorporated into the improvements that are being made to OASIS.

### **Barriers**

Since the last CFSR, Virginia explored the option of having a SACWIS compliant system. One of the SACWIS requirements is that there be a single financial system from which all checks are cut. It was determined that Virginia would be unable to meet this requirement. In Virginia's state supervised, locally administered system, payments are made at the local level with local governments having to put up a match for the federal/state funds. Since local governments cannot transfer money to the state, there is no way that checks can be cut at the state level. During the time that VDSS was working on developing a SACWIS system, needed changes and modifications were not made to OASIS. Resources have now been reallocated to make needed enhancements to OASIS.

Virginia, like other states, is facing tremendous budget challenges. This impacts all areas the child welfare system as there are fewer resources to meet the needs of the system. There has been a reduction in Information Technology and training staff. The shortage of resources slows down the acquisition of new technology as well as the development of improvements to the existing system. There are fewer staff members to provide OASIS refresher training and train local workers on changes made to OASIS. The inability to have ongoing OASIS training contributes to incorrect data entry and the accompanying AFCARS errors.

### **Promising Approaches**

Since the last CFSR the Division has begun adopting a Continuous Quality Improvement (CQI) model that makes data driven decision making a critical aspect of improving outcomes for Virginia's children. Currently in design, it is likely that outcome data will be used to rank LDSS with a focus on assisting those at the bottom of the list while visiting high performing LDSS to glean best practices.

As the Division moves toward its CQI vision, partnerships with external organizations have developed. The Division has sent staff to the Chapin Hall Advanced Analytics training and has joined the Chapin Hall Data Center (Data Center). By becoming a Data Center member, the Division has begun shifting data analysis from a point in time to a more longitudinal approach. Similarly, the Division has recently entered into a contract with the Children's Research Center (CRC) to acquire SafeMeasures, a comprehensive reporting and quality improvement system that allows for drill down data analysis and report publishing. By the summer of 2009 all 120 LDSS will be able to use SafeMeasures to view current performance on specific measures and see how

the LDSS performance has changed over time. The LDSS will be able to drill down to obtain a list of cases for a particular measure. Obtaining the list of cases will help the LDSS to take corrective action to improve both data and service delivery.

## CASE REVIEW SYSTEM

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

### Policy and Practice

According to 22VAC40-201, the Permanency Services (Prevention, Foster Care, Adoption, and Independent Living) regulation that is currently being promulgated by the Virginia Department of Social Services (VDSS): “*‘Service plan’ means a written document that describes the programs, care, services, and other support which will be offered to the child and his parents and other prior custodians pursuant to § 16.1-281 of the Code of Virginia... There shall be a current service plan for every child in foster care. The service plan shall specify the assessed permanency goal and, when appropriate, the concurrent permanency goal and shall meet all requirements set forth in federal or state law. The development of the service plan shall occur through shared decision-making between the local department; the child; the birth parents or prior custodians; the foster, adoptive, or resource parents; and any other interested individuals. All of these partners shall be involved in sharing information for the purposes of well-informed decisions and planning for the child with a focus on safety and permanence.*”

Foster care policy is in place that provides a process to ensure that every child in foster care has a written case plan that is developed jointly with the child and the child's parent. Foster care policy states: “*The service plan must directly address any needs or conditions that led to the placement of the child as defined in the child Protective Services Safety Assessment and the Foster Care Initial Assessment as needing remediation. Any appropriate service must be made available to a foster child when that service is documented as needed in the child's foster care service plan or individual family service plan (IFSP).*” A full service plan on all children must be completed within 60 days of custody/placement (whichever comes first) of a child through court commitment, non-custodial foster care agreement, or a permanent entrustment or within 30 days of signing a temporary entrustment for a placement of 90 days or more.

“*The worker responsible for case management (local department or other public or private agency) must involve the parents or prior custodians, foster parents, resource parents, pre-adoptive parents, residential care providers, and, as appropriate, the child in service planning. Local departments must attempt to involve all relevant agencies and individuals in service planning. Parental consultation, in developing the service plan, is essential except when parental rights have been terminated or the local department of social services or other designated agency has made diligent efforts to locate the parent(s) and such parent(s) cannot be located (§ 16.1-281 of the Code of Virginia).*”

Foster care policy states that “*The plan must include:*

- *The reasons the child came into care and why placement is needed;*
- *The services offered to prevent removal of the child from the home of the birth parents/prior custodian;*

- *The child's situation at the time of placement in relation to the child's family. Information regarding the child's health and educational status must also be included;*
- *The nature of the placement or placements that will be provided the child. This must include a description of the type of home or facility in which the child is to be placed;*
- *A discussion of the appropriateness of the placement, which should include the efforts made to place the child in the least restrictive (most family like) setting available that can meet any special needs of the child, and the efforts made to place the child in close proximity to the parent's home;*
- *A discussion of how any court orders in respect to this child were carried out;*
- *The needs, which must be met to achieve the goal for the child. Needs should be identified for the child, the birth parents/prior custodians, and foster parents. The needs should include a plan for visitation between the child and parents/prior custodians. If siblings are separated, a plan for visitation with siblings should also be included;*
- *The permanency goal selected for the child and family including the rationale as to why this goal is selected;*
- *If a concurrent permanency plan is developed, the service plan must identify the alternate goal selected for the child and the needs and services related to achieving the alternate goal;*
- *The program, care, services and support which will be offered and a discussion of how these services will meet the specific needs of the child, parents/prior custodian, and foster parents. For teens 16 or over, the specific independent living services to meet the needs of the youth to assist the youth, family and foster family or care provider in the youth's transition to independence;*
- *Target dates for completion of the services provided to the child, the parents/prior custodians, and foster parents;*
- *Responsibilities, including conduct and support, which will be sought from the parents or prior custodians, which should include target dates for completion;*
- *Responsibilities assigned to the child, the foster parents, adoptive parents, or other foster care provider with target dates for completion;*
- *The projected date for goal achievement; and*
- *An indication of whether the child, parents or prior custodians, or foster parents were involved in the planning process. If the parents/prior custodians were not involved, the reason must be explained.*

*The items above are covered in Part A of the Foster Care Service Plan. A separate section of the foster care service plan or the IFSP must be completed when the child cannot be returned to parents or prior custodians. This is Part B of the Foster Care Service Plan form. Depending on the goal for the child, it must:*

- *Include a full description of the reasons the child cannot return home;*
- *Describe the opportunities for placement with relatives with the intent to transfer custody to them;*
- *Include a plan to lead to termination of parental rights within the time frames specified in the adoptive placement plan;*
- *Specify why each goal of a higher priority cannot be achieved; and*

- *Explain why where appropriate, permanent foster care, independent living, or continued foster care is the plan for the child.”*

A new service plan is required:

- as a result in a change of goal;
- for the permanency hearing; and
- when a child returns from a commitment to the Department of Juvenile Justice.

*“The plan submitted at the permanency planning hearing must address additional issues related to achieving permanency for the child when a child continues in foster care. They are as follows:*

- *If the local department decides that it is in the best interests of the child to ask for continued custody and the goals are return home, placement with relatives, or continued foster care, the service plan must describe how the local department intends to accomplish the goals of return home or placement with relatives in the next six months. If the goal is continued foster care, the local department must identify a new goal and describe how it will achieve that goal in the next six months; and*
- *The local department must explain in the Foster Care Service Plan Part B why the child could not be returned home, placed with relatives, or if the goal is continued foster care, achieve any other permanent goal at this time;*
- *If the local department petitions the court to transfer custody to parents, prior custodians or relatives, the agency does not have to submit a new Foster Care Service Plan to the court at the permanency hearing. It will describe the reunification services that will be provided to the family in the foster care service plan review form. If the court does not approve the transfer of custody, the local department will need to develop a new Foster Care Service Plan identifying how it will achieve the goal for the child in the next six months;*
- *The local department must determine whether it will petition for termination of parental rights. If the local department determines it will not petition for termination of parental rights at the permanency planning hearing, it must document in the Foster Care Service Plan or the Permanency Plan (Part B) one of the following exceptions:*
  - *Termination of parental rights (TPR) is not in the best interests of the child. The law requires that the local department of social services document a compelling reason explaining why termination is not in the best interests of the child,*
  - *The child is being cared for by a relative, or*
  - *The local department has not provided services to the parents deemed necessary for the safe return of the child.”*

*State Board of Social Services policy and the Code of Virginia require that service plans for children in custody or foster care placement be reviewed to assure the effectiveness of permanency planning for every child...A formal review must be held at least every six months. The types of reviews are foster care review hearings, permanency planning hearings, administrative panel reviews, and supervisory reviews. These review dates must be entered into OASIS.*

*Prior to the Foster Care Review Hearing, the Permanency Planning Hearing, or the Administrative Panel Review, the worker should reassess the progress that has been made toward meeting the goal in the service plan. The worker should record the results of that reassessment on the Service Plan Review Form developed in accordance with the requirements below...Input from the birth family or prior custodian, foster parents, or other providers, and when appropriate, the child, should be sought in completing this reassessment.*

*The Service Plan Review Form must be signed by the worker and supervisor, and includes:*

- *The services which were offered to the child and family to meet the needs identified in the last service plan;*
- *The appropriateness of services, and the barriers to goal achievement, including:*
  - *An identification of resources that are needed by the family that are not available in the community; and*
  - *A discussion of the effectiveness of the services provided;*
- *Any changes in the service plan, such as changes in services, placement, or visitation;*
- *The reasons for retaining the child in care, including efforts to return the child home, and when appropriate, an assessment of the risk to the child should the child return home or be placed with relatives;*
- *The birth family's or prior custodian's current situation;*
- *The frequency, duration, location, and results of any visitation;*
- *Information about the child's relationship with the birth family, including relatives;*
- *Information regarding the child's current relationship with siblings and, if siblings are not placed together, services being provided to achieve reunification and maintain contact among siblings;*
- *Pertinent information about birth, medical and developmental history of the child, if not available in prior assessments;*
- *Information on current health and physical development and recommendations for any necessary follow-up treatment or further checkup with specialists;*
- *Current information on psychological, social and educational functioning with specific descriptions and recommendations regarding peer relationships, coping mechanisms, learning disabilities, emotional symptoms or behavior problems. The review must address the current educational status of the child;*
- *Information from the foster parents or other providers about the child's adjustment to foster care and the child's current level of social and emotional functioning. Information about the child's relationship with the foster parents or other providers to assess the degree of attachment with the child;*
- *Any changes in identified needs and services to be provided during the next six months for children and their families; and*
- *A statement that parents with residual parental rights or prior custodians have been notified in writing of any change in placement, visitation privileges, and provided 10 days advance notice of the panel review.*

22VAC40-705, the Child Protective Services (CPS) regulation, states: “‘Service Plan’ means a plan of action to address the service needs of a child and/or his family in order to protect a child

and his siblings, to prevent future abuse and neglect, and to preserve the family life of the parents and children whenever possible.” According to CPS policy: “The elements of a CPS service plan include:

- *The local department shall work, in partnership, with the family and other community resources to identify specific behaviors and environmental conditions that need to change in order to prevent abuse or neglect and to provide a safe environment for the child.*
- *When the service plan is completed, the local department must offer or arrange for services and resources appropriate to meet those needs identified in the service plan.*
- *The identified service needs shall be documented in the automated data system.*
- *The service plan must be developed within 30 days of opening the case and include:*
  - *The specific needs identified with the family and the services to be provided to the family to address those specific needs, including the family’s perception of those needs;*
  - *Who will provide the services;*
  - *The frequency of these services;*
  - *A specific time to review the service plan; and*
  - *The goal or expected outcome of the service.*
- *The service plan must be reviewed with the family at least once every three months. Changes to the Service Plan must be based on the family progress toward attaining specific objectives and reduction of risk of future maltreatment.”*

Local departments of social services’ (LDSS) child welfare supervisors have the ability to review On-line Automated Services Information System (OASIS) data pertaining to service plans and the timeliness of the reviews of the service plans. Supervisors are expected to conduct a case staffing to review the information and ensure timeliness.

### **Performance**

According to results from the monitoring completed by Virginia Tech after the first Child and Family Services Review (CFSR), Item 18 (children and family involvement in case planning) was rated a strength in 90 percent of the applicable cases reviewed in 2005 and a strength in 98 percent of the applicable cases reviewed in 2006. The case plan should be individualized to the family. It should address the underlying issues and problems that are not only brought to the LDSS’ attention, but also those issues and problems that are discovered during interaction with the family.

### **Previous Rating**

In the first CFSR Item 25 was rated an area needing improvement because children and parents were not consistently involved in the case planning process across the State. In the Program Improvement Plan (PIP), the Commonwealth indicated that it would:

- *Involve parents and children, if appropriate, in the process of assessing needs and developing service plans to meet the identified needs;*
- *Implement concurrent planning to ensure parents and children are involved in the services planning process; and*

- Design and implement a quality assurance process to monitor written case plans and the inclusion of the child and child's parent(s) in the planning process, when appropriate.

In 2005 VDSS made the "Engaging Families" course available statewide. This course introduces child welfare workers and supervisors to strength-based interviewing techniques that engage families to assess their service needs and determine safety. Techniques that are appropriate at the different stages of change and solution focused methods are introduced. More than 300 LDSS staff members statewide received this skills training by January 2007. This course continues to be offered statewide on a regular basis.

Immediately following the last CFSR, VDSS contracted with Virginia Tech to conduct case reviews in all LDSS using the CFSR case review instrument. The reviews examined outcomes for a sample of children and families involved with the child welfare system with a focus on the quality of services and practices unique to the LDSS. In addition to reviewing the information in the case files, the social workers responsible for the cases in the sample were interviewed. When the contract with Virginia Tech ended, the VDSS regional staff assumed more responsibility for monitoring the LDSS. Effective October 2007, each Regional Specialist was required to review at least eight LDSS per year. CPS Specialists were required to review 10 to 15 CPS cases in the LDSS they reviewed, with the number of cases being determined by the size of the LDSS caseload. Foster Care/Adoption Specialists were required to review four to 12 foster care and adoption assistance cases, dependent on the size of the caseload of the LDSS. The reviews were focused on both compliance issues and outcomes for children and families.

Once a case review was completed, a written report of the findings was prepared with separate components for each program, which included trends, compliance with timeframes, and review of outcomes for the clients receiving the service. The report was then shared and discussed in person by the reviewers with the LDSS director, supervisors and staff. Follow-up visits were made with the LDSS to gather feedback on the review and to establish and monitor a corrective action plan for the LDSS to correct deficiencies found during the review. The results of the reviews were used by Central Office staff to determine the need for additional training and clarification to policy.

The newly formed Quality Review Unit (Unit) within the Division of Family Services consists of four monitors and a supervisor. The Unit began conducting monitoring visits in July 2008. Using an instrument based on the CFSR tool, the monitors began with LDSS that were being considered for the CFSR on-site review in July 2009. While the current review instrument is based on the CFSR, the Unit will broaden the scope of its reviews to include Title IV-E, issues that may be raised by the State's Auditor of Public Accounts, and outcomes and processes related to Virginia Children's Services System Transformation (Transformation). The efforts of the Unit will provide important feedback to LDSS as they improve their processes and will identify both challenges and best practices. The mission of the Unit is to support the quality work of LDSS through case reviews recognizing best practices and opportunities for improvement resulting in favorable outcomes for children and families in the areas of safety, permanency and well being. The Unit works directly with LDSS staff during the monitoring visits. At the end of the review, feedback is given to the LDSS director. The LDSS has an opportunity to discuss any concerns they have with the review. The Regional Specialist reviews

the results of the monitoring report with the LDSS and helps them formulate an action plan for areas that need improvement.

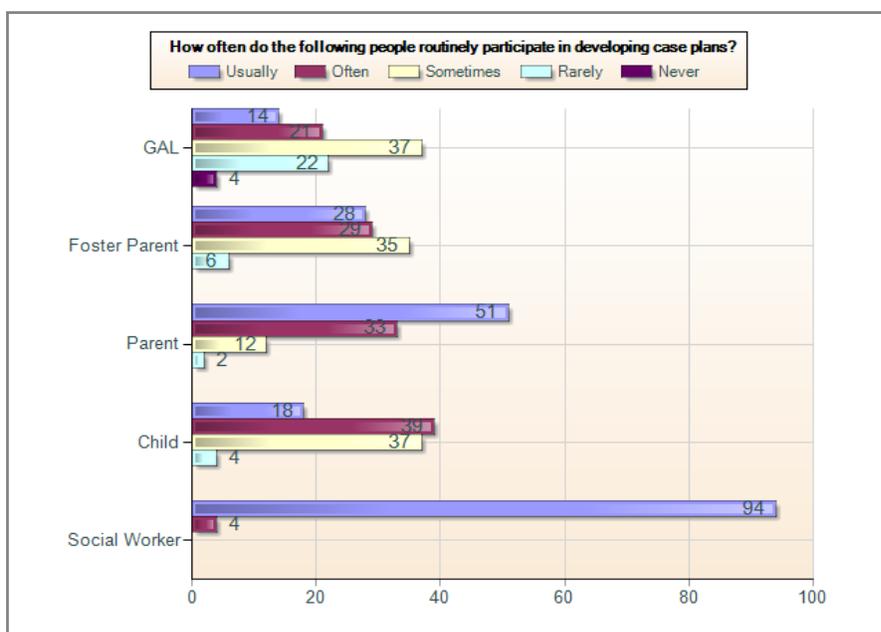
**Stakeholder Input**

Thirty-two foster care youth from across Virginia participating in a teen focus group at the fall 2008 Virginia Youth Advisory Council (V-YAC) meeting were asked the following questions:

- Does our caseworker include you in making case plan decisions? (Deciding where you will live, your permanency goal, what services you need and will receive, your contact with your family members, evaluating how things are going for you.)
- Does your caseworker encourage you to discuss the issues described above? and
- Do you get a copy of your case plan?

The youth provided mixed responses to being included in case plan decisions and discussions. One youth indicated that his caseworker never visits him. Several said the caseworkers asked their opinion but did not use what they said. They all replied that they got a copy of their case plan.

In a survey sent to all 120 LDSS, agencies were asked “How often do the following people routinely participate in developing case plans?” Ninety-eight LDSS responded to the survey. As shown in the chart below, parents and children participate in developing the case plan the majority of the time. Many social workers have changed their practice since the last CFSR and have been making more concerted efforts to include families in the planning process. When asked what strategies are used to ensure participation, more than 60 percent of the LDSS responded that they utilized flexible meeting times and almost 40 percent indicated they used flexible meeting locations. Some LDSS (35 percent) indicated they utilized transportation assistance and almost 24 percent stated that child care was provided.



## **Barriers**

Barriers to involving children and their parents in case planning include:

- birth parents failure to maintain contact with the LDSS and notify them of address changes;
- parent's dysfunction due to alcohol and drug use or severe cognitive deficits;
- children on AWOL status;
- child's dysfunction due to alcohol and drug use or severe cognitive dysfunction; and
- high turnover rate of child welfare staff; and

## **Promising Approaches**

Many LDSS are utilizing specific family engagement models for a structured approach to involving families in the service planning process. Of the 67 LDSS surveyed, 40 percent reported using Family Team meetings as an approach to engaging families, 25 percent reported using Team Decision Making, and 16 percent reported using Family Group Conferencing. Other practices used include Bridging the Gap and Nurturing Families.

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

## **Policy and Practice**

The Foster Care Manual identifies the following types of reviews. The supporting section of the Code of Virginia is provided after each state court review hearing referenced.

- ***“Foster care review hearing:*** *This is a court hearing to review progress made on the foster care plan. This hearing is held within six months of the 75-day dispositional hearing or the hearing approving the entrustment agreement and continues to be held in certain instances. (§ 16.1-282 of the Code of Virginia)”*

At the conclusion of each hearing by the juvenile and domestic relations district court (JDR), an order is entered which documents the date, time, and nature of the next required hearing in the case of a child in foster care. Copies of these court orders are typically distributed to all parties at the conclusion of each hearing. This is the recommended practice for all stages of the child dependency court process so parties “never leave court without scheduling and documenting the next event in the case.”

The JDR court judges and Clerk's Office staff are familiar with the required timeframes for processing child dependency cases. The court orders reference above and the automated scheduling system used by many JDR courts are designed to schedule subsequent hearings within the required time periods. For example, within five months of the foster care review hearing, an initial permanency planning hearing is held to establish a permanent goal for the child and either to achieve the permanent goal or to defer such action through the approval of an interim goal. A second permanency planning hearing may be held on an interim plan and must be scheduled within six months of the initial permanency planning hearing.

- ***“Permanency planning hearing:*** *The purpose of this court hearing is to establish a permanent goal for a child and the court must indicate that either the permanent goal has been achieved or defer such action through the approval of an interim plan for the child. This hearing is generally held within five months of the first foster care review hearing and within 11 months of the dispositional hearing at which the first court order is entered placing the child in foster care.*

*The local department is required to petition the court to take one of the following permanency actions:*

- *Return custody to parents or prior custodians;*
- *Dissolve the non-custodial agreement and return the child home;*
- *Transfer custody to relatives;*
- *Terminate parental residual rights pursuant to §16.1-283;*
- *Place the child in permanent foster care;*
- *Approve the goal of independent living for a child 16 and over if other goals are not appropriate. The local department must file a service plan, which includes a transition plan; or*
- *Approve the goal of another planned permanent living arrangement.”*

If return home remains the plan for the child and the standards of § 16.1-282.1B are met, the court may approve an interim plan and continue custody with the LDSS or transfer custody to the LDSS for a child in non-custodial foster care for a maximum of six months. If return home is not the plan for the child and the standards of § 16.1-282.1 are met, the court may also approve an interim plan for a child with the same custody options for a maximum of six months. The standards in § 16.1-282.1B which govern the approval of interim plans by the court are:

- *“When returning home remains the plan for the child, that the parent has made marked progress toward reunification with the child, the parent has maintained a close and positive relationship with the child, and the child is likely to return home within the near future, although it is premature to set an exact date for return at the time of the hearing ; or*
- *When returning home is not the plan for the child, that marked progress is being made to achieve the permanent goal identified by the board or child welfare agency and that it is premature to set an exact date for accomplishing the goal at the time of this hearing.”*

A permanency planning hearing may be held earlier than the timeframes stated above if permanency can be achieved for the child earlier. A second permanency planning hearing is required when a permanency action is not achieved at the first permanency hearing and the court approves an interim plan. The second permanency planning hearing is held within six months of the initial permanency planning hearing.

At each of these permanency planning hearings, the court must make judicial determinations that reasonable efforts have been made to reunite the child with the

parents, if applicable, or that the agency had identified a permanent goal for the child other than returning the child home, and reasonable efforts have been made to achieve the permanent goal identified in the foster care plan. If the court determines that reasonable efforts do not need to be made to reunite the child with the parent at a hearing other than a permanency planning hearing, a permanency planning hearing must be held within 30 days of that hearing. (§ 16.2-282.1 of the Code of Virginia)

- **“Foster care review hearings after a permanency goal is approved:** *The purpose of these foster care review court hearings is to review progress in cases where the permanency goals of reunification, placement with relatives, adoption, permanent foster care, independent living, or “another planned permanent living arrangement” have been approved. Except for the goal of “another planned permanent living arrangement,” the foster care review hearings for these approved goals are held annually after the permanency planning hearing. Administrative panel reviews are held at six-month intervals between these yearly court reviews. These court hearings are discontinued once the final order of adoption is issued or the child turns age 18. Court hearings are held every six months to review the placements of children with the approved goal of “another planned permanent living arrangement.” (§ 16.1-282.2 of the Code of Virginia)”*
- **“Administrative panel reviews:** *Federal law requires reviews of cases of children in foster care every six months. These case reviews may be in the format of court hearings or alternating administrative panel reviews (APR) conducted by LDSS. LDSS reviews are held every six months for children who are subject to annual foster care reviews by the court and who have an approved permanent goal of:*
  - Adoption;
  - Permanent Foster Care; or
  - Independent Living.

*APR begin six months after a permanency planning hearing at which one of the above referenced goals is approved by the court. The child then alternates six month APR with annual foster care review hearings until a final order of adoption is issued by the court or the child reaches the age of 18. (§ 63.2-907 of the Code of Virginia)”*

According to 22VAC40-201: *“An Administrative Panel Review shall be held six months after a permanency planning hearing when the goals of adoption, permanent foster care, or independent living have been approved by the court, unless the court requires more frequent hearings. The child will continue to have Administrative Panel Reviews or review hearings every six months until a final order of adoption is issued or the child reaches age 18. The local department shall invite: the child; the birth parents or prior custodians, when appropriate; the child’s foster, adoptive, or resource parents; placement providers; guardian ad litem; CASA; and other interested individuals to participate in the Administrative Panel Reviews. The local department shall consider all recommendations made during the Administrative Panel Review in planning services for the child and birth parents or prior custodians and document the recommendations on the Department approved form. All interested individuals, including those not in attendance,*

*shall be given a copy of the results of the Administrative Panel Review as documented on the Department approved form.”*

*Foster care policy states: “The function of the APR is advisory. Recommendations made as a result of the APR process should be considered in planning services for the child and family. These reviews provide a forum for consideration, discussion, and planning for the care of the child as well as for a review of the effectiveness of service provision for the child and family. These reviews provide an opportunity to ensure that children, parents, the local department, and other team members involved with the family remain committed to and are making every reasonable effort to achieve the goal identified for the child... The findings of the panel and any recommendations made by the panel, including changes to the service plan, must be recorded on the Administrative Panel Review Form or the Adoption Progress Report in OASIS. Recommendations from the APR that result in a change from the existing service plan should be documented. Local departments should consult with their attorney regarding the appropriate process for communicating these changes to the court.”*

Foster care review hearings and permanency planning hearings have strict timelines for court review. Any hearings not held within time guidelines established by law would be considered out of compliance. Unfortunately, statewide data for the timely completion of these hearings is not available. The Court Improvement Program (CIP) is currently working with individual courts to review compliance with the time guidelines utilizing case information the local court enters into the Courts Automated Information System (CAIS).

### **Performance**

OASIS has the capacity to record the dates of court hearings as well as APRs. To monitor compliance with holding the reviews in a timely manner, the Administrative Review Report was created. This report is run every six months and is used by supervisors and regional specialists to monitor compliance with the review schedules. If a hearing was not recorded, the case detail information can be forwarded to the LDSS. Technical assistance is offered to LDSS with hearings or reviews found out of compliance. Between March 1, 2008 and February 28, 2009, the reviews or hearings took place in a timely manner for 8578 children (89 percent). According to information obtained by the Data and Outcome Based Reporting and Analysis Unit, there is, however, a delay in entering the information on the Court Screen in OASIS. VDSS staff has been working on cleaning up OASIS data, and the issue of entering the APR and court review hearing dates into the computer has been addressed.

### **Previous Rating**

In the first CFSR Item 26 was rated an area needing improvement because it was determined that the status of each child in foster care was not reviewed at least once every six months on a consistent basis across the State. In the PIP the Commonwealth indicated that it would:

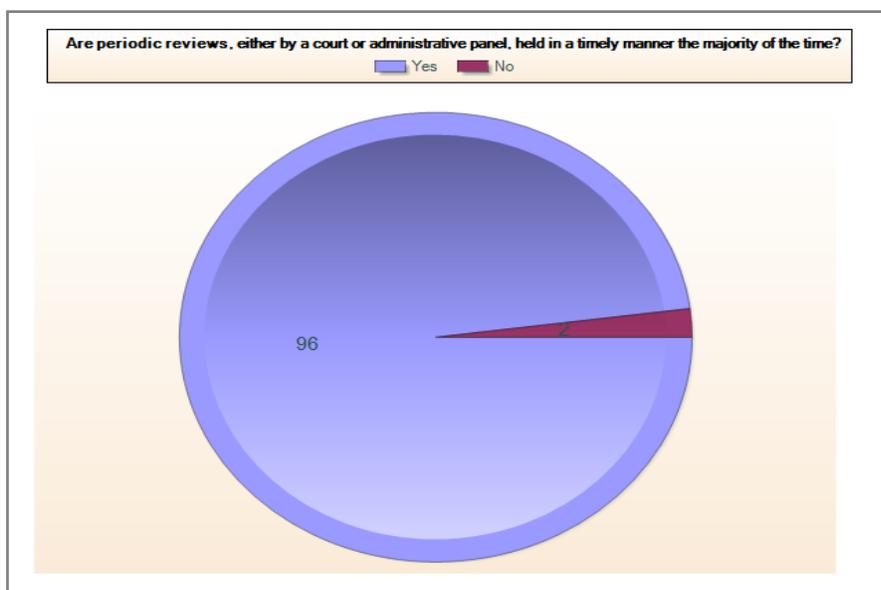
- Provide clear guidance on timeframes for holding administrative panel reviews, participants to be included and procedures for administrative panel reviews; and
- Conduct full administrative panel reviews for children in foster care with the goals of adoption, permanent foster care, and independent living, alternating with court hearings.

Both of these action steps have been completed.

### **Stakeholder Input**

A Court Appointed Special Advocate (CASA) director stated that in the last few years the LDSS in her county has began conducting foster care planning meetings. These meetings are held outside of the court hearings but allow relatives and others involved with the child to come together to provide input on the progress and direction of the case.

According to the 98 LDSS who responded to a survey sent to all 120 LDSS, periodic reviews, either by court or administrative panel, are held in a timely manner in 96 of the 98 LDSS. The two LDSS that indicated a lack of timeliness stated that either a delay in scheduling by the court, a continuance, or the unavailability of a parent was the cause of the delays. The chart below presents the data on the timeliness of the periodic reviews



### **Barriers**

Some LDSS in Virginia are struggling with staffing issues. Staff turnover and vacancies sometimes lead to a delay in filing petitions for court reviews in a timely manner. There has been some confusion among workers around holding APR for children with the goal of permanent foster care. Some workers understood that if a child had an approved goal of permanent foster care the APR requirement was waived. When necessary, technical assistance has been provided to LDSS to make them aware of the APR requirements for children with the approved goal of permanent foster care. Virginia law was amended in 2002 to require that children with the approved goal of permanent foster care have annual foster care reviews by the JDR court. These hearings have been integrated into routine court processes.

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

**Policy and Practice**

Information on permanency hearings can be found under Item 26, Policy and Practice.

**Performance**

LDSS monitor performance through OASIS and case staffings. Supervisors review court orders when they are received to ensure that the court order contains the correct language and to make note of the next hearing date and time established by the court. Timeliness is measured according to the time guidelines established by law to conduct permanency hearings. As stated in Item 26, an initial permanency hearing is held within five months of the foster care review hearing and a second permanency hearing is held within six months of the initial permanency hearing. Permanency hearings held outside of these timeframes would be considered out of compliance with established time guidelines.

**Previous Rating**

In the first CFSR Item 27 was rated a strength since the State had established a process to ensure that every child in foster care had a permanency hearing in court no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter. Thus this item was not addressed in the PIP.

**Barriers**

CASA directors indicated that barriers to holding timely permanency hearings were crowded dockets and scheduling conflicts. LDSS stated that continuances are often requested by attorneys and this leads to the hearings not being held in a timely fashion.

**Promising Approaches**

Some localities have started a “No Continuance Policy.” As part of this policy, a meeting of all parties involved in the child’s case is held prior to the court hearing. The meetings help ensure that decisions will be rendered in a timely manner because everyone is required to attend the meeting with enough information to make a decision related to the child’s well being. Thus, there is not a need for a continuance.

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

**Policy and Practice**

The Code of Virginia and Foster care policy support two methods to terminate parental rights (TPR), voluntary termination and involuntary termination. The applicable sections of the Code of Virginia are referenced below.

**Voluntary Methods of Termination:** Parents may voluntarily terminate their rights either by signing a permanent entrustment agreement (§§ 16.1-277.01, 63.2-900, and 63.2-903 of the Code of Virginia) or by petitioning the court to be permanently relieved of the care and custody of their child (§§ 16.1-277.02 and 16.1-278.3 of the Code of Virginia)

**Involuntary Method to Terminate Parental Rights:** When it is appropriate, LDSS may petition the JDR court to terminate the residual parental rights of a parent involuntarily, after the LDSS first files a foster care plan with the court for the child which documents termination as being in the best interests of the child. The LDSS need not have identified an available family to adopt a child prior to termination being sought or the court's entering a termination order. (§ 16.1-283 of the Code of Virginia)

According to foster care policy: *“The parental rights of a child placed in foster care as a result of court commitment, an entrustment agreement, or other voluntary relinquishment by the parent or parents, may be terminated based on the following grounds:*

- *Failure to Maintain Contact (§ 16.1-283 C): The parent or parents have, without good cause, failed to maintain continuing contact with and to provide or substantially plan for the future of the child for a period of six months after the child's placement in foster care.*
- *Failure to Make Progress (§ 16.1-283 C): Parent or parents, without good cause, have been unwilling or unable, within a reasonable period not to exceed 12 months from the date the child was placed in foster care, to remedy substantially the conditions which led to or required continuation of the child's foster care placement.*
- *Abandonment (§ 16.1-283 D): The child was abandoned and the identity or the whereabouts of the parent or parents cannot be determined after a diligent search; and the child's parent or parents, guardian or relatives have not come forward to identify such child and claim a relationship to the child within three months following the issuance of an order by the court placing the child in foster care.*
- *Convictions for Certain Crimes (§ 16.1-283 E): The parent has been convicted of an offense under the laws of this commonwealth or a substantially similar law of any other state, or any foreign jurisdiction which constitutes murder or voluntary manslaughter, or a felony attempt, conspiracy or solicitation to commit any such offense, if the victim of the offense was a child of the parent, a child with whom the parent resided at the time such offense occurred or the other parent of the child, or the parent has been convicted of an offense under the laws of this Commonwealth, any other state, or any foreign jurisdiction which constitutes felony assault resulting in serious bodily injury or felony bodily wounding resulting in serious bodily injury or felony sexual assault, if the victim of the offense was a child of the parent or a child with whom the parent resided at the time of such offense or the other parent of the child. “Serious bodily injury” means bodily injury which involves substantial risk of death, extreme physical pain, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member, organ or mental faculty.*
- *Aggravated circumstances (§ 16.1-283 B and E): A parent has subjected any child to aggravated circumstances. Aggravated circumstances means torture, chronic or severe abuse, or chronic or severe sexual abuse where the victim is (i) a child of the parent or a child with whom the parent resided at the time such conduct occurred and includes the failure to protect a child from such conduct where that conduct or failure to protect (ii) demonstrates depraved indifference to human life, or (iii) resulted in the death of a child or serious bodily injury to child. Chronic abuse or chronic sexual abuse means recurring acts of physical abuse that place the child's health, safety or well-being at risk. Severe abuse and severe sexual abuse means may include an act or omission that occurred only*

*once but meets the definition of “aggravated circumstances.” (§§ 16.1-281 (B) and 16.1-283 (E)).*

- *Termination of Residual Rights to another child (§ 16.1-283 e and f): The residual parental rights of a sibling of the foster child have previously been involuntarily terminated.*

*For children who have been found by the court to be abused and neglected and in foster care, the following grounds may be used:*

- *The neglect and abuse suffered by the child presents a serious and substantial threat to his or her life, health, or development; and*
- *It is not reasonably likely that the conditions which resulted in neglect or abuse can be substantially corrected or eliminated so as to allow the child's safe return to his parent or parents within a reasonable period of time. In making this determination, the court shall take into consideration the efforts made to rehabilitate the parent or parents by any public or private social, medical, mental health or other rehabilitative agencies prior to the child's initial placement in foster care as well as efforts after placement.”*

In September 2006, VDSS modified policy to “*Require that agencies should file a petition to terminate parental rights simultaneously with the petition for the initial permanency planning hearing when a petition for termination of parental rights has not already been filed by the time of the initial permanency planning hearing.*”

### **Previous Rating**

In the first CFSR Item 28 was rated an area needing improvement because it was determined that a process for terminating parental rights in accordance with the provisions of the ASFA was not implemented consistently across the State. In the PIP the Commonwealth indicated that it would:

- Implement concurrent planning to facilitate timely completion of termination of parental rights when appropriate; and
- Collaborate with the Court Improvement Program to provide a forum for communication between LDSS and attorneys to reduce legal barriers to permanency.

Concurrent Planning is being piloted in 20 LDSS. A work group of LDSS attorneys was formed to help identify training needs related to legal barriers. As a result of the work of this workgroup, several trainings were developed and provided to LDSS attorneys.

CIP sponsored training in September 2007 for full-time and contract legal counsel representing LDSS. The program, “Building Connections for Children: DSS Counsel and the Courts,” included a plenary session titled “Update on Appellate Case Law on Termination of Parental Rights.” This session provided attorneys with a summation of TPR cases decided by the Court of Appeals of Virginia in 2006 and 2007. The summaries provided were expanded upon to draw the attorneys’ attention to the courts’ decisions and their implications for child welfare practice. Nearly 100 attorneys representing more than 70 LDSS from across the state attended.

CIP maintains an up-to-date website of appellate cases decided by the Court of Appeals of Virginia and the Supreme Court of Virginia for the use of judges, attorneys, LDSS staff, and other interested persons. This website provides an exhaustive list of TPR cases, along with important facts and details about each case and links to both published and unpublished opinions. This resource is intended to support informed court practice and judicial decision-making in this difficult area of the law. Training on the availability and use of this website is ongoing. Barriers effecting TPR are more fully discussed on page 17.

### **Strengths**

Policy was modified to require that LDSS file a petition to TPR simultaneously with the petition for the initial permanency planning hearing when a petition for TPR has not already been filed has improved the timeliness of the TPR process.

In August 2007, CIP completed a review of TPR cases/opinions for calendar years 2005 and 2006. This review analyzed the number of new TPR petitions filed in the JDR court, as well as the number of appeals noted to appeal the JDR court's order to the circuit court.

Between January 1, 2005, and December 31, 2006, a total of 3,767 new TPR petitions were filed in the JDR court. This total includes voluntary, as well as involuntary, terminations of parental rights. Of the total number of new TPR petitions filed for 2005 (1,969), a total of 344 appeals were noted to the circuit court. This represented 17 percent of the new petitions filed. Additionally, at the time of this review, data indicate that 1,798 new TPR petitions were filed in the JDR court in 2006 and a total of 260 appeals were noted with the circuit court. Additional appeals may have been noted in 2007. However, these data were not available at the time of the review and, therefore, are not represented here.

The Court of Appeals issued 70 opinions in TPR cases appealed from the circuit court in 2005 and 2006. The circuit court's decision was affirmed 93 percent of the time. Where the decision of both the JDR court and circuit court was to TPR, the Court of Appeals affirmed the decision 96 percent of the time. Additionally, 64 (91 percent) of the case opinions were unpublished. Thus only 6 (9 percent) of the cases were designated by the Court of Appeals as having precedential value or as having a significant impact on the legal system.

### **Stakeholder Input**

In a survey to LDSS, workers were asked "What factors have an impact on the TPR process." The factors they listed were:

- establishing paternity (mother names multiple partners);
- appealing the goal of adoption by the parents;
- appealing TPR by the parents;
- serving the legal notice to parents of pending termination;
- high turnover rate of child welfare staff;
- smaller LDSS are reluctant to take such a drastic step; and
- last minute petitions for custody by relatives.

LDSS workers indicated that they use OASIS reports and internal reports which are reviewed monthly by the foster care supervisor to identify children who have been in foster care for 15 of the past 22 months.

In the survey, workers were asked for reasons they decided not to file for TPR in cases that have been in care for 15 of the past 22 months. The responses included:

- waiting for Interstate Compact on the Placement of Children (ICPC) home studies on a relative may delay petition;
- age and circumstances of the child may indicate that TPR is not in the child's best interest;
- child is not in agreement and is of an appropriate age to have a say in the decision;
- child is placed with a family member;
- child maintains a significant relationship with the prior custodian and permanent foster care or independent living is a more appropriate goal; and
- older child who is in residential treatment.

When asked "What impact does the court and/or legal system have on the success or challenges related to the TPR process," LDSS workers responded:

- appeals, which are increasing in number, are very time consuming and costly;
- the LDSS does not currently have a JDR judge assigned to foster care cases. Therefore, there are a series of substitute judges hearing cases who are frequently not familiar with the cases;
- the court reinforces the need for TPR;
- if a judge disapproves the foster care plan, the process obviously slows down but disapprovals are very rare; and
- attorneys at times use delays as a strategy on behalf of the biological parents.

LDSS workers were asked about the impact of timely TPR decisions and the TPR appeals process on cases. They responded:

- TPR appeals cause a delay in permanency;
- TPR increases the cost to the LDSS for legal fees;
- children remain in the foster care system longer, thereby increasing CSA costs;
- TPR makes meeting the federal timeliness requirements impossible; and
- delays in TPR delay the adoption process.

### **Barriers**

Once TPR cases are fully heard in the JDR court and final orders are entered, these orders are subject to appeal to the circuit court. The decision of the circuit court is appealable to the Court of Appeals of Virginia. Providing parents with two appeals of the JDR court is granted in § 16.1-296 (D) of the Code of Virginia which notes: "*When an appeal is taken in a case involving termination of parental rights brought under § 16.1-283, the circuit court shall hold a hearing*

*on the merits of the case within ninety days of the perfecting of the appeal. An appeal of the case to the Court of Appeals shall take precedence on the docket of the Court.”*

As with all JDR court cases, appeals to the circuit court are treated as new trials, known as *de novo appeals*. This creates the possibility of a full reconsideration of all actions taken by the JDR court. There are often substantial delays in scheduling these circuit court trials, conducting the trials, and entering final appealable orders by the circuit courts. Thus, this appeal sometimes affects the ability to permanently place children for whom the goal of adoption has been documented and approved by the JDR courts after a lengthy foster care planning process and after a full trial in which termination of parental rights is granted.

During the 2008 session of the General Assembly, legislation was proposed that, if passed, would have established that a JDR court functions as a court of record in cases involving termination of residual parental rights. The legislation would have further provided that a JDR court’s decision in such cases would be appealed directly to the Court of Appeals. This legislation was carried over to the 2009 session and ultimately no action was taken by the General Assembly. At this time the court system has no future legislative action planned regarding the TPR process.

Other barriers to TPR are:

- substitute judges;
- attorneys seeking continuances;
- inability to locate parents for legal notice;
- high turnover rate of child welfare staff;
- prior custodian and/or child is of limited intellectual ability and does not understand the process;
- lack of coordinated case management by social workers with other service providers working with child/family; this varies by worker-some work very well with other professionals involved in the case while others do not communicate regularly with those service providers;
- limited availability of quality substance abuse treatment;
- not filing orders of publication in a timely fashion;
- limited docket/scheduling conflicts;
- delays in the ICPC process; and
- delays in considering relatives when paternity is resolved late in the proceedings.

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

### **Policy and Practice**

State statutes provide for notice to foster parents, pre-adoptive parents, and relative caregivers for certain proceedings concerning dependent children. Virginia law and supportive, authorized court forms provide for this notification. Specifically, § 16.1-281(C) of the Code of Virginia

provides that the foster care plan (excluding the section of the plan describing the reasons why the child cannot be returned home and the alternative chosen) be provided to the foster parents by the court. Section 16.1-282(C) (4) delineates that “the foster parent or foster parents or other care providers of the child” are notified of a foster care review. The notice provisions of § 16.1-282 (C) also govern the conduct of the permanency planning hearing (§ 16.1-282.1) and the annual foster care review (§ 16.1-282.2).

Court petitions request in boilerplate language that the court provide notice and a copy of the petition to the foster parents or other care providers of the child, who is the subject of the petition, in the DC-554, PETITION FOR FOSTER CARE REVIEW HEARING, and in the DC-556, PETITION OFR PERMANENCY PLANNING HEARING. These same forms also request that the court provide notice and a copy of the petition to “such other persons as the Court may direct, including but not limited to pre-adoptive parents, if any.” The DC-554 is utilized for both the six-month and annual foster care review hearings. Providing notice of these hearings includes a right to be heard.

On the DC-552, FOSTR CARE PLAN TRANSMITTAL, which is required to accompany every foster care plan filed with the court and which provides the names and address of individuals required to receive service of process, there are designated lines for, among others, the foster parents(s), relative(s)/person directly interested, and pre-adoptive parents.

In addition, Virginia District Court forms in these cases provide for a record of who attends the hearing and who receives a copy of the foster care plan. Foster parent notification is noted on the following:

- DC-553 – DISPOSITIONAL ORDER FOR UNDRLYING PETITION, FOSTER CARE PLAN;
- DC-555 – FOSTER CARE REVIEW ORDER; and
- DC-557 – PERMANENCY PLANNING ORDER.

According to foster care policy, foster parents and pre-adoptive parents are to be notified of every hearing. Their names should be included on the foster care service plan transmittal submitted to the court.

Foster care policy also requires invitation letters for APR to be sent to parents, previous caretakers, foster and pre-adoptive parents, and any other individuals identified by the child or family as having a significant role in their lives at least 30 days prior to the meeting. Specifically, invitation letters should inform the invited part of the reason for the meeting and stress the LDSS’ desire to include the individuals as part of the team that is planning for the child. Because it is critical that all individuals who are significantly connected to the life of the child are invited to the review, LDSS staff members must make active and on-going efforts to encourage their attendance and participation. Telephone follow-up to the invited party after the invitation letter is sent provides the LDSS the opportunity to discuss the review and the importance of the invitee’s attendance. Offering to assist with transportation, scheduling the review at times conducive to the family’s and other parties’ schedules and consideration of

holding the meeting at a location that provides easier access for these members, are additional best practices to facilitate involvement.

In September 2007, the Chief Justice of the Supreme Court of Virginia, in response to a Court Improvement Program Basic Grant requirement, called to the attention of all JDR Court Judges the requirement of Title IV of the Social Security Act, § 438 (b)(1) [42 U.S.C. 629] that “state courts ensure that foster parents, pre-adoptive parents, and relative caregivers, of a child in foster care under the responsibility of the State are notified of any proceeding to be held with respect to the child...” The Chief Justice further noted that compliance with this requirement is supported by statutes in the Code of Virginia and the District Court forms approved by the Committee on District Courts and reinforced with policies in the District Court Manual.

The Code of Virginia, § 16.1-282 C states: *“The court shall provide notice of the (foster care review) hearing and a copy of the petition to the following each of whom shall be a party entitled to participate in the proceedings:...*

4. *The foster parent or foster parents or other care providers of the child;...*
6. *Such other persons as the court in its discretion may direct. The local board of social services or other child welfare agency shall identify for the court such other persons as have a legitimate interest in the hearing, including, but not limited to, pre-adoptive parents for a child in foster care.”*

The Chief Justice further clarified that providing notice of these hearings includes a right to be heard.

### **Previous Rating**

In the first CFSR Item 29 was rated an area needing improvement because it was determined that foster parents, pre-adoptive parents and relative caregivers of children in foster care were not consistently notified of, nor had an opportunity to be heard in, all reviews and hearings held with respect to the children in their care. In the PIP the Commonwealth indicated that it would:

- Provide a process that allows resource parents, foster parents, pre-adoptive parents, and relative caregivers who are unable to attend court hearings to be included in the hearing through a conference call; and
- Strengthen foster care policy on providing resource parents, foster parents, pre-adoptive parents, and relative caregivers with the opportunity to provide input during administrative panel reviews (APRs).

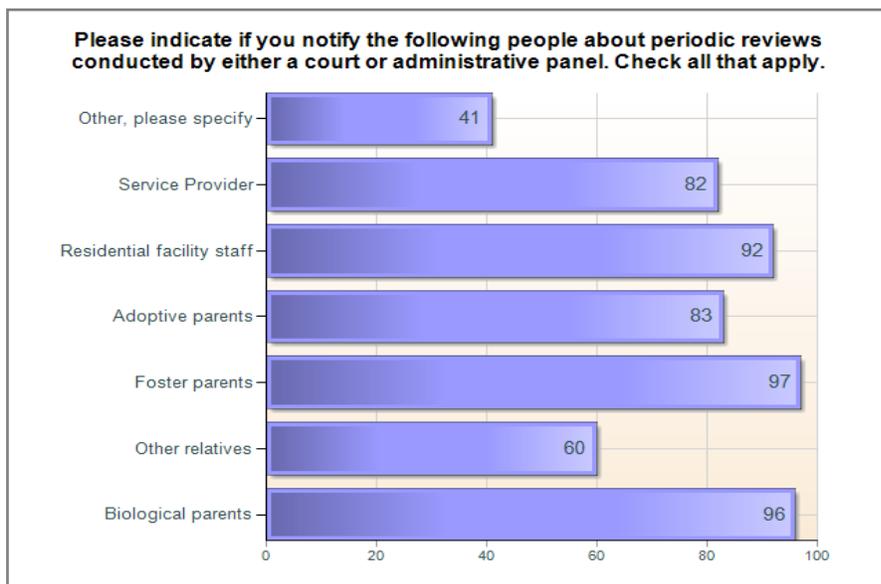
VDSS collaborated with the CIP to develop policies and procedures to implement conference calls in the courtroom. The CIP surveyed JDR court judges and local social services counsel on the use of speaker phones and conference calls. In most cases the judges responded that their court rooms had the capacity to have conference calls, but there was seldom a request to use the phones. Ten LDSS piloted providing foster parents, pre-adoptive parents, and relative caregivers access to court hearings by conference calls.

Foster care policy was modified and new worker policy training was updated to emphasize providing adequate notice to resource parents, foster parents, pre-adoptive parents, and relative caregivers about APRs and their rights to attend and be heard.

**Stakeholder Input**

Stakeholders (including LDSS, LDSS attorneys, and CASA) surveyed indicated that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of hearings. The percentages of these participants who attended the court hearings range from 10 to 20 percent. All respondents noted that the majority sit and listen and do not actively participate in the proceedings even though they are given an opportunity by the court to participate. However, the CASA Directors noted that at the foster care service planning meetings that are held before the court hearings, about 50 percent of the foster parents/relatives attend and the LDSS actively solicits their feedback when they are present.

The 98 LDSS that responded to the survey that was sent to all 120 LDSS indicated they routinely notified appropriate parties of court hearings. As evidenced in the chart below, foster parents are notified as often as biological parents. Other interested individuals notified of the reviews include guardians ad litem, LDSS attorneys, CASA, and probation officers. The majority of people were notified by mail and, in many cases, by phone also. The chart below shows the number of LDSS who notify specific groups of court hearings or APR.



**Barriers**

The CASA directors indicated that in their experience relatives and foster parents are often unaware of hearings and are not clear on what their participation should be if they do attend. A group of attorneys stated LDSS lacked a formal system to notify the foster parents, adoptive parents, and relative caregivers of court hearings. They acknowledged that families did receive plans and notices from the JDR court clerk’s office. When the attorney asks the social worker about a particular case, he is usually satisfied that the caregivers were aware of the hearing but they probably were not aware of the actual issues that were to be considered.

**Promising Approaches**

Some LDSS have started visiting the foster/relative home prior to the court hearing to discuss the service plan with the foster parent or relative and obtain their feedback.

## Quality Assurance System

**Item 30. The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.**

### Policy and Practice

Section 63.2-901.1 of the Code of Virginia requires criminal history record information from the Central Criminal Records Exchange and the Federal Bureau of Investigation (FBI) through the Central Criminal Records Exchange and a search of the child abuse and neglect central registry on all individuals, including the birth parents of a child, with whom the local board or child-placing agency is considering placing a child on an emergency, temporary, or permanent basis. There is an exception for birth parents when the parent is revoking an entrustment agreement. The Code of Virginia also allows for background checks to be performed on all adult members of the home where the child is to be placed and requires that background checks comply with the provisions of the Adam Walsh Child Protection and Safety Act of 2006, Public Law 109-248.

Other practices and rules that were recognized during the first Child and Family Services Review (CFSR) are still in place. These include:

- Section 46.2-1095 of the Code of Virginia requires that any child up to age eight is provided with and properly secured in a child restraint device that meets the standards adopted by the United States Department of Transportation and children under 16 must wear seatbelts.
- Foster care policy requires all foster care children to have a medical examination using the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program. The examination must be performed within 60 days of placement. Routine medical and dental exams are required at least annually for children age four and older. EPSDT requires the following health-related screenings and follow-up for children under age four:
  - for all medical history, measurements, physical exams, lab tests, and anticipatory guidance, the American Academy of Pediatrics (AAP) recommendations for preventive health care are to be followed;
  - mandatory blood lead tests are to be completed at 12 and 24 months. At three years of age, a lead test is to be completed if there has been no previous lead findings;
  - all immunizations are to be in accordance with the American Committee on Immunizations Practices;
  - vision screens, hearing screens, and developmental/behavioral assessments are to be completed in accordance with the AAP' recommendations for preventive pediatric health care;
  - developmental testing is administered at the nine, 18 and 24 month visits; and
  - dental services should begin at 12 months (and every six months after age three) unless medically necessary prior to that time.
- Currently foster and adoptive homes are evaluated to assure the child's safety and health including fire hazards, excessive litter or debris, and sanitation of the water supply and sewer system. A written evacuation plan is required. The provider must review the

evacuation plan with a child when the child is placed in the home and the family must rehearse the plan annually. This requirement will be strengthened in 22VAC 40-211, Resource, Foster, and Adoptive Family Home Approval Standards, which is currently being promulgated by the Virginia Department of Social Services (VDSS). 22VAC40-211 will require resource, foster, and adoptive parents to have plans for addressing different types of emergency situations. The plans will cover sheltering in place and short and long term evacuation situations. In the event of an evacuation, resource, foster, and adoptive parents will be required to contact an emergency number to alert the Virginia Department of Social Services (VDSS) to their location and provide any changes to contact information.

- VDSS continues to provide support to local departments of social services (LDSS) in training resource, foster, and adoptive parents. The Community Resource, Adoption and Foster Family Training (CRAFFT) Program is Virginia's statewide training program and technical support for resource, foster, and adoptive parents. Since 2006 a support for foster and adoptive parents is FACES (Family Advocacy, Collaboration, Empowerment and Support) of Virginia Families: Foster, Adoption and Kinship Association. VDSS helped organize and provides support to this foster/adoptive/kinship family association. FACES provides support, advocacy, and some training statewide.
- Residential facilities for children must perform national criminal background checks and checks of the child abuse and neglect central registry on potential employees and volunteers. In addition, all residential facilities must meet core standards in order to be licensed and there must be an on-duty staff member certified in first-aid and cardio-pulmonary resuscitation. VDSS' Division of Licensing Programs monitors child-placing agencies and residential facilities through one announced and one unannounced visit per year. Additional on-site investigations and reviews are done in response to complaints. If a complaint involves the suspicion of child abuse or neglect, the investigation is coordinated and conducted with LDSS' child protective services (CPS) staff and, when necessary, the police. The police must be involved when there is a chance criminal charges may be filed.

Effective September 1, 2008, all children in foster care must have a monthly face-to-face contact with an approved caseworker. The majority of these visits must occur in the child's place of residency. According to 22VAC40-201, the Permanency Services (Prevention, Foster Care, Adoption, and Independent Living) regulation that is currently being promulgated by VDSS: *"All children in foster care shall have a face-to-face contact with an approved case worker at least once per calendar month, regardless of the child's permanency goal or placement and in accordance with guidance developed by the Department. The majority of each child's visits shall be in his place of residency. The purpose of the visits shall be to assess the child's progress, needs, adjustment to placement, and other significant information related to the health, safety, and well-being of the child."* An approved caseworker includes:

- the primary LDSS service worker;
- other service workers (including the supervisor, Chief of Services, LDSS director when appropriate, etc.) who attend case planning staffings for the child on an on-going basis and are known by the child either through attendance at service planning meetings,

family team meetings or through other meetings, court or administrative hearings or conferences;

- case aides, volunteers, bachelor or master's level student interns as long as they meet the criteria in the preceding bullet and are specifically assigned to provide on-going assistance in a particular case; and
- Comprehensive Services Act (CSA) Coordinators may be considered as a caseworker for the purpose of conducting face-to-face contacts.

VDSS has issued several broadcasts to the LDSS about the monthly visit expectations, incremental goals to achieve the 90 percent required by 2011, and technical assistance concerning how and where to record the visits that occur.

### **Previous Rating**

Item 30 was rated a strength in the first CFSR, thus it was not addressed in the Program Improvement Plan (PIP). The review found that Virginia had developed and implemented standards to ensure that children in foster care are provided with quality services that protect their health and safety.

### **Barriers**

Virginia is attempting to make major system changes during a time of severe state and local budget cuts. Program improvements such as monthly visits are being hampered by the inability to provide additional staffing resources to help LDSS. While VDSS is utilizing some federal funds to help facilitate travel for monthly visits, there are limited resources available to help LDSS meet these goals. Until Virginia's financial situation improves, VDSS cannot expect to obtain any additional money from the General Assembly to help LDSS.

### **Promising Approaches**

Virginia's Children's Services System Transformation (Transformation) is a driver for improved outcomes for children. (Detailed information on the Transformation can be found in the beginning of the assessment.) Over the next several years it is expected that, using continuous quality improvement practices, improved outcomes for children will occur on a statewide basis as the Transformation moves beyond the original 13 LDSS. The modified regulations, policy, and guidance being developed by VDSS to support the new practice model will help maintain the safety and health of children as their outcomes improve.

**Item 31. The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSR are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.**

### **Policy and Practice**

Immediately following the last CFSR, VDSS contracted with Virginia Polytechnic Institute and State University (Virginia Tech) to conduct case reviews in all LDSS using the federal CFSR case review instrument. The reviews examined outcomes for a sample of children and families involved with the child welfare system with a focus on the quality of services and practices unique to the LDSS. In addition to reviewing the information in the case files, the social workers

responsible for the cases in the sample were interviewed. Because of staffing constraints, providers, youth, parents and foster parents were not interviewed. The sample was based on the size of the LDSS foster care caseload. For LDSS with 10 or fewer cases, all cases were reviewed. The ratio increased up to a review of 30 cases in an LDSS with a caseload of 500 or greater. Specific recommendations for improvement were developed by the review team in conjunction with VDSS Regional Consultants. VDSS Regional Consultants provided technical assistance to help LDSS in areas that were not in substantial conformity. The chart below presents the findings for the seven outcome measures for each of the two years of the review.

Outcome	Substantially Achieved		Partially Achieved		Not Achieved	
	2005	2006	2005	2006	2005	2006
S1: Children are, first and foremost, protected from abuse and neglect	64%	84%	29%	15%	8%	1%
S2: Children are safely maintained in their homes whenever possible and appropriate	88%	96%	6%	2%	6%	2%
P1: Children have permanency and stability in their living situations	73%	82%	25%	18%	2%	0%
P2: The continuity of family relationships and connections is preserved for children	92%	99%	7%	1%	1%	0%
WB 1: Families have enhanced capacity to provide for their children's needs	74%	91%	23%	8%	3%	1%
WB 2: Children receive appropriate services to meet their educational needs	91%	98%	3%	0%	6%	1%
WB 3: Children receive adequate services to meet their physical and mental health needs	62%	77%	26%	20%	12%	3%

The chart indicates that the percentage of cases in the substantially achieved category increased for each of the outcomes during the second year of the reviews. The improvements made between 2005 and 2006 can be attributed to a heightened awareness of the issues and increased technical assistance from the Regional Consultants concerning areas the LDSS were having problems with. Also, in order to strengthen Virginia's child welfare system and improve outcomes for children and families, Governor Mark Warner and the 2005 General Assembly allocated additional general funds to help implement the PIP. With the required 20 percent local match, approximately 5.8 million dollars were made available. The funds were allocated based on a LDSS' percentage of the statewide on-going CPS and foster care caseloads. In order to receive the funds the LDSS had to identify one of the outcomes they were below the national

standard on and submit a Plan for Improvement. All LDSS met their goals which led to an increase in the state's scores on the outcomes. LDSS implemented many best practices that correlated with improved outcomes such as Concurrent Planning, Family Group Conferencing (or similar family engagement models), "Bridging the Gap" to enhance the relationship between the biological and foster/resource families to further timely permanency for youth, improved practices for matching of children to their foster/resource parents, and use of respite care to also increase sibling visitation.

When the contract with Virginia Tech ended, the VDSS Regional Consultants assumed more responsibility for monitoring the LDSS. Effective October 2007, each Regional Consultant was required to complete an on-site review in at least eight LDSS per year. Thus each LDSS would be reviewed at least once every three years. CPS Consultants were required to review 10 to 15 CPS, with the number of cases being determined by the size of the LDSS caseload. Foster Care/Adoption Consultants were required to review four to 12 foster care cases, dependent on the size of the LDSS caseload. The samples were stratified focusing on random selection. The Regional Consultants developed a monitoring tool for each of the programs. The tools address policy compliance by prompting the reviewer to examine key policy requirements and documentation on how those requirements were met. Elements from the federal CFSR review instrument were included in the monitoring tools. Because of time constraints the Regional Consultants did not conduct interviews during the on-site reviews.

The Foster Care/Adoption and CPS Consultants worked as a team in performing these reviews and the results are used to identify technical assistance that needed to be provided to the LDSS. Once a case review was completed, a written report of the findings was prepared which include trends, compliance with timeframes, and review of outcomes for the clients receiving the services. The report was then discussed with the LDSS director, supervisors, and staff. Follow-up visits were made to the LDSS to gather feedback on the review and to establish and monitor a corrective action plan for the LDSS to correct deficiencies found during the review. There was not a standard format for the reports or corrective action plan and to date aggregate statewide data have not been produced.

The newly formed Quality Review Unit (Unit) within the Division of Family Services consists of four monitors and a supervisor. The supervisor was hired in March 2008 and immediately began designing a program based on continuous quality improvement. A database has been developed for the collection and analysis of data gathered by the monitoring staff. The Unit began conducting monitoring visits 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 monitors and started the conversation on how the two groups would work together. The Unit's staff members will read the cases and develop the reports, and the Regional Consultants will do the formal feedback and corrective action plans with the LDSS.

Using an instrument based on the federal CFSR tool, the monitors began with LDSS that were being considered for the CFSR on-site reviews in July 2009. While the current review instrument is based on the federal CFSR tool, the Unit will broaden the scope of its reviews to include Title IV-E, issues that may be raised by the State's Auditor of Public Accounts, and outcomes and processes related to the Transformation. A workgroup made up of Regional

Directors, Regional Consultants and Program Managers within the Division of Family Services is currently working on formalizing the feedback template and protocol. This process, identified as SIP or system improvement plan, will include the identified issues, solutions in discrete action steps, accountability for timely completion, and monitoring progress with measurable outcomes linked to the Division of Family Services' outcomes. Implementation of this process is scheduled for August 2009. How often a LDSS is reviewed has yet to be determined. It is likely that 30 to 40 LDSS will be reviewed each year.

Cases for the on-site reviews will be randomly selected using the federal stratified sample in the four foster care categories. The number of cases reviewed will be based on the total number of foster care and on-going CPS cases for the LDSS. Below is a chart that shows the number of foster care and on-going CPS cases that will be reviewed.

<b>Number Of Foster Care and On-going CPS Cases To Be Reviewed</b>	
<i>Number of case for LDSS</i>	<i>Number of cases to be reviewed</i>
100 Cases or Greater	16 cases
75 to 99 cases	12 cases
25 to 74 Cases	8 cases
5-24 Cases	6 cases
5 Cases or less	All cases

The efforts of the Unit will provide important feedback to LDSS as they improve their processes and will identify both challenges and best practices. The mission of the Unit is to support the quality work of LDSS through case reviews recognizing best practices and opportunities for improvement resulting in favorable outcomes for children and families in the areas of safety, permanency and well being. The Unit will:

- Monitor and evaluate local CPS, adoption, and foster care program operations through on-site visits, case readings, staff interviews, and reviewing periodic reports and available data;
- Identify best practices and opportunities for improvement as a result of case readings, on-site reviews, and consultation with Regional Consultants;
- Assess LDSS case management practices to assure appropriate and timely response to CPS, foster care, and adoption concerns;
- Review and evaluate LDSS' Online Automated Services Information System (OASIS) data and data from other available automated systems to assist in the data integrity project;
- Produce reports on each LDSS monitored; and
- Produce reports on common findings and best practices across LDSS.

VDSS will use the results of the reviews to identify needed policy changes and clarifications. Technical assistance will be provide to LDSS and statewide training will be offered or modified, when appropriate, to address common issues.

**Performance**

Following the last CFSR, VDSS developed the Progress to Excellence Report that was used to assess LDSS performance on the six national outcomes. In the fall of 2008 the Progress to Excellence Report was modified to reflect the second round composites.

Over the past year Virginia has made tremendous efforts to address the integrity of the information in its child welfare information system (OASIS). There have been numerous conversations with federal representatives and individuals from national resource centers to ensure an accurate understanding of the requirements for the system. Over the past year CORE agencies, the 13 LDSS that make up the initial Transformation group from across the state, have been learning to use data in the management and evaluation of their organizations. Some specific examples of the improvements that the CORE agencies have made are:

- CORE agencies have had a 10 percent reduction in the number of children in foster care from December 2007 to December 2008 while non-CORE agencies have shown a 6 percent reduction during the same time period; and
- CORE agencies have had a 28 percent reduction in congregate care placements during the same period as above while non-CORE agencies have had a 15 percent decrease.

In March 2009 VDSS started training and providing management reports to all LDSS to begin making the Transformation building blocks of using data effectively a statewide effort.

**Previous Rating**

Item 31 was rated a strength in the first CFSR, thus it was not addressed in the PIP. The review found that Virginia was operating a quality assurance system that evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures that have been implemented.

**Strengths**

Virginia is fortunate to have the support of the Governor and First Lady in the Transformation process. In addition to bringing the Casey Strategic Planning Group to work with Virginia, the First Lady has taken on the issue of older youth in foster care as a personal campaign and has developed the For Keeps program to help find homes and permanency for these children. This focus on Virginia's child welfare program has provided many opportunities for exposure to the best practices of other states, improved data analysis software and skills, and facilitated intense technical assistance for both VDSS and the LDSS.

Even prior to the Transformation some LDSS were moving ahead with quality assurance programs of their own. For example:

The Fairfax Department of Family Services has developed and implemented a case review system based on the federal CFSR in order to learn and share information about the quality of service delivery and documentation practices. The reviews focus on the CFSR outcomes and compliance with other policies, such as the Structured Decision Making (SDM) requirements. Foster care, adoption and on-going CPS cases are selected for review on an on-

going basis, so the "case review" is not an event, but something that is continuous. Approximately eight randomly selected cases are reviewed each month. Using the CFSR instrument and SDM case reading tools, both the paper case file and the OASIS case record are reviewed and workers are interviewed to clarify any necessary items. Once the case review is complete, the case reviewer conducts a feedback session with the social worker to review areas of strength and opportunities for improvement. The focus of these reviews is on identifying systemic issues and best practices rather than evaluating individual worker performance. Information from the case reviews is aggregated and shared with management and ultimately with all staff. The goals for the case review system are to:

- promote understanding of the CFSR and outcome-focused work throughout the organization;
- assess the quality of casework practice;
- assess factors that cross systems;
- use findings to improve practice; and
- improve outcomes for children and families.

Fairfax is currently in the process of implementing a number of changes to the case review system to strengthen its utility in promoting best practice. These changes include:

- training and using child welfare staff as adjunct reviewers, paired with a Quality Assurance staff person on all case reviews;
- including supervisors in the feedback sessions with the workers;
- interviewing birth and foster parents and youth (when appropriate);
- ceasing to review family support/prevention cases in which child safety is not a primary concern or reason for case opening; and
- supporting managers and staff to implement specific strategies to address selected areas needing improvement identified through the case reviews.

In addition to conducting case reviews, the Quality Assurance Unit plays other strategic roles in implementing best practices to achieve positive outcomes for the children and families that are served. The unit has expertise and knowledge in the areas of organizational development, program evaluation, process and practice improvement, research, and technology.

Richmond City Department of Social Services (DSS) is one of the CORE agencies and recently established an Office of Program Accountability. In addition to evaluating programmatic effectiveness across the entire department, this office is focusing on the use of data to evaluate the Transformation efforts. Bringing youth back into the community is one of the outcomes Richmond City DSS is measuring. To date they can report:

- a reduction in the number of youth in out of state placements from 21 to 0;
- a reduction in the number of youth in foster care from 538 to 498; and
- a reduction in the number of youth in congregate care from 223 to 193.

In an effort to bring youth back into the community, Richmond City DSS conducted a case by case review of all foster children in congregate care settings using a family engagement meeting

model called Team Decision Making (TDM). The concept of engaging families using a structured meeting model is one of the building blocks of the Transformation and the Division of Family Services is currently developing a model that will be specific to Virginia. In addition to using TDM during the case review process, Richmond City DSS now uses TDM meetings for all critical decisions related to the placement of a foster child and when a child is at risk of coming into care. Since this a relatively new practice at Richmond City DSS, cases are closely monitored by full time staff who coordinate TDM meetings.

Bedford Department of Social Services (DSS) is a small LDSS in the western part of the state and was one of the LDSS reviewed in the first CFSR. They began to direct attention to quality assurance in 2006. They made one of their foster care workers a senior worker and tasked that individual with focusing on court compliance, in-house training for new workers, monitoring of monthly visits, and ensuring OASIS data are entered correctly. This initiative began with the foster care and adoptions programs. By placing an increased emphasis on prevention, Bedford DSS has been able to lower its foster care caseload, thus allowing them to use another position for quality assurance activities. Quality assurance responsibilities now include on-going CPS cases.

The Hampton Department of Social Services (DSS) began a quality improvement program in 2005 with one Quality Assurance Specialist. The initial focus was on cleaning up OASIS data and addressing issues identified in the Progress to Excellence Report. Their efforts have expanded and Hampton has become a leader in innovative practices. Through an emphasis on data, Hampton DSS identified that the majority of their foster care population was comprised of older youth. As a result, Hampton DSS concentrated efforts on providing services to youth over age 14. Hampton DSS collaborated with the Hampton/Newport News Community Services Board to develop an independent living home and program for youth with a mental health diagnosis. The foster care program has partnered with staff from the adult services program to develop a program entitle “Youth in Fast Forward.” This program provides training on employment skills such as interviewing, resume writing, and job retention and is co-facilitated by a youth receiving foster care services.

Hampton reports that as a result of their efforts:

- The foster care population has decreased from 260 in 2005 to 113 in October 2008 because of the increased usage of prevention services;
- The foster care re-entry rate is under 1 percent because of providing services to families when children return home;
- The Family Assessment and Planning Team (FAPT) “thinks outside of the box” to keep children in their homes and communities with extensive treatment options. Hampton DSS currently has no children in group homes or residential facilities; and
- The “Pathways to Permanency” was created. This program has helped reduce the length of time to reunification from an average of 18 months in 2003 to an average of 12 months in 2008. This program has also dropped the average length of time in care prior to adoption finalization from 67 months in 2003 to 49 months in 2008. While this is still higher than the national standard, it represents a significant improvement.

Supervisors in all LDSS are expected to review foster care cases at critical points to ensure compliance with state policies and procedures, as well as the Adoption and Safe Families Act and the Multi-ethnic Placement Act standards. Virginia mandates that within 60 days of a child entering foster care the worker must complete an individualized service plan for the child. Foster care supervisors review and approve these plans to ensure that they provide for the child's safety and establish comprehensive, individualized permanency plans. Before all court hearings, supervisors examine the records to assure compliance with state and federal permanency planning requirements. Information gathered from these reviews is used in staff training and development. CPS supervisors approve all investigation dispositions and risk assessments, family assessments, time extensions for investigation and family assessments beyond 45 days, and service plans for on-going in-home cases. Service plans are reviewed with the family and revised as needed every three months. Information gathered from these reviews is used in staff training and development.

## Staff and Provider Training

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

### Policy and Practice

The Virginia Children's Service Practice Model, which was developed as part of Virginia's Children's Services System Transformation, states: *"The people who do this work are our most important asset. Children and families deserve trained, skillful professionals to engage and assist them. We strive to build a workforce that works in alignment with our practice model. They are supported in this effort through open dialogue, clear policy, excellent training and supervision, formal and informal performance evaluation and appropriate resource allocation."*

Policy is in place that establishes minimum training requirements for both child protective services (CPS) and permanency (foster care and adoption) staff in local departments of social services (LDSS). Generally the standards require that employees take selected courses within prescribed time frames after beginning employment (initial in-service) rather than before starting work (pre-service). New employees receive on the job training from their supervisors and seasoned employees, but the amount of, and content of, this training varies by LDSS. Virginia does not have a formal mentoring or shadowing program, although some LDSS do require new employees to shadow seasoned employees before being assigned their own cases.

While VDSS has instituted minimum training requirements, a sanction for not completing the required training has not been established. It is up to the LDSS to determine what should be done about a worker who does not complete the training requirements within the mandated time frames. The LDSS is responsible for tracking their employees' attendance at training. Attendance transcripts are available through the Knowledge Center (KC). While workers do not take a test upon completion of a course, participants are able to evaluate the effectiveness of the training by completing an evaluation in the KC. Some courses also provide suggestions for supervisors to determine the degree to which transfer of learning (TOL) has occurred.

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 (ATC). Over the past several years, policy and skills training has been offered by VCU-VISSTA in nine program areas. A review of the courses offered through VCU-VISSTA occurs on an ongoing basis, and new courses were generally identified by the Child Welfare Training Advisory Committee (CWTAC) and added in conjunction with the annual work plan and budget renewal process. CWTAC included VDSS and LDSS staff and external representation, such as a Department of Criminal Justice Services (DCJS) representative. With the input of CWTAC, VCU-VISSTA developed and revised the curricula, recruited and supported the trainers, and staffs the committee. Unfortunately, CWTAC stopped meeting during the development of the new information system and has not started meeting again since work on the new system was terminated. Curriculum revisions for policy courses are made whenever new policy is issued.

Revisions to skills course are made when it is determined that the course is out dated. Many of the skills courses will be reviewed carefully in the coming months to assure that they are in keeping with Virginia's Children's Services Transformation Practice Model.

Because of funding constraints over the past couple of years, VCU-VISSTA has had to reduce the number of courses it can offer. During state fiscal year (SFY) 2008 VCU-VISSTA courses were limited to mandated/required training and new child welfare worker training. VCU-VISSTA courses are primarily delivered at the five regional ATCs. Currently one of the ATCs is managed by VCU-VISSTA and the other four are managed by VDSS through agreements with LDSS in Fairfax, Hampton, Roanoke City and Russell County. Other training venues may be used, as needed, based on demand and the ability to fund additional course offerings.

The minimum training requirements for child welfare staff are reflective of both basic, or core training needs, and skill courses that enhance a worker's ability to perform his job.

The Code of Virginia and VDSS policy has required minimum training for staff working in the CPS arena since 1995. According to 22VAC40-705 (Child Protective Services): *"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... Workers shall complete skills and policy training specific to child abuse and neglect investigations within the first year of their employment."* Over the years this mandate has been updated to include training requirements for supervisors and has expanded in scope to include courses in separation and loss issues, family engagement, and a newly created course in Child Welfare Supervision. Currently only CPS supervisors are required to take CWS 5701/Child Welfare Supervision. This is an 18 hour course which is taught over three days.

Within the first three months of performing CPS functions, CPS workers must take CWS 2000/Child Protective Services New Worker Policy Training with OASIS (held 17 times across Virginia in SFY 2008).

During the first year of employment new CPS workers must complete the following mandatory courses offered by VCU-VISSTA:

- CWS 2011/Intake Assessment and Investigation in Child Protective Services (held 16 times across Virginia in SFY 2008);
- CWS 2021/Sexual Abuse (held 16 times across Virginia in SFY 2008);
- CWS 2031/Sexual Abuse Investigations (held 15 times across Virginia in SFY 2008);
- and
- CWS2010/Ongoing Services in Child Protective Services (if the worker is providing on-going services - held 14 times across Virginia in SFY 2008).

Within two years of starting CPS employment with a LDSS, all CPS workers must complete the following courses offered by VCU-VISSTA:

- CW S5305/Engaging Families (held 11 times across Virginia in SFY 2008); and

- DVS 101/Understanding Domestic Violence (held 11 times across Virginia in SFY 2008); or
- DVS 1031/Domestic Violence and its Impact on Children (held 8 times across Virginia in SFY 2008).

An Individual Training Needs Assessment (ITNA) should be completed annually on each LDSS service worker. The ITNA provides the employee an opportunity to identify training that is needed in order for him to conduct his job functions in a competent manner. It also gives the supervisor an opportunity to identify training that will improve the skills of the employee. CPS guidance requires all CPS workers and supervisors to complete the following VCU-VISSTA courses within two years of employment if a specific need is assessed by the worker and supervisor using the ITNA:

- CWS 1002/Exploring Child Welfare (on-line course – do not know the number of individuals who completed this course during SFY 2008);
- CWS 1011/Casework Process & Case Planning in Child Welfare (held 4 times across Virginia in SFY 2008);
- CWS 1021/Effects of Abuse & Neglect on Child and Adolescent Development (held 9 times across Virginia in SFY 2008);
- CWS 1031/Separation and Loss Issues in Human Services (held 9 times across Virginia in SFY 2008);
- CWS 1051/Crisis Intervention (held 10 times across Virginia in SFY 2008);
- CWS 5307/Assessing Safety, Risk and Protective Capacities in Child Welfare (this is a new course and was piloted in SFY 2008);
- CWS 5701/Child Welfare Supervision (this is a new course and was piloted once in SFY 2008); and
- CWS 5011/Case Documentation (held 4 times across Virginia in SFY 2008).

According to 22VAC40-730 (Investigation of child Abuse and Neglect in Out of Family Complaints): *“In order to be determined qualified to conduct investigations in out of family settings, local CPS staff shall meet minimum education standards established by the department including:*

1. *Documented competency in designated general knowledge and skills and specified out of family knowledge and skills; and*
2. *Completion of out of family policy training.*

*The department and each local agency shall maintain a roster of personnel determined qualified to conduct these out of family investigations.”* The regulation states: *“Complaints of child abuse or neglect involving caretakers in out of family settings are for the purpose of this (regulation) chapter complaints in state licensed and religiously exempted child day centers, regulated family day homes, private and public schools, group residential facilities, hospitals or institutions.”*

To meet this mandate, any LDSS staff members who conduct designated out of family investigations must complete CWS 2141/Out of Family Investigations (held 12 times across Virginia in SFY 2008) before performing these investigations.

Out of family caretakers include teachers, principals and other persons employed by a local school board or employed in a school operated by the Commonwealth. According to § 63.2-1511 of the Code of Virginia: “A. *If a teacher, principal or other person employed by a local school board or employed in a school operated by the Commonwealth is suspected of abusing or neglecting a child in the course of his educational employment, the complaint shall be investigated in accordance with §§ 63.2-1503, 63.2-1505 and 63.2-1516.1. Pursuant to § 22.1-279.1, no teacher, principal or other person employed by a school board or employed in a school operated by the Commonwealth shall subject a student to corporal punishment. However, this prohibition of corporal punishment shall not be deemed to prevent (i) the use of incidental, minor or reasonable physical contact or other actions designed to maintain order and control; (ii) the use of reasonable and necessary force to quell a disturbance or remove a student from the scene of a disturbance that threatens physical injury to persons or damage to property; (iii) the use of reasonable and necessary force to prevent a student from inflicting physical harm on himself; (iv) the use of reasonable and necessary force for self-defense or the defense of others; or (v) the use of reasonable and necessary force to obtain possession of weapons or other dangerous objects or controlled substances or paraphernalia that are upon the person of the student or within his control. In determining whether the actions of a teacher, principal or other person employed by a school board or employed in a school operated by the Commonwealth are within the exceptions provided in this section, the local department shall examine whether the actions at the time of the event that were made by such person were reasonable.* B. *For purposes of this section, "corporal punishment," "abuse," or "neglect" shall not include physical pain, injury or discomfort caused by the use of incidental, minor or reasonable physical contact or other actions designed to maintain order and control as permitted in clause (i) of subsection A or the use of reasonable and necessary force as permitted by clauses (ii), (iii), (iv), and (v) of subsection A, or by participation in practice or competition in an interscholastic sport, or participation in physical education or an extracurricular activity.* C. *If, after an investigation of a complaint under this section, the local department determines that the actions or omissions of a teacher, principal, or other person employed by a local school board or employed in a school operated by the Commonwealth were within such employee’s scope of employment and were taken in good faith in the course of supervision, care, or discipline of students, then the standard in determining if a report of abuse or neglect is founded is whether such acts or omissions constituted gross negligence or willful misconduct.* D. *Each local department and local school division shall adopt a written interagency agreement as a protocol for investigating child abuse and neglect reports against school personnel. The interagency agreement shall be based on recommended procedures for conducting investigation developed by the Departments of Education and Social services.*”

VDSS has strongly recommended initial in-service training for permanency staff since November 2006. The 2008 General Assembly passed legislation stating: “*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.*” 22VAC40-201, the Permanency Services (Prevention, Foster Care, Adoption, and Independent Living) regulation that is currently being promulgated by VDSS, states: “*Local department foster care and adoption workers and supervisory staff shall attend and complete initial in-service training in accordance with guidance developed by the*

*Department.*” On July 15, 2008, a statewide broadcast was distributed to notify LDSS foster care and adoption staff which courses must be taken and the mandated timeframes for completing the courses.

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

- CWS 1031/Separation and Loss Issues in Human Services Practice (held 9 times across Virginia in SFY 2008);
- CWS 3000/Foster Care New Worker Policy Training with OASIS (held 16 times across Virginia in SFY 2008);
- CWS 3010/Adoption New Worker Policy Training with OASIS (held 13 times across Virginia in SFY 2008);
- CWS 3031/Assessment and Service Planning (held 10 times across Virginia in SFY 2008); and
- CWS 3041/Working with Children in Placement (held 9 times across Virginia in SFY 2008).

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

- CWS 3061/Permanency Planning for Teens-Creating Life-long Connections (this course was not offered in SFY 2008 since it was not developed until July 1, 2008);
- CWS 3081/Promoting Family Reunifications (held 10 times across Virginia in SFY 2008);
- CWS 5011/Case Documentation (held 4 times across Virginia in SFY 2008); and
- CWS 5305/Engaging Families (held 11 times across Virginia in SFY 2008).

Currently there is not a separate training curriculum for foster care and adoption supervisors. These supervisors are encouraged to attend all the training made available to line staff as well as CWS 5701/Child Welfare Supervision.

### **Performance**

As part of Virginia’s Children’s Services System Transformation, a Training and Best Practice Workgroup (workgroup) has been established. The workgroup is made up of representatives from VDSS, LDSS, and VCU-VISSTA. Initial findings of the workgroup in the fall of 2008 rendered the following information about attendance at training:

- Attendance across Virginia follows several trends:
  - Mandated classes - it is estimated that more than 90 percent of new CPS workers complete mandated core training within their first year. These data are provided from transcripts of attendance at training maintained in the KC;
  - Non-mandated classes - attendance at non-mandated classes is estimated to range from 20 percent to 50 percent for foster care and adoption staff (it is expected that this percentage will increase because foster care and adoption classes are now mandated for new staff hired after July 1, 2008); and

- “Required with Assessed Need” classes - attendance at these classes is estimated at between 50 to 80 percent of those individuals with an identified need to take the course (It is believed that the number of individuals attending the “required with assessed need” classes would increase if more information was provided to the LDSS supervisors through reports, copied e-mails, and direct outreach. Currently some workers re-assess themselves to remove the training need. It is not known whether this reflects a more accurate sense of the training need after some time “in the job,” or if this is a way to avoid attending the training.).
- Anecdotal information suggests that most workers who do not complete needed training fall into one of three areas:
  - Workers who have almost, but not completely, finished all core training;
  - Workers who have personal reasons for non-completion such as needing extended leave or transferring out of the job before the deadline; and
  - Workers employed in one of the few LDSS that do not make completion of training a priority (VDSS staff members discuss the importance of training with the management of these LDSS on an on-going basis).

### **Previous Rating**

During the first Child and Family Services Review (CFSR), Item 32 was rated an area needing improvement because “the State does not provide training for all staff members who deliver services under titles IV-B and IV-E on a consistent basis statewide.” In the Program Improvement Plan (PIP), the Commonwealth indicated that it would:

- Mandate integrated training for new child welfare workers through the promulgation of regulations; and
- Develop integrated training for new child welfare workers.

Both of these action steps were completed.

### **Strengths**

The Training and Best Practice Workgroup has examined the current training system and in December 2008 completed an evaluation of its effectiveness following a format provided by Dr. Judith Rycus of the Institute for Human Services (IHS) in Columbus Ohio. Members of the workgroup were provided onsite consultation in Ohio by staff from IHS, the Ohio Department of Jobs and Families, and staff of the Ohio Child Welfare Training Program. These activities have led to the development of recommendations for “retooling” the current training system for child welfare staff in Virginia. The workgroup’s recommendations are:

- Develop a Central Steering Committee that provides a forum for partnership between VDSS, LDSS, and VCU-VISSTA to make decisions and set priorities.
  - Engage LDSS staff and other stakeholders in the process of curriculum development through the Central Steering Committee.
  - Nurture the relationship with LDSS staff and others to leverage their expertise as well as better coordinate training resources.
  - Create avenues for input from all levels and sectors of the systems impacting child welfare with dialogue as an integral part of the decision making process.

- Consider the optimal approach to the staff coordination function for the Steering Committee. To match Ohio, Virginia would use VCU-VISSTA staff.
- Beginning immediately, VDSS should dedicate the staff resources necessary to successfully achieve the enhanced training system that is envisioned in this report and implement the related recommendations.
- Develop child welfare training curricula that recognize common knowledge that is core to all child welfare practice as well as unique specialties and needs. VCU-VISSTA could easily adopt the Ohio model which allows for:
  - Core course requirements for all child welfare workers and supervisors, regardless of specialty;
  - Specialty courses related to specific child welfare positions; and
  - Related coursework that could apply to multiple areas of practice; this would include training specifically for supervisors.
- Incorporate the Children’s Services Transformation Practice Model throughout the training curriculum and organization and develop transfer of learning strategies to support the effectiveness of training.
- Redefine and expand the roles of ATCs to better support the partnership between VDSS and LDSS in effective delivery of child welfare training.
  - Have ATCs work with LDSS to schedule classes based on regional training needs.
  - Utilize the ATC network to engage all LDSS in the training needs assessment process.
  - Pursue having all ATCs being run by an LDSS. This requires moving the administration of the Richmond ATC from VCU to an LDSS.
- Overlay the system with continuous quality improvement strategies that address both individual and system needs. Utilize regular data collection and evaluation for planning, thereby modeling the foundations for ours being a “learning organization.”
  - Develop a functional Individual Training Needs Assessment that will generate data (automated) that is then used in decision making.
  - Institute a learning system needs analysis.
- The system should look at engaging appropriate numbers of contract (part time) trainers.
- Strategies which support sustainable funding and stable contracting should be identified.
  - Use the Steering Committee rather than the contracting process to set priorities.
  - The contracting process with VCU-VISSTA should be extended to the optimal length to reduce administrative labor costs and encourage continuity.
  - Support for legislative initiatives to codify various structures associated with the training system should be considered by the Steering Committee and VDSS.

In July 2008 a pilot project was established to administer the Western ATC differently from the other four ATCs. The purpose of the pilot was to determine if it would be more cost effective and efficient to use contract trainers instead of full-time staff to conduct training. The Western ATC is offering training to the Western Region of the state using contract trainers for all courses (skills, mandated, and required courses), as opposed to utilizing VCU-VISSTA trainers. Training needs are being met by assessing needs/interest via surveys and analysis of needs noted in the automated database, as well as from information obtained during meetings and notations on course evaluation forms. Contracted trainers are certified to train the specified curricula in

their fields of expertise. The first year of this pilot ends in June of 2009 and an evaluation to determine the programmatic and financial effectiveness will be completed at that time.

This format actually mimics the original model from which VCU-VISSTA was developed. It is estimated that the Western ATC can successfully schedule and conduct an average of eight to 10 trainings a month utilizing VCU-VISSTA curricula and assist with training being conducted by VDSS staff members.

### **Stakeholder Input**

Members of the Training and Best Practice Workgroup were surveyed for opinions concerning the effectiveness of training. Input received from this group included:

- frequency and consistency of new worker policy training has improved since full-time staff was hired by VCU-VISSTA to conduct the training;
- mandated training is relevant to the job;
- concerns that many initial classes are not at a sufficient level of sophistication for students who are recent master level graduates;
- concerns that there is no mechanism for holding individual LDSS accountable for assuring that each new staff person has received the mandated training;
- concerns that the development of training mandates has in the past been positively influenced by the CWTAC but this group stopped meeting during the development of the new information system and has not started meeting again since work on the new system was terminated;
- concerns that the training is not available within a day's travel and there is inadequate funding for "overnight" travel; and
- a concern that training is needed in primary interactive skills that include helping workers deal with their own biases.

### **Barriers**

As Virginia's child welfare training system has evolved over the years, the feedback loop between the system and staff in LDSS, which should ultimately direct the allocation of training resources, has become practically nonexistent. The CWTAC was used to identify the training needs of LDSS workers. When that committee stopped meeting, there was no formal way for VDSS to learn of the LDSS workers' training needs. In recognition of this barrier, the Training and Best Practice Workgroup has recommended the establishment of a Central Steering Committee made up of LDSS staff involved in training management along with representation from LDSS executives to help obtain information on LDSS training needs. The formation and function of this group would be a deliverable in VDSS' contract with VCU-VISSTA. Currently decisions about mandates for training and priority of resources for curricula development are made without a comprehensive process to assess statewide or local needs. The process is driven, to some degree, by the initiatives deemed important in the Division of Family Services and, to a greater degree, by which courses in what areas were attended the year before.

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

### **Policy and Practice**

LDSS child welfare staff members receive training whenever laws, regulations, and policies change. 22VAC40-201 states: “*Local department foster care and adoption workers and supervisory staff shall attend and complete annual in-service training in accordance with guidance developed by the Department.*” VDSS is in the process of developing this guidance. 22VAC40-201 also requires all LDSS foster care and adoption workers and supervisory staff to complete an annual ITNA. When a LDSS child welfare staff member and supervisor have identified a training need, the LDSS staff member can enroll in courses that are offered by VCU-VISSTA that meet the identified need. If VCU-VISSTA is not currently offering a course in the related subject matter, VDSS can request such a course be developed if the need for the course is identified by a significant number of workers. One of the recommendations of the Training and Best Practice Workgroup includes the ability of ATCs to be more responsive to the specific training needs of LDSS staff by participating in the development of courses and subject matter expertise where none exist.

LDSS encourage workers to attend training beyond that offered by VCU-VISSTA. 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.

Each LDSS may access training monies from the federally funded Title IV-E Pass-Through Training Program for child welfare staff. In order to obtain Title IV-E reimbursement for training costs, the LDSS must submit a training plan for advance approval by VDSS. Only training that supports the Title IV-E plan can be charged to these funds. Conferences and courses that are not part of the VCU-VISSTA approved coursework are approved by VDSS staff members 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. State and local funds are used to pay for courses that do not support the Title IV-E plan.

While there is currently no mandate for on-going training for LDSS staff and supervisors, during the first quarter of SFY 2009, 66 LDSS provided on-going skills trainings to 248 participants using the Title IV-E pass-through training funds. Examples of on-going training provided to LDSS child welfare workers included:

- Strategies for change with substance abusing caregivers;
- A love based approach to helping attachment-challenged children with severe behaviors;
- Family centered and strengths based service delivery orientation;
- Permanency planning for older youth;
- Kinship care;
- The effects of post-traumatic stress on children;
- Motivational interviewing;
- Grief and loss;
- Building healthy relationships with abused children;
- Structured Analysis Family Evaluation (SAFE) home study;

- Advancing cultural safety in child welfare settings;
- Examining best practices in visiting and reunification;
- Finding families: Finding connections;
- Supervising foster car cases at risk of disruption; and
- Working together to improve educational outcomes for youth in care

Information concerning staff participation in on-going training is maintained at the LDSS level.

Title IV-E pass-through funds can be used to fund the Employee Educational Award Program (EEAP). The purpose of EEAP is to ensure highly competent child welfare workers dedicated to the safety, permanency, and well-being of children and families. The program is designed for current child welfare employees and other LDSS employees who wish to pursue employment in the area of child welfare. The EEAP is a mechanism of support for LDSS employees to pursue a Bachelor of Social Work (BSW) or Master of Social Work (MSW) degree by attending an accredited academic program, either full-time or part-time. Allowable EEAP expenses include tuition, fees, books, and travel expenses to and from the university. During the first quarter of SFY 2009, one full-time and 24 part-time students were enrolled in MSW programs through EEAP.

Virginia's Child Welfare Education and Support Program (CWESP) is a training program that provides financial support to students seeking BSW or MSW degrees at one of three universities: Norfolk State University, Radford University, and VCU. These universities award stipends to undergraduate and graduate social work students who have been employed, or are preparing for employment, in public child welfare. In exchange for the stipend and specialized child welfare training, the students sign a legally binding agreement to seek employment with VDSS or one of the 120 LDSS upon graduation. Each university may award up to 20 stipends a year at \$8,000.00 each. At present, there are 60 students enrolled in the program statewide. Of this number, 12 are working on their BSW and 48 are working on their MSW.

The Knowledge Center (KC) is a state supported Learning Management System designed to manage, track, and quantify all of the training, continuing education, employee development, certification, and other learning activities of VDSS and LDSS employees. A child welfare staff person can register for courses, seminars, and certifications through KC. E-learning and self-paced courses are also available through KC. The KC has only been operational for approximately nine months. While Baseline reports are currently in place, the system is being designed to allow the five ATCs to be the "keeper" of all LDSS information so they can disseminate the information as needed. Currently the ATCs are equipped to furnish the following information to the LDSS:

- total number of users registered/participated;
- total number registered for an instructor-led class;
- total number completed an instructor-led class;
- total number registered for a self-paced on-line training; and
- total number completed a self-paced on-line training.

This information may be sorted by LDSS to produce individual progress reports for all participants.

The Division of Family Services (Division) has recognized a need to provide refresher OASIS training to child welfare workers and supervisors. Currently the only regularly provided training on OASIS is part of the new worker training that is offered in the different program areas. The Division developed refresher training and starting in January 2009 offered the training statewide with CPS, Foster Care, and Supervisor classes. Although this training was not mandated, it was offered several times in each region for maximum worker participation. At this time the number of employees who took advantage of this training opportunity is not known. After March 2009 the material from these courses will be available on-line.

### **Previous Rating**

During the first CFSR Item 33 was rated an area needing improvement “since CFSR findings indicate that ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties is not consistently provided across the State.” In the PIP, the Commonwealth indicated that it would:

- Mandate in-service training for child welfare workers and supervisors that addresses the skills and knowledge base needed to carry out their duties in working with children and families involved in the child welfare system; and
- Develop in-service mandated training for child welfare workers and supervisors that integrates policy, skills, and automated systems.

Both of these action steps were completed.

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

### **Policy and Practice**

Currently Virginia does not mandate foster and adoptive parent training. However, VDSS is in the process of promulgating 22VAC40-211 (Establish Resource, Foster, and Adoptive Family Home Standards for Local Departments of Social Services). The final regulation was presented to the State Board of Social Services in April 2009 for final approval. This regulation requires LDSS to ensure that pre-service training is provided to resource, foster, and adoptive family home providers. Once the mandated training requirement is implemented, VDSS will monitor compliance through regular case readings done by State monitoring staff. Since there are several pre-service training curricula available, the regulation does not specify a particular training packet. Instead it states that the training must address, but not be limited to, the following core competencies:

- Factors that contribute to neglect, emotional maltreatment, physical abuse, and sexual abuse, and the effects thereof;
- Conditions and experiences that may cause developmental delays and affect attachment;

- Stages of normal human growth and development;
- Concept of permanence for children and selection of the permanency goal;
- Reunification as the primary child welfare goal, the process and experience of reunification;
- Importance of visits and other contacts in strengthening relationships between the child and his birth family, including his siblings;
- Legal and social processes and implications of adoption; support of older youth's transition to independent living;
- The professional team's role in supporting the transition to permanency and preventing unplanned placement disruptions;
- Relationship between child welfare laws, the local department's mandates, and how the local department carries out its mandate;
- Purpose of service planning;
- Impact of multiple placements on a child's development;
- Types of and response to loss, and the factors that influence the experience of separation, loss, and placement;
- Cultural, spiritual, social, and economic similarities and differences between a child's primary family and foster or adoptive family;
- Preparing a child for family visits and helping him manage his feelings in response to family contacts;
- Developmentally appropriate, effective and non-physical disciplinary techniques;
- Promoting a child's sense of identity, history, culture, and values;
- Respecting a child's connection to his birth family, previous foster families and/or adoptive families;
- Being nonjudgmental in caring for the child, working with his family, and collaboration with other members of the team;
- Roles, rights, and responsibilities of foster parents and adoptive parents; and
- Maintaining a home and community environment that promotes safety and well-being.

The regulation mandates that every LDSS must also ensure that each provider receives annual on-going training. The training must be relevant to the needs of children and families and may be structured to include multiple types of training modalities. Once the regulation is implemented, the provider will be considered fully approved if he meets all other requirements for approval and is enrolled in and completes the next available pre-service training.

The availability of training for providers varies by LDSS. Once 22VAC40-211 is implemented, some LDSS will need to increase the number of pre-service and on-going training that is offered. The LDSS will be responsible for ensuring that all resource, foster, and adoptive parents comply with the training mandate. This will include relative caregivers who are approved as resource, foster, or adoptive parents.

Private foster parents are licensed by private child-placing agencies (LCPA). The LCPA must remain in compliance with 22VAC40-130 (Minimum Standards for Licensed Private Child-Placing Agencies) and 12VAC30-130 (Case Management Treatment Foster Care Services). Neither of these regulations has guidelines related to provider training. The Division of

Licensing Programs is in the process of revising the regulations and the new regulations will address training for providers.

While many LDSS currently mandate both pre-service and in-service training for their foster and adoptive parents, the level of training varies among LDSS due to the vast differences in LDSS size and operation. The flexibility, individuality, and ability to be creative in providing training to foster and adoptive parents allows each LDSS to provide training appropriate for their area. LDSS can apply to VDSS for Title IV-E pass-through funds to support this training. Those not requesting Title IV-E monies are generally the smaller LDSS, and they provide one-on-one training for their foster and adoptive parents. Until 22VAC-40-211 is implemented, there are not requirements concerning what this training should cover.

Pre-service training provides resource, foster, and adoptive parents with knowledge, skills, and abilities that prepare them to meet the needs of the child. In-service training is for current resource and foster parents to refresh and enhance their knowledge and skills related to working with the LDSS and children in foster care. VDSS makes the Parent Resource for Information, Development and Education (PRIDE) pre-service curriculum 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. VDSS posts all approved training curricula or modules on its internal website for LDSS to access as they prepare their applications.

During the first quarter of SFY 2009, 17 LDSS provided 485 pre-service trainings to 1333 participants and 45 LDSS provided 399 in-service trainings to 1171 participants using Title IV-E pass-through funds. The training curricula for these trainings included the PRIDE module, GPS/MAPP, and PATH as well as in-service training that addressed topics such as:

- The effects of abuse (physical and sexual) and neglect;
- Attachment, grief and loss issues;
- Effective discipline;
- Foster parents roles as team players;
- Easing a child's adjustment;
- Birth parents and foster parents working together;
- Parenting children who lie and steal;
- Understanding divided loyalties;
- Anger de-escalation;
- Helping children develop positive identity;
- Handling conflict between biological & resource children;
- Aggression and self destructive behaviors; and
- Preparing children for visits.

Other LDSS used state and local funds to provide pre-service and in-service training. VDSS did not require the LDSS to provide information on the training activities paid for by state and local funds.

The Community Resource, Adoption and Foster Family Training (CRAFFT) Program employs six staff based at three universities in Virginia (Norfolk State University, Radford University and VCU) with whom VDSS has a Memorandum of Agreement (MOA) for the provision of statewide competency-based resource, foster, and adoptive parent training. All CRAFFT activities are directly related to the development and delivery of federally approved training for resource, foster, and adoptive parents. CRAFFT delivers PRIDE training as needed. For example, CRAFFT staff often serves as the PRIDE co-trainer with a local foster parent trainer when the LDSS has no professional trainer available. CRAFFT also collaborates with the LDSS training staff to deliver the training until proficiency is developed by the LDSS trainer. CRAFFT works with a PRIDE Implementation Team comprised of several LDSS using the PRIDE curriculum to ensure that training is available to all LDSS who wish to use the curriculum. In addition, for LDSS who do not use the PRIDE curriculum, CRAFFT staff provides on-site assistance to develop, and when necessary, deliver training to resource, foster, and adoptive parents. CRAFFT staff also work with smaller LDSS to combine training resources and develop a shared curriculum and training delivery schedule in order to enhance partnerships to share scarce resources. During SFY 2008, CRAFFT staff conducted approximately 160 trainings involving 77 LDSS statewide (both pre-service and in-service). It should be noted that one pre-service training consists of nine training sessions. In 58 of the LDSS direct training was provided. The CRAFFT staff co-trained with a LDSS or foster parent trainer in all of the pre-service trainings. As a result of these trainings, approximately 42 LDSS have assumed responsibility for conducting the pre-service training in their localities.

There is an annual foster, adoptive, and kinship parents conference that is a joint venture between FACES (Family Advocacy, Collaboration, Empowerment and Support) of Virginia Families: Foster, Adoption and Kinship Association and VDSS. This conference allows foster, adoptive, and kinship parents an opportunity to network and attend workshops to help them better understand the children who are in their care.

The Standards for Licensed Children's Residential Facilities (22VAC40-151) states: *“‘Children's residential facility’ or “facility” means any facility, child-caring institution, or group home that is maintained for the purpose of receiving children separated from their parents or guardians for full-time care, maintenance, protection and guidance, or for the purpose of providing independent living services to persons between 18 and 21 years of age who are in the process of transitioning out of foster care.”* This regulation mandates that within seven days following their begin date, each staff member responsible for supervision of children shall receive basic orientation to the facility's behavior intervention policies, procedures and techniques regarding less restrictive interventions, timeout, and physical restraint. Within 14 days of the individual's start date, or before an individual is alone supervising children, the provider shall conduct emergency preparedness and response training for the individual. Also within 14 days of their begin date, new employees, employees transferring from other facilities operated by the same provider, relief staff, volunteers and students/interns shall be given orientation and training regarding:

- the objectives of the facility;
- practices of confidentiality;
- the decision making plan;

- the Standards for Licensed Children’s Residential Facilities including the prohibited actions outlined in this regulation; and
- other policies and procedures that are applicable to their positions, duties, and responsibilities.

Within 30 days of their start date, all staff working with residents shall:

- be enrolled in a standard first aid class and a cardiopulmonary resuscitation class unless the individual is currently certified in first aid and cardiopulmonary resuscitation;
- be trained in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships and interaction among staff and residents, and suicide; and
- be trained on the facility’s policies and procedures regarding standard precautions.

Staff members who are responsible for medication administration must complete a medication training program prior to administering medication. All staff must be trained in any area of quality improvement that is identified as the result of the quality improvement plan.

The regulation requires all employees, contractors, students/interns, and volunteers to complete an annual refresher emergency preparedness and response training and annual retraining on the provider’s policies and procedures regarding standard precautions. All staff members who administer medication must complete annual refresher medication training and staff members who provide child care must receive annual retraining on the provider’s behavior intervention and timeout policies and procedures. All staff working with residents shall receive annual retraining in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships and interaction among staff and residents, and suicide. Each full-time staff person who works with residents must complete an additional 15 hours of annual training applicable to their job duties. Part-time staff members must receive annual training applicable to their positions. All training provided must be comprehensive and based on the needs of the population served to ensure that staff members have the competencies to perform their jobs. It is the responsibility of the provider to ensure that his employees, contractors, students/interns, and volunteers complete the required training.

### **Previous Rating**

During the first CFSR Item 34 was rated an area needing improvement because “the CFSR determined that there is no statewide mandated training for current or prospective foster parents, adoptive parents, or staff of State licensed facilities that care for foster children that addresses the skills and knowledge base needed to carry out foster care and/or adoption duties.” In the PIP, the Commonwealth indicated that it would:

- Mandate pre-service training for resource parents, foster parents, and adoptive parents to prepare families to meet the needs of children entering foster care;
- Ensure statewide consistency in mandated pre-service training of resource parents, foster parents, and adoptive parents; and
- Mandate in-service training for resource parents and foster parents to prepare families to meet the on-going needs of children in foster care.

The three action steps were completed.

**Stakeholder Input**

A suggestion for improvement obtained from the survey of the Training and Best Practice Workgroup was for the system to explore more accessible training delivery methods.

Secondarily, the survey results noted a need to evaluate curriculum for relevance to providers' actual needs and that involving providers in curriculum development would facilitate this process.

## Service Array and Resource Development

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

### Policy and Practice

Passage of the Comprehensive Services Act for At-Risk Youth and Families (CSA) in 1993 provided for the pooling of eight specific funding streams used to purchase services for high-risk youth. The purpose of the act was to create a collaborative system of services and funding to provide high quality, cost effective, child-centered, family-focused, community-based services to high-risk youth and their families. The Office of Comprehensive Services (OCS) oversees CSA and conducts regular performance assessments of the state's ability to provide services that are child-centered, family-focused, community-based, and cost effective.

Implementation of CSA included establishing state and local teams to ensure that the strengths and needs of at-risk youth and families in the Commonwealth were appropriately assessed. At the state level the State Executive Council (SEC) assures collaborative programmatic policy development, fiscal policy development, and administrative oversight for the efficient and effective provision of child-centered, family-focused and community-based services to eligible at-risk youth and their families. On the local level, a multidisciplinary approach to providing care to youth and families is utilized. The Community Policy and Management Team (CPMT) manages the cooperative effort in each locality to better serve the needs of the at-risk youth and their families and maximize the usage of state and community resources. The Family Assessment and Planning Team (FAPT) is made up of representatives from the local department of social services (LDSS), community services board (CSB), court service unit (CSU), local health department, and local school division. Most FAPTs also included a family representative and a representative of private service providers. It is the primary responsibility of the FAPT to assess the strengths and needs of at-risk youths and families who are referred to the team and identify and determine the complement of services required to meet their needs. Access to the FAPT can occur through multiple sources and is determined by local policy. All youth referred to the FAPT are assessed using the Child and Adolescent Strengths and Needs Assessment (CANS). The CANS is used to assist in planning and managing services to the youth and family. Use of the CANS is based on the Code of Virginia's mandate for a uniform assessment tool and was specifically selected since it can be used to assess the strengths of youth and families, provide data to track progress, identify service needs and gaps, and emphasize the team approach to service planning.

Foster Care policy states: *"The assessment process is the basis for sound case management. It is through the use of the assessment process that the service worker gathers accurate, relevant information concerning the child and family's situation. This information is used to determine a baseline for the child and family's strengths and needs, the services and resources required, the responsibilities of the parents, the child, the social service department and the foster or pre-adoptive parent, and the criteria for evaluating future needs of the child and family."* The

assessment is a precursor to decision-making regarding such issues as keeping children in their own homes; the need for in-home services; establishing a service plan, placing siblings together, visitation with parents and siblings, case progress, and reunification. Policy stresses the need to engage youth and families and other significant individuals in the assessment process and service delivery as appropriate. Policy requires that parents and other significant individuals be identified and invited to participate in the assessment process. Specific practices to encourage engagement are identified (e.g., actively looking for strengths) in policy and tools, such as genograms and ecomaps, are defined and suggested for use. Consistent with these policies, the statewide community assessment conducted as a precursor to developing the five year “Child and Family Services Plan” due in June 2009 identified “assessment” as the most frequently used service in time-limited reunification.

With few exceptions, LDSS have the discretion to determine the types of assessment instruments used, the source through which such assessments may be obtained, and the types of services to be provided. VDSS requires the use of the Differential Response System (DRS) in Child Protective Services (CPS) cases. The emphasis of DRS is to “assess child safety; strengthen and support families; and prevent child maltreatment.” In addition, 40 localities are piloting Structured Decision-Making (SDM), a series of assessment tools designed to guide consistent decisions to improve case management and services delivery.

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.”*

Section 63.2-905 of the Code of Virginia states: *“Foster care services are the provision of a full range of casework, treatment and community services, including but not limited to independent living services, for a planned period of time to a child who is abused or neglected as defined in § 63.2-100 or in need of services as defined in § 16.1-228 and his family when the child (i) has been identified as needing services to prevent or eliminate the need for foster care placement, (ii) has been placed through an agreement between the local board or the public agency designated by the community policy and management team and the parents or guardians where legal*

*custody remains with the parents or guardians, or (iii) has been committed or entrusted to a local board or licensed child placing agency.”*

Section 16.1-228 of the Code of Virginia defines child in need of services as: “*Child in need of services’ means (i) a child whose behavior, conduct or condition presents or results in a serious threat to the well-being and physical safety of the child or (ii) a child under the age of 14 whose behavior, conduct or condition presents or results in a serious threat to the well-being and physical safety of another person; however, no child who in good faith is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination shall for that reason alone be considered to be a child in need of services, nor shall any child who habitually remains away from or habitually deserts or abandons his family as a result of what the court or the local child protective services unit determines to be incidents of physical, emotional or sexual abuse in the home be considered a child in need of services for that reason alone.*

*However, to find that a child falls within these provisions, (i) the conduct complained of must present a clear and substantial danger to the child’s life or health or to the life or health of another person, (ii) the child or his family is in need of treatment, rehabilitation or services not presently being received, and (iii) the intervention of the court is essential to provide the treatment, rehabilitation or services needed by the child or his family.”*

Foster Care policy requires that an individualized foster care service plan be developed for children and families involved with the child welfare system. When the goal is reunification, the individualized service plan must include needs and reunification services for the child’s family, as well as services for the child, to enable the child to return home. Services may be provided by the LDSS foster care worker, service providers, community resources, school staff and/or volunteers, depending on the needs documented in the individualized service plan. When reunification is not possible, services to achieve other permanent living arrangements must be provided. For those children returning to foster care from a Department of Juvenile Justice (DJJ) facility, the Code of Virginia requires the local court services unit and LDSS to collaboratively plan for the child’s return to foster care at least 30 days prior to his release. This involves decision-making related to assessment, service planning, service procurement, placement services, and a referral to the FAPT, if necessary.

### **Performance**

Since the last Child and Family Services Review (CFSR), the Virginia Department of Social Services (VDSS) engaged in the following practices to improve the array of services statewide.

Virginia’s lack of dental services for children in on-going CPS cases and foster care was associated with a lack of providers and poor reimbursement. The Department of Medical Assistance Services (DMAS) information on the “Smiles for Children” dental program was sent to all LDSS. Representatives from DMAS provided training across the state and met with social work supervisors at regional meetings. In collaboration with DMAS, VDSS provided similar information on the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program to all LDSS.

VDSS worked with 40 state partners to revise and clarify a misinformed practice issue that required parents to relinquish legal custody of their children in order to access out-of-home mental health services in some cases. By 2008, modifications to the Code of Virginia and policy required that youth be provided needed out-of-home mental health services without parents having to place their child in foster care and relinquish legal custody. Although opponents of this change predicted a huge increase in requests for mental health services, OCS data suggest such increases have not materialized. If case management services are provided by an agency other than the LDSS, the child is not considered to be in foster care. If the LDSS is providing the case management services, the child is considered to be in foster care and data are put into the On-line Automated Services Information System (OASIS) and all of the requirements for a child in foster care are met.

Four counties participated in a joint effort with DMAS to increase the use of EPSDT for mental health screenings. The pilot also focused on increasing the number of service providers in underserved areas using DMAS programs such as “Smiles for Children.” While the number of new dental service providers in the pilot region is unknown, DMAS has expanded this program statewide. The goal was to increase the number of dental service providers from 620 in state fiscal year (SFY) 2005 to 1120 by SFY 2008. By September 2008 the number of Medicaid dental service providers had increased to 1128. The number of children ages 0 to 20 using Medicaid dental services increased from 219,968 in SFY 2007 to 240,973 in SFY 2008. The number of children receiving dental services in SFY 2008 was increased by 14 percent from the number of children who were receiving dental services when the “Smiles for Children” program started in SFY 2005.

Virginia Tech assisted a group of 15 LDSS in increasing applications for Supplemental Security Income (SSI) benefits for eligible youth in foster care during a year-long project in southwest Virginia. Over 25 percent more youth who had physical and mental disabilities were enrolled in SSI as a result of the efforts of project staff. However, due to funding cuts, the project could not be maintained beyond the initial contract period.

VDSS implemented a five year Rural Adoptive Family Initiative (RAFI), the goals of which were to:

- increase the number of permanent adoptive placements; and
- reduce barriers to rural adoptions by increasing support to the adoptive family.

Best practices such as targeted recruitment, adoptive family mentoring, family retreats, and educational advocacy and training of rural mental health providers were implemented. Findings suggested that recruitment efforts were more effective when they focused on foster, adoptive, and resource families as opposed to just recruiting for adoptive homes. Child-specific recruitment activities found homes for a number of children who were considered “hard to place.” However, the findings also noted some problems with implementing the model such as resistance by some social workers to consider adoptive families outside of their jurisdiction. Despite RAFI’s success, the five-year grant expired in 2008, and continued funding from VDSS

for the project was not available. Practices initiated under the RAFI grant remain in place and VDSS provides technical support to the pilot LDSS to maintain the gains made.

For the 2008 report on DRS to the General Assembly, 117 statewide on-going CPS cases were evaluated. In this sample, 86 percent of the families needing services received them; 8 percent of families who needed services refused them; and it is unknown if 6 percent of the families received needed services because of documenting errors or omissions.

The CSA match rate system (the amount of local funds a locality must put up to draw down CSA pool funds) was revised to create a system of fiscal incentives for localities to utilize community-based services for at-risk youth and disincentives in the form of increased local funds for at-risk youth receiving residential services. Since this change was implemented at the beginning of state fiscal year 2009, data related to any possible changes have not been released.

VDSS, OCS and the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) conduct surveys with current and past recipients of services, foster care and adoption social workers, local jurisdiction stakeholders involved with children's services, and local government body members to address service needs/gaps and service effectiveness. A review of the most recent surveys (2007 and 2008) conducted by these agencies resulted in several emerging themes including:

- Assessment services for mental, medical and dental health services were generally ranked as the most available and most used of all services.
- Family therapy, medication follow-up, and intensive in-home services also ranked high in available services.
- For CPS cases, counseling, substance abuse evaluation, medical evaluation and treatment, and child care all ranked the highest in available services.

Themes that emerged among the surveys regarding a lack of available services included:

- Respite care, wrap-around services, substance abuse treatment (intensive), transportation, psychiatric services, and after school programs ranked highest in terms of the least available services.
- For CPS cases, respite services, forensic interviewing, homemaker services, and home visitation ranked the least available.

Respondents to the VDSS survey of all 120 LDSS on service array report that the services available to their children and families are "very effective" to "effective" in:

- enabling children to remain safely at home (52 percent);
- placing children in safe environments (79 percent);
- maintaining children in safe environments (83 percent);
- helping children achieve permanency (48 percent); and
- supporting adoptive families after finalization of the adoption (57 percent).

VDSS conducted the Inventory of Community Services, Gaps, and Needs (inventory) from October 2007 through July 2008 in preparation for the upcoming CFSR and the new State Title IV-B Child and Family Services Plan. Ninety-three (81 percent) of the 115 CPMT who participate in the Promoting Safe and Stable Families (PSSF) Program responded to the inventory. The inventory included an assessment scale to assist CPMT in rating the availability of 31 services in their jurisdiction. Respondents were instructed to indicate:

- Met – if the service was available;
- Gap – if the service was available but not enough to meet the needs of all individuals; and
- Need – if the service was not available.

They were asked to list the names of the service providers (no more than three) if they indicated that the service was “Met.”

Overall the inventory indicated that:

- Met
  - Several of the “standard” child and family services (e.g., case management, assessment and referral, and adoption promotion) are important to localities and are currently met.
  - Seventy-five CPMT (rural (63), urban (7), and unincorporated city or town with less than 25,000 inhabitants (5)) identified adoption promotion/support services as the number one “Met” service.
- Gaps
  - CPMT indicated gaps in the provision of several “fundamental” services (e.g., transportation, housing, and substance abuse counseling) that would allow parents to be able to partake in other parenting and family services.
  - Sixty-three CPMT (self-identified as rural) identified substance abuse counseling as the primary gap in services.
- Needs
  - CPMT indicated needs in the areas of fatherhood programs, family resource center and childcare/daycare programs (financial assistance). These needs were consistent across regions.
  - Thirty CPMT (urban (7), unincorporated city or town with less than 25,000 (5), and incorporated city or town with 25,000 or more inhabitants (18)) listed fatherhood programs as the greatest need.

### **Previous Rating**

Item 35 was rated an area needing improvement during the first CFSR. The CFSR findings indicated that although the State had services available for children and families, there were critical service gaps with regard to services that address the needs of families, help create a safe home environment for children, enable children to remain safely with their parents when reasonable, and help children in foster placements achieve permanency. In the Program Improvement Plan (PIP), the Commonwealth indicated that it would:

- Collaborate with public and private agencies to increase access to dental and medical services;
- Collaborate with public and private agencies to increase mental health services availability and accessibility for children and families involved with the child welfare system
- Increase substance abuse services availability and accessibility for families and children throughout Virginia who are involved with the child welfare system;
- Collaborate with public and private partners to increase access to services for juveniles displaying sexually aggressive or reactive behavior;
- Develop and implement strategies to strengthen service planning for children and parents; and
- Expand partnerships with LDSS, other government agencies, and community organizations to improve the accessibility, availability, and delivery of services to older youth transitioning out of foster care.

All of these action steps were completed. DMAS data indicates that as of FY 2008, Medicaid dental providers increased 80 percent statewide. Mental health services also increased both during and after Virginia's PIP period.

VDSS has expanded the array of independent living services (IL) statewide through pilot programs and partnerships with other agencies. Two examples of these partnerships are the piloting of the Ansell-Casey Life Skills Assessment (ACLSA) Tool and the Training 3 project. Working with the National Resource Center on Youth Development, VDSS is piloting the ACLSA Tool in 14 LDSS. VDSS will expand these pilots to all 120 LDSS through a new public/private partnership in which a regional IL consultant will be hired for each of the State's five regions. These IL consultants will provide ACLSA training to all LDSS in their region. VDSS is also partnering with other public and private agencies to carry out the activities of the Training 3 project. Training 3 is a comprehensive performance improvement center offering expert training and performance improvement services for family planning and other health care and social service personnel nationally and throughout the Department of Health and Human Services Region III (i.e., Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia). VDSS has organized and carried out events with its partner agencies related to teen pregnancy, housing, and education for older youth in foster care.

### **Strengths**

Virginia's most significant impetus for change and the development of services for at-risk youth and families is the First Lady's "For Keeps" Initiative and the Children's Services System Transformation (Transformation). These efforts to improve service delivery to at-risk youth and families in Virginia have achieved changes such as:

- improved foster parent board rates (21 percent over the biennium);
- increased funding for child welfare staff training and foster/adoptive parent recruitment; and
- created a financial incentive for localities to use community-based placements and services.

Virginia completed its first year of the Transformation in December 2008. The goals accomplished in this first year include:

- development of a statewide practice model for family centered care;
- implementation of a strong quality assurance system to monitor outcomes;
- hiring of a Resource Family Support Program Manager with five staff; and
- piloting system-wide changes in one LDSS (Richmond City Department of Social Services) including, but not limited, to revised procedures to respond in a timely manner to inquiries from individuals interested in becoming foster parents; flexible staff schedules to facilitate increased foster parent training and home study documentation; implementation of a team decision making model; and training to improve resource home recruitment methods and for implementation of a family engagement model.

Virginia's RAFI program produced an adoption competency curriculum for therapists; generated new partnerships to increase adoptions, which resulted in accessing federal adoption incentive funds; and created models for providing adoption services across jurisdictions.

Local collaboration between child-serving agencies and other stakeholders is a strength in Virginia. Through the LDSS and CSA policies and practices, many localities have the systems in place to identify and develop the services necessary to provide for the needs of their children and families. The Family Assessment and Planning Team (FAPT) is a multidisciplinary community-based team that conducts service planning and approves payments for a full range of services for at-risk youth and families. FAPTs are comprised of representatives from community child serving agencies including CSA, LDSS, CSB and local school districts. Representatives from Healthy Families Programs, juvenile and domestic relations court and other public and private agencies that serve children in the community are also often members of the FAPT.

Despite the lack of mental health services for youth being the primary area of service need found in the last CFSR, Virginia has made significant improvements in making mental health services available throughout the state. The following chart, provided by the Licensing Unit at the DMHMRSAS indicates the growth of mental health service providers licensed by DMHMRSAS in the last three years.

<b>Number of Mental Health Services for Youth by Region</b>			
	<b>2006</b>	<b>2007</b>	<b>February 2009</b>
<b>Licensed Intensive In-home Locations</b>			
Central Region	68	78	106
Eastern Region	39	49	66
Northern Region	35	42	57
Southwest Region	25	32	41
Western Region	20	21	27
<b>Total</b>	<b>187</b>	<b>222</b>	<b>297</b>
<b>Licensed Adolescent Mental Health Day Support</b>			
Central Region	161	191	288
Eastern Region	39	47	97
Northern Region	41	56	86
Southwest Region	74	101	193
Western Region	41	42	46
<b>Total</b>	<b>356</b>	<b>437</b>	<b>710</b>
<b>Licensed Adolescent Outpatient</b>			
Central Region	31	37	40
Eastern Region	33	37	38
Northern Region	39	48	53
Southwest Region	37	50	57
Western Region	22	26	26
<b>Total</b>	<b>162</b>	<b>198</b>	<b>214</b>
<b>Licensed In-Home Support</b>			
Central Region	25	29	44
Eastern Region	11	12	22
Northern Region	9	12	20
Southwest Region	46	67	79
Western Region	10	13	17
<b>Total</b>	<b>101</b>	<b>133</b>	<b>182</b>

Many of these services have multiple locations throughout the state.

### **Regional Issues**

Southwest Virginia identified the lack of substance abuse treatment services as a serious gap affecting the ability of children to remain with or return to their families. To address the problem, four planning districts encompassing 21 counties and cities joined forces to create the “Southwest Virginia Regional Substance Abuse Coalition” (Coalition). Through a grass-roots effort, the Coalition is attempting to combine resources to address the substance abuse and child welfare related problems of their region. This is a new effort and no data regarding service provision or outcomes are available at this time.

Independent living (IL) services for youth in foster care are available through VDSS and the 120 LDSS. LDSS’ IL staff members identified the need for regional IL staff committees and youth councils to increase localized access to IL services for youth. Every region has an IL staff

committee to organize events for older youth. Youth are involved in organizing these events and through changes that will be implemented in SFY 2010, regional youth councils will be created that will increase the involvement of youth in decision making. The level of functioning of each regional committee is different. LDSS' IL staff members are unable to provide the leadership necessary to keep these committees functioning and organize youth councils due to staff cuts. VDSS has issued a Request for Proposals to outsource the on-going development and maintenance of regional IL committees and formation of regional youth groups. It is expected a contract will be awarded by July 15, 2009.

The change in CSA match rates intended to support greater utilization of community-based services has created concern for rural areas that get little financial support from their local government for service delivery and development. Some areas have expressed concerns that youth will be placed in community settings without adequate supportive services in order to avoid the increased cost to the locality for residential care. For the rural localities that can fund new services, the ability to attract providers to the area is a related concern being addressed with decreased use of residential treatment and reinvestment of these savings in community-based programs. Also, as Virginia begins to decrease placement of youth in residential placements, many private providers are working to "re-tool" their programming to respond to the needs of the population with out-patient and in-home community-based services.

### **Stakeholder Input**

One of the largest concerns of state and community stakeholders is the utilization of congregate care services. In communities lacking sufficient supports to develop foster homes and community-based service providers, service planning teams have turned to placing children in more restrictive placements such as group homes and residential facilities. In recent years a reduction in the usage of congregate care has become a priority. From 2004 to 2007 the number of CSA youth served has increased by 27 percent while the percentage of youth in congregate care has steadily decreased: 2004 (20 percent), 2005 (19 percent), 2006 (18 percent), 2007 (16 percent). Despite this decrease in the percentage of CSA served youth placed in congregate care, the percentage of LDSS children placed in congregate care has increased with slight decreases seen only in the last year. It should be noted that not all CSA youth are in the custody of a LDSS.

Although new CSA funding match rates create an incentive for developing/using community-based services, localities without adequate services in place are concerned about seeing an increase in local costs since they will have to continue to use congregate care. With the current economic downturn, localities are also concerned about a lack of funding to start new community resources. With no funding for new staff or increased recruitment activities, localities are concerned about their ability to recruit and retain adequate foster homes to handle youth stepping down from more intensive care settings. A new unit has been established within the Division of Family Services with six staff devoted to providing on-site training and technical assistance to LDSS related to recruitment and retention of foster/adoptive parents. LDSS are able to obtain free assistance in evaluating their current recruitment and retention practices with subsequent assistance in identifying, developing, revising, and implementing focused foster home recruitment and retention activities. This technical assistance is based on the activities that were provided to Richmond City Department of Social Services (DSS). In one year Richmond

City DSS saw a 38 percent increase in the number of individuals attending foster parent orientation with a similar percentage increase in the number of individuals who completed pre-service foster parent training. Data regarding retention of families and placement stability for Richmond City are not yet available. However, Richmond City was able to decrease their congregate care placements by over 20 percent in just one year as a result of new practice methods.

Stakeholders have voiced concern over the lack of a clear prevention policy and its effects on funding services statewide. Confusion concerning what services CSA funds will pay for has led to a variance in the array of prevention services provided across the state. Although the OCS' guidance stresses the flexible nature of the funding available to localities, local CPMT policies vary from jurisdiction to jurisdiction. Services paid for by CSA in one jurisdiction may not be funded by CSA in another jurisdiction. VDSS' prevention policy has not been revised in several years and although it is the basis for OCS' policy, the inconsistencies between the two sets of policy further complicate what services can be funded and which funding source should be used (i.e., state funds, Title IV-B funds, etc). In March 2009, VDSS began a comprehensive review of prevention policies, guidance, and practice within and across agencies to gain a better understanding of the issues that need to be address and the improvements that need to be made to both policy and practice.

### **Barriers**

The current lack of funding is hampering the continuance and/or expansion of several promising initiatives that were begun after the first CFSR. Current federal and state dollars are not readily available for service start-up or expanding pilot programs statewide. RAFI and increasing SSI applications are examples of promising practices that have ceased or remain in partial statewide implementation. VDSS funded a position that was responsible for working with LDSS to maintain the gains made as part of the RAFI project and promoting the on-going usage of best practices such as adoption specific therapist training. However, this position was eliminated. Currently, a VDSS staff person does meet with the RAFI agencies a couple times per year to support the gains that have been made.

Additional service availability is hampered by a lack of funding and/or an on-going commitment to implement some services or practices statewide. SDM, concurrent planning, and use of CANS for all children in foster care are examples of such practices/services. Changes in funding and the recognition that best practices such as SDM require increased face-to-face contacts with some families despite LDSS being short staffed, have forced the Commonwealth to reevaluate its ability to mandate such services be implemented statewide. VDSS has requested additional funding to support new positions for LDSS in order to support implementation of new child welfare practices. Mandating monthly face-to-face worker contacts with children in foster care, SDM, and family group conferencing models all require increased worker time spent on travel, case planning, locating and arranging contact with clients and relatives, and documentation.

CSA's annual service gaps survey for SFY 2007 identified the following as the top 10 barriers to community service availability:

1. Need to demonstrate the need/value of service to local decision makers;

2. Need to pool resources and funding across multiple community partners and funding sources;
3. Need access to grant or flexible funding for program start up;
4. Need for greater collaboration among community stakeholders;
5. Unsure how to engage private/public providers in the development of the service;
6. Unaware of potential funding sources for some services;
7. Community leaders have not reached consensus on prioritizing the development/funding of the service;
8. Community needs better data to guide the investment of resources;
9. Need coordination across localities to demonstrate regional demand; and
10. Need information on what are key factors that make this service effective.

Because of the differences in community leadership, locality size and type, affluence and poverty, and density of available private service providers, one of the challenges is to develop more uniform program supports throughout disparate parts of the state.

### **Promising Approaches**

Legislation passed by the 2008 General Assembly required the development and implementation of mandatory uniform guidelines for intensive care coordination (ICC). Funded by CSA and administered through the CSB, ICC is intended to provide mental health, mental retardation, and substance abuse services. This will enhance the ability of LDSS and all child-serving agencies to access clinically trained staff to assist in assessment and coordination activities for youth in, or at risk of, residential placement who may be able to be served in family like settings.

Beginning in 2006, OCS began training on Systems of Care and in 2007 held the first Virginia Systems of Care conference. Following this conference OCS issued a competitive grant to local communities to develop Innovative Community Services. Communities throughout Virginia received funds to implement projects ranging from enhanced residential discharge/diversion coordination to multi-dimensional treatment foster care programs.

Virginia's Transformation is focused on implementing change strategies in four critical reform areas:

- Adopting a state-wide philosophy of care and establishing a practice model;
- Implementing a training program based on the practice model;
- Increasing family-based placements; and
- Improving usage of data as a management tool.

In 2007, 13 LDSS were identified as the Council on Reform (CORE) for the Transformation. Workgroups focusing on strategies to address the four critical reform areas were developed. These workgroups are:

- family resource development;
- training;
- managing by data;
- private providers;

- community resource development, and
- family engagement models.

Data for the CORE agencies indicate that during 2008:

- group care placements were reduced by almost 5 percent;
- discharges to permanency increased almost 6 percent; and
- family based placements increased almost 5 percent.

The chart below shows the change in caseload for CORE agencies, statewide, and non-CORE agencies between December 2007 and April 2009.

<b>Data on Changes in Caseload Between December 2007 and April 2009</b>			
Locality	Total Cases December 2007	Total Cases April 2009	Percent Change
Chesterfield	150	123	-18%
Dinwiddie	11	12	9%
Fairfax	443	378	-15%
Henrico	163	137	-16%
Prince William	137	101	-26%
Roanoke County	115	91	-21%
Washington	41	50	22%
Charlottesville	124	143	15%
Newport news	272	219	-19%
Norfolk	292	294	1%
Richmond City	524	446	-15%
Roanoke City	438	395	-10%
Virginia Beach	279	266	-5%
CORE Totals	2989	2655	-11%
Statewide Totals	7557	6922	-8%
Non-CORE Totals	4568	4267	-7%

The following chart shows the change in congregate care placements and family based placements for the individual CORE agencies, statewide, and the non-CORE agencies between December 2007 and April 2009.

<b>Data on Changes in Placement Types Between December 2007 and April 2009</b>						
Locality	Congregate Care December 2007	Congregate Care April 2009	Percent Change	Family Based December 2007	Family Based April 2009	Percent Change
Chesterfield	45	21	-53%	101	90	-11%
Dinwiddie	6	7	17%	5	4	-20%
Fairfax	107	79	-26%	327	254	-22%
Henrico	49	29	-41%	105	82	-22%
Prince William	64	25	-61%	70	69	-1%
Roanoke County	32	16	-50%	80	62	-23%
Washington	2	3	50%	39	41	5%
Charlottesville	57	49	-14%	61	80	31%
Newport news	41	22	-46%	220	170	-23%
Norfolk	67	50	-25%	216	214	-1%
Richmond City	200	131	-35%	298	266	-11%
Roanoke City	51	39	-24%	380	311	-18%
Virginia Beach	42	42	0%	233	199	-15%
<b>CORE Totals</b>	<b>763</b>	<b>513</b>	<b>-33%</b>	<b>2135</b>	<b>1842</b>	<b>-14%</b>
<b>Statewide Totals</b>	<b>1922</b>	<b>1413</b>	<b>-26%</b>	<b>5398</b>	<b>4674</b>	<b>-13%</b>
<b>Non-CORE Totals</b>	<b>1159</b>	<b>918</b>	<b>-21%</b>	<b>3263</b>	<b>2832</b>	<b>-13%</b>

By December 2008, Virginia experienced a drop in the number of children in congregate care in non-CORE agencies. This decrease was a result of non-CORE agencies adopting some of the practices promulgated through CORE such as revising their foster parent recruitment and retention activities. In addition, most LDSS have worked to decrease congregate care placements in response to 2008 legislative changes increasing local match rates for state funds for congregate care placements.

VDSS and its sister child-serving agencies are involved in, or planning the implementation of, a number of strategies to improve the array of services consistent with a systems of care service delivery approach and Virginia's practice model. Some of these efforts are:

- Hiring five regionally based Resource Family Placement Specialists to assist LDSS in recruiting, retaining and supporting foster, adoptive and kinship families.
- Contracting for five regionally based IL Specialists to provide the support and leadership necessary to develop and maintain the regional efforts to increase services to older youth in care.
- Providing clarity regarding cross-system prevention policy and funding for prevention services
- Assessing the requirements for implementing four practices that would enhance services statewide: Structured Decision-Making; Concurrent Permanency Planning; the Ansell-Casey Life Skill Assessment tool; and Subsidized Custody.
- Enhancing CSA's ability to gather data that will include provider-specific and client-outcome data. Such data will support localities in understanding specific service needs.
- Implementing the Intensive Care Coordination services by DMHMRSAS and OCS (see "Promising Approaches" in Item 36).

- Awarding of competitive grants by OCS to local communities to develop Innovative Community Services. Projects ranged from enhanced residential discharge/diversion coordination to multi-dimensional treatment foster care programs.
- Allocating over 5 million dollars for outpatient mental health services for youth through the CSB.

Virginia's census indicates an increase in the Latino population. There continues to be a lack of Latino and African-American foster/adoptive parents to meet the needs of the children in foster care. An increased focus on targeted recruitment will help overcome this shortage.

The additional funding that has been received by the DMHMRSAS for increased substance abuse services and mental health care for children and adolescents will help meet the needs identified by the annual service gap survey conducted by DMHMRSAS.

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

### **Policy and Practice**

Services through CSA are available in every community. The role of the CPMT is to coordinate long-range, community-wide planning which will ensure the development of resources and services needed by the at-risk youth and families in its community.

While most CSA services are community-based, since there is a lack of uniform access to a full spectrum of services, there is a need to monitor where service gaps are occurring. As a requirement of legislation passed by the 2006 General Assembly, OCS annually collects data on gaps and barriers in services needed to keep youth safely in their communities. The data are used to guide local initiatives to develop the needed services, prioritize use of scarce resources, and support regional and statewide initiatives to develop services.

CPS, Foster Care and Adoption services are mandated services in all 120 LDSS. These services include but are not limited to: CPS investigations; CPS family assessments; on-going services such as case management, placement services and mental and physical health services; family support, family preservation, and time-limited reunification; independent living services; mental health treatment (both as a preventive service and a foster care service); adoption services; and access to education in a child's community.

### **Performance**

Since the last CFSR, a number of initiatives were either continued or launched to strengthen collaborative oversight, expand accessibility of the service array, and improve the quality of services. Virginia addressed access to services through funding to support enhanced mental health services and OCS grants to create services such as in-home family services, substance abuse treatment, and child abuse prevention services. In addition, VDSS, LDSS and other local counterparts developed brochures and forms in Chinese, Spanish, [Arabic](#), [Farsi](#), [Korean](#), [Somali](#), [Urdu](#), and [Vietnamese](#), reflecting the influx of new cultures into their areas. Brochures and forms were also developed for the hearing impaired.

IL funds are now available in each jurisdiction of the state. Because no local match funds are required to access Chaffee funds for IL services, each LDSS receives an allocation for use in supporting the service needs of older youth. The amount of the allocation is determined by the LDSS' percentage of the state total of youth age 13 and over.

For SFY 2009, the General Assembly appropriated over 5.4 million dollars to support the existing 38 local Healthy Families sites that provide home visiting services to new parents who are at-risk of child maltreatment and to the statewide organization, Prevent Child Abuse Virginia, to provide technical assistance, quality assurance, training, and evaluation. New contracts were completed for all 39 projects for SFY 2009 with an option for annual renewals for up to four years. Because of the lack of additional funds, there are currently no plans to expand the number of sites.

The Community Based Child Abuse and Neglect (CBCAP) grant is administered through VDSS. Grants are solicited through a Request for Proposals process to public and private non-profit, incorporated agencies and organizations in Virginia for the provision of child abuse and neglect prevention services. Grants offer programs an opportunity to tailor projects to meet the needs of local communities. Funding is provided to state level programs and programs with statewide impact. Home visitation, parent education, parent self-help or support programs, public education and awareness activities, early development screening, and community referral and follow-up are among the services funded. The federal guidelines emphasize creating a network of family resource and support programs, child abuse prevention month activities, parental involvement in planning and implementing programs, peer review, cultural diversity, and services to services to families with special needs.

VDSS also administers the child abuse and neglect portion of the Victims of Crime Act (VOCA). The goal of the program is to provide direct services to victims of child abuse and neglect. Funds must be used for direct services to victims of child abuse and neglect or to adults who were sexually abused as children. The intention of the VOCA grant program is to support and enhance the crime victim services provided by community agencies. Current funded programs offer direct services that include shelter programs for children, CASA programs, counseling/therapy services, sexual assault programs, court advocacy, and therapy by LDSS. Programs support collaborative efforts of multiple agencies and are located across Virginia, including rural areas where services are minimal.

The 2008 report on DRS indicated that CPS provided or offered services to at least 94 percent of all on-going CPS cases statewide. A sample of 117 on-going CPS cases was evaluated. The following table indicates the services accessed by 86 percent (101) of the families in the sample known to have received services.

<b>Services Received</b>	
<b>Service Received</b>	<b>Percentage of Families Receiving Service</b>
Counseling	89%
Parent education	33%
Information and referral	30%
Psychological health care	20%
Medical health care	16%
Substance abuse treatment	15%
Education	14%
Financial assistance	13%
Legal	14%
Substance abuse evaluation	9%
Other services	40%

For all services received by the 101 families, community agencies were the most frequent service providers. They provided 47 percent of all services received. Examples of services offered by community agencies included counseling services provided through the CSB or parenting classes offered by a non-profit community organization. The chart below shows the percentage of services offered by the type of service provider.

<b>Sources of Services</b>	
<b>Source of Service</b>	<b>Percentage of Services from that Source</b>
Community agency, including CSB	47%
LDSS	36%
Private provider	6%
Other government agency (i.e., department of health, probation office)	4%
Source unknown	7%

Only direct services were counted. Case management was not counted as a service.

Although this was only a sample of on-going CPS cases, it demonstrated the ability of families to access a wide range of services statewide.

In SFY 2009, 115 CPMT applied for and received Title IV-B PSSF funds to provide services to promote family stability, prevent abuse and neglect, and achieve timely permanency for children in foster care. Services funded through the PSSF grant vary by locality but all are consistent with identified needs of each locality. VDSS reports on the specific use of these funds through the Annual Progress and Service Report. For SFY 2008, a Healthy Marriages and Stable Families RFP was issued and 13 localities were awarded funds. A particular emphasis of the grants was services to incarcerated parents, particularly fathers, to maintain their involvement with their children and families.

Eighty-four percent of LDSS responding to a VDSS survey on adoption services reported that pre-adoption services for children and adoptive families are available and accessible in their

community. Two-thirds of the respondents stated they have access to post-adoption services including therapists who can address adjustment needs of the child and family.

In preparation for Virginia's second CFSR and the new State Title IV-B Child and Family Services Plan, VDSS assessed the FAPT as a system of care practice model and examined the delivery of two of the most frequently used PSSF services, assessments and parent education, using the system of care core principles as measures. The survey addressed the following regarding the two services:

- who makes the service available in the locality;
- accessibility;
- quantity;
- quality;
- cultural responsiveness;
- effectiveness; and
- importance.

One response was solicited from each locality. One hundred three (88 percent) surveys were received from a total of 115 CMPT.

Most survey respondents (95 percent) indicated that the jurisdiction used a FAPT. Overall respondents appeared satisfied with the FAPT except in the areas of training and accountability. Most survey respondents scored the FAPT high ("often good" or "always good") in the areas of individualized service planning, and provider and agency collaboration/communication. Respondents were more neutral regarding the FAPT's ability for: promoting caseworker, contractor and provider flexibility; being involved in case supervision; empowering families; functioning as a learning organization; and supporting workers to "do what it takes." The respondents were least satisfied in the areas of workers receiving adequate training and supervision; supporting the current caseload; and accountability structures.

Of the responding CPMT, 95 percent indicated that they locality conducts client assessments. In the localities that do not conduct assessments, their PSSF funds are used to primarily support sub-grantees that focus on prevention (education and recreation) programs for their communities. Respondents were satisfied with the accessibility and quality of assessments; however, 49 percent indicated that only half of the needs (or less than half) for assessments were being met. Respondents felt that the assessments were community-based and family-centered, and most of the time the assessments were individualized to meet the needs of the client. Respondents were less satisfied with the ability of the assessment services to build parental capacity and to be culturally responsive. Thirty percent of the respondents were neutral about the assessment's effectiveness and 92 percent indicated that the assessment was "very important" or "critically important."

Over 95 percent of the respondents indicated that parent education programs were available in their locality. Parent education programs appear to be fairly accessible to parents with 66 percent of the respondents indicating that 75 percent of the need was met in their locality and 96 percent of the respondents felt that most of the need was met. Although they were somewhat

neutral as to the program's effectiveness, 92 percent felt that it was "very important" or "critically important" for the program to continue. Eighty percent felt the parent education programs were community-based and family-centered. Respondents were mixed in terms of rating the service's ability to meet individual needs, to be culturally responsive, and to build parental capacity.

### **Previous Rating**

Item 36 was rated an area needing improvement during the first CFSR. The CFSR findings indicated that critical services were not accessible to families and children in all political jurisdictions of the State. In the PIP, the Commonwealth indicated that it would:

- Collaborate with public and private agencies to increase access to dental and medical services;
- Collaborate with public and private agencies to increase mental health services availability and accessibility for children and families involved with the child welfare system;
- Increase substance abuse services availability and accessibility for families and children throughout Virginia who are involved with the child welfare system;
- Collaborate with public and private partners to increase access to services for juveniles displaying sexually aggressive or reactive behavior;
- Develop and implement strategies to strengthen service planning for children and parents; and
- Expand partnerships with LDSS, other government agencies, and community organizations to improve the accessibility, availability, and delivery of services to older youth transitioning out of foster care.

All of these action steps were completed.

### **Strengths**

Virginia's allocation of over 5 million dollars to enhance mental health services through the CSBs is a response to the chronic identification of services needed for children with mental health, mental retardation, and substance abuse issues. The availability of OCS funds for program start-up, increased foster parent rates, and state funding to support regionally-based foster and adoptive parent recruitment efforts are responses to other identified service needs.

Because Virginia is a locally administered state, service access is partially based on locally identified needs and local CPMT policies. While certain services are available statewide (e.g., assessment; IL services) access is also contingent upon a locality's need for such services. LDSS identified over 15 additional services not identified in the VDSS survey to which they have access that are responsive to the needs identified in their localities (e.g., attachment disorder assessments, GED classes, teen pregnancy services).

Localities are innovative in combining resources to provide services to meet the service gaps in their areas and sharing promising practices. Fairfax Department of Human Services and 13 regional partners, with consultation from a National Resource Center, developed statewide guidance for implementing a "Bridging the Gap" protocol for developing relationships between

foster and biological parents. Hampton Department of Social Services developed “Getting the Most out of CSA” to share their strategies for accessing and, when necessary, developing innovative services. Planning District One in Southwest Virginia developed a system of care project with DMHMRSAS funding that ensures services are accessible through partnering with public and private providers. Five local jurisdictions in Southwest Virginia combined their funding to be able to hire and support two full-time family recruitment and support staff.

### **Regional Issues**

The annual surveys completed by OCS identified the following significant regional services gaps:

- Central Region
  - Alternative education day programs
  - Transportation
- Eastern Region
  - Parenting/family skills training
  - After school programs
- Northern Region
  - Crisis intervention
  - Emergency shelter care
- Piedmont Region
  - Respite
  - Crisis intervention
- Southwest Region
  - Intensive substance abuse services
  - Residential treatment and regular foster care

Further discussion of these regional service gaps occurs in the Stakeholder Input section below.

### **Stakeholder Input**

Contributors to the surveys and discussion groups used to address service array issues included staff members of LDSS, court services units, school systems, CSB, local governments, health departments, and private service providers. Parents and family members of children involved with the child welfare system were also included. Localities were asked to rank their top service gaps from a list of services and to indicate from a list of barriers which issues were impacting their ability to develop community-based services.

Three surveys conducted during SFY 2008 focused on service availability, access, effectiveness and/or satisfaction. Themes emerging from all three surveys suggest that:

- Seventy-seven percent of consumers receiving mental health services through CSBs reported they had adequate access to mental health services. A VDSS survey showed that 89 percent of respondents believed that mental health services are accessible in their communities.

- From 2004 to 2007 the number of community-based services provided to CSA youth increased from 5,906 to 9,755. In 2007, 81 percent of all CSA funded services were able to be provided to youth and families in their communities.
- Despite increases in service availability, gaps and barriers to services continue to exist. Below are the top 20 service gaps for FY 2007:

- |                                |                                 |
|--------------------------------|---------------------------------|
| 1. Crisis Intervention         | 11. Psychiatric Assessment      |
| 2. Mental Health Day Treatment | 12. Transportation              |
| 3. Wrap-around Services        | 13. Supervised Ind. Living      |
| 4. Regular Foster Care         | 14. Emergency Shelter Care      |
| 5. Parent & Family Mentoring   | 15. Family Assessment           |
| 6. Intensive Substance Abuse   | 16. Parenting/Family Skills     |
| 7. Respite                     | 17. After School Programs       |
| 8. Short-term Diagnostic       | 18. Alternative Ed. Day Program |
| 9. Group Home Care             | 19. Substance Abuse Prevention  |
| 10. Residential Treatment      | 20. Therapeutic Foster Care     |

From SFY 2006 to SFY 2007, there was consistency between the two CSA surveys describing the top 20 gaps. The most significant change in ranking concerned the need for Wraparound Services. The most striking regional scores for specific gaps were for Crisis Intervention in the Northern Region and Intensive Substance Abuse Services in the Western Region (See “Regional Issues”).

The CSB survey administered to recipients of mental health, mental retardation, and substance abuse services though the CSBs identified that “[CSB] policies are needed that encourage providers to use the following ‘best practices’ more frequently:

- involve caregivers in choosing treatment services and goals for their children;
- provide sufficient services to meet the child’s needs (many children and adolescents with serious emotional and behavioral difficulties will need services for more than one year); and
- provide services that are effective in preventing out of home placements.”

Over 80 percent of respondents to the VDSS survey on access reported that for families involved in on-going CPS cases, in-home services are accessible in their communities (these services include mentoring, parent education, etc.). Dental providers accepting Medicaid continues to be a service access problem mostly in the rural areas of the state. LDSS report that they frequently access medical services provided by other state/local agencies such as the Department of Health. Access to regular foster homes has improved. LDSS experienced a four percent increase in the placement of children in community-based family settings in 12 months.

### **Barriers**

Although mental, medical, and dental health services were generally ranked as available services, respondents noted that access to specific types of services (such as sex offender treatment) or a dearth of providers (e.g. Medicaid providers for dental care) and waiting lists to access mental health services affected the accessibility of obtaining such services. Survey results

helped describe trends seen in the difference between service availability and service access. Further analysis of the results will provide additional data.

All available statewide services are not equally accessible. For those localities lacking public transportation or local services, families may have to forego services or travel long distances to obtain services. Fuel costs and unemployment make travel to services difficult. Virginia has also experienced an influx of Latino populations and the provision of culturally sensitive services is limited in the more rural areas such as Southwest Virginia and jurisdictions in the Northern, Central, and Tidewater areas of Virginia where agriculture is the major industry. In addition, those localities most affected by the current economic downturn are also those localities where outdated industries and coal mining have disappeared. As a result, development of new, culturally diverse services are limited.

### **Promising Approaches**

ICC as described in “Promising Approaches” in Item 35 will enhance the ability of LDSS and all child-serving agencies to access services needed to step youth down from or avoid residential placements. The General Assembly’s allocation of funds to increase foster parent board rates and develop regional recruitment efforts are also responsive to the need to access and retain more foster families within a child’s community.

Funding through OCS for new start-up programs and additional funds for mental health services for youth are intended to provide greater access to community-based services throughout the Commonwealth.

Changes to policy and practice requiring access to mental health treatment for children without the parents having to relinquish legal custody significantly increased the accessibility to services for certain populations. Approximately 250 children/youth have been able to receive these services in the past 18 months without the parents having to relinquish custody and place the child in foster care. This change places greater responsibility on all child-serving agencies to work collaboratively to develop treatment plans and provide service monitoring.

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

### **Policy and Practice**

The Code of Virginia, policy and practice strongly emphasize an individualized approach to service planning for all children and families throughout the child welfare continuum. Statewide implementation of DRS is indicative of the individualized nature of making decisions about families who come to the attention of LDSS.

The CSA system is based on a “child-centered, family-focused, community-based” approach to service provision for at-risk youth and families. This philosophical belief has been reflected in law since 1993 and is ingrained in all child-serving agencies policies and practices. It requires the FAPT to address each case on a regular basis to assess the individual service needs of the youth and family. Legislation passed by the 2008 General Assembly created ICC (see Items 35 and 36 – “Promising Approaches”) to further enhance individualized service planning.

Virginia has long required a transitional IL plan be formulated for all older youth in care and changes to the Code of Virginia made in 2008 now mandate identification of the unique IL skill needs of youth age 14 and older is included in the service plan which is approved by the court.

### **Performance**

In a recent survey on family engagement practices used by LDSS, 87 percent of the 68 LDSS who responded reported using some structured form of family engagement strategies to address the individualized needs of the child and family. These data are consistent with the requirement that all foster care cases where services are needed are referred to the FAPT or a similar multidisciplinary team for service development, review, and funding.

Through the CSA structures (i.e., CPMT and FAPT), services are individualized to meet each youth's and family's unique needs. Because CSA funds are designed to be used flexibly within broad parameters, localities can and do design creative and innovative services. One locality has expanded its service delivery and funding policies to reinforce its commitment to reduce congregate care placements to zero (a goal it has achieved) through using its CSA and local funding to design unique individualized services. Led by the vision of its juvenile and domestic relation court's judge and LDSS director, this locality has a clear and shared focus - from its local county board of supervisors to the service providers – that they will provide “whatever it takes” to meet the needs of each child within the least restrictive, most community-based setting possible. As noted under “Performance” in Item 36, individualizing service planning through the FAPT process was identified as a strength by most of the respondents to the survey concerning the FAPT.

### **Previous Rating**

Item 37 was rated a strength in the first CFSR since it was determined that services could be individualized to meet the needs of children and families. Thus, this item was not addressed in the PIP.

### **Strengths**

Virginia's CSA system and its focus on “child-centered, family-focused, community-based” service delivery are institutionalized in children's services in Virginia. Changes to the CSA structure and processes (e.g., creating the ICC) are a response to changes in the needs of children, families and communities. Local discretion in implementing the intent and purpose of CSA allows localities great latitude in developing services that are unique to their jurisdiction and region. Both PSSF and state funds are used to support the identified service needs of at-risk youth and families within each locality.

During 2009 Virginia expects to begin statewide implementation of a family engagement model based on Team Decision Making. Successful implementation will involve extended family members more fully in high risk cases to not only prevent foster care but to ensure family support to address risk factors in on-going CPS cases. A family engagement model will support the inclusion of the family and its social support network in service delivery, case progress, and timely permanency.

**Regional Issues**

Transportation and holding FAPT and other service planning meetings at times when family members can attend are problematic for many rural localities throughout the Commonwealth. In smaller LDSS where generic workers cover all service cases (child welfare, adult services, etc.), conducting service planning meetings and including significant individuals in these meetings is difficult. Some LDSS are implementing alternative methods for meeting the needs of families, such as holding meetings at locations close to the family's home and having service planning meetings after work hours and on weekends.

**Stakeholder Input**

Most stakeholders (e.g., families, older youth, and foster parents) reported that service plans were individualized and reflected the input of the child and family. Older youth involved in the Virginia Youth Advisory Council stated they were generally included in their service plan meetings but did not always agree with what was put in the service plan. Most of these youth were clear about their permanency goal and felt it was a reasonable goal.

Virginia's foster parent organization, FACES (Family Advocacy, Collaboration, Empowerment and Support) of Virginia Families: Foster, Adoption and Kinship Association, reports that some foster parents have raised concerns about not always being included in the service planning for the children in their care or their concerns are not always attended to in designing services. One response to this concern was the passage of legislation during the 2008 General Assembly mandating the development and implementation of a Code of Ethics and Mutual Responsibilities Agreement. Designed to ensure that LDSS, congregate care providers, and foster/adoptive parents work together to meet the needs of children, the agreement was created by a group of stakeholders (including foster families) and address the LDSS responsibility to involve the foster family in decision making about the child in their care. The agreement will be implemented statewide on July 1, 2009.

Access to a specific service affects individualizing service delivery. Rural areas repeatedly note the difficulty in providing what they know is a needed service for a client due to the lack of a particular service provider in or near their community. With the influx of non-English speaking individuals into rural areas of Virginia, services that are culturally and linguistically relevant may not be available.

**Barriers**

Individualizing service planning and delivery is hampered by lack of transportation to enable all parties to participate in the planning process. Funding is a barrier to service availability and access is discussed in previous items. Lack of funding hampers addressing individual service delivery needs.

Worker attitudes also have a bearing on individualizing services to children and families. Workers who believe that relatives will not provide any better care to a child than the parent may not always seek out relatives to assist in service planning and placement of a child.

Workers attitudes about permanency for older youth in care affect service and placement decisions. Virginia's focus on changing its reliance on congregate care is directly connected to

changing the attitude that older youth are not adoptable and/or cannot function adequately in a community/family-based setting.

### **Promising Approaches**

Efforts to increase family-based community placements have increased in the past two years. Through the Transformation, the 13 CORE agencies have received training and technical assistance in targeted and child-specific family recruitment. One LDSS has shown a consistent increase in recruiting and approving new homes for targeted populations and an increase in placement with relatives as a result of this intensive training and technical assistance. With the addition of the new Resource Family Placement Unit within the Division of Family Services, the lessons learned by the CORE agencies can be replicated statewide through training and technical assistance offered by this unit.

The ICC discussed in previous items reflects Virginia's continued focus on individualizing services for youth. Implementation of the ICC in more localities should result in additional individualized service planning for children currently in congregant care and those who are at risk of such placements.

CSBs were allotted 5 million dollars to address gaps in the continuum of mental health services and supports for children based on the individualized needs of the children. While the needs may vary depending on the existing array of services and supports for children, each CSB is required to cooperate with the court services units in its area to provide mental health and substance abuse services to children in their communities who have been brought before the juvenile and domestic relations courts and for whom treatment services are needed to reduce the risk these children pose to themselves and their communities or who have been referred for services through the FAPT. This includes children in foster care. A CSB may choose to collaborate with other CSBs within its region in order to increase the availability of specialized services for children, provided the aforementioned cooperation with other stakeholders is addressed. Each CSB has met with the court services units affiliated with the area it serves to collaborate and to facilitate referral of children through the court service units. It is important to note that these funds were made available to CSBs just prior to the budget cuts announced in the fall of 2008. While some CSBs were able to hire new staff to serve children with these funds, others have been impeded by local government hiring freezes that have prevented them from filling the new positions.

VDSS and LDSS are increasing their attempts to make information and services available to clients in multiple languages. Creative use of PSSF and CSA funds to purchase services responsive to the cultural needs of clients is increasing. Brochures in multiple languages are posted on-line and many LDSS are using their funds to hire translators for service delivery (including individuals who are trained to work with the deaf and blind) when actual service providers with certain language skills are not available. One LDSS has used funds to purchase "Rosetta Stone" for one of its staff willing to learn a second language.

## Agency Responsiveness to the Community

**Item 38: State Engagement in Consultation with Stakeholders.** In implementing the provisions of the CFSP, does the State engage in ongoing consultation with tribal representatives, consumers, service providers, Foster Care providers, the juvenile court, and other public and private child- and family-serving agencies, and include the major concerns of these representatives in the goals and objectives of the CFSP?

### **Policy and Practice**

The Virginia Department of Social Services (VDSS) has maintained a commitment to an inclusive system of service delivery as outlined in Virginia's Child and Family Services State Plan (VCFSSP). The Child Welfare Advisory Committee (CWAC), the Child Protective Services (CPS) Policy Advisory Committee, and the Permanency Advisory Committee (PAC) continue to meet on a regular basis and provide feedback to VDSS. Additionally, VDSS continues to engage stakeholders through processes and meetings associated with the Comprehensive Services Act for At-Risk Youth and Families (CSA). Processes and meetings associated with CSA include the State Executive Council (SEC), State and Local Advisory Team (SLAT), Community Policy and Management Teams (CPMT) and Family Assessment and Planning Teams (FAPT).

VDSS prepares the VCFSSP in accordance with guidelines established for the Child and Family Services Plan (CFSP). VDSS utilizes information obtained through meetings, committees, and workgroups outlined below to develop the VCFSSP. CWAC meetings are used to obtain information from stakeholders on the effectiveness and efficiency of the services that are currently being provided and to identify areas where additional services are needed. The CPS Policy Advisory Committee and the Permanency Advisory Committee are used to identify issues related to CPS, foster care, and adoption that need to be included in the VCFSSP. Through ongoing communication with FACES (Family Advocacy, Collaboration, Empowerment and Support) of Virginia Families: Foster, Adoption and Kinship Association, VDSS is aware of foster and adoptive parents' concerns. The Virginia Youth Advisory Council (V-YAC) conferences are used to identify issues of interest to older youth in foster care that should be addressed in the VCFSSP. A draft copy of the VCFSSP is shared with CWAC members to obtain feedback prior to the report's submission to the federal government.

During state fiscal year (SFY) 2008, Virginia initiated an effort to transform and improve children services in addition to the improvements that had been undertaken as a result of the Program Improvement Plan (PIP). The mission of the Virginia's Children's Services System Transformation (Transformation) is to strengthen permanent family connections for children and youth by transforming how services are delivered to them. The Transformation effort is being led by the Secretary of Health and Human Resources (HHR). Fundamental to the Transformation is the idea 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. The Transformation has produced a significant increase in opportunities for stakeholder collaboration and communication regarding child

welfare issues and service delivery. Please see the section on the Transformation at the beginning of the statewide assessment for more information about the Transformation.

As part of the Transformation, a variety of strategies and national best practices are being implemented by 13 geographically diverse local departments of social services (LDSS). This group of 13 LDSS is known as the Council on Reform (CORE). CORE has an overarching Executive Steering Committee and a number of workgroups. The steering committee and workgroups include membership from VDSS; LDSS; the Court Improvement Program (CIP); Departments of Education (DOE), Juvenile Justice (DJJ), and Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS); Office of Comprehensive Services (OCS); Community Services Boards (CSB); private providers; and foster/adoptive parents. The steering committee meets monthly as do most of the workgroups. At each meeting intensive work occurs to identify and resolve issues that will improve children services. The Casey Strategic Consulting Group brought birth parents that had been served by the child welfare systems in other states to a CORE meeting to discuss the importance of engaging birth parents. CORE is currently considering adding a workgroup that would identify best practices related to engaging birth families and youth.

CORE's immediate focus is to systematically reduce the number of children in congregate care. It is believed that by focusing attention on children's placement settings and making more concerted efforts to keep children in family and community based settings, a variety of other positive outcomes for children and their families will follow. Statewide implementation of Transformation activities began in January 2009.

In addition to CORE, the Division of Family Services (Division) continues to coordinate with a broad array of stakeholders through a variety of forums including, but not limited to:

- CWAC, the group of statewide stakeholders that was formed to share information, facilitate discussion, promote participation, and formulate strategies for children and family services. Members of CWAC include representatives from LDSS; private providers; the Virginia Poverty Law Center; Departments of Criminal Justice Services, DOE, Health (DOH), DMHMRSAS, Medical Assistance Services (DMAS), and Aging; OCS; CIP; FACES; Virginia Commonwealth University - Virginia Institute for Social Services Training Activities (VCU-VISSTA); and Prevent Child Abuse Virginia. VDSS staff members who attend CWAC represent Foster Care, Adoptions, CPS, Interstate Compact, Quality Review, Policy, and Data Management;
- OCS staff who are responsible for implementation of CSA;
- The Office of the Executive Secretary of the Supreme Court of Virginia which is the administrative office of the courts in the Commonwealth through Virginia's CIP;
- FACES which is Virginia's statewide foster, adoptive, and kinship care association;
- The Virginia League of Social Services Executives (VLSSE) which is an organized forum for LDSS with membership primarily being LDSS directors and assistant directors;
- V-YAC which is composed of youth age 15 to 21 currently participating in independent living services through the foster care program (there are no foster care alumni

participating in V-YAC at this time, but alumni are welcomed to continue participating in the organization if they wish to);

- Regional Independent Living (IL) committees designed to enhance services to older youth in care and comprised of LDSS' and private providers' IL staff;
- Employees of LDSS in a variety of workgroups; and
- Virginia's One Church One Child, an organization that focuses on adoption recruitment.

CWAC, which was created to help VDSS prepare for the first Child and Family Services Review (CFSR), continues to meet at least quarterly and has recently been meeting monthly in preparation for the second CFSR. CWAC is primarily a forum for Division staff to share information, facilitate discussion, promote participation, and formulate strategies for the VCFSSP. CWAC is also utilized to gather stakeholder feedback for the CFSR and was used after the first CFSR to help develop the PIP.

As noted in the first statewide assessment, Virginia's CSA, which requires integrated services to children and families, is a model for collaborative work in the delivery of child welfare services. In the early 1990s, eight specific funding streams were combined into one pool of funds that is administered by CSA in order to create an interagency approach to serving children and families. Combined state and local funding allows communities the flexibility to meet the needs of their individual citizens, to identify and intervene with families and children who are at risk, and to collaborate in the process of service delivery. At the state level, the SEC assures collaborative programmatic and fiscal policy development, and administrative oversight for services. The SEC is chaired by the Secretary of HHR and includes agency heads and representatives of:

- VDSS;
- DOE;
- DOH;
- DMHMRSAS;
- DMAS;
- DJJ; and
- Office of the Executive Secretary, Supreme Court of Virginia.

Local government, private provider, and parent representatives, as well as one member of the House of Delegates and one member of the Virginia Senate, also serve on the SEC. The SEC meets monthly.

SLAT is a second CSA state level collaborative team. SLAT is composed of representatives from:

- DOH;
- DJJ;
- VDSS;
- DMHMRSAS;
- DMAS; and
- DOE.

SLAT also includes a parent representative who is not an employee of any public or private program which serves children and families; a representative of a private provider of children's or family services; a local CSA coordinator; a juvenile and domestic relations district court judge; and one member from each of the five different geographical areas of the Commonwealth who serves on and is representative of the different participants of the community policy and management teams. SLAT meets monthly and addresses issues related to the state program, fiscal policies, and the impact of these issues on CSA service delivery. This group makes recommendations to the SEC and advises state agencies and localities on training and technical assistance necessary for effective services.

Every locality must establish a CPMT in order to receive funds pursuant to CSA. The CPMT manages the cooperative effort in each community to better serve the needs of troubled and at-risk youths and their families and maximizes the use of state and community resources. CPMTs are responsible for establishing procedures in their respective jurisdiction regarding how families will access services through the FAPT and how services recommended by the FAPT will be funded. Because local CPMTs have the ability to establish processes and protocols, the CPMTs function differently from one locality to another. All CPMTs, however, are responsible for proper fiscal management of funds under their control and must ensure that the funds are used appropriately to meet the needs of youth and families served. Membership on the CPMT includes local agency heads of the CSB, juvenile court service unit, health department, local school system, and LDSS. The team should also include a private provider and parent representative.

The local FAPT has the responsibility of assessing the strengths as well as the needs of individual children and their families, and determining the full complement of services required to meet these needs. Rather than fitting families into a set array of services, services are designed and provided around the needs of the child and family. The FAPT has representatives from the area CSB, health department, juvenile court services unit, school division, and LDSS, and a parent. Families and at-risk youth are referred to the local FAPT by LDSS, health departments, schools, probation/parole officers, and mental health agencies. In some communities parents may learn about the FAPT and initiate a self-referral. At-risk youth and their families must be assessed by the local FAPT in order to obtain services that are paid for using CSA funds.

In SFY 2008, 18,195 youth received 32,771 services from CSA. The chart below shows the referral source, the number of at-risk youth referred and the percent of the total number of at-risk youth referred for services from CSA in SFY 2008.

<b>Youth Receiving Services from CSA in SFY 2008</b>		
<b>Referral Source</b>	<b>Number of Youth Referred</b>	<b>Percentage of Total Youth Referred</b>
Department of Social Services	11,117	61%
Education	4,266	23%
Juvenile Justice	1,345	7%
Community Services Board	796	4%
Family	83	0%
Health Department	6	0%
Interagency Team/Office	442	2%
Other	140	1%

The Office of the Executive Secretary of the Supreme Court of Virginia and VDSS work in partnership with one another through Virginia's CIP. CIP is focused on facilitating judicial leadership, local collaboration, and compliance with federal and state laws and recommended best practices. Collaboration with VDSS and its LDSS is an integral part of CIP's efforts, as well as the court system's efforts, to improve the adjudication and resolution of child dependency cases in Virginia. During the past year, CIP staff has embraced collaboration through participation in CWAC, the SEC, and ongoing consultation with VDSS staff on issues of mutual concern at both the state and local level. When appropriate, VDSS supports CIP training and programmatic efforts.

V-YAC provides a voice for youth in legislative and policy related matters as well as a forum through which youth can connect with other foster care youth. In 2005, two V-YAC members testified before the Public Education Subcommittee of the Senate Education and Health Committee. The youths testified in support of Senate Bill 1006 which clarified that public schools must be free to children in foster care living in the school division in the same manner as provided to homeless children and youth pursuant to the McKinney-Vento Act and state law. Later, V-YAC President Melvin W. attended the Senate Bill 1006 Signing Ceremony with Governor Mark Warner, State Senator Emmett Hanger, and others. On January 15, 2007, several V-YAC youth attended First Lady Anne Holton's legislative event at the Governor's Mansion which gave them an opportunity to meet and talk with members of the General Assembly.

In addition to the above groups, the Division encourages stakeholders to participate in policy development and discussions when appropriate. Each program unit within the Division has maintained an ongoing policy advisory committee to discuss day to day application of existing child welfare policies, barriers to implementation, and need for changes. At any given meeting of either of the policy committees, there are generally 10 to 20 attendees from LDSS, CSA, court, FACES, and private providers. In addition, other stakeholders are occasionally invited to a particular meeting when a topic requires additional expertise.

- **CPS Policy Advisory Committee**

The CPS Policy Advisory Committee convenes quarterly. This group serves as one of the main stakeholder groups in assisting the Division in making recommendations for regulatory and policy changes related to CPS. The group has been instrumental in

developing the revised regulation for CPS that was recently finalized. They have also worked to reformat the CPS policy manual and have assisted in drafting the Safety sections of this document.

- **Permanency Advisory Committee**

The Permanency Advisory Committee addresses both foster care and adoption issues. Over the last several years this committee has worked with stakeholders to consider Virginia's IV-E demonstration waiver. Virginia's IV-E demonstration project would have provided a financial subsidy to relative caregivers who assumed legal custody of children in their care. The relative caregiver awarded legal custody of a child would have received a monthly subsidy equal to the child's monthly foster care maintenance payment. The demonstration project would have targeted Title IV-E-eligible and non-IV-E-eligible children ages 0 to 18 who had been in continuous legal custody of the state for at least 12 months; had been in continuous placement with the prospective relative custodian (i.e., guardian) for at least six months; and for whom reunification and adoption had been ruled out as permanency options. Prospective legal custodians would have had to be a relative of the child (e.g., a grandparent, uncle, aunt, older sibling, older cousin, etc.), had a significant personal relationship with the child, and demonstrated a willingness to make a long-term commitment to the child's care. In addition, prospective custodians would have had to undergo a thorough home study that included a criminal background check and a child abuse and neglect central registry review. It was determined that Virginia did not have enough children in relative placement to conduct the evaluation using the methodology that was prescribed. In addition to completing significant work around the application for the IV-E Demonstration Waiver and analysis of implementation issues, the Permanency Advisory Committee developed a best practice appendix for the foster care policy manual, developed a best practice guide for relative identification and location, and created a worker-child visitation tool to support meaningful worker visits.

When child welfare policy and programming issues arise that require more intensive and focused work, the program units establish workgroups to address the particular issue. Examples of such workgroups are:

- **Foster Care Placement Agreement/Code of Ethics Workgroup**

The 2008 General Assembly passed legislation requiring the State Board of Social Services to approve, in foster care policy, the language for a Code of Ethics and Mutual Responsibilities document and mandated that such language be included in all placement agreements. The Code of Ethics and Mutual Responsibilities will support the collaborative working relationship required between the LDSS and the placement provider in order to meet a child's needs and promote permanency. A workgroup was formed to develop a foster care placement agreement that supported including foster/adoptive parents and children in case planning and provided more clarity related to the responsibilities of the provider in meeting the child's safety, well-being, and permanency needs. The Code of Ethics and Mutual Responsibilities was approved by the State Board of Social Services in February 2009 and will be implemented statewide in July 2009.

- **Foster Care Monthly Worker Visit Workgroup**

In response to federal law requiring monthly social worker visits with foster children, VDSS convened a workgroup to develop Virginia's plan for complying with this requirement. The workgroup not only discussed becoming compliant with the requirement, but also focused on how to ensure that the required worker visits were carried out in a manner that emphasized ensuring child safety, promoting a permanent family for the child, meeting the child's well-being needs, and supporting families. As a result of the work of this workgroup, VDSS was able to submit a plan to the Administration for Children and Families explaining what steps would be taken to ensure that Virginia met the monthly worker visits requirement. In addition, the workgroup developed guidance regarding implementing the monthly worker visits requirement which was sent to all LDSS.

- **Adoption Assistance Workgroup**

The Adoption Assistance Workgroup continues to meet to improve Virginia's adoption assistance policies. The workgroup was formed to discuss the status of program administration throughout Virginia and to revise policy to promote more consistency in the program. The workgroup is made up of representatives from LDSS, licensed child-placing agencies, and VDSS. It is expected that the workgroup will complete the revisions to the policy manual by July 2009. The changes will reflect modifications to federal legislation related to Title IV-E adoption assistance policy and provide greater clarity on the provisions of special services adoption assistance payments.

- **Permanency Regulation and Provider Regulation Workgroups**

In addition to legislation, regulations direct the delivery of child welfare services in Virginia. VDSS seeks to obtain stakeholder input on all regulations as they are developed, instead of waiting for the required public comment period. The Permanency Regulation Workgroup and the Provider Regulation Workgroup were established to help develop regulations related to the provision of foster care/adoption services and standards for foster/adoptive home approvals. The provider regulation has been approved by the State Board of Social Services and posted for the 60-day public comment period. The permanency regulation has been approved by the State Board of Social Services for public comment.

Division staff members serve on a number of interagency and multidisciplinary committees where they receive feedback from various stakeholders. Examples of these committees are:

- **Court Appointed Special Advocate/Children's Justice Act Advisory Committee (CASA/CJA)**

The CASA/CJA Committee serves as one of three citizen review panels for the CPS program. This group advises the Department of Criminal Justice Services (DCJS) on the CASA program and the administration of the CJA in Virginia. The goals of CASA and CJA are congruent with those of the CPS program and the services provided under these programs assist abused and neglected children. The committee, composed of multidisciplinary professionals, meets quarterly and its primary focus as a citizen review panel is to evaluate and make recommendations concerning CPS regulations, policies, and practices. Each year the committee reviews the annual evaluation report of the Differential Response System (DRS) and makes recommendations for further study of the efficacy of the CPS program in Virginia.

- **State Level Medical/Legal Forensic Workgroup**  
Division staff members participate on this 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 stand-alone power point training presentation for educating pediatric practitioners on suspected child abuse and neglect.
- **Substance Exposed Newborn Committee**  
Division staff members participate on this multidisciplinary committee which works to develop screening tools for health care providers and child welfare staff. Practice guidelines for health care and child welfare practitioners have been drafted and will be distributed in the near future.
- **State Child Fatality Review Team (SCFRT)**  
SCFRT systematically analyzes child deaths to determine if the deaths could have been prevented and makes recommendations for education, training, and prevention strategies. SCFRT is multidisciplinary and includes physicians and representatives from state and local agencies who provide services to families and children or who may be involved in the investigation of child deaths. The Chief Medical Examiner is the chair. SCFRT has reviewed motor vehicle deaths including hypothermia, and is completing its review of non-caretaker homicides. SCFRT makes recommendations to VDSS regarding regulations, policy, and practices.
- **Governor's Advisory Board on Child Abuse and Neglect (GAB)**  
The GAB meets quarterly and advises VDSS, the State Board of Social Services, and the Governor on matters concerning programs for prevention and the treatment of abused and neglected children and their families. The GAB is composed of nine citizen members appointed by the Governor, and permanent representatives from DMHMRSAS, DCJS, DJJ, DOE, and the Office of the Attorney General. Since 2004, GAB has committed itself to work on the development and implementation of a statewide Child Abuse and Neglect Prevention Plan. The Child Abuse Prevention Committee (CAPC), under the auspices of the GAB, has been meeting bi-monthly to support and monitor the nine strategies of the Blue Ribbon Plan related to prevention.
- **Virginia Home Visiting Consortium**  
The Home Visiting Consortium (Consortium) developed as a part of the Governor's Smart Beginnings Plan. Smart Beginnings provided a mechanism to bring interested persons and organizations together in an effort to improve the quality of various services for young children in Virginia. The Consortium includes membership from state agencies and organizations responsible for administering state funds for home visiting programs throughout the Commonwealth. VDSS is one of these agencies.

The Consortium pledged to:

- examine the role of home visiting in improving the health and well-being of Virginia's young children;
- review the current publicly funded Virginia home visiting services for pregnant women and families with children ages 0 to 5;
- increase local and state collaborative efforts in order to increase the efficiency and effectiveness of Virginia's home visiting services; and

- recommend changes in Virginia's home visiting system which would improve birth outcomes and enhance early childhood development.

The Consortium has examined home visiting in relation to improved health and well-being outcomes for young children and completed a review of publicly funded programs in Virginia. The Consortium outlined its recommendations in August 2007. While much work has been done, notable examples of the Consortium's work include the development of recommended intake forms that promote consistency from one home visiting program to another as well as the delivery of information/orientation sessions across the state to promote awareness and understanding of both the Smart Beginnings initiative and home visiting programs. The Consortium continues to meet to maintain the collaborative connections that have developed and the strong networking and connections which have developed between the 10 publicly funded home visiting programs in Virginia. The Home Visiting Consortium serves as a primary vehicle for prevention system planning and collaborative decision-making among member agencies.

Virginia does not have any federally recognized tribes, although eight state-recognized tribes exist. Each program (CPS, foster care and adoption) has specific policy to ensure an appropriate procedural response when addressing Native American children and children with Alaskan Eskimo heritage in the child welfare system. In the event a Native American child is in imminent danger and does not live on a recognized reservation, the CPS worker has the authority to exercise emergency removal of the child. The LDSS must immediately contact the CPS Unit in the Division before taking any action to place Native American children. The CPS Unit contacts the Bureau of Indian Affairs on behalf of the LDSS to determine which tribe, if any, will take jurisdiction of the child, and how this shall occur. Foster care and adoption policy stipulates that if a LDSS suspects or knows that a Native American child or a child of Alaskan Eskimo heritage is in foster care or is about to be placed in foster care and the child belongs to a tribe located outside Virginia, the LDSS must contact the tribe and the tribal council about the child. If the child belongs to a Virginia tribe, the local court has jurisdiction. However, the LDSS is urged to contact the Virginia Council on Indians and consider tribal culture and connections in the placement and care of the child. At this time, the eight state-recognized tribes are not actively involved in ongoing planning concerning child welfare and do not have a representative on CWAC.

### **Performance**

To evaluate whether the Division had been effective in engaging stakeholders, a group of primary stakeholder committees/teams were selected for a brief follow-up. A survey was sent to the members of four committees/teams which asked whether appropriate issues were identified in which to engage stakeholders; whether the Division created and supported forums for collaborating with stakeholders; and, whether the Division utilized ideas and feedback from stakeholders when planning or modifying policy for the delivery of child welfare services. The performance of one committee, CORE, was evaluated based on statistical data. The results of the surveys and evaluation are presented below.

- **CWAC**

Ninety percent of CWAC members who responded to the survey indicated that they felt CWAC meetings were focused on relevant child welfare issues and that Virginia's overall policy/practice for delivering children's services had improved as a result of work done through CWAC. Approximately 81 percent of respondents reported that VDSS staff members encouraged stakeholders in discussion and involvement during meetings. Sixty percent of respondents felt their input through CWAC contributed to policy/practice changes in child welfare at least some of the time.

- **CPS Policy Advisory Committee**

Committee members were surveyed to determine whether meeting agendas were focused on appropriate child welfare issues, whether Division staff members encouraged engagement from members, whether member input was taken and incorporated into policy/practice changes, and whether Virginia's overall policy/practice had improved as a result of the committee's work. One hundred percent of the respondents indicated that all of these factors had occurred with respect to this committee. In addition, some respondents provided commentary suggesting that this group is significant and productive in the collaborative relationship between VDSS and LDSS. The responses suggested that this is a strong stakeholder group.

- **Permanency Advisory Committee**

Survey results for this committee indicated that 100 percent of the respondents felt agendas for this committee were focused on relevant policy and service delivery issues in foster care/adoption. Further, 100 percent of respondents reported that Division staff members involved in this committee encouraged and supported stakeholder input and discussion of issues during committee meetings. Fifty percent of responding participants indicated that they felt their input through this committee had contributed to policy/practice changes in child welfare services. Likewise, 50 percent indicated that the state's policy/practice in delivering child welfare services had improved because of the work done through this committee.

- **SLAT**

Of SLAT members responding to the survey, 100 percent indicated that Division staff members informed SLAT about child welfare services delivery requirements and issues. More than 80 percent of respondents felt that issues considered by SLAT impacted the delivery of child welfare services and that Virginia's delivery of child welfare services had improved in at least one way as a result of work done through SLAT. Of those responding, 65 percent felt that, overall, discussions regarding child welfare services at SLAT meetings contributed to policy/practice changes in Virginia's child welfare services.

- **CORE**

The Transformation has already produced results in the delivery of child welfare services in Virginia. LDSS participating in CORE have seen a 9.2 percent reduction in the number of children placed in congregate care from October 2007 to August 2008. In addition, Transformation leaders and partners have undertaken efforts to educate and inform legislators about trends and issues related to child welfare services. These advocacy efforts assisted legislators in making decisions to approve additional resources to increase efforts to recruit and retain foster families and to provide better training to social workers. Governor Timothy Kaine and the 2008 General Assembly appropriated \$790,000 from general funds in SFY 2009 and SFY 2010 to be used for enhanced child

welfare training in order to improve performance outcomes and reduce the repeat occurrence of child abuse and neglect. They also appropriated \$1.8 million from the general funds in each year of the biennium to improve the utilization of family-based foster care and lessen the reliance upon more expensive residential care.

The Division used some of this money to create a Resource Family Team (RFT). The purpose of the RFT is to promote resource, foster, and adoptive parent recruitment statewide. “Family Placement” refers to the Transformation practice of looking for “placement with a family” (as opposed to congregate care settings) whenever possible, including placement with relatives. The RFT includes one Program Manager, who oversees recruitment and retention activities across the Commonwealth, and five Resource Family Specialists (RFS). More than simply a regional recruiter, the RFS will provide both direct recruitment activities as well as training and technical assistance to LDSS to develop or refine their own recruitment efforts. Because recruitment, development, and support are inextricable, RFS will also work with LDSS regarding resource parents’ development issues (e.g., family assessments and home studies).

The advocacy efforts also contributed to the strengthening of legislation regarding placement of siblings together in foster care; legislation reducing the age for provision of independent living services from 16 to 14; and, new legislative language allowing youth to return and request independent living services if they choose to leave foster care after turning 18 but then find that they need assistance. Finally, the Transformation efforts have improved service availability for foster care prevention services by clarifying CSA language and guidance. Language in the Code of Virginia had previously been interpreted by some localities as requiring parents to relinquish custody of their children in order to access out of home mental health care. It was clarified that CSA can provide such services as foster care prevention services, thus allowing the parents to maintain custody of their children. If an agency other than a LDSS provides case management for these cases, the children are not considered to be in foster care and are not subject to foster care requirements. The changes that CORE has targeted and advocated for are directly related to several key safety, permanency, and well-being items the Commonwealth attempts to address through its VCFSSP.

### **Previous Rating**

During the first CFSR, Item 38 was rated a strength. The CFSR findings indicated that VDSS engages consumers, service providers, foster care providers, juvenile courts, and other public and private child and family services agencies in ongoing consultation involving the goals and objectives of the State’s CFSP. Since this item was rated a strength, it was not addressed in the PIP.

### **Barriers**

Barriers to maintaining stakeholder involvement on planning committees and workgroups include the economy in general and the geography of Virginia. The economic issues faced by all have resulted in the need for additional fiscal management strategies by LDSS. Many LDSS have placed a restriction on non-mandated travel to limit the consumption of fuel. This will equate to fewer opportunities for stakeholders to meet face-to-face. Many meetings are held in

Richmond, where the VDSS Central Office is located. For LDSS staff and other stakeholders from the far western part of the state, this requires a five hour trip one way in order to participate in a face-to-face meeting. VDSS has increased the use of videoconferencing and teleconferencing in order to support additional participation in planning and service delivery workgroups and meetings across the state. While not a barrier, it is also worth noting that the rapidity of change in child welfare programming and service delivery impacts the availability of local staff and other stakeholders for participation in planning efforts. VDSS makes every effort to include a variety of stakeholders; however, there are times that planning committees and workgroups are not fully representative as stakeholders cannot always commit to the significant number of requests for participation.

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

#### **Policy and Practice**

The Division prepares its annual report in accordance with guidelines established for the CFSP. VDSS utilizes the information obtained through meetings, committees, and workgroups outlined in Item 38 to develop the VCFSSP and prepare the annual progress reports. CWAC meetings are used to obtain information from stakeholders on the effectiveness and efficiency of the services that were provided during the previous year and to identify areas where additional services are needed. The CPS Policy Advisory Committee and the Permanency Advisory Committee are used to identify issues related to CPS, foster care, and adoption that need to be included in the annual progress report. Through ongoing communication with FACES, the Division is aware of foster and adoptive parents' concerns. The V-YAC conferences are used to identify issues of interest to older youth in foster care that should be addressed in the annual progress report. A copy of the annual progress report is shared with CWAC members to obtain feedback prior to the report's submission to the federal government. Virginia's annual reports have been approved by federal staff, a positive indication that the reports have been prepared with appropriate stakeholder involvement.

#### **Previous Rating**

During the first CFSR, Item 39 was rated a strength due to the fact that the CFSR findings indicated that VDSS develops, in consultation with various representatives, annual reports of progress and services delivered pursuant to the CFSP. Since this item was rated a strength, it was not addressed in the PIP.

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

#### **Policy and Practice**

The Division ensures the availability of services to clients by coordinating with other agencies that provide federally funded programs to the same population. Division staff members meet with Division of Benefit Programs and Division of Child Support Enforcement staff as well as with representatives from other state agencies responsible for implementing federal programs to

discuss changes in current programs and learn about new programs that are being implemented. Issues related to service delivery are also discussed. Communication and collaboration have continued with DMAS and Division of Benefits Program staff regarding medical coverage and the use of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) for meeting the medical needs of foster children. Division staff members have worked with Division of Benefit Programs staff members to provide guidance on when a relative can receive Temporary Assistance for Needy Families (TANF) for a child. Division staff members have also worked with staff in the Division of Child Support Enforcement to ensure proper and effective establishment and collection of child support for children receiving foster care services.

Division staff members worked with representatives of DOE to implement state legislation allowing children to remain in their school of origin when a change in foster care placement means the child will be living in a different school district. State legislation resulting in faster enrollment in a new school when a foster child changes placements was also implemented. VDSS has maintained a Memorandum of Understanding with DOE which addresses the reporting and handling of child abuse and neglect complaints when school staff members are the subject of the reports. Additionally, Division staff members collaborated with the Division of Early Childhood Development staff to ensure that day care referrals for foster children and children leaving foster care are paid for using the correct funding source and services are provided with little to no delay. Division representatives worked with the Virginia Department of State Police to establish effective and efficient procedures for implementing the federal requirement for national fingerprint checks for foster/adoptive families. Finally, the CPS Unit coordinated services with the Infant and Toddler Connection Program by requiring referrals to the program when a CPS investigation is determined to be founded for a child under the age of three.

### **Previous Rating**

During the first CFSR, Item 40 was rated a strength because the CFSR found that VDSS coordinates services provided under the CFSP with services and benefits of other federal or federally assisted programs serving the same population. Since this item was rated a strength, it was not addressed in the PIP.

## Foster and Adoptive Home Licensing, Approval, and Recruitment

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

### Policy and Practice

The Virginia Department of Social Services (VDSS) establishes and maintains regulations for foster and adoptive homes in Virginia. Regulations are developed by two divisions within VDSS: the Division of Licensing Programs (DOLP) and the Division of Family Services. Virginia statutes provide authority for foster and adoptive homes to be approved by local departments of social services (LDSS) or licensed child-placing agencies (LCPA).

VDSS' DOLP has three regulations in place addressing child-caring institutions, children's residential facilities and foster family homes approved by LCPA. These regulations are:

- Minimum Standards for Licensed Child-Placing Agencies (effective 1989): There have been three failed attempts since 1989 to promulgate a new regulation to replace the minimum standards. DOLP is currently in the process of drafting a proposed set of replacement standards. Stakeholders are represented on the standards revision committee and include individuals from licensed providers, LDSS, VDSS, and associations representing foster care, therapeutic foster care, and adoption. As often as needed, DOLP sends the licensed agencies e-mail transmissions with information and news pertinent to LCPA. While these regulations are similar to the regulations governing foster and adoptive homes approved by LDSS, they are not consistent. DOLP has been working to promulgate new regulations for LCPA for several years. Until new regulations are promulgated, LCPA are required to follow current program guidance. Currently there are 77 LCPA.
- Minimum Standards for Child-Caring Institutions (effective January 1, 1987): These standards were in existence before the children's residential standards and currently VDSS licenses and monitors only nine facilities in Virginia that receive no public funding. No new facilities can be licensed under these standards. No changes or updates can be made to these standards without a legislative change and there have been no legislative changes since 1987. When needed, DOLP forwards to the licensed child-caring institutions e-mail transmissions with information and news pertinent to child-caring institutions.
- Standards for Licensed Children's Residential Facilities (CRF) (effective January 1, 2009): In 2008, the General Assembly passed a law to dissolve the Office of Interdepartmental Regulations and make VDSS the single licensing agency for CRF that provide social services. VDSS formed a regulation revision committee consisting of providers, VDSS staff, and representatives of other pertinent state agencies and associations for children's residential facilities. The fast track regulation process was completed, and the new regulation became effective January 1, 2009. When needed,

DOLP forwards to the CRF e-mail transmissions with information and news pertinent to CRF. Currently there are 100 licensed children's residential facilities.

The Division of Family Services' Minimum Standards and Regulations for Agency Approved Providers regulation was in effect during the last Child and Family Services Review (CFSR). The regulation addressed approval of not only foster and adoptive homes but of all homes for adults or children approved by LDSS. In 2005 work began on a regulatory action that would repeal that regulation and replace it with separate regulations for the adult services program and for the approval of children's foster, adoptive, and resource family homes. VDSS worked with DOLP to create regulations for LDSS approved provider homes and for LCPA that were consistent with each other. Both the Division of Family Services and DOLP regulations failed to complete the regulatory process. Funding issues, primarily around training resource, foster and adoptive parents, stopped the Division of Family Services' regulation, and a variety of issues and objections by the private provider community stopped the DOLP regulation. Over the past year, regulations for approval of resource, foster, and adoptive family homes and for foster homes approved by LCPA are again moving through the regulatory process. Changes in state and federal law over the past several years, and input from stakeholders, resulted in complete rewrites of these regulations. The regulation for approval of homes by LDSS is one step ahead of the DOLP regulation in this process. The actual time for a regulation to make it through the regulatory process varies because of the number of public comment periods and reviews by the State Board of Social Services, the Secretary of Health and Human Resources, the Department of Planning and Budget, and the Governor's Office. The new regulation for families approved by LDSS includes provisions for background checks, medical checks, Department of Motor Vehicle checks, and standards for the home study.

In 2007, the Minimum Standards and Regulations for Agency Approved Providers regulation was repealed. This regulation had been in existence since 1985 and covered adult foster care and child day care in addition to foster and adoptive homes. The repeal was allowed to go forward even though a replacement regulation that addressed foster and adoptive homes was being withdrawn, because the repeal was needed to allow the adult services and child care programs to continue moving forward with their separate processes.

Despite the problems with promulgating a regulation for the approval of foster and adoptive homes, VDSS has continued to provide guidance and technical assistance on this process. An older generic policy chapter which mirrored the Minimum Standards and Regulation for Agency Approved Providers regulation was left in place as guidance. This guidance includes requirements for interviews and references, criminal record checks, medical checks and standards for the home and discipline. Updates to federal and state laws and requirements are provided to LDSS through the VDSS broadcast system as well as through meetings with the Virginia League of Social Services Executives committees, regional trainings, and meetings and technical assistance provided by VDSS staff.

### **Previous Rating**

In the first CFSR Item 41 was rated an area needing improvement because although the State had standards for foster family homes and child care institutions these standards had not been

updated in a timely manner. In the Program Improvement Plan (PIP), the Commonwealth indicated that it would:

- Promulgate regulations that establish consistent standards for resource parents, foster parents, and adoptive parents who are approved by local departments of social services or licensed by a private child-placing agency; and
- Implement dual approval of resource parents, foster parents, and adoptive parents.

VDSS has attempted to promulgate regulations that establish consistent standards for resource parents, foster parents, and adoptive parents who are approved by LDSS or LCPA. The proposed regulation was approved for a public comment period in 2006. As mentioned above, this regulation was withdrawn and is once again at the proposed stage.

Dual approval of foster and adoptive parents has been added to the Foster Care Manual and is included in 22VAC40-211, Establish Resource, Foster, and Adoptive Family Home Standards for Local Departments of Social Services, which received final approval by the State Board of Social Services at its April 2009 meeting and should be effective by September 2009. Currently, some LDSS approve homes as both foster and adoptive homes.

### **Strengths**

Regulatory development over the past several years has been a collaborative effort. Input was received through workgroups made up of a variety of stakeholders prior to the proposed regulations being released for public comment in the formal regulatory process. Workgroups for both the Division of Family Services and DOLP have overlapping membership which helps provide consistency in the development of the regulations. In addition to VDSS and LDSS staff members, participants on these workgroups represent the private providers and foster parents.

### **Barriers**

One of the primary barriers to approval of 22VAC40-211 has been the mandate for training for foster and adoptive parents. Virginia has had budget issues for a couple of years and LDSS view the training as an unfunded mandate. With increased requirements on many fronts (monthly visits, background checks, and mandated staff training and foster parent training) LDSS are resistant to changes when they are not accompanied by funding. They do not deny the need, the benefits, or value of these changes, only the increasing costs for their LDSS.

Currently, the availability of training for providers varies by LDSS. Once 22VAC40-211 is implemented, some LDSS will need to increase the number of pre-service and on-going training sessions that are offered. The LDSS will be responsible for ensuring that all resource, foster, and adoptive parents comply with the training mandate. This will include relative caregivers who are approved as resource, foster, or adoptive parents.

Private foster parents are licensed by LCPA. The LCPA must remain in compliance with 22VAC40-130 (Minimum Standards for Licensed Private Child-Placing Agencies) and 12VAC30-130 (Case Management Treatment Foster Care Services). Neither of these regulations has guidelines related to provider training. DOLP is in the process of revising the regulations and the new regulations will address training for providers.

### **Promising Approaches**

VDSS is in the process of promulgating 22VAC40-211. This regulation requires LDSS to ensure that pre-service training is provided to resource, foster, and adoptive family home providers. Since there are several pre-service training curricula available, the regulation does not specify a particular training packet. Instead it states that the training must address, but not be limited to, the following core competencies:

- Factors that contribute to neglect, emotional maltreatment, physical abuse, and sexual abuse, and the effects thereof;
- Conditions and experiences that may cause developmental delays and affect attachment;
- Stages of normal human growth and development;
- Concept of permanence for children and selection of the permanency goal;
- Reunification as the primary child welfare goal, the process and experience of reunification;
- Importance of visits and other contacts in strengthening relationships between the child and his birth family, including his siblings;
- Legal and social processes and implications of adoption; support of older youth's transition to independent living;
- The professional team's role in supporting the transition to permanency and preventing unplanned placement disruptions;
- Relationship between child welfare laws, the local department's mandates, and how the local department carries out its mandate;
- Purpose of service planning;
- Impact of multiple placements on a child's development;
- Types of and response to loss, and the factors that influence the experience of separation, loss, and placement;
- Cultural, spiritual, social, and economic similarities and differences between a child's primary family and foster or adoptive family;
- Preparing a child for family visits and helping him manage his feelings in response to family contacts;
- Developmentally appropriate, effective and non-physical disciplinary techniques;
- Promoting a child's sense of identity, history, culture, and values;
- Respecting a child's connection to his birth family, previous foster families and/or adoptive families;
- Being nonjudgmental in caring for the child, working with his family, and collaboration with other members of the team;
- Roles, rights, and responsibilities of foster parents and adoptive parents; and
- Maintaining a home and community environment that promotes safety and well-being.

The regulation mandates that every LDSS must also ensure that each provider receives annual on-going training. The training should be relevant to the needs of children and families and may be structured to include multiple types of training modalities. When the regulation becomes effective, a statewide broadcast will be sent out notifying the LDSS of the new training requirements.

In addition to the training requirements discussed above, the regulation addresses the dual approval of homes as foster and adoptive homes which will help avoid duplication of effort and is supportive of concurrent planning.

The Community Resource, Adoptive, and Foster Family Training Program (CRAFFT) develops and identifies resources to meet the training needs of resource, foster, and adoptive parents in Virginia. CRAFFT's six regional program coordinators are employees of three universities in Virginia and the program is supervised by the Family Resource Program Manager in the Division of Family Services. CRAFFT provides a uniform system of state-guided training and technical assistance for LDSS as they deliver pre- and in-service training to their resource parents, foster parents, and adoptive parents.

Through CRAFFT, Virginia purchased the Parent Resources for Information, Development and Education (PRIDE) training curriculum. CRAFFT makes this curriculum available to LDSS by delivering the training to LDSS staff and their resource, foster, and adoptive parents until a LDSS becomes proficient. For those LDSS that do not use this curriculum, CRAFFT provides on-site assistance to develop, and when necessary, deliver training to resource, foster and adoptive parents. CRAFFT Coordinators also work with smaller LDSS to combine training resources and maximize resources. While CRAFFT is an excellent resource, with only six program coordinators it cannot reach all LDSS in a timely manner.

VDSS maintains responsibility for developing regulations to govern children's residential facilities, including group homes, which provide social service programs. DOLP evaluates all applications to become a children's residential facility. The character and reputation investigation includes reviewing the background checks obtained from the Federal Bureau of Investigations (FBI), a written statement of affirmation disclosing whether the person has been convicted of or is the subject of pending charges for any offense within or outside of the Commonwealth, and a check of the child abuse and neglect central registry. In addition to the applicant, all employees, volunteers, or persons providing services on a regular basis are required to obtain background checks and central registry checks.

A conditional license is issued to a new facility and can be issued for up to six consecutive months. A regular license is issued when activities, services, facilities, and the applicant's financial responsibility substantially meet the requirements for a license that are set forth under the regulations adopted by the State Board of Social Services. Each license and renewal thereof may be issued for up to a period of three successive years. The criteria for determining the period of licensure is based on the activities, services, management, and compliance history of the facility. A provisional license is issued when the facility is temporarily unable to comply with the requirements of the regulations, and it may be issued for a period not to exceed six months.

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

### **Policy and Practice**

This is an area VDSS has been attempting to address since the last CFSR. As discussed in Item 41, the Division of Family Services and DOLP have been working together to ensure the new regulations are consistent. New regulations have been proposed in the past several years but were withdrawn primarily because of funding concerns by LDSS related to mandated training of resource, foster, and adoptive parents. New regulations have once again been developed. The regulations for both the LCPA and LDSS approved homes have been rewritten to include changes in federal and state laws. Currently relatives are approved or licensed with the same requirements as other foster families. The new regulation provides for variances if they do not impact health or safety, and this will help some relative homes obtain approval.

### **Previous Rating**

In the first CFSR Item 42 was rated an area needing improvement because the State standards were not applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds. In the PIP, the Commonwealth indicated that it would:

- Promulgate regulations that establish consistent standards for resource parents, foster parents, and adoptive parents who are approved by local departments of social services or licensed by a private child-placing agency; and
- Implement dual approval of resource parents, foster parents, and adoptive parents.

VDSS has attempted to promulgate regulations that establish consistent standards for resource parents, foster parents, and adoptive parents who are approved by LDSS or LCPA. The proposed regulation for resource parents, foster parents, and adoptive parents who are approved by LDSS was approved for a comment period in 2006. As mentioned above, this regulation was withdrawn and is once again at the proposed stage.

Dual approval of foster and adoptive parents has been added to the Foster Care Manual and is included in 22VAC40-211 which received final approval by the State Board of Social services at its April 2009 meeting and should be effective by September 2009.

### **Strengths**

The strengths are the same as the ones referenced in Item 41.

### **Barriers**

The barriers are the same as the ones referenced in Item 41.

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

### **Policy and Practice**

Section 63.2-901.1 of the Code of Virginia requires criminal history record information from the Central Criminal Records Exchange and the FBI and a search of the child abuse and neglect central registry on all individuals with whom the local board or child-placing agency is considering placing a child on an emergency, temporary, or permanent basis including the birth parents of a child. There is an exception for birth parents when the parent is revoking an

entrustment agreement. The Code of Virginia also allows for background checks to be performed on all adult members of the home where the child is to be placed and requires that background checks comply with the provisions of the Adam Walsh Child Protection and Safety Act of 2006, Public Law 109-248. Employees of LCPA must have background checks in accordance with § 63.2-1720 of the Code of Virginia. This section of the Code of Virginia prohibits hiring individuals who have committed barrier crimes.

In emergency placements the local board may obtain, from a criminal justice agency, criminal history information, and within three days of the emergency placement the individual for whom the criminal history record information was sought must submit fingerprints and personal descriptive information to be forwarded to the Central Criminal Records Exchange. A central registry search must be conducted prior to the emergency placement. A local board or child-placing agency cannot approve a foster or adoptive home if any individual in the home has a record of an offense that is set out in the Code of Virginia, § 63.2-1719 or if there is a founded complaint of abuse or neglect as maintained in child abuse and neglect registry.

VDSS is in the process of promulgating 22VAC40-211. 22VAC40-211 states: *“All background checks must be in accordance with applicable federal and state laws and regulations. Convictions of offenses as set out in §63.2-1719 of the Code of Virginia shall preclude approval of an application to become resource, foster, and/or adoptive provider...The approval period for a provider is 36 months . Prior to the end of each 36 month approval period, the local department shall re-evaluate the provider using all documentation required for the initial approval. The local department’s determination that the provider remains suitable to provide care for children will result in the provider’s reapproval.*

Due to the complexity of the background check process and the variation in requirements, one unit in VDSS is now responsible for managing all background checks data submitted on prospective foster and adoptive parents from the 120 LDSS. The Background Investigation Unit (BIU) handles all national and state requests for criminal background checks and interprets results received from the FBI by comparing them to the barrier crimes list set out in § 63.2-1719 of the Code of Virginia. The BIU provides documentation to the LDSS as to whether the individuals are eligible to be approved as foster or adoptive parents based on passing the fingerprint check. Some LDSS have scanners and are able to scan the finger prints themselves. Other LDSS must use the local law enforcement department to do the scans. The LDSS cover the cost of the background checks.

### **Previous rating**

In the first CFSR Item 43 was rated a strength since it was determined that the State conducts criminal background clearances related to licensing or approving foster care and adoptive placements and local guidance required a case planning process that included provisions for addressing the safety of foster and adoptive placements for children. Since this item was rated as a strength, it was not addressed in the PIP.

### **Barriers**

Although Virginia is compliant with federal requirements for background checks, LDSS experience delays in receiving results because of the differences in the laws and barrier crime

offenses across state lines. While all states are completing background checks for foster and adoptive home approvals, some states do not conduct approvals on biological parents. Also, when an individual's fingerprint check results in data indicating a charge but no other details, the BIU is required to contact the other state and research whether there was a conviction and, if so, whether the crime is on Virginia's list of barrier crimes. This delays receipt of results and makes the placement of children more difficult, particularly in emergency placements.

LDSS have also expressed concern over the extensive array of offenses in the Code of Virginia that prohibit individuals from being approved as resource, foster, or adoptive parents. Of particular concern is the lack of a waiver process for relatives who may have a barrier crime in their history but appear to pose no threat of harm. VDSS does not have any data that could be used to evaluate the impact of denials because of barrier crimes.

### **Promising Approaches**

VDSS' decision to be the avenue for processing all criminal background checks resulted in greater consistency in complying with requirements and ensures greater accuracy in the interpretation of the results obtained.

Many LDSS also conduct background checks and CPS central registry searches when a foster or adoptive home is re-approved. This practice ensures the children remain in a safe environment. This will be a requirement when 22VAC40-211 is enacted.

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

### **Policy and Practice**

Within the Division of Family Services a Resource Family Team (RFT) has been created. The purpose of the RFT is to promote resource, foster and adoptive parent recruitment statewide. The RFT supports the Transformation practice of looking for "placement with a family" (as opposed to congregate care settings) whenever possible, including placement with relatives. The RFT includes one Program Manager, who oversees recruitment and retention activities across the Commonwealth, and five Resource Family Specialists (RFS). As of March 2009 there is one RFS in each region. More than simply a regional recruiter, the RFS will provide both direct recruitment activities as well as training and technical assistance to LDSS to develop or refine their own recruitment efforts. Because recruitment, development and support are inextricable, RFS will also work with LDSS regarding resource parents' development issues (e.g., family assessments and "home studies"). Activities undertaken by the RFT will include needs assessments with LDSS, utilization studies of current resource parents, providing a toolkit of resources to bolster recruitment, developing activities such as intake and orientation, and developing local/regional recruitment plans that are responsive to the needs of the children in care.

The amount of time it takes to get a family approved as a provider varies from LDSS to LDSS. Delays can be caused by problems with obtaining readable fingerprints, problems with the results

of the background check, availability of training, difficulty in getting an appointment for the needed medical check, etc. Some LDSS currently practice dual approval; however, for the majority of the LDSS parents are either approved as foster parents or adoptive parents. The additional paperwork and time for approving a foster family as an adoptive family is usually around health and finances. Increasingly more LDSS are training foster and adoptive parents together; however, some have an additional training for those interested in only adoption.

The RFT is currently working with Casey Strategic Consulting in the development of a strategic recruitment plan for families that is reflective of not only the ethnic and racial diversity of the children in foster care, but also of the disproportionately large percentage of older youth who are in congregate care settings. Key focus areas within this strategic plan include enhanced use of data to specify the characteristics of children for whom families are most needed (this includes addressing racial disproportionality in care), a consistent process for family development and assessment to ensure that families who are approved are viable placement options for the population in foster care, and the development of both local and regional plans for diligent recruitment. Use of general, targeted and child-specific recruitment strategies are being employed while ensuring LDSS capacity for approving and retaining families. The RFT is aggressively working on a child-specific recruitment framework, as well as the training and technical assistance, to support more child-specific recruitment.

Another promising practice is VDSS partnership with FACES (Family Advocacy, Collaboration, Empowerment and Support) of Virginia Families: Foster, Adoption and Kinship Association. FACES is a statewide, family-based organization in Virginia dedicated to advocacy, collaboration, empowerment, and support for foster, adoptive, and kinship families. FACES maintains a website that includes information on becoming a foster, adoptive, or resource parent and support for those parents. FACES is focused on recruitment and retention of foster, adoptive and resource parents. More information on FACES and other support activities, including post adoption services, is located in the Service Array and Resource Development section of this report.

### **Previous Rating**

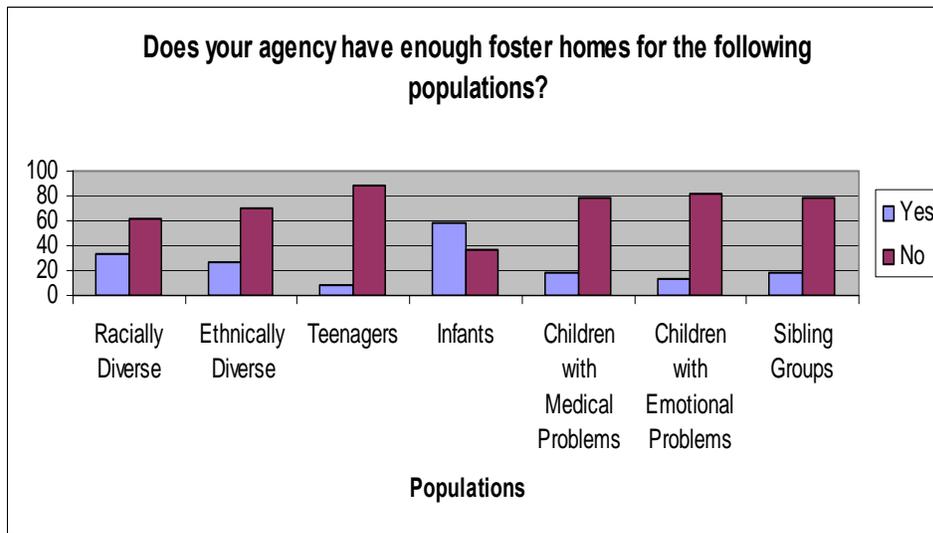
In the first CFSR Item 44 was rated an area needing improvement because the State did not have a recruitment process in place for ensuring the diligent recruitment of potential foster and adoptive families that reflected the ethnic and racial diversity of children in the State for whom foster and adoptive homes were needed. In the PIP, the Commonwealth indicated that it would:

- Increase the State's efforts in recruitment of prospective resource parents, foster parents, and adoptive parents.

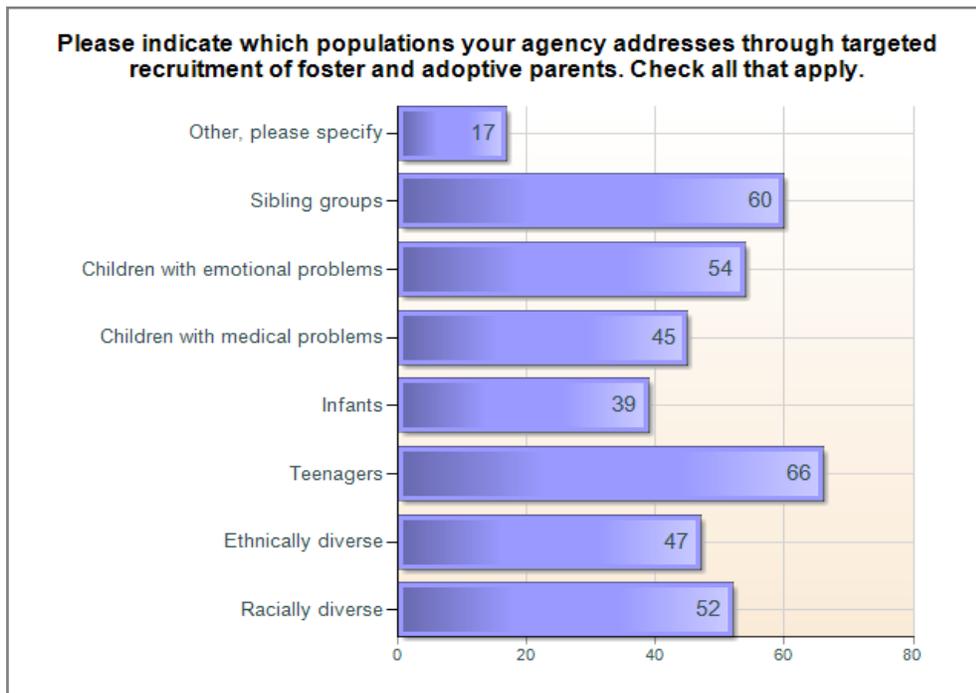
This action step was completed.

### **Stakeholder Input**

As the chart below shows, the 98 LDSS who responded to a survey indicated there are currently not enough foster homes for certain populations of foster children.



LDSS staff members reported that recruitment efforts are focused more on qualified families, as opposed to a specific population. As the chart below shows, some targeted recruitment efforts are currently taking place.



To help address these issues, the Division of Family Services has created a Resource Family Team (RFT). The purpose of the RFT is to promote resource, foster, and adoptive parent recruitment statewide. The RFT includes one Program Manager, who oversees recruitment and retention activities across the Commonwealth, and five Resource Family Specialists (RFS). More than simply a regional recruiter, the RFS will provide both direct recruitment activities as

well as training and technical assistance to LDSS to develop or refine their own recruitment efforts. Because recruitment, development, and support are inextricable, RFS will also work with LDSS regarding resource parents' development issues (e.g., family assessments and home studies).

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

### **Policy and Practice**

The Adoption Resource Exchange of Virginia (AREVA) provides statewide recruitment efforts for children in foster care who are legally free for adoption. In the past AREVA has published a photo-listing of waiting children that provides a brief narrative description and photograph of the child as well as information on families who want to adopt a child with special needs. Virginia has recently stopped producing the hardcopy of this listing and maintains the information on the VDSS website. Children who are listed with AREVA are automatically included in AdoptUSKids. In May 2008, there were 732 children registered with AREVA and 404 families who were interested in adopting registered. Over the past several years there has been a steady increase in AREVA registrations.

Through the usage of grants, VDSS has partnered with LCPA to support LDSS in increasing the number of adoptions that are finalized. Virginia received a federal adoption opportunity grant, named the Rural Adoption Family Initiative (RAFI), to increase the number of permanent adoptive placements in rural adoptive homes for children in foster care, with a particular emphasis on minority children and children with special needs. This was a five-year grant which ran from October 2003 to September 2008. VDSS partnered with Virginia One Church One Child program to provide recruitment and family support activities; with the Center for Adoption Support and Education (CASE) to provide mental health and educational support; and with two LDSS (Louisa and Loudoun Counties) to approve home studies for interested families. Families were recruited from 22 rural jurisdictions. About 225 families responded to recruitment activities and 30 new families attended training and were fully approved as adoptive homes. Fourteen homes that had already started the adoptive home study process were helped in completing the process. Children have been placed in 13 of the approved homes. More information about the RAFI grant is contained in the Service Array and Resource Development section of this report.

Two significant findings from the RAFI grant were:

- parents who call about adopting a foster child had vastly different experiences depending on the jurisdiction in which they lived; and
- inter-jurisdictional barriers to the adoption of waiting children among locally administered LDSS functioned as a more powerful barrier to adoption than the mental health or educational barriers that RAFI was designed to address.

VDSS also partnered with licensed child-placing agencies to assist LDSS with the adoptions of waiting children. Between 2002 and 2005 there were 467 children adopted with the assistance of

these grants. There were 532 adoptions finalized with the assistance of these grants from July 1, 2005 through June 30, 2008. The grants provide a variety of assistance to LDSS including:

- recruitment of adoptive parents;
- conducting home studies;
- preparing children for adoption;
- matching children with adoptive families; and
- assisting with court reports.

In May 2009, VDSS staff from the Interstate Compact Office and Al Wilson, Senior Assistant Attorney General, met with their counterparts from Tennessee and representatives from the bordering jurisdictions to discuss development of a border agreement between Virginia and Tennessee. This agreement is intended to expedite the emergency placement of children who have been abused or neglected by a parent or guardian and have come into the custody of the LDSS or the Tennessee Department of Children Services. The agreement will cover placements with relatives only and will affect the Virginia localities of Bristol, Washington and Scott. One component of the agreement will be that criminal background checks must be completed on the relative and all adults living in the household.

Virginia CIP is aware of the work being done to expedite the placement of children across state borders in the Northeast Tennessee and Southwest Virginia corridor. While CIP staff did not attend the meeting, they are in contact with Judge Stephen Rideout about the efforts and are providing assistance when appropriate.

### **Previous Rating**

In the first CFSR Item 45 was rated a strength since the State had in place a process for the effective use of cross-jurisdictional resources to facilitate the timely adoptive and permanent placement of waiting children both between localities and with other states. While the State had identified barriers that affected the timely adoption and permanent placements of waiting children both between localities and with other states, the State had in place a variety of initiatives to address these cross-jurisdiction barriers to permanency. Since this item was rated a strength, it was not addressed in the PIP.

### **Strengths**

Virginia continues to fund initiatives to attract and support foster and adoptive families across the state. In 2008, the RFT has been added. RFT is a key component of Virginia's Child Welfare Transformation, providing training and technical assistance to LDSS regarding the successful recruitment, development and support of resource families. In addition to individual training and consultation, the RFT is in the process of developing regional collaboratives, in which LDSS can come together to continue learning about best practices, particularly those that address the Commonwealth's current challenges, as well as begin working in conjunction with each other. This increased interaction and participation will enhance the partnerships that already exist between LDSS and serve as a springboard for new and more solid collaborations. Many LDSS report that the hesitation to partner with neighboring LDSS is born from a concern about those LDSS having less stringent requirements, different practice models for appropriate resource families, etc. With a regional collaborative, LDSS have an opportunity to learn what

their neighbors are doing, utilize already-developed resources, and see better outcomes achieved through effective practices. With better practice being more widespread, cross-jurisdictional collaboration will increase.

**Promising Approaches**

In 2005 the first Heart Gallery was held in Virginia. The Heart Gallery is a unique recruitment opportunity which has drawn national attention and been very effective in other states. The Heart Gallery features portraits by professional photographers, who volunteer their time and talents, to produce pictures of some of Virginia's waiting children. The first Heart Gallery was held in the Tidewater area and presented portraits of 61 children. In 2006, Norfolk Department of Social Services hosted a second Heart Gallery in the Tidewater area. In 2007, three Heart Galleries were hosted in Abingdon, Richmond and Roanoke. After the formal Heart Gallery displays, some LDSS chose to continue the Heart Gallery model through smaller displays. In the Piedmont Region Heart Gallery pictures have continued to be displayed with the most recent display being established in February 2009 by the Roanoke County and Shenandoah Valley Departments of Social Services.

## VIRGINIA'S ASSESSMENT OF STRENGTHS AND NEEDS

### **Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.**

Safety Outcome 1 is an over all strength for Virginia. The first section of the Virginia Children's Services Practice Model is "We believe that all children and youth deserve a safe environment. Child safety comes first. Every child has the right to live in a safe home. Ensuring safety requires a collaborative effort among family, agency staff, and the community." The data profile supports this by showing that Virginia exceeds the national standards for both Safety Outcomes. The Absence of Maltreatment Recurrence is at 97.9 percent and the Absence of Abuse and Neglect in Foster Care is at 99.68 percent. Virginia has established a statewide response time with a prioritization of responses. The lack of a statewide response time was noted as an area needing improvement in the first Child and Family Services Review (CFSR). Virginia has implemented Structured Decision Making (SDM) as a pilot. There is a very low recurrence of maltreatment in Virginia due to practices that are implemented statewide, such as trial home visits. A promising approach is the use of Child Advocacy Centers that are working with children and families across the state. There are a couple of areas needing improvement. One is the need to increase the timeliness of the first meaningful contact. Another area that needs improvement is the Online Automated Services Information System (OASIS). This system is currently being updated to become more user friendly and capture information concerning response times.

### **Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.**

There are areas of strength and areas needing improvement concerning Safety Outcome 2. Virginia has demonstrated the ability to offer services to children and families. Stakeholders report that they view local departments of social services (LDSS) as working with their communities to fill gaps in service areas. Virginia has implemented several promising practices including Healthy Families Virginia and utilization of the "Engaging Families" curriculum. Virginia policy requires active participation of the family and social worker to implement service plans and achieve goals. Services plans are required to be completed within 30 days of opening a case to on-going Child Protective Services (CPS). In addition, service plan reviews must include a risk assessment. Some LDSS in Virginia use SDM to assess risk and safety. Virginia also requires monthly worker visits with children and families.

While Virginia has many examples of how children are safely maintained in their homes, there are some areas needing improvement. There are regional issues around the availability of services due to disparity of resources across the state. The far southwest lacks access to enough substance abuse services, mental health services, and medical services. There is a need for services that can be access by non-English speakers. Virginia needs to improve the utilization of kinship care to keep children with families. This includes additional services provided to extended families to help keep children out of foster care when appropriate.

### **Permanency Outcome 1: Children have permanency and stability in their living situations.**

Re-entry in Foster Care, Stability of Foster Care Placements, and Permanency Goal for Child are strengths for Virginia. Virginia Children's Services Practice Model states "We believe that all children and youth need and deserve a permanent family." In Permanency Composite One, Component B – Permanency of Reunification, Virginia is at 5.6 percent which is below the 25<sup>th</sup> percentile. Virginia, with the knowledge of the juvenile and domestic relations courts, utilizes trial home visits which can last up to six months. This contributes in part to the low re-entry rates. Permanency Composite Four, Placement Stability, shows Virginia at 102.3 which is above the national standard of 101.5. Virginia is above the 75<sup>th</sup> percentile for measure one and at the 75<sup>th</sup> percentile for measure two. Virginia is below the 75<sup>th</sup> percentile for placement changes for children in care longer than 24 months. The 75<sup>th</sup> percentile is 41.8 percent and Virginia is at 39.9 percent. Virginia's score is above the national median. As reported in the data profile, 64.3 percent of children in foster care have an established permanency goal of reunification, placement with relative, or adoption. Another 15.9 percent have the goal of permanent foster care, which Virginia considers a permanent placement. Permanency goals for children were an area needing improvement in the first CFSR. To help with this, Virginia implemented a concurrent planning pilot and has implemented a process to file for Termination of Parental Rights (TPR) when filing for the initial permanency planning hearing to change the goal to adoption.

The remaining items in Permanency Outcome 1 are areas needing improvement. Virginia's score on Permanency Composite One, Timeliness to Reunification, is 118.3 which is below the federal standard of 122.6. Measure 1, Reunification in less than 12 months, shows Virginia below the 75 percentile at 64 percent. The median stay for Measure 2 is at 8 months, which is above the national median.

Permanency Composite Two, Timeliness of Adoptions, for Virginia is at 75.1 which is well below the federal standard of 106.4. Measure 1, Exits to Adoption in 24 Months, shows Virginia, at 30.9 percent, between the 75<sup>th</sup> percentile and the national median. Measure 2, Median Length of Stay, also shows Virginia, at 29.8 months, between the 25<sup>th</sup> percentile and the national median. Virginia's score is low concerning the Children in Care 17 Months or Longer. In components B and C, Virginia is below the national median and 75<sup>th</sup> percentiles. Permanency Composite Three, Permanency for Children in Care Long Periods of Time, shows Virginia at 102.5 which is below the federal standard of 121.7. For Component A, both measures for Virginia are below the national median and 75<sup>th</sup> percentile. For Component B, Virginia's score of 45.2 percent is below the national median but above the 25<sup>th</sup> percentile.

Virginia is in the midst of the Children's Services Systems' Transformation (Transformation). The mission of the Transformation initiative is to strengthen permanent family connections for children and youth by transforming how services are delivered. The goal is to improve outcomes for children and families who use the child service agencies in Virginia. We would like to see every child achieve his or her greatest potential and want to ensure that families are empowered to provide support for their children. Thirteen geographically diverse localities across Virginia began to pilot the first phase of the Transformation in December 2007. These 13 localities, also known as the Council on Reform or CORE, account for nearly 50 percent of the statewide foster care population. In addition, community and state partners are also participating in the Transformation. By implementing a variety of strategies and best practices that have proven

effective, CORE has set the stage for system change statewide. The statewide implementation of the Transformation began in January 2009. The Transformation has sparked a renewed commitment to improve permanency outcomes for children. Virginia Department of Social Services' (VDSS) Division of Family Services is concentrating on identifying best practices in family engagement and implementing a formal model that is specific to Virginia, providing strong support around policy and regulation, developing external partnerships, improving communication, and realigning division structure in order to fully support LDSS in the Transformation. In addition, significant improvements have been made regarding the use of data to drive decision-making and providing strong support to LDSS in order to increase capacity to recruit, develop, and support resource families.

In addition to the Transformation activities, Virginia continues to partner with the Court Improvement Program (CIP) to make improvements in the TPR process and to locate relatives. Relative identifier forms have been created since the last CFSR and are reviewed in court and by the social workers. CIP also provides Child Dependency Mediators that can be accessed by LDSS to help with permanency planning.

### **Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.**

Virginia Children's Services Practice Models states "We believe in family, child, and youth driven practice" and "We believe that children do best when raised in families." The Practice Model states "Children have a right to connections with their biological family and other caring adults with whom they have developed emotional ties." Virginia strives to keep continuity of family relationships and preserve connections when possible. Areas of strength in this outcome include proximity of foster care placement and placement with siblings. Virginia's stakeholders report they believe that LDSS are placing children close to family and with siblings whenever possible. Since the first CFSR, Virginia has created Relative Identifier forms, in conjunction with CIP, and is using these tools to find maternal and paternal relatives. By encouraging flexible funding and cross-agency collaboration, CSA offered the promise of serving more children in their own homes and communities – a promise that is being fulfilled through the current Transformation effort. The development of the state level resource family unit will allow Virginia to recruit and retain more foster, adoptive, and resource families. Currently, there is a need for specific types of foster and adoptive homes including: placements for siblings, placements for teen agers, and specialized treatment placements.

### **Well-being Outcome 1: Families have enhanced capacity to provide for their children's needs.**

Well being Outcome One is a strength for Virginia. Weaved throughout the Virginia Children's Services Practice Model are references to Virginia's belief that family and child voices are key to best practice. "We value family strengths, perspectives, goals, and plans as central to creating and maintaining child safety. Children and families have the right to have a say in what happens to them and will be treated with dignity and respect. The voices of children, youth and parents are heard, valued and considered in the decision making regarding safety, permanency, and well being." Policy requires both Child Protective Services (CPS) and Foster Care to conduct

assessments and recommends family involvement. One of the building blocks of the Transformation is the development and statewide implementation of a Family Engagement Model. Virginia is currently in the process of adapting a statewide model of family engagement based on the Team Decision Making (TDM) model. Virginia's Family Engagement model will begin engaging families at the start of the CPS referrals and can continue through the life of the case, to include meetings around permanency and placement stability. Virginia currently utilizes Family Assessment and Planning Team (FAPT) meetings as part of the CSA funding process.

Virginia is working diligently to meet the federal requirement for monthly visits. In the recent past, visits could be made quarterly and still comply with Virginia policy. This has been changed to mandate monthly face to face visits. Youth responding to focus group questions reported they see their case workers in a timely manner. Virginia, like many other states, is experiencing budget cuts due to the economic situation. In some LDSS, staffing levels are low and this affects the ability of workers to meet the monthly visit requirement and visit with parents on a regular basis. Lack of transportation is also an issue when it comes to both family involvement in case planning and visitation.

**Well-being Outcome 2: Children receive appropriate services to meet their educational needs.**

**Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs.**

Well being Outcomes 2 and 3 are a strength for Virginia. Virginia is working diligently to have children enrolled immediately in schools and to keep children in their same schools whenever possible. Virginia also utilizes Educational Training Vouchers (ETV) through the Independent Living (IL) Program. Virginia's IL program strives to instill the importance of education and life skills to all children and youth in foster care. Virginia partners with the Virginia Community College System (VCCS) in the Great Expectations and Tuition Grant Programs. The case worker is responsible for ensuring that the child receives a medical examination, using the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program, no later than 30 days after placement. EPSDT is a resource which makes health screening and treatment services available to Medicaid eligible children. Virginia partners with the Department of Medical Assistance Services (DMAS) in implementation of EPSDT. All medical exams completed while the child is in foster care are covered by either Medicaid or CSA funds. LDSS utilize assessment tools on a regular basis including the Child and Family Needs Assessment (CANS), the Child and Adolescent Functional Assessment Scale (CAFAS) for children age seven and over, and the Pre-School and Early Childhood Functional Assessment Scale (PECFAS). Legislation and funding were made available to create Intensive Care Coordinators (ICC) whose job includes intensive case management for youth in or at-risk of residential care. Working in conjunction with the CSA Coordinator and the LDSS case manager, the ICC has the capacity to ensure that case planning for at-risk youth is done frequently and the youth's mental and emotional needs are planned for as the youth steps down into less restrictive settings.

While these outcomes are an overall strength for Virginia, there are still areas needing improvement. There are parts of the state that lack medical and mental health resources. A great

need in southwest Virginia is for dentists who will accept Medicaid. Virginia has mental health professionals in Community Service Boards (CSB). Because the need is so great, many of the CSBs report long wait periods for appointments. In addition, child advocates, supported by the First Lady of Virginia, attempted to have legislation passed in the 2008 General Assembly to expand Medicaid coverage for youth aging out of foster care. Had the legislation passed, Medicaid coverage would have been available to all former foster care youth to the age of 21. Given the current economic conditions, it is unlikely that this legislation will be reintroduced in the 2010 or 2011 General Assembly sessions.

### **Statewide Information System**

Virginia's statewide information system is a strength. One of the Building Blocks for the Transformation is to Manage by Data. To do so, Virginia must have a strong statewide information system. Virginia currently uses OASIS. Since the last CFSR, Virginia explored the option of having a state approved child welfare information system (SACWI) compliant system. Due to several factors, the decision was made not to seek a SACWIS system at this time. Staff is currently in the process of researching a new information system that can be SACWIS compliant and meet the needs of the LDSS as well. Virginia recognizes that there are data quality issues. Over the past two years, VDSS has worked hard to improve the accuracy and quality of the OASIS information. The Division of Family Services has implemented the Data Integrity Initiative which seeks to improve the quality of data captured in OASIS. The Outcome Based Reporting and Analysis Unit (OBRA) is responsible for the Data Integrity Initiative which began as a result of issues related to data quality that arose during the review of Adoption and Foster Care Analysis and Reporting System (AFCARS) submissions.

The creation of OBRA represents an increased focus on the importance of data to help improve the outcomes for the children and families served by the Commonwealth's child welfare system. OBRA has placed an emphasis on data dissemination and has increased the availability of outcome based reports. This unit produces the CFSR outcomes reports which monitors local performance on all CFSR outcomes and is distributed to LDSS each quarter. This report was recently revised to reflect the changes made at the federal level to the performance outcomes. The development of a monthly management report is now underway, as are plans to expand longitudinal data analysis. In the summer of 2009 Safe Measures will be made available to all 120 LDSS. This will allow for biweekly updates on performance outcomes and process data for local employees, from the director to the front line workers. In addition to Safe Measures, Virginia also participates with the Chapin Hall Data Center to shift data analysis from a point in time to a more longitudinal approach.

Some critical edits have been made to OASIS to take care of some of the data quality issues that the state has been experiencing. More edits are currently being developed to continue the improvements. There is a need for more OASIS refresher trainings.

### **Case Review System**

The Case Review System systemic factor has areas of strength and areas needing improvement. Several of the strengths were implemented as a result of items that were identified as areas

needing improvement in the first CFSR. As part of the PIP, Virginia recognized the need for a quality review of cases. The newly formed Quality Review Unit (Unit) within the Division of Family Services consists of four monitors and a supervisor. The mission of the Unit is to support the quality work of LDSS through case reviews recognizing best practices and opportunities for improvement resulting in favorable outcomes for children and families in the areas of safety, permanency and well being. The efforts of the Unit will provide important feedback to LDSS as they improve their processes and will identify both challenges and best practices.

Virginia has a good track record of partnering with the Court Improvement Program (CIP). Through trainings, workshops, and joint work efforts, VDSS and CIP have provided education to judges, attorneys, and social workers around issues related to case review. One issue that was specifically address with the judges and attorneys is the timeliness of hearings and appeals. They were made aware of the timelines required for the permanency hearings and have tried to abide by them.

Virginia has worked diligently on conducting timely periodic reviews and permanency hearings. One issue Virginia has experienced is that LDSS workers were not entering the court hearing information into OASIS. Through the Data Integrity Initiative, workers have been made aware of the need to enter the information and have been more diligent about entering that data. Virginia continues to struggle with including families and children in the case planning process. As mentioned before, Virginia has recently adopted a Practice Model that will guide work. Throughout the model, giving voice to families and children is stressed. As the work of the Transformation continues, inclusion of families will become more evident.

Virginia has unsuccessfully asked the General Assembly to allow the juvenile and domestic relations courts to become courts of record for adoption hearing. Since the juvenile and domestic relations courts are not courts of records, when a termination of parental rights is appealed to the Circuit Court there is a de novo hearing. The case is, in a sense, heard again which delays the process. The issue may be raised again in the future.

### **Quality Assurance System**

Virginia's Quality Assurance System continues to be a strength. Virginia has had in place standards for ensuring quality services since the first CFSR. In addition, after the first CFSR, VDSS contracted with Virginia Tech to conduct reviews in all LDSS. Using the CFSR instrument as their tool, the Virginia Tech monitors visited every LDSS twice over a two year period. The monitors provided a monitoring report that was followed by technical assistance by the regional specialists when needed. After the contract was finished, the regional specialist took on the job of monitoring all LDSS. Again, the LDSS were provided with a monitoring report and technical assistance as needed. Currently, the Quality Review Unit (Unit) within the Division of Family Services consists of four monitors and a supervisor. The mission of the Unit is to support the quality work of LDSS through case reviews recognizing best practices and opportunities for improvement resulting in favorable outcomes for children and families in the areas of safety, permanency and well being. The Unit began conducting monitoring visits in July 2008. Using an instrument based on the CFSR tool, the monitors began with LDSS that were being considered for the CFSR on-site review in July 2009. The efforts of the Unit will provide

important feedback to LDSS as they improve their processes and will identify both challenges and best practices. Part of the Transformation is a focus on managing by data and this Unit fits along with that focus. Over the next several years, the Quality Review Unit and the Outcome Based Reporting and Analysis Unit will work together on a continuous quality improvement system.

### **Staff and Provider Training**

The Virginia Children's Service Practice Model states: "The people who do this work are our most important asset. Children and families deserve trained, skillful professional to engage and assist them. We strive to build a workforce that works in alignment with our practice model. They are supported in this effort through open dialogue, clear policy, excellent training and supervision, formal and informal performance evaluation and appropriate resource allocation." Training is one of the Building Blocks of the Transformation.

The systemic factor of Staff and Provider Training has both areas of strength and areas needing improvement. Initial staff training is mandated for CPS and Foster/Adoptive workers and supervisors. This is a change from the first CFSR. VDSS continues to partner with the Virginia Commonwealth University - Virginia Institute for Social Services Training Activities (VCU-VISSTA) to provide training for workers. VDSS also participates in the state Knowledge Center which provides courses online. Virginia does not have a mandate for on-going staff training, however. Many workers take advantage of refresher trainings and training on additional topics offered through VCU-VISSTA and the Knowledge Center. There is also opportunity for further educational development through the Employee Educational Award Program and through the Child Welfare Education and Support Program.

Currently, Virginia does not mandate foster and adoptive parent training. However, VDSS is in the process of promulgating 22VAC40-211 (Establish Resource, Foster, and Adoptive Family Home Standards for Local Departments of Social Services). The final version was approved by the State Board of Social Services at its April 2009 meeting. This regulation requires LDSS to ensure that pre-service training is provided to resource, foster, and adoptive family home providers. Once the mandated training requirement is implemented, VDSS will monitor compliance through regular case readings done by State monitoring staff. Since there are several pre-service training curricula available, the regulation does not specify a particular training packet.

While many individual LDSS currently mandate both pre-service and in-service training for their foster and adoptive parents, the level of training varies among LDSS due to the vast differences in LDSS size and operation. The flexibility, individuality, and ability to be creative in providing training to foster and adoptive parents allows each LDSS to provide training appropriate for their area. LDSS can apply to VDSS for Title IV-E pass-through funds to support this training. Those not requesting Title IV-E monies are generally the smaller LDSS and they provide one-on-one training for their foster and adoptive parents. Until 22VAC-40-211 is implemented, there are not requirements concerning what this training should cover.

### **Service Array and Resource Development**

Virginia Children's Services Practice Model states "We believe in partnering with others to support child and family success in a system that is family focused, child centered, and community based. We are committed to working across agencies, stakeholder groups, and communities to improve outcomes for the children, youth and families we serve. Services to families must be delivered as part of a total system with cooperation, coordination, and collaboration occurring among families, service providers and community stakeholders." Virginia has recognized the need for services that can be accessed at any point in the process. One of the building blocks of the Transformation is Serving Children and Families through a Community Based Continuum of Care. With the passage of the Comprehensive Services Act in the early 1990s, Virginia created a tool for transforming children's 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.

Service was an area needing improvement during the first CFSR. Virginia has worked hard to partner with other state agencies, including the DMAS and the Department of Mental Health, Mental Retardation, and Substance Abuse Services, to increase medical services and mental health services.

Legislation passed by the 2008 General Assembly required the development and implementation of mandatory uniform guidelines for intensive care coordination (ICC). Funded by CSA and administered through the CSB, ICC is intended to provide mental health, mental retardation, and substance abuse services. This will enhance the ability of LDSS and all child-serving agencies to access clinically trained staff to assist in assessment and coordination activities for youth in, or at risk of, residential placement who may be able to be served in family like settings.

While Service Array and Resource development has made progress, there are still areas of needed improvement. There is a need for respite care, wrap-around services, substance abuse treatment (intensive), transportation, psychiatric services, and after school programs. There is also regional need for substance abuse services. There are resource issues that need to be addressed including: lack of transportation for parents, delay in services due to limited numbers of providers, and lack of input from families in service planning. Virginia is working hard to provide independent living services to all children and youth in the state, but there is a need to provide more and assure transitional planning is in place for all children.

### **Agency Responsiveness to the Community**

Agency Responsiveness to the Community is a strength for the state. Virginia has several stakeholder groups, work groups, and advisory boards that are consulted regularly. The Child Welfare Advisory Committee (CWAC), formed during the first CFSR, has continued to meet regularly. Not only has CWAC acted as the stakeholder group for this round of the CFSR, but it has also provided input on the Child and Family Services Plan (CFSP). VDSS continues to partner with other state agencies and federal programs.

### **Foster and Adoptive Home Licensing, Approval, and Recruitment**

This systemic factor is a strength for Virginia. VDSS establishes and maintains regulations for foster and adoptive homes in Virginia. Regulations are developed by two divisions within VDSS: the Division of Licensing Programs (DOLP) and the Division of Family Services. Virginia statutes provide authority for foster and adoptive homes to be approved by LDSS of licensed child-placing agencies (LCPA). There are three regulations in place addressing child-caring institutions, children's residential facilities and foster family homes approved by LCPA: Minimum Standards for Licensed Child-Placing Agencies (effective 1989); Minimum Standards for Child-Caring Institutions (effective January 1, 1987); and Standards for Licensed Children's Residential Facilities (CRF) (effective January 1, 2009). Dual approval of foster and adoptive parents has been added to the Foster Care Manual and is included in 22VAC40-211, Establish Resource, Foster, and Adoptive Family Home Standards for Local Departments of Social Services, which received final approval by the State Board of Social Services at its April 2009 meeting and should be effective by September 2009. Currently, some LDSS approve homes as both foster and adoptive homes. One of the primary barriers to approval of 22VAC40-211 has been the mandate for training for foster and adoptive parents. Virginia has had budget issues for a couple of years and LDSS view the training as an unfunded mandate. With increased requirements on many fronts (monthly visits, background checks, and mandated staff training and foster parent training) LDSS are resistant to changes when they are not accompanied by funding. They do not deny the need, the benefits, or value of these changes, only the increasing costs for their LDSS.

Within the Division of Family Services a Resource Family Team (RFT) has been created. The purpose of the RFT is to promote resource, foster and adoptive parent recruitment statewide. The RFT supports the Transformation practice of looking for "placement with a family" (as opposed to congregate care settings) whenever possible, including placement with relatives. The RFT includes one Program Manager, who oversees recruitment and retention activities across the Commonwealth, and five Resource Family Specialists (RFS). As of March 2009 there is one RFS in each region. More than simply a regional recruiter, the RFS will provide both direct recruitment activities as well as training and technical assistance to LDSS to develop or refine their own recruitment efforts. Because recruitment, development and support are inextricable, RFS will also work with LDSS regarding resource parents' development issues (e.g., family assessments and "home studies"). Activities undertaken by the RFT will include needs assessments with LDSS, utilization studies of current resource parents, providing a toolkit of resources to bolster recruitment, developing activities such as intake and orientation, and developing local/regional recruitment plans that are responsive to the needs of the children in care.

Although Virginia is compliant with federal requirements for background checks, LDSS can experience delays in receiving results because of the differences in the laws and barrier crime offenses across state lines. While all states are completing background checks for foster and adoptive home approvals, some states do not conduct approvals on biological parents. Also, when an individual's fingerprint check results in data indicating a charge but no other details, VDSS is required to contact the other state and research whether there was a conviction and, if so, whether the crime is on Virginia's list of barrier crimes. This delays receipt of results and makes the placement of children more difficult, particularly in emergency placements. LDSS have also expressed concern over the extensive array of offenses in the Code of Virginia that

prohibit individuals from being approved as resource, foster, or adoptive parents. Of particular concern is the lack of a waiver process for relatives who may have a barrier crime in their history but appear to pose not threat of harm. VDSS does not have any data that could be used to evaluate the impact of denials because of barrier crimes.

### On-Site Review Activities

Taking the federal guidelines into consideration concerning the on-site review selection requirements and having received stakeholder input, Virginia respectfully recommends the following local departments of social services (LDSS) for consideration as the on-site review locations: **Fairfax (largest metropolitan area), Hampton, and Tazewell County.**

The Virginia Department of Social Services (VDSS) looked at several factors to help determine which LDSS could be potential on-site review locations. A major factor was the number of children in foster care and receiving in-home services. The two LDSS selected have appropriate numbers to support the review. Another consideration was the physical location and attributes of the LDSS. Tazewell County is located in southwest Virginia. The department serves a rural area with 17.8 percent of the population below the poverty line. The county is not racially diverse with 95.5 percent of the population being Caucasian. Hampton is in the eastern portion of the state and is an urban area. The city is racially diverse with 49 percent Caucasian and 44 percent African American. Eleven percent of the population is below the poverty line. Both LDSS represent typical practice from across Virginia. Both have good collaborations with the courts and other community partners. Hampton is particularly innovative with the use of Comprehensive Services Act (CSA) funds. Tazewell is located in a region of Virginia that is experiencing a high level of substance abuse that is affecting the number of children that are being touched by social services.

After receiving the data indicators for the state data profiles to be used in the second round of the Child and Family Services Review (CFSR), Division of Family Services staff members replicated the process and ranked each LDSS using the results. Below is the information for the three sites which are being recommended for the on-site reviews. The areas highlighted meet or are above the National Standard.

#### Absence of Maltreatment Recurrence and Absence of Maltreatment in Foster Care 01/01/2008 thru 12/31/2008

Agency	Children w/ Founded Complaints	No Recurrence	National Standard 94.6% ↑	Children in Foster Care	No Abuse Reported	National Standard 99.68% ↑
Fairfax	94	92	97.87%	522	522	100.00%
Hampton	77	76	98.70%	141	141	100.00%
Tazewell	20	20	100.00%	138	138	100.00%

#### Permanency Composite 1: Permanency and Timeliness of Reunification 01/01/2008 thru 12/31/2008

Agency	Children Reunified w/in 12 months	Children Reunified	NS 75.2% ↑	Median Stay for Reunified Children 5.4 Months ↓	Reunified w/in 12 Months	Entered 6 Months Before Period	NS 48.4% ↑	Re-Entered w/in 12 Months	All Children Reunified	NS 9.9% ↓
Fairfax County	4	52	7.69%	19.01	0	46	0.00%	1	47	2.13%
Hampton	13	23	56.52%	7.23	0	9	0.00%	2	14	14.29%
Tazewell	5	16	31.25%	13.80	4	18	22.22%	1	14	7.14%

**Permanency Composite 2: Timeliness of Adoptions**  
01/01/2008 thru 12/31/2008

Agency	All Adopt w/in 24 Month	All Adopt	NS 36.6% ↑	Median Stay for All Adopted Youth 27.3 Months ↓	Discharge to Finalized Adoption	Children In Care 17+ Months and not Reunified	NS 22.7% ↑	Became Legally Free w/in 1st 6 Months	Children In Care 17+ Months/Not Reunified or Legally Free for Adoption	NS 10.9 % ↑
Fairfax	8	42	19.05%	34.73	33	188	17.55%	7	111	6.31%
Hampton	2	23	8.70%	43.50	21	67	31.34%	1	35	2.86%
Tazewell	2	12	16.67%	27.43	8	62	12.90%	0	46	0.00%

**Permanency Composite 2: Timeliness of Adoptions**  
01/01/2008 thru 12/31/2008

Agency	Adoptions Within 12 Months	Children Legally Free in 12 Months Prior to Year Shown	National Standard 53.7 % ↑
Fairfax	5	22	22.73%
Hampton	0	8	0.00%
Tazewell	1	4	25.00%

**Permanency Composite 3: Children and Youth in Foster Care for Long Periods of Time**  
01/01/2008 thru 12/31/2008

Agency	Discharge to Permanent Home	In Care 24 Months or Longer	National Standard (29.1%↑)	Discharged to Permanent Home Prior to 18th Birthday	Discharged with TPR	National Standard (98% ↑)	In Care 3 Years or More	Emancipated or Reached 18th Birthday	National Standard (37.5% ↓)
Fairfax	27	139	19.42%	20	29	68.97%	3	8	37.50%
Hampton	20	60	33.33%	19	20	95.00%	1	1	100 %
Tazewell	9	46	19.57%	7	8	87.50%	0	2	0.0%

**Permanency Composite 4: Placement Stability** 01/01/2008 thru 12/31/2008

Local Agency	Children With 2 or Fewer Placements	In Care Less Than 12 Months	NS (86%↑)	Children With 2 or Fewer Placements	In Care 12 Months But Less Than 24	NS (65.4%↑)	Children With 2 or Fewer Placements	In Care At Least 24 Months	NS (41.8%↑)
Fairfax	95	108	87.96%	103	159	64.78%	75	249	30.12%
Hampton	35	38	92.11%	16	26	61.54%	41	77	53.25%
Tazewell	24	30	80.00%	16	35	45.71%	17	70	24.29%

## Statewide Assessment Process

The statewide assessment process has allowed Virginia to identify improvements and areas still needing improvement since the first round of the Child and Family Services Review (CFSR). When staff began writing the assessment, the internal guidance was to look at the results from the first round of the CFSR, examine what was done during the Program Improvement Plan (PIP), and examine what has affected practice. With Virginia participating in the Children's Services Systems' Transformation (Transformation) there are many exciting and innovative things happening. The development of a Practice Model and a focus on building blocks of practice will enable the state to provide better services to children and families. The process of linking the CFSR and the Transformation has allowed a different focus on the areas needing improvement. Virginia is not only concerned about meeting national standards associated with the outcomes in the CFSR, but is looking beyond the instrument and really examining practice and how we can do it better. The mission of the Transformation is to strengthen permanent family connections for children and youth by transforming how services are delivered. By joining efforts to bring the standards associated with the CFSR into Virginia's Transformation, Virginia will be able to change how services are delivered and really work with children, youth, and families.

The expectation of a 75-85 page statewide assessment was unrealistic based on the nature of the information that was requested for each item. Below is a listing of the individuals who served on the different sub-committees that wrote the statewide assessment.

### Safety Sub-Committee

<u>Name</u>	<u>Agency</u>
Al Steward	Norfolk City
Alice L. Stanley	York/Poquoson
Anne Mitchell	King William County
Anne Sturgill	Wise County
Bronia Ashford	Richmond City
Carole Sue Graves	Orange County
Cyndi Gable	Prince Edward County
Debbie Burkett	Brunswick County
Donna Douglas	Hanover County
Gretchen Icard	Henrico County
Jim Gogan	Fairfax County
Jim Pope	Fairfax County
Keith Martin	Russell County
Laurie Warhol	Loudoun County
Lisa Parks	Lynchburg City
Michelle Peppers	Hopewell City
Linda Staton	Portsmouth City
Janine Tondrowski	VISSTA/VCU
Doug Brown	VDSS/CPS Regional Specialist
Nan McKenney	VDSS/CPS Policy Consultant
Rita Katzman	VDSS/CPS Program Manager

**Permanency Sub-Committee****Name**

Melissa O'Neill  
 Cheryl Williams  
 Sandi Slappey  
 Wilma Vance  
 Lauren Flemming  
 Wilhelmina Davis  
 Tracey Jackson  
 Deborah Eves

**Agency**

Dept. of Criminal Justice Services  
 Richmond City  
 Fairfax County  
 FACES of Virginia  
 FACES of Virginia  
 VDSS, ICPC  
 VDSS, Adoptions  
 VDSS, Quality Review

**Well Being Sub-Committee****Name**

Letha Moore-Jones  
 Lisa Tully  
 Tammy Francisco  
 Kim Wilson McRae  
 Tamara Temoney

**Agency**

VDSS, Independent Living Supervisor  
 VDSS, Regional Specialist (Central Region)  
 VDSS, Regional Specialist (Western Region)  
 Commonwealth Catholic Charities  
 VDSS, Foster Care

**Training Sub-Committee****Name**

Danika Briggs  
 Jackie Burgeson  
 Phyllis Grooms-Gorgon  
 Robert Honour  
 Janine Trondrowski  
 Lisa Mathey  
 Em Parente  
 Patrik Patrong  
 Sue Reese  
 Kiva Rogers  
 Mattie Satterfield  
 Debbie Tomlinson  
 Vernon Simmons

**Agency**

Chesterfield/Colonial Heights  
 United Methodist Family Services  
 VISSTA  
 Fairfax DFS  
 VISSTA  
 FACES of Virginia  
 Charlottesville  
 VDSS, Training Management, Director  
 VDSS, Piedmont Region Director  
 Chesterfield/Colonial Heights  
 Norfolk DHS  
 VDSS, Foster Care  
 VDSS Training

**Data Sub-committee****Name**

Allison Lowry  
 Debbie Hinton  
 Kathy McElroy  
 Janice Norton  
 Dorothy Hollahan  
 Matt Wade  
 Lynette Isbell  
 Deborah Eves

**Agency**

Fairfax  
 Richmond City  
 Bedford County  
 Hampton  
 VDSS, Quality Review  
 VDSS, Outcome Based Reporting  
 VDSS, Commissioners office  
 VDSS, Quality Review

BJ Zarris  
Phyl Parrish

VDSS, Family Services  
VDSS, Policy Unit

**Case Review**

**Name**

Ruth Anne Cutright  
Joan O'Donnell  
Kimberley Willis  
Kathy McElroy  
Lori Batten  
Lelia Hopper  
Denise Dickerson

**Agency**

Chesterfield CASA  
LDSS attorney  
Petersburg, Director  
Bedford  
CIP  
CIP  
VDSS – ICPC program manager

**Service Array**

**Name**

Janet Lung  
  
Dave Nichols  
Brian Campbell  
Claudia McDowell  
Tom Casteel  
Lynda Nesbitt  
Lyndell Lewis  
Letha Moore-Jones  
Rita Katzman  
Therese Wolf

**Agency**

Department of Mental Health, Mental Retardation  
and Substance Abuse Services  
Office of Comprehensive Services  
Dept. of Medical Assistance Services  
Fairfax  
Washington County  
Montgomery County (ret)  
VDSS, PSSF  
VDSS, Independent Living  
VDSS, CPS Program Manager  
VDSS FC Program Manager

**Foster and Adoptive Parent Licensing, Recruitment, and Retention**

**Name**

Lynette Isbell  
Deborah Eves  
Susan Taylor  
Vernon Simmons  
Pam Cooper  
Denise Dickerson  
Therese Wolf  
Leslie Knachle  
Joni Baldwin  
Robin Ely  
Phyl Parrish

**Agency**

VDSS, Commissioner's Office  
VDSS, Quality Review  
VDSS, Resource Family Program Manager  
VDSS, Training  
VDSS, Adoption Program Manager  
VDSS, ICPC Program Manager  
VDSS, FC Program Manager  
VDSS, Licensing  
VDSS, Licensing  
VDSS, Licensing  
VDSS, Policy Unit

**Agency Responsiveness to Community**

**Name**

Dawn Caldwell  
Gary Cullen

**Agency**

VDSS, Regional Specialist  
VDSS, Division of Family Services

**Child Welfare Advisory Committee Members**

<b>Local Agency Contacts</b>	
Mattie Satterfield	Asst. Director, Norfolk Dept. of Human Services
Jane Crawley	Director, Henrico Dept. of Social Services
Kathy Ralston	Director, Albemarle Dept. of Social Services
John Freeman	Asst. Director, Albemarle Dept. of Social Services
Suzanne Fountain	Asst. Director, Chesterfield Dept. of Social Services
Kathy McElroy	Bedford Department of Social Services
Heather Jones	Bedford Department of Social Services
Debra Parker	Bedford Department of Social Services
Dr. Betty McCrary	Director, Roanoke County Dept. of Social Services
Glenn Butler	Director, Newport News Dept. of Social Services
Thomas Pristow	Asst. Director, Newport News Dept. of Social Services
Kathy Froyd	Fairfax Department of Social Services
Allison Lowery	Fairfax Department of Social Services
Sandi Slappey	Fairfax Department of Social Services
Dana Neidley	Charlottesville Dept. of Social Services
Wanda Rogers	Hampton Department of Social Services
Anne Kisor	Director, Richmond City DSS
Bronia Ashford	CSA, Richmond City
Brinette Jones	Richmond City Department of Social Services
JoAnn Wilson-Harfst	Director, Matthews Department of Social Services
Elizabeth Hutchens	Rockingham Department of Social Services
Celeste Williams	Rockingham Department of Social Services
Richard Verilla	Director, Campbell County DSS
Lisa Linthicum	Asst. Director, Campbell County DSS
Sharon Harris	Campbell County Dept. of Social Services
Robert Morin	Director, VA Beach DSS
Thomas Stanley	Director, Wise County Department of Social Services
Rex Tester	Director, Tazewell County Dept. of Social Services
Debbie White	Tazewell County Dept. of Social Services
Edwinna Crawford	Tazewell County Dept. of Social Services
<b>Other State Agency Contacts</b>	
Amy Atkinson	Commission on Youth
Catherine Bodkin	Virginia Department of Health
Trudy Brisendine	State Board of Social Services
Catherine Hancock	Department of Medical Assistance Services
Martha Kurgans	Department of Mental Health, Mental Retardation and Substance Abuse Services
Ken McCabe	DPB
Melissa O'Neill	DCJS/CASA State coordinator
Charlotte McNulty	Director, Office of Comprehensive Services

Rick Pond	VISSTA retired
Janine Trondrowski	VISSTA
Phyllis Grooms-Gordon	Director, VISSTA
Judy Hudgins	Dept. of Education
Ed Holmes	Dept. of Juvenile Justice
Ellen Nau	Department of Aging
Kathleen Corker	Department of Aging
<b>Courts</b>	
Nelson Durden	Judge, Hampton Juvenile Court
Lelia Hopper	CIP/OES/Supreme Court of Virginia
Christie Marra	Virginia Poverty Law Center
Mike Chernaum	Chesterfield Attorney
Ellen Fulmer Malenke	Henrico DSS Attorney
<b>Others</b>	
Cassandra Calendar-Ray	One Church One Child
Rev. Shackelford	One Church One Child
Marion Kelly	Norfolk State
Dr. Robin Foster	Pediatrician
Johanna Schuchert	Prevent Child Abuse Virginia
Greg Peters	UMFS
Wilma Vance	Foster Parent
Cate Newbanks	FACES
Patty Huber	FACES
Sarah Smalls	FACES
Laureen Flemming	FACES
Brenda Hornsby	State Board of Social Services representative
<b>VDSS Staff</b>	
Paul McWhinney	Director, Division of Family Services
Betty Jo Zarris	Asst. Director, Division of Family Services
Gary Cullen	Permanency Unit
Teresa Biggs	CPS Regional Specialist, Piedmont Region
Dawn Caldwell	Permanency Regional Specialist, Piedmont Region
Monica Hockaday	CPS Regional Specialist, Central Region
Lisa Tully	Permanency Regional Specialist, Central Region
Mary Norris	CPS Regional Specialist, Western Region
Tammy Francisco	Permanency Regional Specialist, Western Region
Gail Heath	CPS Regional Specialist, Eastern Region
Jane Joyner	Permanency Regional Specialist, Eastern Region
Ed Schuster	CPS Regional Specialist, Northern Region
Tammy Meszaros	Permanency Regional Specialist, Northern Region
Brenda Macklin	Division of Training, VDSS
Nannette Jarratt	Monitor, VDSS

Deborah Eves	Quality Review/Child and Family Services Review
Denise Dickerson	Interstate Compact Placement of Children Program Manager
Wilhelmina Davis	ICPC specialist
Lynette Isbell	Special Assistant to the Commissioner
Matt Wade	Supervisor Outcome Based Reporting and Analysis
Rita Katzman	CPS Program Manager
Letha Moore-Jones	Independent Living Program Coordinator
Lyndell Lewis	Family Preservation Services Supervisor
Therese Wolf	Foster Care Program Manager
Phyl Parrish	Quality Review Program Manager
Dorothy Hollahan	Program Evaluation and Monitoring Supervisor
Charlene Vincent	Licensing
Denise Branscome	Head Start Collaboration Manager
Jean Collins	Child Care, VDSS
Vernon Simmons	Adoption Manager
Pamela Cooper	Adoption Specialist
Tracey Jackson	Adoption Policy Specialist
Rebecca Hjelm	Policy Analyst, Outcome Based Reporting and Analysis