

CAPTA 2020 Update

Describe substantive changes, if any, to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state's eligibility for the CAPTA State grant (section 106(b)(1)(C)(i)). The state must also include an explanation from the State Attorney General as to why the change would, or would not, affect eligibility. Note: States do not have to notify ACF of statutory changes or submit them for review if they are not substantive and would not affect eligibility.

VDSS continues to be eligible to receive Child Abuse Prevention and Treatment Act (CAPTA) funds.

There was a change made to the Code of Virginia regarding the child welfare system's response to reports of child trafficking. Effective July 1, 2020, § 63.2-1506.1 will change the name of the sex trafficking assessment to the human trafficking assessment and require LDSS conducting human trafficking assessments to interview the alleged child victim or their siblings without the consent of and outside the presence of the child's or sibling's parent, guardian, legal custodian, or other person standing in loco parentis, or school personnel. Additionally, effective July 1, 2020, the time frame for the completion of family assessments will be extended from 45 to 60 days and the retention time for unfounded investigations extended from one to three years. These code change do not affect the State's eligibility for the CAPTA state grant.

Describe any significant changes from the state's previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas (section 106(b)(1)(C)(ii)).

There are no substantial changes being made to Virginia's CAPTA plan this year. Several new initiatives have been added to the previously approved plan. Highlights of Virginia's new initiatives include:

- Implementation of a uniform safety plan template in the new CCWIS (COMPASS) Mobile Solution that is based on the safety and protective factors identified on the SDM Safety Assessment Tool.
- Adoption of a universal service plan that will be utilized on all In Home cases (CPS Ongoing, Prevention, and Other Court Ordered cases) in the new CCWIS (COMPASS) Mobile Solution.
- Implementation of re-validated SDM tools at the conclusion of the National Council on Crime and Delinquency Research Center's Risk Assessment Validation study.
- Increased Technical Assistance to LDSS on Appeals, particularly in OOF settings.
- Implementation of Virginia's Family First Implementation Plan, including a redesign of Virginia's Prevention Program.
- Development and implementation of a new Mandated Reporter website where Mandated Reporters can submit reports of child abuse or neglect electronically.
- Identification of an effective means to track and analyze diversion data through the child welfare information system.

During the reporting period, Virginia intended to use CAPTA funds to support the Commonwealth's efforts in implementing the Family First Prevention Services Act by enhancing the network of evidence-based providers throughout Virginia. However, during the reporting period, the General Assembly appropriated general funds to the Department to assist with the goal of enhancing the network of evidence-based providers throughout the Commonwealth so CAPTA funds were not used. It appears this appropriation will be available ongoing to continue to support the Department's efforts.

Describe how CAPTA State grant funds were used, alone or in combination with other Federal funds, to meet the purposes of the program since the submission of the CAPTA State Plan (section 108(e) of CAPTA).

In Virginia, CAPTA funds align and support the overall goals for the delivery and improvement of child welfare services, title IV-B, and the Community-Based Child Abuse Prevention (CBCAP) program. CAPTA State grant funds were used, alone or in combination with title IV-B, CBCAP, TANF, VOCA, State General Funds, and other child welfare programs in three major areas: Safe Children and Stable Families; Family, Child and Youth Driven Practice, and Strengthening Community Services and Supports. The plan identifies areas of work that have been completed, items being currently worked on, as well as ongoing activities.

For SFY 2020, a total of 19 programs supporting child abuse and neglect prevention were funded with federal Community-Based Child Abuse Prevention (CBCAP) (\$678,780.52), and state funds from the Virginia Family Violence Prevention Program (VFVPP) (\$500,000), totaling \$1,178,780.52 in combined funding to support evidenced-based and evidenced-informed programs and practices. Funded programs provide statewide or locally based primary and/or secondary prevention services targeting families and children who are at risk for child abuse and/or neglect. The programs' prevention services are varied in scope to address unmet, identified needs within the different communities. These services include parent education and support groups, child sexual abuse prevention, home visiting, training for child care providers, and public awareness efforts. Nineteen contracts were renewed from the initial award issued in SFY2019 that supports the following geographic areas (two programs serve more than one region):

- Eastern - Three programs serving: counties of Hampton, Newport News, Isle of Wight, York, James City, Williamsburg, Poquoson, Chesapeake, Norfolk, Portsmouth, and Gloucester
- Western – Five programs serving: counties of Giles, Floyd, Montgomery, Pulaski, Radford, Washington County, Wise, Scott, Norton, and Bristol
- Northern - Four programs serving: counties of Loudoun, Shenandoah, Page, Winchester, Clarke, Frederick, Warren, Alexandria, Falls Church, Manassas, Arlington, Fairfax, and Prince William
- Central - One program serving: counties of New Kent and Charles City
- Piedmont – Four programs serving: counties of Lynchburg, City of Roanoke, Salem, Botetourt, Craig, Roanoke County, Charlottesville, and Albemarle
- Statewide - two programs are designated as statewide Child Abuse and Neglect Prevention programs funded to provide services in multiple regions across Virginia.

CBCAP funds are distributed through a competitive Request for Application (RFA) process along with VFVPP funds. Funding must be directed to statewide or local, community-based primary and/or secondary child abuse and neglect prevention services. In SFY 2019, nineteen contracts totaling \$1,178,780.52 received funding under a new RFA dated march 23, 2018. Those contracts received their first renewal year funding in SFY 2020 on July 1, 2019.

Child Advocacy Centers (CAC): In SFY 2020, VDSS received state TANF (\$1,542,000.00) and General Funds (\$405,500.00) and a significant increase in Victims of Crime Act (VOCA) funds (\$4,500,000) from the Department of Criminal Justice Services (DCJS); the total awarded to CACs for the current fiscal year is \$6,042,000. This increase for the fiscal year enables CACs across the Virginia to expand as necessary to serve additional numbers of child abuse victims and to expand geographic coverage. This increase will not be sustained and CACs were encouraged to designate funds toward sustainability efforts as subsequent annual awards are expected to be significantly lower.

Eighteen centers continue to provide comprehensive services to the following geographic regions:

- Piedmont – four programs serving counties of Albemarle, Nelson, Franklin, Roanoke, Madison, Buckingham, Botetourt, Fluvanna, Greene, Augusta, Buena Vista, and Rockbridge; and the cities of Roanoke, Salem, Staunton, Lexington, Charlottesville, and Waynesboro.
- Central – two program serving counties of Chesterfield, Hanover, Henrico, Louisa, Powhatan, Prince George, Cumberland, New Kent, Charles City, Caroline, Spotsylvania, Stafford, King George; and the cities of Richmond, Fredericksburg, Colonial Heights, Hopewell, and Petersburg.
- Northern – six programs serving counties of Arlington, Fairfax, Rockingham, Shenandoah, and Loudoun; and the cities of Harrisonburg, Winchester, Fairfax, and Alexandria.
- Eastern – two programs serving the cities of Chesapeake, Hampton, Newport News, Norfolk, Portsmouth, Suffolk, Virginia Beach, and Emporia; and the counties of Greenville and Franklin.
- Western – four programs serving counties of Lee, Montgomery, Pulaski, Washington, Scott, Tazewell, Buchanan, Russell, Wise, Dickenson, Henry, Patrick, Carroll, and Smyth; and the cities of Radford, Norton, Martinsville, and Bristol.

The Child Advocacy Centers of Virginia (CACVA) continues to provide training, support, technical assistance and leadership on a statewide level to the CACs and to communities in Virginia responding to reports of child abuse and neglect. The CACVA will develop the funding formula for the CACs for SFY21 based on criteria including CAC certification level, rate of abuse/neglect, child population under 18 years of age, and localities served.

In the 2019-2020 budget signed into law by the Governor, Early Impact Virginia was awarded the authority and responsibility to determine, systematically track and report annually on the key activities and outcomes of Virginia’s home visiting programs; conduct systematic and statewide needs assessments for Virginia’s home visiting programs at least once every three years; and to support continuous quality improvement, training, and coordination across Virginia’s home visiting programs on an ongoing basis. EIV was awarded \$250,000 for the first year and anticipates an award of \$600,000 for the second year of this project. VDSS has been appointed the authority to contract with Early Impact Virginia to award the funding.

The Virginia General Assembly continues to appropriate funding for the Healthy Families program to provide home visiting services to new parents who are at-risk of child maltreatment in 83 communities across the state. The goals of the Healthy Families Program continue to include improving pregnancy outcomes and child health; promoting positive parenting practices; promoting child development; and preventing child abuse and neglect. Funding for the Healthy Families Program continued at level funding of \$9,035,501 for SFY 2020. This amount was distributed to 32 sites who were awarded based on a formula using the 2015 number of live births and the 2015 child abuse reports, weighted equally, for each area served. The appropriation continues to include funding for the statewide Healthy Families organization, Families Forward dba Prevent Child Abuse Virginia (PCAV) to provide training and technical assistance to local programs.

2019 Child Abuse & Neglect Prevention Conference:

Virginia’s statewide Child Abuse and Neglect Prevention Conference was held April 8-9, 2019. This was a collaborative effort in partnership with Families Forward Virginia. The conference theme was, “Power of Prevent: Teaming Up for Virginia Families,” centered on community-based programs aimed to keep families together, highlighted practice advancements in the field, and emphasized best practices related to prevention of child maltreatment and assessment of children and families. The conference was held at The Short Pump Hilton Hotel in Richmond, VA. Attendees came from all areas of the state and represented a variety of agencies and organizations such as local departments of social services, local community services boards, CASA programs, and home visiting programs such as Healthy Families, family services agencies, and other non-profits.

Keynote speakers were as follows:

- Preventing Early Adversity to Achieve Multiple Health and Wellbeing Outcomes
Melissa T. Merrick, PhD - CDC's National Center for Injury Prevention and Control
- An Overview of Family First Prevention Services: Shifting our Child Welfare System to Focus on Prevention
S. Duke Storen - Commissioner Virginia Department of Social Services
Carl E. Ayers, MSW - Director Virginia Department of Social Services Family Services Division
- The Neurobiology of Stress and Brain-Mind-Body Practices
Linda Chamberlain, PhD MPH - Consultant and University of Alaska Adjunct Faculty
- Change in Mind: Applying Neurosciences to Revitalize Communities
Jennifer A. Jones, MSW - Change in Mind Institute at the Alliance of Strong Families and Communities
Gabriel McGaughey, MSW - Children's Hospital of Wisconsin
- The Surprising and Dangerous Science of Laughter
Slash Coleman, MAEd - RVA Laugh Club

Child Abuse Prevention Month Proclamation:

Since 1983, the VDSS has provided leadership in the Commonwealth's annual observance of Child Abuse Prevention Month. Families Forward Virginia and VDSS continue to collaborate to spearhead a coalition of agencies and organizations charged with planning and promoting Child Abuse Prevention Month activities. Each year, the Coalition requests the Governor to proclaim April as Child Abuse Prevention Month.

VDSS and Families Forward Virginia develop and distribute a public awareness packet to individuals, agencies, and organizations throughout the state each year. The theme was "Power of Prevention: Teaming Up For Virginia Families." Development of the 2019 Child Abuse Prevention Toolkit was funded in part through the CBCAP/VFVPP grant received by Families Forward Virginia. More than 2,500 postcards and 14 Spanish tip sheets were distributed via web link to LDSS, other public agencies, and local nonprofits. There were several thousand hits to the online toolkit. The packet's downloadable flyers were posted on the VDSS and Families Forward Virginia websites and also distributed at the statewide Child Abuse Prevention Conference in April 2019.

Families Forward Virginia's partnership with Lewis Ginter Botanical Gardens in Richmond continued in 2019, helping them to engage garden clubs and visitors through their public education Pinwheel Garden display in April 2019. Approximately 3,600 blue pinwheels were "planted" as a symbol of this nationwide effort. A total of 37,886 pinwheels and 593 lapel pins were distributed. The pinwheel continues to gain recognition as the symbol of happy, healthier childhoods. The VDSS Commissioner also delivered the state proclamation in recognition of April as National Child Abuse Prevention Month.

[Provide an update on the state's continued efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder of CAPTA, as amended by the Comprehensive Addiction and Recovery Act.](#)

As part of Virginia's Federal Child Abuse and Prevention Treatment Act Plan, VDSS has been at the forefront of ensuring the identification and treatment of substance exposed infants and ensuring that the Commonwealth is meeting all requirements established by the 2016 Comprehensive Addiction and Recovery Act and the subsequent required changes in the Child Abuse and Prevention Treatment Act (CAPTA). VDSS' efforts include:

- Handle with C.A.R.E

VDSS served as a key stakeholder on the Handle with C.A.R.E work group. The work group established statewide standards of care guidelines for pregnant mothers and substance-exposed infants and developed the plan of safe care outline.

- **Report of Barriers to the Identification and Treatment of Substance-Exposed Infants**
VDSS developed this technical report as part of their leadership on the work group mandated by House Bill 2162 (2017) to study barriers to the identification and treatment of substance-exposed infants in the Commonwealth. The complete report was submitted to the Secretary of Health and Human Resources. A consistent listing of barriers to treatment for mothers and SEI were noted across the Commonwealth and helped lead to the 2018 legislative change of establishing the Virginia Department of Health as the state agency responsible for coordinating services for SEI.
- **Guidance and Training**
VDSS updated CPS guidance to mirror the 2018 legislative and regulatory changes. VDSS staff provided regional trainings to local department staff on legislative, regulatory, and guidance changes. VDSS staff and regional consultants also provided training on SEI and POSC at a number of public and private sector service agencies.
- **Plan of Safe Care Toolkit**
VDSS developed and distributed a Plan of Safe Care Toolkit to local departments across Virginia to promote consistent implementation. The toolkit includes guiding principles of POSC, points of intervention chart, POSC flow chart, POSC template, and screening and resource information
- **Perinatal Substance Use: Promoting Health Outcomes brochure**
VDSS developed and published this brochure for health care professionals regarding Virginia's legal requirements and health care practice implications.
- **Maternal and Infant Initiatives State Partner Collaborative**
- **VDSS participates in a monthly collaborative of key state stakeholders, including Department of Medical Assistance Services, Department of Behavioral Health and Developmental Services, and Department of Health, to improve the statewide response to Substance-Exposed Infants.**
- **SEI Awareness Week**
Beginning in July of 2017, the General Assembly passed a resolution declaring the first week in July each year as Substance-Exposed Infant Awareness Week. VDSS collaborated with the Virginia Department of Behavioral Health and Developmental Services to raise awareness of the declaration of SEI Awareness Week. VDSS will continue to partner with other agencies to raise awareness during this designated week.
- **SEI Decision Tree Tool**
VDSS developed and implemented a SEI decision tree tool to facilitate decision making with regarding the screening of SEI reports..
- **eLearning Course**
An eLearning course regarding family engagement and parental substance abuse was developed in collaboration with the Department of Behavioral Health and Developmental Services and the VDSS Training Division. The course provides best practices when responding to reports involving children affected by in utero exposure to alcohol or drugs and address the service needs of pregnant and parenting women and other caregivers who use opiates and/or other substances of abuse. Additionally, the course includes direct application of the practice profiles and trauma informed practice working with substance exposed infants and their families.
- **Subject Matter Expert Consultation**
CPS Program Staff have collaborated and provided Subject Matter Expert consultation with the internal Addiction and Recovery Workgroup at VDSS related to substance-exposed infants and plans of safe care. CPS Program Staff have also collaborated and provided Subject Matter Expert consultation, including serving as the co-chair of the Communication sub-committee, with the multi-disciplinary legislatively sanctioned Pathways to Coordinated Care Workgroup.

Provide information on any changes made to implementation and/or lessons learned from implementation.

State-wide implementation remains a key focus area in Virginia. Legislative clarifications and overt efforts by public and private agencies to properly identify substance-exposed infants across the Commonwealth resulted in the first annual decrease in the number of substance-exposed infants reported to local departments of social services since 2013.

Year	2013	2014	2015	2016	2017	2018	2019
Number of SEI Reported	985	1071	1099	1334	1543	1957	1577

Legislative clarifications focused on the “medical impact” of the in utero substance exposure on the child. These changes to the Code of Virginia clarify that substance use by the mother in and of itself does not indicate the child is a substance-exposed infant or that child protective services intervention is needed. Legislative changes have also expanded the responsibilities of hospitals to ensure the development of a written discharge plan for the substance-exposed infant. This legislation was designed to improve the collaboration between the hospital and family. Additionally, public and private agencies serving substance-exposed infants and their families have been working state-wide to improve collaboration and communication. VDSS serves on the Steering Committee of a state-wide workgroup, Pathways to Coordinated Care, led by the Department of Health. The workgroup consists of over 60 members from both the public and private sectors. The workgroup is focused on the needs of substance-exposed infants and their caregivers. Furthermore, VDSS has been providing training to mandated reporters across the Commonwealth on the screening criteria for reports involving allegations of a substance-exposed infant based on the SEI Decision Tree Tool developed by VDSS in 2018.

Provide an update on any multi-disciplinary outreach, consultation, or coordination the state has taken to support implementation.

As part of Virginia’s Federal Child Abuse and Prevention Treatment Act Plan and the subsequent changes required by the Comprehensive Addiction and Recovery Act of 2016, VDSS has participated in a breadth of collaborative work with public and private service agencies. VDSS’ endeavors include:

- **Handle with C.A.R.E:** VDSS served as a key stakeholder on the Handle with C.A.R.E work group. The work group was led by the Virginia Department of Behavioral Health and Developmental Services (DBHDS) and facilitated collaborative work among DBHDS, VDSS, Virginia Department of Health, Department of Medical Services, Early Impact Virginia, Virginia Home Visiting Consortium, Managed Care organizations, Virginia Hospital and Healthcare Association, and prenatal care providers.
- **Report of Barriers to the Identification and Treatment of Substance-Exposed Infants:** VDSS developed this technical report as part of their leadership on the work group mandated by House Bill 2162 (2017) to study barriers to the identification and treatment of substance-exposed infants in the Commonwealth. The report was the product of collaborative work between work group members, town hall meetings, and an online survey.
 - The work group was comprised of 56 members who were recruited from a variety of organizations, stakeholder groups, and sectors to ensure depth of knowledge and varying perspectives on SEI issues were represented.

- Five town hall meetings were conducted across the Commonwealth. Two hundred and forty four participants registered to participate in the town hall meetings, representing VDSS, LDSS, health departments, CSBs, hospitals, medical centers, educational institutions, home visiting programs, law enforcement, and early intervention service agencies.
 - The online survey was circulated to a variety of stakeholders and experts across the Commonwealth. Participation in the survey was voluntary, responses anonymous, and no compensation was provided. The survey collected 134 responses.
- **Training:** VDSS staff and regional consultants provided training on SEI and POSC to a number of public and private sector service audiences, including Medication Assisted Treatment providers, the Court Appointed Special Advocate/Children’s Justice Act Citizen Review Panel, and home visiting programs.
 - **Plan of Safe Care Toolkit:** VDSS developed and distributed a Plan of Safe Care Toolkit to local departments across in Virginia to promote consistent implementation across the state. The toolkit has also been distributed by the Department of Behavioral Health and Developmental Services to community service boards and medication assisted treatment providers across the state. Virginia has also shared the toolkit with other states to assist with their implementation.
 - **Virginia Neonatal Perinatal Collaborative:** VDSS participates on this newly-formed general assembly supported multi-disciplinary committee. VNPC committee membership includes pediatricians, neonatologists, neonatal and pediatric nurse practitioners, NICU and nursery nursing staff, social service, public health, lay members, and others with interest in improving child health outcomes. The Virginia Neonatal Perinatal Collaborative (VNPC) was formed to ensure that every mother has the best possible perinatal care and every infant cared for in Virginia has the best possible start to life. The committee utilizes an evidence-based, data-driven collaborative process that involves care providers for women, infants and families as well as state and local leaders. VCPN distributed the Vermont Oxford Network’s Process Improvement Bundle to hospitals across the state to track the length of stay for babies born with Neonatal Abstinence Syndrome. VDSS attended the first annual summit hosted by the VNPC in October 2017. VDSS participated in the second annual summit hosted in October of 2018 and presented in collaboration with Virginia Commonwealth University School of Social Work a poster presentation titled The Effects of a Sudden Unexpected Infant Death Preventive Intervention on Safe Sleep Practices.
 - **Perinatal Substance Use: Promoting Health Outcomes brochure:** VDSS developed and published this brochure for health care professionals regarding Virginia’s legal requirements and health care practice implications.
 - **SEI Decision Tree Tool:** VDSS developed and implemented a SEI decision tree tool to facilitate decision making with regards to the screening of SEI reports.
 - **eLearning Course:** An eLearning course regarding family engagement and parental substance abuse was developed in collaboration with the Department of Behavioral Health and Developmental Services and the VDSS Training Division. The training is available to staff at VDSS, DBHDS, VDH, and other community partners who request access in the Virginia Learning Center. As of January 2020, 350 individuals have completed the CWSE6010: Working with Families of Substance Exposed training in the Virginia Learning Center.
 - **Maternal and Infant Initiatives State Partner Collaborative:** VDSS participates in a monthly collaborative of key state stakeholders, including Department of Medical Assistance Services, Department of Behavioral Health and Developmental Services, and Department of Health, to improve the statewide response to substance-exposed infants.

- **Automated Data System:** Enhancements were made to the automated data system (OASIS) to comply with CARA and NCANDS requirements regarding substance-exposed infants and plans of safe care.
- **Pathways to Coordinated Care:** VDSS serves on the steering committee of this legislatively sanctioned workgroup focused on the needs of substance-exposed infants and their caregivers. The workgroup is led by the Department of Health and has over 60 members from the public and private sectors. VDSS serves as the co-chair of the Communication sub-committee.
- **Maternal Mental Health:** VDSS serves on this workgroup led by the Department of Health and provided technical assistance on the creation of Screening Guidelines for Postpartum Depression and Perinatal Mood and Anxiety Disorders as well as a maternal mental health tool that will be piloted this year through a partnership with PostPartum Support VA.

Provide an update on the state's monitoring of plans of safe care to determine whether and in what matter local entities are providing referrals to and delivery of appropriate services for substance-exposed infants and affected family members and caregivers.

The *Report of Barriers to the Identification and Treatment of Substance-Exposed Infants* identified monitoring of plans of safe care and service delivery and referrals as barriers and made recommendations to improve the state's monitoring of plans of safe care and service delivery and appropriate referrals for substance-exposed infants and affected family members and caregivers.

VDSS has been working internally and externally to improve the monitoring of plans of safe care and provision of services for substance-exposed infants and their caregivers. Externally, VDSS has been an active participant and served on the Steering Committee of a workgroup with over 60 public and private sector members led by the Department of Health. This workgroup, called Pathways to Coordinated Care worked to identify service needs for substance-exposed infants and mothers as well as supports and resources across the Commonwealth. This resulted in the development of a state-wide plan for services comprised of five pillars: Screening, Data, Coordination, Education and Communication. Each pillar has been assigned to a sub-committee. VDSS serves as the co-chair of the Communication sub-committee. The sub-committees have been charged with creating objectives based on the particular pillar and developing a work plan based on these objectives. It is anticipated that the sub-committee will complete their work plans and then the entire workgroup resume meetings to review and discuss each work plan as well as the next steps in this multi-year plan.

Furthermore, Virginia made system enhancements to the automated data system to record and track the completion of plans of safe care and service referrals and delivery to comply with National Child Abuse and Neglect Data System (NCANDS) as required by the Comprehensive Addiction and Recovery Act of 2016. VDSS utilizes this data for continued monitoring. VDSS also developed a new report in SafeMeasures® to assist local departments track the completion of plans of safe care.

Describe the steps that the state is taking or will need to take to address the amendments to CAPTA relating to sex trafficking in order to implement those provisions by May 29, 2017.

Virginia has taken steps to address the amendments to CAPTA relating to sex trafficking since 2015. In December 2015, VDSS developed and published an online training course for all child welfare staff, community partners and the public on sex tracking and child welfare. VDSS also updated the automated data system to capture data on sex trafficked victims in December 2015. In January 2016, VDSS implemented new CPS guidance statewide that addressed sex trafficking as it pertained to universal screening of all children and services for victims of sex trafficking. Numerous webinar sessions were conducted to brief CPS staff on the needs of sex trafficked victims. On July 1, 2016, the Code of

Virginia, § 63.2-100 added a new section to the definition of “child abuse and neglect” to include an identified victim of sex trafficking or of severe forms of trafficking as defined in P.L. 114-22. In April 2017, sex trafficking was added as a specific type of sexual abuse in the automated data system. Effective July 1, 2017, Virginia’s regulations included sex trafficking as a type of sexual abuse.

VDSS continues to identify, track, and serve victims of sex trafficking. The online training course remains available on the public domain. Since inception, 706 individuals employed with VDSS (state and local agency staff) have completed the online training. In addition, there have been 3,064 page views on the public domain. Virginia continues to use the automated data system to track victims of sex trafficking. Virginia provides sample trafficking screening tools and resources on working with victims of sex trafficking in CPS and Foster Care guidance. Virginia worked with the Virginia State Crime Commission on a statewide study on sex trafficking that was introduced and approved by the General Assembly.

Since 2011, 106 child victims of sex trafficking have been identified in Virginia’s automated data system.

Year	2011	2012	2013	2014	2015	2016	2017	2018	2019
# of victims	1	1	0	1	10	23	21	24	25

The Code of Virginia was updated in July of 2019 and LDSS are now required to respond to all complaints or reports of child sex trafficking. The Code of Virginia now establishes that the alleged victim’s parent, caretaker, or any other person suspected of trafficking a child may meet the caretaker criteria needed to determine the validity of a complaint or report of sex abuse involving sex trafficking. It also allows LDSS assume emergency custody of child victims of sex trafficking for up to 72 hours until the parents can be located and their ability to protect the child from the trafficker can be assessed.

As a result of this legislation, VDSS developed program guidance on the child welfare system’s new response to all complaints involving the human trafficking of a child. VDSS provided five virtual training sessions on the new legislation and program guidance in June of 2019 to approximately 500 participants. Training was provided to ensure LDSS were prepared for implementation on July 1, 2019. Additionally, VDSS made regulatory changes to 22VAC40- 705 Child Protective Services to comply with the new legislation passed regarding the child welfare system’s response to the trafficking of children in the Commonwealth. VDSS also made a number of system enhancements to the child welfare information system, OASIS, in order to improve the system’s ability to capture data on the prevalence of child trafficking. VDSS is participating in the Child Welfare Capacity Building Collaborative Continuous Quality Improvement Academy to improve our ability to provide regional technical assistance to local departments and support the integration of the CQI process and data-driven management concepts into their daily operations. In June of 2019, VDSS convened a child trafficking workgroup comprised of stakeholders from the public and private sectors to improve Virginia’s response to the human trafficking of children and to expand the availability of services. The workgroup is now a subcommittee of the Anti-Human Trafficking Coordinating Committee and co-facilitated by the Virginia Department of Juvenile Justice. The workgroup has been meeting bi-monthly.

Since implementation in July of 2019, Virginia completed 18 human trafficking assessments involving 22 children. The children involved in the human trafficking assessments were predominately female (86%), Caucasian (52%), and between 12-17 years of age (84%). Local departments conducted 14 child

protective services investigations involving the trafficking of a child by a caretaker. Dispositions of the investigations were: 8 unfounded; 1 founded (Level 2); and 5 are still pending.

Describe any technical assistance the state needs to improve practice and implementation in these areas.

VDSS anticipates needing technical assistance to help implement legislation enacted during the 2019 General Assembly mandating a response by the LDSS to all complaints or reports involving child victims of sex trafficking. Specifically, VDSS anticipates needing Subject Matter Experts to help Virginia develop and implement a trauma-informed approach to working with these child victims and their families.

Now that Virginia has implemented legislation passed in 2019 mandating a universal response by the LDSS to all complaints or reports involving the trafficking of a child, VDSS needs Subject Matter Experts to assist with the development and implementation of a statewide training on utilizing a trauma-informed approach when working with child victims of trafficking and their families.

As Virginia continues to focus on improving the functionality of the State Hotline and continues exploring moving toward a centralized intake system for the Commonwealth, technical assistance in the form of peer-to-peer support from other states with state-run hotlines and centralized intake systems would provide Virginia with the opportunity to learn about the practices of other states' and assist with Virginia's implementation.

CAPTA

Virginia State Plan

The Child Abuse Prevention and Treatment Act (CAPTA) was reauthorized in 2010, Public Law 111-321. States are required to prepare and submit a state plan that will remain in effect for the duration of the state's participation in the grant program. The Plan must be prepared and submitted annually describing how the funds provided under CAPTA were used to address the purpose and achieve the objectives of the grant program (section 108(e)). In Virginia, CAPTA funds align and support the overall goals for the delivery and improvement of child welfare services, title IV-B, and the goals and strategies outlined in Virginia's Program Improvement Plan (PIP).

Using the format from Virginia's CFSP, the CAPTA Plan will highlight activities in two areas from the five-year plan as well as other strategies that address the purpose and objectives of the CAPTA program areas. The strategies are:

1. Engage Family, Child and Youth-Driven Practice

Goal: Engage Families in Decision Making Using a Strength-Based, Child-Centered, Family-Focused, and Culturally Competent Approach

2. Managing by Data and Quality Assurance

Goal: Create a performance management system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions

Strategies will be updated yearly or as activity occurs.

I. Safe Children and Stable Families

These strategies strive to assure the safety of children within their homes, protect children in at risk situations, and ensure they are protected from abuse and neglect in a permanent setting responsive to their well-being. It preserves and strengthens intact families who ensure the safety and well-being of their children. It strives to prevent child maltreatment among families at risk through the provision of supportive family services.

➤ **Applicable CAPTA program areas described in section 106(a):** 1. The intake, assessment, screening and investigation of reports of child abuse and neglect; 2. Improving legal preparation and representation, including procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect; 3. Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families; 4. Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response; 5. Develop and update systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange; 7. Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protections system, including improvements in the recruitment and retention of caseworkers; 8. Developing and facilitating training protocols for individuals mandated to report child abuse or neglect; 14. Developing and implementing procedures for collaboration among child protective services, domestic violence services and other agencies.

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

1. Assess and review how local CPS workers have implemented the new intake tools that became effective July 2011 **Completed**
2. Hold focus groups with local supervisors and workers to assess and identify any areas of concern or need for clarification **Completed**
3. Clarify and disseminate revised policy/guidance manual, as-needed **Completed**
4. Work with the Quality Assurance Unit to evaluate the extent to which initial safety and risk assessments are being completed correctly and within the required timeframes **Ongoing**
5. Develop new intake measures into SafeMeasures® to determine how well LDSS are implementing the new intake tools. **Completed**
6. Provide refresher training, as-needed **Ongoing** Note: New formal classes now available. For CPS it is CWS2001R, a combination of an e-learning pre-requisite and two-day class room training.
7. Review and evaluate statewide and by locality the number and percentage of cases being screened out. **Ongoing**
8. Develop and implement a method to review a sample of screened out cases to determine level of agreement. **Completed**
9. Clarify and disseminate policy/guidance regarding safety planning and acceptable safety plans **Completed**
10. Provide training for local staff on any changes made **Completed**
11. Work with the training unit to design, test, and disseminate an e-learning course for all SDM tools to include intake, safety and risk **Completed**
12. Plan and conduct regional training sessions for child welfare workers on advanced injury identification to help workers better assess safety and risk. **Completed**
13. Provide additional guidance to the field on what constitutes “credible witnesses” and dispositional assessments **Completed**
14. Establish a workgroup to research the barriers around getting full body scans ordered and reimbursed for siblings or other children residing in the home in order to identify healing injuries **Completed**
15. Assess and review the data for highest priority responses and reports that involve a child less than one year of age that are assigned to the family assessment track and update CPS guidance accordingly **Modified due to legislative changes.**
16. Collaborate with the Training Unit to develop a specialized training for those staff performing on-call duties. **Completed**
17. Create new e-learning course for advanced injury identification for all child welfare staff. **Completed**
18. Create template for Plans of Safe Care for SEI. **Completed**
19. Revise CPS guidance to require 24-hour response for any report involving a child less than 2 years of age. **Completed**
20. Create a subgroup of the Child Protective Services Policy Advisory Committee to develop a uniform safety plan that can be incorporated into the new CCWIS (COMPASS) and that compliments the safety and protective factors identified through use of the SDM Safety Tool. **Completed**
21. Create a workgroup as part of the Program Improvement Plan (PIP) targeted at Goal 2: Safety— Ensure safety for children through timely response to reports of child maltreatment and thoroughly assessing and addressing identified risk and safety issues to prevent reoccurrence and prevent placement and re-entry when possible. **Ongoing**
22. Development and implementation of a uniform safety plan template for incorporation into the new CCWIS (COMPASS) Mobile Solution that is based on the safety and protective factors identify through the use of the SDM Safety Assessment Tool. **Ongoing**

23. *Implementation of re-validated SDM tools at the conclusion of the National Council on Crime and Delinquency Research Center's Risk Assessment Validation study.* **Ongoing**

2020 Update

CPS Regional Consultants conducted Agency Case Reviews (ACR) for the first half of SFY20 on local CPS programs within their respective regions. The ACR included an evaluation of the agency's use of required safety and risk tools. The CPS Regional Consultants provided technical assistance to their respective agencies based on the needs identified in the ACR. VDSS changed their division-wide review process during the second half of SFY20. The new reviews are called the Virginia Child and Family Services Reviews.

During the last reporting period, VDSS successfully launched a new CCWIS (COMPASS) Mobile Application. VDSS is preparing to add a uniform safety plan template based on the safety and protective factors identified in the SDM Safety Assessment Tool to the CCWIS (COMPASS) Mobile Application.

As part of Virginia's PIP, a workgroup was formed in November of 2018 focused on Goal 2: Safety. The workgroup is comprised of LDSS and other key stakeholders. The workgroup developed enhanced practice guidance related to improving the timeliness of initial response and the provision of safety services. Guidance enhancements include: required supervisory consultation prior to the expiration of the response priority, creation of a reasonable diligence checklist, changing Response 3 priority from 5 working days to 40 work hours, definition of "safety services," and documentation of safety services. VDSS's PIP Agencies installed this proposed practice changes in July 2019 and statewide implementation is expected to occur in July 2020.

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

1. Obtain input from the CPS Policy Advisory Committee, the Office of Family Violence, and the Department of Behavioral Health and Developmental Services to ensure that the tools are assessing issues of domestic violence, mental health and substance abuse **Completed**
2. Revise, if needed, and incorporate these factors in the current safety and risk assessment tools and into the CPS policy/guidance manual **Completed**
3. Disseminate guidance and make necessary changes to OASIS **Ongoing**
4. Collaborate with VDSS' Office on Family Violence to develop a guidance manual section on domestic violence to include a definition of domestic violence, revised screening and assessment tools, interviewing the non-offending parent, the child and the alleged perpetrator, safety planning, and service provision **In Progress**
5. Train child welfare workers on the domestic violence protocol **Completed**
6. Provide "links" to the new DV guidance manual from the CPS policy/guidance manual **Completed**
7. Provide additional screening tools for use in substance exposed infant reports-- **Completed**
8. Add new information on standards of care for substance exposed infants and the substance abusing family members--**Completed**
9. Provide detailed information in guidance regarding Plans of Safe Care to include who is responsible for managing the plan. **Completed**
10. Provide sample screening tool for trauma **In progress**
11. Modify the automated data system to include a means to report the development of a Plan of Safe Care. **Completed**
12. Development and implementation of Decision Tree Tools for Substance-Exposed Infants and Domestic Violence reports to improve consistency with validity determinations. **Completed**

2020 Update

VDSS developed a Domestic Violence Decision Tree Tool to improve the consistency of validity determinations among LDSS. VDSS hosted three webinar training sessions and trained approximately 250 LDSS workers on the use of the new tool.

VDSS aims to update and publish program guidance on an annual basis. Program guidance was published in July 2019 and is scheduled to be published again in July 2020.

VDSS continues to explore how to incorporate a Screening Tool Suite in the CCWIS (COMPASS) Mobile Application. This screening tool suite would include screening tools for trauma, domestic violence, sex trafficking, and substance abuse.

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

1. Develop and review reports in SafeMeasures® to assess how well staff are responding to reports of suspected child abuse and neglect as a result of the new policy/guidance that was implemented in July 2011. **Completed**
2. Develop a report in SafeMeasures® to assess how well staff are adhering to the new policy on timeframes for face to face contact with victims **Completed**
3. Review the reports generated through SafeMeasures® with CPS regional consultants and develop a plan to work with those individual localities having problems in responding to reports in a timely manner **Ongoing**
4. Clarify and disseminate policy/guidance manual, as-needed **Completed**
5. Provide consultation to LDSS on the use of the SDM tools, as-needed. **Ongoing**
6. CPS Regional consultants will review reports in SafeMeasures® monthly to monitor timeliness of all responses made by LDSS staff **Ongoing**
7. CPS Regional consultants will identify and prioritize problem agencies and workers **Ongoing**
8. Work with LDSS to develop and implement a plan to improve practice **Ongoing**
9. Provide feedback to LDSS on top performers for 100% compliance on various data measurements including face to face contact with victims within the response time. **Completed**
10. Provide helpful tips on practices which will improve response times and documentation of all contacts **Ongoing**
11. Conduct Agency Case Reviews to identify trends and issues regarding initiating timely responses. **Ongoing**
12. Revise SafeMeasures® report for contact with victims to identify children under age 2 are seen within 24 hours. **In Progress**

2020 Update

The number of referrals open longer than 45 days statewide decreased 8.5% from 65.5% to 57%¹ between 2019 and 2020. Timeliness of first completed contacts statewide increased 3.6% from January 2019 (80.7%) to January 2020 (84.3%¹). Timeliness of first completed contact with child victim(s) statewide has increased 5.7% from January 2019 (64.9%) to January 2020 (70.6%¹). The timeliness of initial response has been main focus area for Child Protective Services in Virginia. And this represents the first increase in performance by the LDSS since 2012.

The CPS Practice Consultants provide direct feedback to their respective LDSS regarding areas that have shown improvement and areas that continue to present opportunities for improvement. During the past reporting period, VDSS developed a public-facing Agency Dashboard for each locality providing the

¹ SafeMeasures® Extract date 2/13/2020

agency's performance on specific measures across all program areas. Two specific measures related to the timeliness of initial response are included on the Agency Dashboard. Additionally, as part of Virginia's PIP, a workgroup formed in November of 2018 focused on Goal 2: Safety. The workgroup developed enhanced practice guidance related to improving the timeliness of initial response and the provision of safety services. Guidance enhancements include: required supervisory consultation prior to the expiration of the response priority, creation of a reasonable diligence checklist, changing Response 3 priority from five working days to 40 work hours, definition of "safety services," and documentation of safety services. VDSS created new report: CFSR Timeliness of First Contact with Victim in SafeMeasures® to assist PIP localities monitor their progress on the proposed practice changes. VDSS's PIP Agencies installed these proposed practice changes in July 2019 and statewide implementation is expected to occur in July 2020.

Timeliness of initial response will remain a major focus area during the next reporting period.

D. Develop strategies to support and sustain the practice change for CPS supervisors and workers on the use of the new intake, safety and risk assessment model.

1. Hold focus groups and/or survey local CPS supervisors to assess their continued needs
Completed
2. Develop tools for supervisors to use with workers to support the use of the structured decision making tools in casework practice. **Completed**
3. Hold peer support groups for supervisors to practice using this tool and conduct peer reviews of cases. **Ongoing**
4. Schedule and conduct refresher training as-needed. **Ongoing**
5. Develop an e-Learning course for all CPS staff on the use of structured decision-making tools used to assess intake, safety, risk assessment, and risk re-assessment **Completed**
6. Develop and conduct refresher webinar training on each of the SDM tools. This was incorporated into the refresher course, CWS2001R. Guided discussions regarding the assessment of safety and risk, determined through the use of the SDM tools, are included within the Curriculum-**Completed**
7. Review and revise CPS new worker training to increase the amount of time spent practicing the use of the intake, safety and risk assessment tools. **Ongoing**
8. Conduct risk tool revalidation and review of all SDM tools by the NCCD Research Center **Ongoing**
9. Include review and practice of intake, safety and risk tools in CPS refresher course. **Ongoing**

CPS regional consultants conduct refresher training for local CPS workers as needed, particularly when an agency is identified as struggling with assessing safety and risk. This work is ongoing especially when there are new supervisors and/or workers.

The CWSE1510 Structured Decision-Making in Virginia course is a five module comprehensive on-line training course that covers Intake, Safety, Risk, Family Strength and Needs Assessment, and Risk Reassessment. This e-learning course assists workers in better understanding the purpose and process around the structured decision making tools and is available statewide. It is also a prerequisite for CPS new worker training.

2020 Update

The SDM validation study was completed in June of 2019 by NCCD Research Center. VDSS is in the process of building the electronic version of the tools in the CCWIS (COMPASS) Mobile Application.

After the tools are built in the CCWIS (COMPASS) Mobile Application, NCCD Research Center must certify the electronic tools before they can be released to the LDSS. VDSS will develop and provide training for the LDSS on the new tools. VDSS will also update the 5 module e-Learning course on the SDM Tools.

VDSS developed an eLearning course FSWEB1027: Swift and Savvy Actions to Improve Safety Outcomes focused on: ensuring a thorough safety assessment; improving family engagement for better assessment of protective capacities; defining Safety Services and successfully implementing them. Additionally, during the last reporting period, VDSS updated their e-Learning course for Mandated Reporters and it is now published on the public website.

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

1. Review SDM family strengths and needs assessment tools to ensure consistency with VA regulation and policy **Completed**
2. Obtain input from the CPS Policy Advisory Committee **Completed**
3. Request assistance from the In-Home NRC to review current policy/guidance manual and recommend changes **Completed**
4. Revise on-going services section of CPS guidance to enhance and strengthen workers ability to assess and provide services to families by providing tools to support on-going assessment, risk reassessment and service planning for children and families' service needs **Completed**
5. Disseminate the revised policy/guidance manual. **Completed**
6. Provide clarification to LDSS staff on procedures and requirements for determining if a child is a reasonable candidate for foster care **Completed**
7. Develop and conduct training statewide on determining reasonable candidacy for foster care **Completed**
8. Develop and conduct webinars to further disseminate the procedures and requirements for determining reasonable candidacy for foster care **Completed**
9. Develop an e-learning course on reasonable candidacy for foster care **Completed**
10. Create new screen in OASIS to allow for electronic documentation of reasonable candidacy of foster care **Completed**
11. Participate in the Learning Collaborative Services on Enhancing Service Assessment, Planning, and Delivery of services **Completed**
12. Implement Practice Profiles, Assessment Tools and a Coaching model **Ongoing**
13. Create new service plan documentation within OASIS that will incorporate results of the FSNA and Risk Reassessment tools. **In Progress**
14. Conduct statewide training once the new OASIS screens are complete. Scheduling for Fall 2017 **Ongoing**
15. Continue practice model reform through implementation of the Practice Profiles and coaching model **Ongoing**

2020 Update

As part of VDSS' PIP, a Family Engagement workgroup was formed to focus on increased implementation of the Family Engagement Practice Profile across the state. As part of this workgroup's efforts, VDSS will be hiring several Capacity Building Specialists who will travel the state and help LDSS improve their engagement practices.

As part of VDSS's Prevention Program redesign, a new Service Plan will be developed for In-Home cases incorporating SDM Tools and the Child and Adolescent Needs and Strengths Assessment. In an

effort to meet the requirements of the PIP, CFSP and the Family First Prevention Services Act, VDSS convened a workgroup of local department of social services representatives comprised of front-line workers, supervisors and agency administrators to create enhanced in-home practices and make recommendations for enhanced guidance and training. Through monthly day-long workgroup meetings and smaller virtual meetings, VDSS and the in-home workgroup have identified the tools necessary to create individualized service plans as well as create consistency in practice, particularly for diversion cases. The in-home workgroup will continue to meet and provide feedback and recommendations as new in-home training and guidance are implemented in 2020.

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

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

G. Create requirements for OASIS screens to reflect new CPS service needs assessment and service plans

1. Utilize workgroup to review OASIS screens and make recommendations for screen changes **Completed**
2. Outcome Based Reporting and Analysis Unit (OBRA) will review what is currently in OASIS and the workgroup recommendations and determine if current screens can be modified or if new screens must be created **Completed**
3. OBRA and Family Services will meet to develop requisition to present to the Managing by Data workgroup (MBD) to approve screen changes. **Completed**
4. OBRA and Family Services will meet with MBD prioritize timing for screen changes in OASIS **Completed**
5. Workgroup will review screen mock-ups and make recommendations for improved functionality **Ongoing**
6. Prior to release of the final build, the workgroup will conduct user acceptance testing in conjunction with local users **In Progress**
7. Develop and conduct a survey of users for the ease and functionality of the current SDM tools (Safety, Risk, Family Strength Needs Assessment (FSNA), and Risk Reassessment **Completed**
8. Analyze results of survey and make necessary changes to the SDM tools and the web application as needed **Completed**
9. User testing for the revised service plan will begin spring of 2021, final release anticipated in Fall 2017. **In Progress**
10. Statewide training for trainers and super-users will be conducted in August through September 2021, prior to service plan release.

2020 Update

The SDM validation study was completed in June of 2019 by NCCD Research Center. VDSS is in the process of building the electronic version of the tools in the CCWIS (COMPASS) Mobile Application. After the tools are built in the CCWIS (COMPASS) Mobile Application, NCCD Research Center must certify the electronic tools before they can be released to the LDSS.

As part of VDSS's Prevention Program redesign, a new Service Plan will be developed for In-Home cases incorporating SDM Tools and the Child and Adolescent Needs and Strengths Assessment. The new Service Plan will eventually be built in the new CCWIS (COMPASS) Case Management system.

H. Revise policy/guidance on conducting investigations in Out of Family Setting

1. Establish a committee composed of local CPS workers and supervisors to review the current policy/guidance and identify areas needing revision or clarification. **Completed**
2. Request assistance from the NRC on CPS to review materials and make recommendations for changes
3. Solicit input from the Out of Family Advisory Committee to the State Board of Social Services **Completed**
4. Revise policy/guidance manual and disseminate **Completed**
5. Develop sample letters for informing parties about the outcome of the investigation for use by local CPS workers **Completed**
6. Revise guidance to incorporate legislative changes regarding Memorandums of Understanding between the schools and LDSS **Completed**
7. Provide a report to the State Board of Social Services on the MOUs submitted by LDSS **Completed**
8. Revise and disseminate guidance to incorporate changes made in legislation that mandate dispositions are made for school employees within the specified time frames **Completed**
 - a. Add additional clarification to CPS guidance for defining gross negligence and willful misconduct standards **In Progress**
9. Reconvene the Out of Family Advisory Committee and have annual meetings **In Progress**
10. Update CPS Program Guidance to reflect 2018 law changes related to out-of-family investigations of/findings against public school employees. **Completed**

CPS Guidance was updated to include 2018 law changes related to notifications in out-of-family investigations involving public school employees. VDSS also conducted statewide training for the LDSS on the changes before they became effective on July 1, 2018.

VDSS worked in collaboration with the Virginia Commission on Youth on their legislative study of CPS Investigations. The Commission on Youth made a number of recommendations to VDSS which fall in to two categories--training and guidance for hearing officers and CPS workers and ways to improve guidance for sexual abuse investigations against teachers. VDSS is in the process of identifying ways to incorporate the Commission's recommendations into practice.

2020 Update

CPS Guidance was updated and published in July 2019 to reflect the code changes that occurred in 2018 related to the notifications in out-of-family investigations involving public school employees. Additionally, in response to the Commission on Youth's recommendations regarding training for hearing officers, CPS Program staff met with the Appeals Division Director to discuss the need for additional training for hearing officers. The CPS Program recommended all CPS hearing officers complete the following training courses: CPS New Worker Guidance Training with OASIS, CPS Refresher, Sexual Abuse, Sexual Abuse Investigation, and CPS Appeals. The Appeals Division agreed to the training recommendations. VDSS also updated the Out-of Family Investigation brochure to reflect the code changes that occurred in 2018. VDSS is also in the process of updating their interagency MOU with Department of Education regarding out-of-family investigations.

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

- a) Develop training curriculum **Completed**
- b) Select and train trainers, to include CPS regional consultants and supervisors **Completed**
- c) Develop statewide training schedule **Completed**

- d) Train all CPS supervisors and workers on use of new policy/guidance **Completed**

2020 Update

During the reporting period, VDSS conducted a periodic review of the out-of-family regulation, 22VAC40-730, and a number of training and practice needs were identified for the LDSS. CPS Guidance was updated and published in July 2019 to reflect the code changes that occurred in 2018 related to the notifications in out-of-family investigations involving public school employees. VDSS is still in the process of re-establishing the Advisory Committee set forth in § 63.2-1527 of the Code of Virginia.

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

1. Work with the subcommittee of the State Board of Social Services to study the increase of child deaths to gain a better understanding of the factors surrounding those deaths **Ongoing**
2. Review cases of children who have been known to the child welfare system over the past several years to determine what lessons may be learned to prevent child deaths **Completed**
3. Request assistance from the In-Home NRC to assist in this review and make recommendations **Completed**
4. Explore the regional child fatality team operating in the Eastern Region and develop a plan to replicate it in the other four regions of the state. **Completed**
5. Review recommendations with subcommittee of the State Board of Social Services and the State Child Fatality Team and develop a plan to implement new practices, as appropriate **Completed**
6. Work with the Office of the Chief Medical Examiner (OCME) to implement five regional child fatality review teams **Completed**
7. Provide technical assistance and consultation to teams in reviewing cases, making recommendations, and data collection **Ongoing**
8. Prepare an annual report compiling findings and recommendations from the teams **Ongoing**
9. Work with the OCME to plan and co-sponsor a conference for regional child fatality team members **Completed**
10. Work with the OCME to assist the regional teams in accurately completing the national data tool **Completed**
11. Fill position for a Child Fatality Data Coordinator to analyze data involving child fatalities, prepare annual and special reports, and provide technical assistance to the five Regional Child Fatality Review Teams in terms of data collection and case review **Completed**
12. Develop and disseminate an orientation packet for new members of the regional child fatality teams **Completed**
13. Apply for a technical assistance grant from the National Governor's Association to participate in a Three Branch Institute on improving child safety and preventing child fatalities. **Received July 2016-Ongoing**
14. Provide technical assistance to local agencies regarding completion of National Child Death Review Tool- **Completed**
15. Develop and provide training to new regional consultants on child fatality review teams and facilitation of the meetings **Completed**
16. Redesigned the Virginia Child Protection and Accountability System to be more user-friendly and display the data in visually appealing charts and graphs. The VCPAS is a repository of data collected from multi-disciplinary agencies involved in the protection of children **Completed**

2020 Update

VDSS continues to consult with and provide support to practice consultants and regional child fatality review teams regarding themes, risk factors and prevention. VDSS has provided significant technical assistance to a third-party vendor who is developing a protocol for law enforcement to utilize when

investigating child deaths. VDSS will also create and add an MOU template to its manual to encourage joint collaboration between CPS and law enforcement in the investigation of these difficult deaths. VDSS is excited to explore training opportunities regarding substance use indicators and risk factors through a collaboration with DCJS.

VDSS has provided subject-matter expertise to the VDSS Training Department in the development of a curriculum specifically for CPS investigators to assist them in the investigation complexities of child deaths. VDSS made significant revisions to section 11 of its manual which are anticipated to be published in 2021, and will be developing a child fatality decision tree tool to assist local agencies in screening consistency and validity determination.

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

1. Establish a committee of representatives from the League of Social Services Executives, State Board members, and other Department staff to identify and review the trends to determine the number of decisions that are being sustained, amended or overturned by type of abuse and neglect, in-home or out-of-family setting, and locality. **Completed**
2. Review and evaluate findings from the committee and revise/clarify policy/guidance manual, as appropriate **Ongoing**
3. Review and revise Appeal Handbooks, if needed. **Completed**
4. Develop training materials and/or provide consultation to LDSS to support their practice in this area **Completed**
5. Identify and review all state CPS appeals to document trends and determine the number of decisions that are being sustained, amended or overturned by type of abuse and neglect, in home or out of family setting and locality **Ongoing**
6. Develop a CPS appeals checklist for local CPS workers to use to ensure that cases are complete prior to closing an investigation **Completed**
7. Provide feedback to the VDSS training division on areas that need to be more closely addressed in CPS new worker training and refresher courses **Ongoing**
8. Provide additional training information and resources to regional consultants for distribution at regional supervisor meetings **In Progress**
9. *Develop and disseminate an annual report regarding the data for all state-level CPS appeals showing numbers and trends.* **In Progress**
10. *Develop and distribute a one-page resource for new LDSS Directors regarding their role in the local conference process for CPS Appeals.* **In Progress**
11. *Identify and review local practices for tracking staying appeal requests due to pending criminal charges.* **In Progress**
12. *Develop and disseminate a best practices tip sheet for tracking stayed appeal requests.* **In Progress**

2020 Update:

Significant revisions were made to Section 7 (Appeals) in CPS Guidance and published in July 2019 to include updated Local Conference Procedures. State CPS staff continues to review all state level appeals that have been overturned to identify strengths in the child protective service investigative findings being sustained, identify areas needing improvement in cases that were overturned, and to identify any trends that lead to a policy or guidance change and/ or training opportunity. This information is used to provide feedback to the VDSS training unit as a way to enhance the CPS worker policy training curriculum. State CPS staff compiled and published two appeal reports for state, regional, and local child welfare staff. Additionally, based on recommendations from the Commission on Youth and Virginia League of Social

Services Executives, CPS Program staff met with the Appeals Division Director to discuss the need for additional training for hearing officers. The CPS Program recommended all CPS hearing officers complete the following training courses: CPS New Worker Guidance Training with OASIS, CPS Refresher, Sexual Abuse, Sexual Abuse Investigation, and CPS Appeals. The Appeals Division agreed to the training recommendations.

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

1. Review the current schedule and revise to accommodate the incoming calls to ensure that the most adequate coverage is available, **Completed**
2. Train the Hotline staff on the updated intake, safety and risk assessment tools to ensure a family-focused, solution-focused and strength-based approach to responding to calls of suspected child abuse and neglect. **Ongoing**
3. Ensure that the Hotline phone number is published in all directories across the Commonwealth. **Ongoing**
4. Establish emergency procedures and protocols for the State Hotline. **Completed**
5. Develop and implement a CPS/APS Hotline QAA plan to address the issues impacting the quality of work demonstrated by the Hotline. **Ongoing**
6. Collaborate with LDSS to discuss and develop, if/as necessary, protocols to more effectively and efficiently meet the needs of the Hotline, LDSS, and reporting citizens. **Ongoing**
7. Develop and provide training to Hotline staff pertaining to family-focused, strength based approach and proper use of safety and risk assessment tools for intake purposes. **Ongoing**
8. Review and revise the Hotline policy and procedures manual. **In Progress**
9. Explore the feasibility of developing an electronic on-line reporting tool for mandated reporters. **Ongoing**
10. Develop requirements for contracted functions of the hotline. **Ongoing**
11. Install an updated, more versatile telephone system which will allow the State Hotline to progress with the trends and better meet the needs of the local agencies and the state of Virginia. **Completed**
12. Improve the feasibility of a dedicated Law Enforcement telephone line. **Completed**
13. Develop an outreach education program to train and educate the community about the functions of the CPS/APS Hotline. **Completed**
14. Develop system reports from the State Hotline data to determine call volumes, reporting percentages, abandoned calls, types of calls handled by the CPS/APS Hotline, and work efficiency. **Completed**
15. Establish an automated, online program for local agency after hours on call information to be maintained by LDSS and monitored through the State Hotline. **Completed**
16. Provided training to LDSS agencies on how to update and maintain on call information within iCal. **Ongoing**
17. Develop a protocol for remote functionality for the State Hotline call center during times of inclement weather, state emergencies or network outages. **Ongoing**
18. Ensure that measures are in place for the State Hotline to maintain the ability to operate with minimum interruption during loss of power, phone systems or state networks. **Completed**
19. Explore the feasibility of establishing a dedicated mandated reporter online reporting system to the State Hotline. **Ongoing**
20. Employ a Project Manager to assist VDSS in decreasing the overall number of abandoned calls by $\geq 35\%$. **Completed**

2020 Update

Based on statistical data, the State CPS/APS Hotline work schedule is reviewed on an ongoing basis and revised as needed in an effort to meet the demands of the State Hotline. It is a rotating schedule, which allows full-time Specialists to assist in providing coverage during weekend hours and increases part-time Specialists' weekly hours, thus providing more expansive coverage throughout the 24/7 operations of the State Hotline. Despite the schedule adjustments, improvements in wait time were stagnate due to the increase in call volume and staff turnover. Wait time percentages (inbound calls answered in less than 10 minutes) remain over 60%; however, as vacancies were gradually filled, the wait time percentages increased by 5.16%, which proves the importance of increasing staff and adopting a scheduling system based on stats. In another effort to address wait time, a budget request brief was submitted outlining the need for additional positions; however, state funds were not allocated to the State Hotline. As an alternative, five additional contractors will be hired using other program funds. These contractors will be hired based on their flexibility to work varied shifts/hours to address any schedule deficits. Contractors are required to receive the same training as new Hotline Specialists and are required to participate in team meetings, supervisions and ongoing trainings.

Hotline leadership has created and revised protocols and procedures to enhance the functions of the State Hotline, which includes onboarding for new hires. These policies and procedures will be included in the State CPS/APS Hotline Policy Manual, which is currently under revision. Leadership created a training checklist, which outlines all required hotline training to include safety and risk assessment tools. Additionally, as part of the hotline specialists' Individual Development Plan, staff will complete online decision tree tool trainings, which will assist with developing their assessment skills. Monthly team meetings are used as a learning platform to emphasize the importance of maintaining a collaborative relationship with families, focusing on their strengths and promotion of self-efficacy. Currently, the Hotline Operations Program Supervisor is working with the state curriculum developers in creating a mandatory course for all state hotline specialists. This course will educate and assist specialists in using a family focused and strength based perspective. In keeping with best practices, the training materials will encourage specialists to focus on the safety and risk factors, as well as, recognize each family for their unique strengths, support systems, and resources. To address the need for continuous review and enhancement of operations and specialist performance, the shift supervisors provide quality assurance and accountability oversight through the monitoring of hotline specialists' inbound and outbound calls and use these call assessments to provide immediate feedback and training. Additionally, the shift supervisors conduct periodic reviews of CPS and APS reports taken by hotline specialists in conjunction with using statistical data to monitor the accuracy of reports and the timeliness of completing the intake process.

In addition to ensuring citizens have the option to report allegations of abuse and neglect 24/7, it is equally imperative to create a unified process between the State Hotline and community partners. The Hotline Operations Program Supervisor has taken on the task of contacting intake leadership of each LDSS to solicit feedback regarding the services rendered by the State Hotline. This information is discussed with the shift supervisors who then use this information to train staff on protocols and best practices. To improve the State Hotline's relationships with first responders, technical issues were addressed to remove communication barriers. There were ongoing issues with the designated line (also known as J-line) for LDSS staff and law enforcement when calling the State Hotline, which caused extremely long wait times for our first responders. Subsequently, there was a combined monthly average of 100.18 abandoned J-Line calls. However, the technical issues were resolved in April 2019. Now when first responders call the designated line, their calls are prioritized to the top of the queue (their calls are answered before other call), which has significantly reduced their wait time, and decreased the combined monthly average of abandoned J-Line calls to 5.18.

In keeping with efforts to promote collaboration with the LDSS, hotline leadership created a protocol, in which LDSS and hotline staff communicate their feedback and concerns via email or telephone. Leadership reviews the information and determines the next course of action; and when warranted, develop protocols

to meet the needs of the State Hotline, LDSS, and reporting citizens. Additionally, quarterly meetings are held with LDSS staff, VDSS administration, State CPS/APS Hotline Supervisors and regional consultants. During these meetings, the Hotline Operation Program Supervisor provides status reports, to include statistical data; and state and local staff are able to provide feedback and ask questions regarding protocol/policy changes relating to the State Hotline. Additional collaborations with the LDSS include ICAL training on an as needed basis, which takes place when LDSS staff contacts Hotline Leadership to inquire about the process, at which time they receive verbal and written instructions.

The State CPS/APS Hotline has implemented the use of the Verizon InContact Call System, developed by NICE. This web based call center software allows for specialists to work remotely or at the main office. This is the central system for incoming and outbound calls. This software further allows for the compilation of statistical data on the types of calls, number of calls, and wait time. Hotline leadership has the capability of monitoring calls and capturing specialists' work performance. The statistical data is used to drive staffing, scheduling and performance needs, as well as resources for the State CPS/APS Hotline. Protocols have been established and implemented for situations of inclement weather, state of emergencies and network outages to allow the State CPS/APS Hotline to operate with minimum to no interruption. Each hotline specialist has a laptop that is equipped with remote VPN security software, and Wi-Fi capabilities; and in 2019, all specialists were provided state issued cell phones that provide "Hot Spot" internet capabilities. This ensures hotline specialists receive the technical support to perform their duties. Additionally, hotline staff are trained on how to use a back-up/down system, which consists of taking manual intake reports and then emailing the reports to the LDSS of jurisdiction, thus avoiding any delays of the LDSS receiving reports of abuse/neglect.

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

1. Develop a method of tracking recurrence in Family Assessment cases. **Completed**
2. Develop a report that monitors repeat reports of cases that received a Family Assessment response. **Completed**
3. Disseminate reports to LDSS, CPS regional consultants to review and make recommendations for program changes, if needed. **Completed**
4. Provide consultation to LDSS, revise policy/guidance manual, if needed. **Ongoing**
5. Develop a new report in Safe Measures® that better tracks recurrence of maltreatment in Family Assessments **Ongoing**

2020 Update

VDSS continues to monitor the recurrence of Family Assessment utilizing the report in SafeMeasures® which identifies children who were documented as victims in a family assessment during a six month period and had another family assessment occurring within the previous two years. VDSS, Regional Staff, and LDSS use this report to identify trends and areas for improvement.

Data from SafeMeasures® indicates a slight decrease in recurrence rates from January 2019 (21.3%) to January 2020 (20.8%). VDSS's root cause analysis found SDM tools are not being consistently utilized by LDSS and that we are not consistently providing services (or effective services) to high/very high risk families at the conclusion of family assessments or investigations.

N. Develop, facilitate, and conduct training for mandated reporters

1. Update the online training curriculum for mandated reporters incorporating the changes made by the 2012 Virginia General Assembly including additional people as mandated reporters, increased penalties for failure to report especially in cases of rape, sodomy, and object penetration, and other pertinent requirements **Completed**

2. Review and revise all printed materials including brochures and the Mandated Reporter Booklet to reflect code changes-**Completed**
3. Develop and implement a plan to inform persons required to report suspected cases of child abuse and neglect of these responsibilities **Completed**
4. Revise and update online training for educators **Completed**
5. Revise and update on line training for all mandated reporters **Completed**
6. Revise and publish print materials targeting mandated reporters **Ongoing**
7. Develop and publish online training for medical provider **In Progress**
8. Add sex trafficking to the list of sexual abuse types listed on Slide 39 of the CWSE 5692 - Recognizing & Reporting Child Abuse & Neglect **In Progress**
9. Identify and assess child victims of sex trafficking through the SDM Safety Assessment Tool as part of the impending Risk Validation Study to be completed by the Children's Research Center (CRC) over eighteen (18) months, beginning in July, 2017 **Ongoing**
10. Enhance training materials and resources for Mandated Reporters in preparation for the release of the new Mandated Reporter website where Mandated Reporters can electronically submit reports of child abuse or neglect. **In Progress**

2020 Update

During the last reporting period, VDSS created and published a new eLearning course for Mandated Reporters which is available on the public website.

VDSS has selected a new external vendor for VaCPS (Virginia's Online Reporting System) and has resumed work on the development of the electronic reporting platform.

O. Revise CPS regulations and policy/guidance manual to reflect changes related to the reporting of substance exposed infants

1. Review and revise CPS regulation 22 VAC40-705 to reflect changes related to the reporting by health care providers of infants born with Fetal Alcohol Spectrum Disorder and the revised time frames **Completed**
2. Review and revise CPS policy/guidance manual to reflect changes related to the reporting by health care providers of infants born with Fetal Alcohol Spectrum Disorder and the revised time frames **Completed**
3. Provide training to local CPS supervisors and workers on the changes **Completed**
4. Work with health care providers and substance abuse treatment providers to inform them of the changes **Completed**
5. Revise brochure for health care providers on the reporting of substance exposed newborns **Completed**
6. Establish a workgroup to review current policy/guidance around the handling of substance exposed infants and develop and implement changes as-needed. **Completed**
7. Participate in new workgroup C.A.R.E.,(Coordinating, Access, Responding, Effectively to Maternal Substance Use),that was formed by the Department of Behavioral Health and Developmental Services to include work plan sessions and on-site technical assistance by National Center for Substance Use and Child Welfare **Completed**
8. Revise and disseminate CPS guidance for handling of substance exposed infants based on recommendations of C.A.R.E. workgroup **Completed**

2020 Update

VDSS updated and published CPS guidance in July 2019 regarding code changes that became effective July 1, 2019 indicating a health care provider's finding that a child is abused or neglected based on in utero substance exposure does not constitute a finding, per se, of child abuse or neglect and that the

hospital must develop and document a written discharge plan and substance-abuse treatment referral for the mother and notify the community services board of the jurisdiction in which the mother resides to appoint a discharge plan manager.

VDSS serves on the steering committee of Pathways to Coordinated Care, a legislatively sanctioned workgroup focused on the needs of substance-exposed infants and their caregivers. The workgroup is led by the Department of Health and has over 60 members from the public and private sectors. VDSS serves as the co-chair of the Communication sub-committee.

P. Conduct periodic reviews of CPS regulations

1. Conduct a comprehensive review of the CPS regulations to include the incorporation of 22 VAC 40-700 and 22 VAC 40-720 into 22 VAC 40-705. **Completed**
2. Solicit input from the CPS Policy Advisory Committee, League of Social Services Executives, and the Citizen Review Panels. **Completed**
3. Develop proposed regulations incorporating relevant statutory and needed practice changes to be presented and approved by the State Board of Social Services **Completed**
4. Draft final proposed regulations **Completed**
5. Obtain approval of the final regulations from the Office of the Attorney General, State Board of Social Services, Department of Planning and Budget, Secretary of Health and Human Resources and the Governor. In progress- anticipate final approvals and goes into effect by July 1, 2017
6. Implement changes in the CPS policy/guidance manual **Completed**
7. Train local staff on the change **Completed**

2020 Update

The regulatory review process for 22VAC40-705 began in 2017 due to significant legislative changes made in 2017 related to substance-exposed infants and the response priority for child victims under the age of 2. The regulatory process is now in the final stage and it is anticipated that it will be finalized later this year. Additionally, during the review period, VDSS completed an exempt regulatory action on 22VAC40-705 for legislative changes that became effective on July 1, 2019.

Q. Provide guidance to CPS workers on how and when to use diversion practices

1. Seek consultation from the Office of the Attorney General on the authority of local departments of social services to use diversion as a prevention of foster care service **Completed**
2. Request technical assistance and consultation from the National Resource Centers **Completed**
3. Develop clear guidelines for inclusion in the CPS policy/guidance manual **In Progress**
4. Train staff on the role of the local department and the policies and procedures governing the practice of diversion. **In Progress**
5. Identify an effective means to track and analyze diversion data through the child welfare information system. **In Progress**

2020 Update

Diversion Data Pilot Project

The findings presented in the Child Trends research brief (published in June 2019) highlights the variability of kinship diversion (diversion) practice in Virginia, as well as the diversity of the children, parents, and kin caregivers involved. To better understand how children are faring in these arrangements, and how outcomes compare to children in formal kinship arrangements, VDSS will work to establish a mechanism to collect child- and family-level data in the child welfare information system. Detailed services data would offer insight into the circumstances leading to the use of diversion arrangements and the types of services and supports provided during the arrangement. This data will also enable VDSS to

answer important questions about diversion, including the consideration of whether disparities exist in diversion practice statewide. Furthermore, information regarding practices and outcomes must be captured to better determine how kinship diversion impacts the well-being of children and families over time.

In response, VDSS will utilize these findings to inform the process of developing a framework for in-home practice (CPS ongoing and tertiary prevention - to include the practice of diversion). VDSS recognizes that children and families will benefit from LDSS receiving additional guidance, training, and resources to support quality and uniform practice in the prevention of foster care through the use of diversion. VDSS also agrees that provisions which standardize practice among LDSS is needed. Issues to be addressed include ensuring child safety; requiring that parents, kin caregivers, and children are fully informed; acknowledging parent rights; and facilitating reunification when appropriate.

In-home work with children at high or very high risk requires a skill set that focuses on family engagement, identifying individualized needs, creating and monitoring service plans and progress with families, while continually assessing safety and risk. Attention to in-home case practice at both the supervisor level and worker level is needed to create consistency in practice. Furthermore, using standardized assessments to create and inform individualized service plans, focusing on quality contacts to empower family members to participate in case planning, and supporting case decision-making through consistent use of available tools will be prioritized within the in-home practice framework. This practice initiative is aligned with Virginia's broader strategic efforts which reflects the key priorities in child welfare such as the Child and Family Services Plan (CFSP), Child and Family Services Review (CFSR)/Program Improvement Plan (PIP), and the Family First Prevention Services Act (Family First).

Safe Families Pilot Project

As the result of continuing budget language adopted during the 2018 Special General Assembly Session 1, VDSS continued to partner with Patrick Henry Family Services to evaluate the Safe Families for Children (SFFC) model as an alternative to the placement of children in foster care. The pilot project was limited to Planning District 11 in the Piedmont region, which encompassed the following localities: Amherst, Appomattox, Bedford, Campbell Counties and the City of Lynchburg.

For the purposes of the pilot project, VDSS did not provide any direct guidance to LDSS regarding referral to SFFC, as VDSS' role was solely evaluative. In 2017, VDSS met the obligation of crafting the evaluation report for the General Assembly. The findings and recommendations of our evaluation can be viewed on the Virginia Legislative Information System website: RD549 - Report on Pilot Program - Temporary Placement of Children in Crisis – December 1, 2017.

Through continued evaluation, an ongoing emphasis was placed on the development and collection of the following qualitative elements: effort to capture more information regarding children who were unable to be hosted (chance to identify service gaps/opportunities), capturing sibling dynamics, and implementing pre- & post-placement survey/questionnaire(s) for Host Families. Additionally, a concerted effort focused on examining hosting outcomes, to include capturing the following: number of hosting extensions, repeat referrals and hostings, risk level upon discharge, service connection upon discharge, and subsequent child welfare system involvement (e.g., CPS involvement or placement in foster care).

During the 2019 General Assembly Session, HB 2542 was introduced to support the SFFC model. HB 2542 allows a parent or legal custodian of a minor to delegate to another person by a properly executed power of attorney any powers regarding care, custody, or property of the minor for a period not exceeding 180 days. The bill provides that a parent or legal custodian who is a service member, as defined in the

bill, may delegate such powers for a period of longer than a year while on active duty service, but specifies that such a period is not to exceed such active duty service plus 30 days. The bill requires entities that assist parents with the process of delegating parental or legal custodial powers, be licensed as a child-placing agency. This includes assistance with identifying appropriate placements for children or providing services and resources to support parents and legal guardians to whom custody has been transferred. As included in the original language and to establish a level of oversight, these licensed child-placing agencies will be subject to background checks and must develop and implement written policies for certain services and provide staff and provider training.

VDSS acknowledges the intent of this community-based response to support families in crisis by expanding the network of entities that support children and families in the event that a parent or legal guardian is temporarily unable to care for their child. Alternatively, parents or legal guardians are offered greater family autonomy to make plans for their child's care with less involvement of the child welfare system. This approach is consistent with developing meaningful partnerships with others to support child and family success in a child welfare system that is family-focused, child-centered, and community-based.

II. Family, Child and Youth-Driven Practice

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

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

Goal: Engage Families in Decision Making Using a Strength-Based, Child-Centered, Family-Focused and Culturally Competent Approach

A. Develop and implement a plan for sustaining and supporting a consistent statewide approach to family engagement and kinship care

1. Train selected service providers and state/regional staff on strategies for engagement on a regional basis. **Completed**
2. Implement a plan for regional staff to provide training and technical assistance to LDSS on family engagement strategies **Completed**
3. Survey selected programs to determine the level of change in involvement and recommendations for improvements. **Completed**
4. Explore the use of CAPTA funds to LDSS to support FPM **Completed**
5. CPS Regional consultants will utilize reports on FPM found in SafeMeasures® to monitor their use and identify trends **Ongoing**

6. Regional consultants will provide consultation to LDSS when identified as not using FPM **Ongoing**
7. Reinstatement reimbursement to LDSS for “qualified” FPMs **Ongoing**
8. Implement the use of a standardized screening tool for trauma **Ongoing**

2020 Update

Overall, the occurrence of FPMs and CFTMs, based on total counts alone, increased 15% in CY2019 compared to CY2018. The number of meetings for concurrent planning and permanency planning/change of goal had the largest increases (44% and 43%, respectively), while concurrent planning/change of goal had the largest decrease (-13%) during the same period. Specifically, 35% of the FPMs conducted statewide were for the purpose of high risk/very high risk assessment planning and 7% of the FPMs conducted statewide were for the purpose of emergency removal.

The SafeMeasures report that provides counts of these meetings does not include open cases that did not, in comparison, receive this contact during the measurement period. However, looking at unduplicated case counts for the same period and comparing the change, the increase of these meetings has surpassed the increase of overall foster care and CPS Ongoing case counts, by seven to ten times of the case increases.

B. Examine and amend CPS guidance to determine revisions required to support connections to relatives

1. Review guidance around identification and notification of relatives within 30 days of removal and the process to inform them of the right to participate in the care of the child **Completed**
2. Support state collaborations that focus on increasing awareness and training of kin (relatives) as valuable resources in creating permanency options for children who cannot live with their birth parents. **Completed**
3. Increase local capacity for locating absent parents, siblings, other relatives and significant others to engage them in service delivery and establishing permanent, life-long connections by providing the use of Accurant, a web-based search engine that will be available statewide. **Completed**
4. Implement in OASIS the ability to document the notification to relatives in order to collect data / create a new screen “Diligent Search” **Completed**
5. Revise CPS guidance to reflect new federal legislative requirements for contacting relatives within 30 days of coming into foster care to include parents of siblings **Completed**
6. Create new report in SafeMeasures® that gathers data on notifications to relatives made within 30 days of coming into foster care. **Completed**
7. Revise and enhance CPS guidance regarding the identification of an Indian child; what constitutes active efforts; removal of an Indian child; and services to an Indian child pursuant to the Indian Child Welfare Act (ICWA) **Completed**.

2020 Update

All items are completed.

C. Enhance the current CPS Differential Response System (DRS) Practice Model to ensure a more family-focused and family-driven approach

1. Incorporate the Children’s Services Practice Model into the CPS DRS Family Assessment Track. **Completed**
2. Revise and align the CPS policy and guidance manual consistent with family engagement philosophy, procedures, and practice. **Completed**

3. Develop and/or contract for the development of training for local CPS workers in implementing the Family Engagement Model when conducting Family Assessments. **Completed**
4. Revise the Family Assessment Track brochure to reflect changes in policy/guidance and practice. **Completed**
5. Develop and implement practice profiles or worker skill sets to enhance family engagement and improve CPS practice across the state. **Ongoing**

2020 Update

VDSS has regionally based practice consultants that have been working with PIP localities on implementing the strategies in the PIP. PIP agencies were sent a readiness assessment survey in December 2019 to help prepare for the installation of the engagement profile. As part of that survey, localities were asked to identify individuals who could become coaches. Once coaches are identified, additional coaching trainings will be offered and coaching roundtable(s) will be formed to support staff addressing adaptive practices.

A training on the engagement profile is scheduled for mid-2020. The training will cover: Youth, Family and Caregiver Voice, Respect, Authority, Information and Roles, and Relationships. Supervisors will be tasked with infusing the Engagement Profile into supervisory strategies to support the development of workers' knowledge, skills, and ability related to engagement. To further the work began through training, the regional consultants are planning to establish regional Communities of Practice meetings. These meetings will facilitate the Engagement Profile integration processes, sharing of ideas, and successes and challenges relative to integrating the Engagement Profile into workforce operational procedures.

D. Work collaboratively with the Prevention Unit to promote the In-Home guidance for LDSS around foster care diversion and prevention strategies

1. Serve on Prevention Advisory Committee to develop guidance manual on early prevention strategies and foster care diversion. **Ongoing**
2. Collaborate on the development of a common service plan for use by LDSS staff **Ongoing**
3. Develop and conduct training for LDSS staff as-needed **Ongoing**
4. Reorganize and revise the existing Prevention guidance, which will reflect a strength-based and trauma-informed family engagement approach that uses the protective factors as a framework **Completed**
5. Explore funding needs, including how to realign current prevention funding sources and identify additional funding sources **Ongoing**
6. Develop the capacity to capture and analyze the impact of prevention and kinship diversion efforts in the child welfare information system. **Ongoing**
7. Conduct a pilot on data collection and reporting for LDSS' regarding facilitated care arrangements (diversion) targeting the Western part of the state **Completed**
8. Partner with Patrick Henry Family Services to implement a pilot program in Planning District 11 (Amherst, Appomattox, Bedford and Campbell Counties and the City of Lynchburg) which will evaluate the Safe Families for Children model as an alternative to placement in foster care for children in crisis. **Completed**

Prevention Advisory Committee

The Prevention Advisory Committee is convened to provide an ongoing opportunity for collaboration, feedback, and evaluation. The committee is currently comprised of state staff, community partners, and representatives from LDSS. The Prevention Advisory Committee seeks to meet on a quarterly basis to

provide input to the Prevention Program on legislation, regulations, guidance, and practice. This input includes all areas of the prevention continuum but focuses on primary and secondary prevention, foster care prevention, kinship diversion, trauma informed practice, and Reasonable Candidacy for Foster Care. The committee served an integral role in the development of revised Prevention Services guidance and will continue its focus on the following areas: integration of Family First implementation efforts; developing the capacity to capture and analyze the impact of prevention and kinship diversion efforts in our child welfare information system; exploring funding needs, including how to realign current prevention funding sources (e.g., Promoting Safe and Stable Families) and identify additional funding sources; and establishing core competencies and identifying additional training needs.

Programmatic efforts

The Prevention Services Program will further actualize the vision for prevention services in Virginia. This work will include the following: identifying and educating additional stakeholders who will be affected by Family First and broader primary and secondary prevention services; providing recommendations for updating VDSS training curriculum and identifying prevention program ambassadors to assist with regional and local training; providing recommendations on how to develop strategies and practices to support families in utilizing evidence-based programs; providing recommendations for enhancing the prevention services assessment and case planning workflow; collaborating with COMPASS (Virginia's Comprehensive Permanency Assessment and Safety System) to develop necessary IT requirements in the child welfare information system; providing recommendations on the development of data collection procedures for new prevention services reporting requirements; providing recommendations on the development of a plan to monitor and oversee the safety of children who receive prevention services; and ensuring quality of programs and services through implementation of a Quality Assurance and Continuous Quality Improvement process. This approach aligns with the concept that Prevention Services are an integral part of the continuum of all child welfare services.

Prevention Services Guidance

Beginning in 2019, the Prevention Services Program will begin work to enhance the existing Prevention Services guidance that was updated and released in April 2018. To align with the process of developing a broader framework of in-home practice (prevention and CPS ongoing, etc. - to include the practice of diversion), the revised guidance will consider and incorporate the following: a defined prevention services workflow including prevention services planning, case management processes, and practice guidance and training. To further this work, the Prevention Services Program will examine current guidance and processes (existing child welfare information system functions, mobility, and future case management in COMPASS), Family First requirements, and the populations for who will be served in this prevention realm. The Prevention Services Program will continue to leverage collaboration with the Prevention Advisory Committee and internal Family Services programs to develop the repertoire of prevention strategies and practice guidance that can be utilized by LDSS in their delivery of prevention services.

Diversion Data Pilot Project

The findings presented in the Child Trends research brief (published in June 2019) highlights the variability of kinship diversion (diversion) practice in Virginia, as well as the diversity of the children, parents, and kin caregivers involved. To better understand how children are faring in these arrangements, and how outcomes compare to children in formal kinship arrangements, VDSS will work to establish a mechanism to collect child- and family-level data in the child welfare information system. Detailed services data would offer insight into the circumstances leading to the use of diversion arrangements and the types of services and supports provided during the arrangement. This data will also enable VDSS to answer important questions about diversion, including the consideration of whether disparities exist in diversion practice statewide. Furthermore, information regarding practices and outcomes must be captured to better determine how kinship diversion impacts the well-being of children and families over time.

In response, VDSS will utilize these findings to inform the process of developing a framework for in-home practice (CPS ongoing and tertiary prevention - to include the practice of diversion). VDSS recognizes that children and families will benefit from LDSS receiving additional guidance, training, and resources to support quality and uniform practice in the prevention of foster care through the use of diversion. VDSS also agrees that provisions which standardize practice among LDSS is needed. Issues to be addressed include ensuring child safety; requiring that parents, kin caregivers, and children are fully informed; acknowledging parent rights; and facilitating reunification when appropriate. In-home work with children at high or very high risk requires a skill set that focuses on family engagement, identifying individualized needs, creating and monitoring service plans and progress with families, while continually assessing safety and risk. Attention to in-home case practice at both the supervisor level and worker level is needed to create consistency in practice. Furthermore, using standardized assessments to create and inform individualized service plans, focusing on quality contacts to empower family members to participate in case planning, and supporting case decision-making through consistent use of available tools will be prioritized within the in-home practice framework. This practice initiative is aligned with Virginia's broader strategic efforts which reflects the key priorities in child welfare such as the Child and Family Services Plan (CFSP), Child and Family Services Review (CFSR)/Program Improvement Plan (PIP), and the Family First Prevention Services Act (Family First). Safe Families Pilot Project

As the result of continuing budget language adopted during the 2018 Special General Assembly Session 1, VDSS continued to partner with Patrick Henry Family Services to evaluate the Safe Families for Children (SFFC) model as an alternative to the placement of children in foster care. The pilot project was limited to Planning District 11 in the Piedmont region, which encompassed the following localities: Amherst, Appomattox, Bedford, Campbell Counties and the City of Lynchburg.

For the purposes of the pilot project, VDSS did not provide any direct guidance to LDSS regarding referral to SFFC, as VDSS' role was solely evaluative. In 2017, VDSS met the obligation of crafting the evaluation report for the General Assembly. The findings and recommendations of our evaluation can be viewed on the Virginia Legislative Information System website: RD549 - Report on Pilot Program - Temporary Placement of Children in Crisis – December 1, 2017.

Through continued evaluation, an ongoing emphasis was placed on the development and collection of the following qualitative elements: effort to capture more information regarding children who were unable to be hosted (chance to identify service gaps/opportunities), capturing sibling dynamics, and implementing pre- & post-placement survey/questionnaire(s) for Host Families. Additionally, a concerted effort focused on examining hosting outcomes, to include capturing the following: number of hosting extensions, repeat referrals and hostings, risk level upon discharge, service connection upon discharge, and subsequent child welfare system involvement (e.g., CPS involvement or placement in foster care).

During the 2019 General Assembly Session, HB 2542 was introduced to support the SFFC model. HB 2542 allows a parent or legal custodian of a minor to delegate to another person by a properly executed power of attorney any powers regarding care, custody, or property of the minor for a period not exceeding 180 days. The bill provides that a parent or legal custodian who is a service member, as defined in the bill, may delegate such powers for a period of longer than a year while on active duty service, but specifies that such a period is not to exceed such active duty service plus 30 days. The bill requires entities that assist parents with the process of delegating parental or legal custodial powers, be licensed as a child-placing agency. This includes assistance with identifying appropriate placements for children or providing services and resources to support parents and legal guardians to whom custody has been transferred. As included in the original language and to establish a level of oversight, these licensed child-

placing agencies will be subject to background checks and must develop and implement written policies for certain services and provide staff and provider training.

VDSS acknowledges the intent of this community-based response to support families in crisis by expanding the network of entities that support children and families in the event that a parent or legal guardian is temporarily unable to care for their child. Alternatively, parents or legal guardians are offered greater family autonomy to make plans for their child’s care with less involvement of the child welfare system. This approach is consistent with developing meaningful partnerships with others to support child and family success in a child welfare system that is family-focused, child-centered, and community-based.

III. Strengthening Community Services and Supports

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

➤ **Applicable CAPTA program areas as described in section 106(a):**
3. Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families; developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect; 10. Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response; 13. Supporting and enhancing interagency collaboration among public health agencies in the child protective service system, and agencies carrying out private community-based programs – to provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports

Goal: Expand Community Services and Supports that are Child-Centered, Family-Focused and Culturally Relevant.

A. Expand services to prevent and treat child abuse and neglect through supporting and advocating for interdisciplinary resources.

1. Utilize child abuse and neglect prevention funds to support evidenced-informed and evidenced-based programs and practices. **Ongoing**
2. Utilize child abuse and neglect treatment funds for support services to child victims. **Ongoing**
3. Complete application for continuation of funding, renew contracts, monitor grantees and evaluate outcome and financial performance for programs such as Healthy Families (home visiting), prevention (parent education and support, awareness and outreach) and Treatment (Child Advocacy Centers) programs. **Ongoing**

4. Implement the formula specified in the budget amendment approved by the 2019 General Assembly and the Governor for funding Child Advocacy Centers and continue to incorporate the VOCA funding for CACs into the formula **Completed and Ongoing**
5. Continue the expansion of the Healthy Families Programs and continue implementation of the funding formula for the Healthy Families Programs **Ongoing**
6. In response to the passage of the FFPSA (2018), explore opportunities for systemic change(s) by collaborating with VDSS statewide partner(s) in an effort to strengthen and expand evidence-informed family resources. **Ongoing**

2020 Updates

For SFY 2020, a total of nineteen programs supporting child abuse and neglect prevention were funded with federal Community-Based Child Abuse Prevention (CBCAP) (\$678,780.52), and state funds from the Virginia Family Violence Prevention Program (VFVPP) (\$500,000), totaling \$1,178,780.52 in combined funding to support evidenced-based and evidenced-informed programs and practices. Funded programs provide statewide or locally based primary and/or secondary prevention services targeting families and children who are at risk for child abuse and/or neglect. The programs' prevention services are varied in scope to address unmet, identified needs within the different communities. These services include parent education and support groups, child sexual abuse prevention, home visiting, training for child care providers, and public awareness efforts. Nineteen contracts were renewed from the initial award issued in SFY2019 that supports the following geographic areas (two programs serve more than one region):

- Eastern - Three programs serving: counties of Hampton, Newport News, Isle of Wight, York, James City, Williamsburg, Poquoson, Chesapeake, Norfolk, Portsmouth, and Gloucester
- Western - Five programs serving: counties of Giles, Floyd, Montgomery, Pulaski, Radford, Washington County, Wise, Scott, Norton, and Bristol
- Northern - Four programs serving: counties of Loudoun, Shenandoah, Page, Winchester, Clarke, Frederick, Warren, Alexandria, Falls Church, Manassas, Arlington, Fairfax, and Prince William
- Central - One program serving: counties of New Kent and Charles City
- Piedmont – Four programs serving: counties of Lynchburg, City of Roanoke, Salem, Botetourt, Craig, Roanoke County, Charlottesville, and Albemarle
- Statewide - two programs are designated as statewide Child Abuse and Neglect Prevention programs funded to provide services in multiple regions across Virginia.

Child Advocacy Centers (CAC):

In SFY 2020, VDSS received state TANF (\$1,542,000.00) and General Funds (\$405,500.00) and a significant increase in Victims of Crime Act (VOCA) funds (\$4,500,000) from the Department of Criminal Justice Services (DCJS); the total awarded to CACs for the current fiscal year is \$6,042,000. This increase for the fiscal year enables CACs across the Virginia to expand as necessary to serve additional numbers of child abuse victims and to expand geographic coverage. This increase will not be sustained and CACs were encouraged to designate funds toward sustainability efforts as subsequent annual awards are expected to be significantly lower.

Eighteen centers continue to provide comprehensive services to the following geographic regions:

- Piedmont – four programs serving counties of Albemarle, Nelson, Franklin, Roanoke, Madison, Buckingham, Botetourt, Fluvanna, Greene, Augusta, Buena Vista, and Rockbridge; and the cities of Roanoke, Salem, Staunton, Lexington, Charlottesville, and Waynesboro.
- Central – two program serving counties of Chesterfield, Hanover, Henrico, Louisa, Powhatan, Prince George, Cumberland, New Kent, Charles City, Caroline, Spotsylvania, Stafford, King George; and the cities of Richmond, Fredericksburg, Colonial Heights, Hopewell, and Petersburg.

- Northern – six programs serving counties of Arlington, Fairfax, Rockingham, Shenandoah, and Loudoun; and the cities of Harrisonburg, Winchester, Fairfax, and Alexandria.
- Eastern – two programs serving the cities of Chesapeake, Hampton, Newport News, Norfolk, Portsmouth, Suffolk, Virginia Beach, and Emporia; and the counties of Greenville and Franklin.
- Western – four programs serving counties of Lee, Montgomery, Pulaski, Washington, Scott, Tazewell, Buchanan, Russell, Wise, Dickenson, Henry, Patrick, Carroll, and Smyth; and the cities of Radford, Norton, Martinsville, and Bristol.

The Child Advocacy Centers of Virginia (CACVA) continues to provide training, support, technical assistance and leadership on a statewide level to the CACs and to communities in Virginia responding to reports of child abuse and neglect. The CACVA will develop the funding formula for the CACs for SFY21 based on criteria including CAC certification level, rate of abuse/neglect, child population under 18 years of age, and localities served.

In the 2019-2020 budget signed into law by the Governor, Early Impact Virginia (EIV) was awarded the authority and responsibility to determine, systematically track and report annually on the key activities and outcomes of Virginia's home visiting programs; conduct systematic and statewide needs assessments for Virginia's home visiting programs at least once every three years; and to support continuous quality improvement, training, and coordination across Virginia's home visiting programs on an ongoing basis. EIV was awarded \$250,000 (100% TANF) in SFY 2019 and \$600,000 (100% TANF) in SFY 2020 for this project. Through the appropriation, VDSS has the authority to contract with Early Impact Virginia. The 2020 – 2022 budget proposal includes \$600,000 each year for EIV to continue statewide support of home visiting.

Early Impact Virginia advances the delivery of high quality, efficient home visiting services that improve the health, social and educational outcomes for new and expecting parents, young children and their families. EIV coordinates with seven home visiting models across the state. Four core strategies guide efforts to create a comprehensive, coordinated system of high quality services: 1) Coaching, professional development and technical assistance; 2) Promoting resource development, innovation, efficiency and advocacy; 3) Coordinating home-based services across public and private agencies; and 4) Facilitating data collection, analysis, and evaluation. VDSS is a member of EIV along with the Departments of Health, Medical Assistance Services, Behavioral Health and Developmental Services, Education, three non-profit partners, and others. In SFY 2019, EIV coordinated and convened with the Governor's Office, a public-private Leadership Council to develop a state plan for home visiting. In SFY 2020 Virginia's Plan for Home Visiting was endorsed by the Children's Cabinet. Currently EIV is conducting a statewide, community based needs assessment that will include qualitative and quantitative data to identify gaps in services and define community need and capacity for home visiting. This assessment should be completed by the end of calendar year 2020.

The Virginia General Assembly continues to appropriate funding for the evidence-based Healthy Families program to provide home visiting services to new parents who are at-risk of child maltreatment in 83 localities across the state. The goals of the Healthy Families Program continue to include- improving pregnancy outcomes and child health; promoting positive parenting practices; promoting child development; and preventing child abuse and neglect.

Funding for the Healthy Families Program continued at level funding of \$9,035,501 (100% TANF) for SFY 2020. This amount was distributed to 32 sites who were awarded based on a formula using the 2015 number of live births and the 2015 child abuse reports, weighted equally, for each area served. The appropriation continues to include funding for the statewide Healthy Families Virginia organization, Families Forward Virginia dba as Prevent Child Abuse Virginia (PCAV) to provide technical assistance, quality assurance, training, and evaluation for the 32 Healthy Families sites. In SFY 2020 Healthy

Families Virginia launched a new web-based case management system for all the local sites to use, and data tracking reports are being developed.

2019 Child Abuse & Neglect Prevention Conference:

Virginia's statewide Child Abuse and Neglect Prevention Conference was held April 8-9, 2019. This was a collaborative effort in partnership with Families Forward Virginia. The conference theme was, "Power of Prevent: Teaming Up for Virginia Families," centered on community-based programs aimed to keep families together, highlighted practice advancements in the field, and emphasized best practices related to prevention of child maltreatment and assessment of children and families. The conference was held at The Short Pump Hilton Hotel in Richmond, VA. Attendees came from all areas of the state and represented a variety of agencies and organizations such as local departments of social services, local community services boards, CASA programs, and home visiting programs such as Healthy Families, family services agencies, and other non-profits.

Keynote speakers were as follows:

- Preventing Early Adversity to Achieve Multiple Health and Wellbeing Outcomes
Melissa T. Merrick, PhD - CDC's National Center for Injury Prevention and Control
- An Overview of Family First Prevention Services: Shifting our Child Welfare System to Focus on Prevention
S. Duke Storen - Commissioner Virginia Department of Social Services
Carl E. Ayers, MSW - Director Virginia Department of Social Services Family Services Division
- The Neurobiology of Stress and Brain-Mind-Body Practices
Linda Chamberlain, PhD MPH - Consultant and University of Alaska Adjunct Faculty
- Change in Mind: Applying Neurosciences to Revitalize Communities
Jennifer A. Jones, MSW - Change in Mind Institute at the Alliance of Strong Families and Communities
Gabriel McGaughey, MSW - Children's Hospital of Wisconsin
- The Surprising and Dangerous Science of Laughter
Slash Coleman, MAEd - RVA Laugh Club

Child Abuse Prevention Month Proclamation:

Since 1983, the VDSS has provided leadership in the Commonwealth's annual observance of Child Abuse Prevention Month. Families Forward Virginia and VDSS continue to collaborate to spearhead a coalition of agencies and organizations charged with planning and promoting Child Abuse Prevention Month activities. Each year, the Coalition requests the Governor to proclaim April as Child Abuse Prevention Month.

VDSS and Families Forward Virginia develop and distribute a public awareness packet to individuals, agencies, and organizations throughout the state each year. The theme was "Power of Prevention: Teaming Up For Virginia Families." Development of the 2019 Child Abuse Prevention Toolkit was funded in part through the CBCAP/VFVPP grant received by Families Forward Virginia. More than 2,500 postcards and 14 Spanish tip sheets were distributed via web link to LDSS, other public agencies, and local nonprofits. There were several thousand hits to the online toolkit. The packet's downloadable flyers were posted on the VDSS and Families Forward Virginia websites and also distributed at the statewide Child Abuse Prevention Conference in April 2019.

Families Forward Virginia's partnership with Lewis Ginter Botanical Gardens in Richmond continued in 2019, helping them to engage garden clubs and visitors through their public education Pinwheel Garden display in April 2019. Approximately 3,600 blue pinwheels were "planted" as a symbol of this nationwide effort. A total of 37,886 pinwheels and 593 lapel pins were distributed. The pinwheel

continues to gain recognition as the symbol of happy, healthier childhoods. The VDSS Commissioner also delivered the state proclamation in recognition of April as National Child Abuse Prevention Month.

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

- I. Participate on state level inter- and intra-agency workgroups tasked with coordinating service and program initiatives such as the Governor’s Advisory Board on Child Abuse and Neglect; the Children’s Justice Act/CASA Advisory Committee; and the State Child Fatality Team. **Ongoing**
- II. Develop and provide educational materials to inform key stakeholders on effective strategies (e.g., mandated reporters and the general public on child abuse and neglect; kinship care providers; judges). **Ongoing**
- III. Participate in the Statewide Home Visiting Consortium (Early Impact Virginia) that operates as part of Virginia’s Early Childhood Initiative to increase local and state collaborative efforts around home visiting programs. **Ongoing**
- IV. Evaluate and renew contracts for performances of sexual abuse prevention play to be presented to school-aged children statewide **Ongoing**
- V. Evaluate and renew contract with James Madison University for the publication of the Virginia Child Protection Newsletter **Ongoing**
- VI. Participate on the Virginia Interagency Coordinating Council to collaborate on the implementation of Part C of IDEA including public awareness efforts, child find, data collection and training. **Ongoing**
- VII. Participate on the Partnership for People with Disabilities, Child Abuse and Neglect Collaborative to evaluate the current training and develop and implement training sessions for the coming year. **Ongoing**
- VIII. Continue to collaborate with the Department of Criminal Justice Services in the Child First forensic training program by providing scholarships for local CPS workers and supervisors to participate in the training. **Ongoing**
- IX. Review and revise the Memorandum of Understanding with the Department of Education regarding the reporting and investigation of child abuse and neglect complaints involving school personnel. **Completed**

VDSS continues to collaborate with the VA Department of Criminal Justice Services (DCJS) and Child Advocacy Centers of VA (CACVA) to deliver the ChildFirst forensic training program supported by the use of CAPTA and Children’s Justice Act funds. CAPTA funds are used to provide scholarships for local CPS workers and supervisors to participate in this five-day intensive forensic interviewing training program.

Training sessions are held in various geographic locations throughout the Commonwealth to help ensure equal access. Tuition scholarships are provided as reimbursable expenses. Upfront payment has been abandoned due to the identification of some course failures. The reimbursement process is intended to incentivize successful completion of the course as well as to ensure good financial stewardship.

The Virginia Interagency Memorandum of Agreement among the Agencies Involved in the Implementation of Part C of the Individuals with Disabilities Education Act (IDEA) was revised to ensure enhanced collaboration and coordination in the implementation of a statewide comprehensive, family-centered system of Part C early intervention supports for services for infants and toddlers with disabilities and their families. LDSS are required to refer any child under the age of three who is the subject of a founded child abuse/neglect disposition, or any child under the age of three who is identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or any child under the age of three who appears developmentally delayed or who has a physical or mental condition

that has a high probability of resulting in delay to the Infant & Toddler Connection of Virginia as soon as possible, but no more than seven calendar days after identifying the child as potentially eligible.

All CPS materials are reviewed and updated as required by changes in the Code of Virginia and/or CPS regulation and are available in printed form and maybe downloaded from the VDSS website, <http://www.dss.virginia.gov/>. The online training course for public school employees has been updated and is available on the VDSS website.

CAPTA funds were also used to support the training on child abuse and neglect for children with disabilities sponsored by the Partnership for People with Disabilities, Child Abuse and Neglect Collaborative involving VDSS, DCJS, DOE, and Virginia Commonwealth University. The web based training was conducted in October 2014 and April 2015. The training has been archived on the Partnership for People with Disabilities website <http://www.vcu.edu/partnership/tippingthescales>. After each session, participants are invited to take a short quiz and then are emailed a certificate. In addition, three live training events were scheduled in different areas of the state in March, May, and June 2016.

VDSS continues to contract and collaborate with James Madison University for the publication of the Virginia Child Protection Newsletter (VCPN) with \$42,641 in CAPTA funds. The spring 2019 Volume 114 newsletter focused on family engagement in child welfare. The June 2019 Volume 115 Brain Development and Early Intervention: An Introduction and Update for CPS Professionals covered substance exposed infants, attachment, intimate partner violence, and play therapy. The current and archived VCPN issues will be available on a new website this year.

VDSS annually contracts with Virginia Repertory Theatre for the production and delivery of approximately 160 performances of the child sexual abuse prevention play “Hugs and Kisses” for children K-5 in elementary schools across Virginia. The play is a partnership between Virginia Repertory Theatre, Families Forward Virginia (formerly PAV), and VDSS. Families Forward Virginia receives funding from a Virginia Repertory Theatre subcontract and from VDSS for coordination with LDSS and schools and continued evaluation of the program. VDSS and Families Forward Virginia jointly provide training on child sexual abuse to each touring cast.

As of February 2020, the Virginia Repertory Theatre has booked 121 performances of Hugs and Kisses in 81 schools around the state. During the fall semester (September 2019 – November 2019), they delivered 57 performances benefiting 18,054 elementary school children. 129 children had individual questions immediately after the presentations and 15 children were referred to Child Protective Services. The VDSS and Families Forward Virginia provided training to the fall semester student actors in August 2019 and to the spring semester student actors in January 2020. The Virginia Repertory Theatre has subcontracted with independent consultants for continued evaluation of the program. The Theatre is on track to meet annual projections for FY20.

2019 Child Abuse & Neglect Prevention Conference:

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- An Overview of Family First Prevention Services: Shifting our Child Welfare System to Focus on Prevention
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- The Neurobiology of Stress and Brain-Mind-Body Practices
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- Change in Mind: Applying Neurosciences to Revitalize Communities
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Gabriel McGaughey, MSW - Children's Hospital of Wisconsin
- The Surprising and Dangerous Science of Laughter
Slash Coleman, MAed - RVA Laugh Club

CAPTA Annual State Data Report Items

Juvenile Justice Transfers

Through the data system, Virginia tracks reasons why children exit foster care. For the calendar year January through December 2019, 44 children left foster care due to a commitment to corrections. Defining when a child should be considered to have left foster care to the custody of DJJ was clarified in Foster Care Guidance Chapter 16.8.2.

Information on Child Protective Workforce

SafeMeasures data, taken from OASIS, indicates there are 1,030 staff with CPS as a primary assignment. That is 59% of total staff (1, 743).

Education, qualifications, and training requirements established by the State

Virginia employs a state-supervised, locally-administered system of social services. Nevertheless, agencies utilizing the State's Recruitment Management System must adhere to the laws and policies that govern Human Resource Administration to ensure fairness and equality in the recruitment and selection of local staff.

Virginia regulates degree requirements for Family Services workers. The Degree Requirements for Family Services Occupational Group regulation, 22VAC40-670, <https://law.lis.virginia.gov/admincode/title22/agency40/chapter670/> includes the following titles in this occupational group:

- Family Services Supervisor, and
- Family Services Specialists I-IV.

Each title description includes the level of supervision suggested, and upon completion of training, the employee may be redefined to a higher level of Family Services Specialist. In order to be hired for a position in the Family Services Occupational Group, individuals shall possess a minimum of 1) a baccalaureate degree in the human services field; or 2) a baccalaureate degree in any field accompanied by a minimum of two years appropriate and related experience in a human services related area.

Current CPS Mandated Training Requirements

First three weeks:

The following on-line courses are required to be completed no later than within the first three (3) weeks of employment and are prerequisites for other CPS mandated courses:

- CWSE1002: Exploring Child Welfare
- CWSE1500: Navigating the Child Welfare Automated Information System: OASIS
- CWSE5692: Recognizing and Reporting Child Abuse and Neglect – Mandated Reporter Training

First three months:

- CWS2000.1: Child Protective Services New Worker Guidance Training with OASIS.
- CWS2010: CPS Ongoing (for ongoing workers only)
- CWSE1510: Structured Decision Making in Virginia
- CWSE5011: Case Documentation

First 12 months:

- CWS1021: The Effects of Abuse and Neglect on Child And Adolescent Development
- CWS1041: Legal Principles in Child Welfare Practice
- CWS1061: Family Centered Assessment
- CWS1071: Family Centered Case Planning
- CWS1305: The Helping Interview
- CWS2011: Intake Assessment and Investigation in CPS
- CWS2021: Sexual Abuse
- CWS2031: Sexual Abuse Investigation
- CWS2141: Out of Family Investigations
- CWS4000: Identifying Sex Trafficking in Child Welfare
- CWS4015: Trauma-Informed Child Welfare Practice: Identification and Intervention
- CWS4020: Engaging Families and Building Trust-Based Relationships
- CWS5011: Case Documentation
- CWS5307: Assessing Safety, Risk and Protective Capacity
- CWS6010: Working with Families of Substance Exposed Infants

First 24 months:

- CWS1031: Separation and Loss Issues in Human Services Practice
- DVS1001: Understanding Domestic Violence
- DVS1031: Domestic Violence and Its Impact on Children
- CWS2141: Out of Family Investigation (if conducting out of family investigations)

- CWSE4015: Introduction to Trauma-Informed Child Welfare Practice
- CWS4015: Trauma-Informed Child Welfare Practice: Identification and Intervention
- CWS5305: Advanced Interviewing: Motivating Families for Change

Additional training requirement for CPS supervisors:

In addition to the courses listed, all CPS supervisors are required to attend the Family Services CORE Supervisor Training Series: SUP5701: Principles of Leadership, SUP5702: Management of Communication, Conflict, and Collaboration, SUP5703: Enhancing Staff Performance and Growing a Team, SUP5704: Critical Issues in Family Services Supervision, and SUP5705: Trauma Informed Leadership and Developing an Organizational Resilience Culture.

Other trainings for CPS workers and supervisors are outlined in the Training Plan.

Education for CPS workers (data from OASIS)

Maximum Educational Attainment Level of CPS-Assigned Staff

	#	%
High School	61	6%
Associate Degree	8	1%
Bachelor Degree	699	68%
Masters Degree	248	24%
Not Available	14	1%
Grand Total	1,030	100%

General Field of Study Among CPS-Assigned Staff

	#	%
Behavioral Science	31	3%
Counseling	36	3%
Criminal Justice	90	9%
Education - Counseling Psychology	8	1%
Education - Early Childhood	12	1%
Education - Guidance & Counseling	6	1%
Family Relations / Child Development	8	1%
Human Relations	39	4%
Juvenile Justice	2	0%
Other	175	17%
Psychology	138	13%
Public Administration	14	1%
Social Work	404	39%

Sociology	65	6%
Not Available	83	8%

	Bachelor Degree	Bachelor Degree-%	Masters Degree	Masters Degree-%	Grand Total
Behavioral Science	25	4%	6	2%	31
Counseling	14	2%	22	9%	36
Criminal Justice	78	11%	12	5%	90
Education - Counseling Psychology	5	1%	3	1%	8
Education - Early Childhood	10	1%	2	1%	12
Education - Guidance & Counseling	3	0%	3	1%	6
Family Relations / Child Development	6	1%	2	1%	8
Human Relations	30	4%	9	4%	39
Juvenile Justice	1	0%	1	0%	2
Other	141	20%	34	14%	175
Psychology	124	18%	14	6%	138
Public Administration	2	0%	12	5%	14
Social Work	267	38%	137	55%	404
Sociology	61	9%	4	2%	65

CPS caseloads
2020 Update

Virginia does not have a caseload standard for Child Protective Services. To determine average caseloads, the Assignments by Role report from SafeMeasures was used. Case types include: CPS and Foster Care; Family Assessment; In Home Investigation; Ongoing CPS; and Out of Family Investigation. The average case load for calendar year 2019 was 11.5 cases. The average Maximum Number of Cases for calendar year 2019 is 174.3 cases.

Month	Primary Assignment	Maximum # Cases Primary Assignment
CY19 Average	11.5	174.3
January	11.1	114
February	10.7	116
March	14.7	331
April	11.5	111
May	12	110
June	11.4	158
July	10.4	160
August	10.4	166
September	9.5	157
November	10.4	168
December	11.1	170

