

CWAC notes August 17, 2012

Members present: Tania White, Sunshine Arnold, Lelia Hopper, Judy Gundy, Christie Marra, Kathy Sauter, Kathy McElroy, Lisa Linthicum, Mattie Satterfield, Amy Atkinson, Celest Williams, Cathy Pemberton, Tamara Temoney, Rita Katzman, Emily Gambill, Melissa O'Neill, Deb Forkas, Nannette Bowler, Dorothy Hollahan, Phyl Parrish, Alex Kamberis, Therese Wolf, Denise Gallop, Melanie Galloway, Deborah Eves, Jack Ledden, and Jennifer Behrens

Alex Kamberis welcomed the group and after self introductions, Amy Atkinson, Executive Director for the Virginia Commission on Youth, presented information about several of their current studies. The Definition of Kinship Caregivers study will clarify the definition of kinship caregivers. The way states define relatives for purposes of kinship care is important because it influences placement, access to information, and eligibility for program benefits. In Virginia, the definition of "relative" varies from program to program. Lila Hopper mentioned that there is recent Virginia case law related to the definition of relative. The Fostering Connections federal legislation does not define relative. Legislation passed during the 2010 General Assembly Session (HB 718, Peace) requires the Governor and the VDSS, and other appropriate agencies, to develop a plan to increase the safe and permanent placement of children with families to reduce the number of children in foster care by 25% by 2020. It is hoped that clearly defining kinship caregivers will put Virginia one step closer to meeting the reduction of children in care. The Restoration of Parental Rights study originated from legislation introduced during the 2012 General Assembly Session by Representative Toscano and Senators Barker and Favola. According to the National Conference of State Legislatures, nine states have considered legislation that allow for the reinstatement of parental rights following termination of parental rights or reversal of termination of parental rights. The laws were developed in response to children who were aging out of the foster care system and with the goal of improving permanency outcomes for children in foster care. Both studies have advisory committees that have been convened to review federal legislation and statutes, review Virginia laws, regulations, and terminology, analyze Virginia practices and data as well as other state's data, and to develop recommendations.

Ms. Atkinson mentioned the *Collection of Evidence-based Practices for Children and Adolescents with Mental Health Treatment Needs* that summarizes current research on mental health treatments shown to be effective for youth. It is designed, by mandate, for widespread dissemination as a web document. Compiled with the assistance of Virginia mental health and other professionals who work with youth, it serves a broad readership: educators, service providers, parents, caregivers and others seeking information on mental health treatments for youth. She also mentioned the Comparison of Academic Achievement in Virginia with Leading Industrialized Countries. The Commission on Youth is examining how Virginia school children compare academically to students in other countries. This study originated from legislation introduced during the 2011 General Assembly Session by Senator Yvonne B. Miller (SJR 320). The Senate reported the resolution; however, members of the House Committee on Rules did not report the resolution. Year 2 study activities will include review of data gathered during the first year, convening an advisory group of stakeholders to assist in process, and identifying international/national

best practices which can be considered for adoption in Virginia. For more information on the Commission on Youth, please go to <http://coy.state.va.us/index.asp>.

Judy Gundy, with the VDSS training division, gave a training update. There has been a focus on creating more opportunities for transfer of learning between supervisor and workers. A tool has been created for about twelve courses that supervisors can fill out with the worker. Eventually, the tool will be used with all core and mandated course. This tool reinforces what was learned in class but can also help the supervisor determine additional training needs. There has been a change in new worker training, from four consecutive days of training to two, two day trainings with a two week break between. Ms. Gundy provided the group with a sample letter for a supervisor that includes activities to be complete with the supervisor before returning to the second portion of the class. Ms. Gundy briefly mentioned course 4020, which is a new two day course that is focused on building trust based relationships.

An identified training need has been supervisory trainings. There are four new supervisors' courses that will be offered regionally starting in January 2013 that are targeted towards new supervisors. SUP5701: Fundamentals of Supervising Family Services Staff, SUP5702: Management of Communications, Conflict, and Change, SUP5703: Supporting and Enhancing Staff Performance, and SUP5704: Collaboration and Teamwork are all two day courses and are appropriate for both child welfare and adult services workers. These courses will be adjusted and offered for benefits supervisors in the future. These classes will be offered monthly in each region and workers are encouraged to attend training in their regions, but will be allowed to make up a class in another region if needed. These courses are open to new supervisors first and if there is room, current supervisors can register.

Deborah Eves shared with the group progress made on the Child and Family Services Review (CFSR) Program Improvement Plan (PIP). VDSS is currently in the 8th and final quarter of the PIP. The last quarter ends September 30, 2012 and the submission for that quarter will be sent in November. There are just a few remaining tasks to be completed. Major accomplishments that were captured by this PIP include: implementation of Family Partnership Meetings statewide, implementation of SDM and incorporation into CPS guidance, reengineering of the training program to include competency and core requirement creation, development of the Critical Outcomes Report and use of SafeMeasures as data management tools, and development and implementation of the Quality Service Reviews. As part of the CFSR, Virginia was expected to be in substantial conformity with certain indicators. If a specific item from the review was not in substantial conformity, a level of improvement was set by our federal partners. Virginia was not in compliance with eight items and was required to complete case reviews to meet the new level of measurement. All but one of the items has been "taken off the table" because the level of measurement has been met. The one item that remains is Item 7 which is looking at the timely establishment and appropriateness of a permanency (foster care) goal. Virginia will have until Sept. 2013 to meet this one item's level of improvement.

Ms. Eves also shared with the group that the Division of Family Services submitted its Annual Report on the 5 year Child and Family Services Plan. To find the 5 Year plan follow this link: http://www.dss.virginia.gov/family/cfs_plan.cgi. To find the 2012 submission, follow the link for related links, and then click Progress & Services Reports. There you will find the reports for 2010 – 2011. This

report includes a description of programs and services in child welfare for Virginia as well as the CFSR PIP, the Family Services Training Plan, the Family Services Continuations of Operations Plan, and the Child Abuse Prevention and Treatment Act Plan.

Rita Katzman presented the preliminary findings of the Child Fatality Report for state fiscal year 2011 (SFY 11). The report covers the time period between July 1, 2010 and June 30, 2011. Currently, the cases in this report are being reviewed by regional child fatality teams in detail. Once that review has been completed, there will be a combined final report. In SFY 11, 86 child death reports were investigated by local departments of social services. Of those, 32 were found, 52 are unfounded and two are under appeal. Unfounded means that a review of the facts does not support a finding that abuse or neglect occurred. There were 78 cases reviewed in SFY 10. In 2011, the Virginia rate for child deaths was 1.67 compared to a national rate of 2.07 per 100,000 children. Of the 32 founded cases, 14 had some kind of prior involvement with a local department of social services. This could mean a prior investigation or family assessment or it could mean the perpetrator had some kind of past experience with social services; i.e. the mother or father were in foster care.

Of the 32 children who died from maltreatment, 19 or (59%) were less than one year old. All but four children were under the age of four years old. 2011 was the first year that the number of Caucasian children was higher than the number of African American children however the percentage of African American children is overrepresented as compared to the population. Forty two care takers were responsible for the 32 deaths, with the majority (59.9%) of those people being biological parents. Three caretakers were caretakers in a non regulated childcare setting and one caretaker was staff in a residential facility. Most of the caretakers are in the mid 20's and 30's, however 26% (9) were over the age of 40 which is an increase from the past few years. These children could have died from either abuse or neglect. Thirteen died from neglect, mostly lack of supervision and twenty four died from some form of abuse. There was a decrease from 16 to 6 abusive head trauma this year and an increase from 2 to 9 in the "other" category. It is believed that because there may have been other internal injuries these deaths were categorized as other and not strictly abusive head trauma this year. Of the 52 unfounded cases, 46 children were under the age of 1. Twenty two children died from Sudden Infant Death Syndrome (SIDS) or Sudden Unexplained Infant Death (SUIDS) and 37 deaths related to unsafe sleep environments.

There are regional child fatality teams that review cases. The majority of cases are reviewed in the Eastern region. See chart below.

REGION	FOUNDED	UNFOUNDED	PENDING	UNDER APPEAL	Total investigated
WESTERN	6	3	0	1	10
PIEDMONT	8	8	0	0	16
CENTRAL	4	6	0	0	10
NORTHERN	4	6	0	0	10

EASTERN	10	29	0	1	40
TOTALS	32	52	0	2	86

The eastern region has had a review team for several years, and the rest of the regional teams were formed in 2012. While there are more founded cases from the eastern region, it is worth pointing out that the eastern team chooses to review more cases than the other regions.

The regional teams review cases that were investigated by local departments for suspicions of child maltreatment, regardless of disposition and the teams examine circumstances leading up to and including child deaths. The purpose of these reviews is to enable the Department, the local departments of social services (LDSS), and local community agencies to identify important issues related to child protection and to take appropriate action to improve our collective efforts to prevent child fatalities. They look to identify risk and protective factors and evaluate efficacy of systems for child protection and safety. The teams make recommendations for intervention of prevention of child deaths. Regional teams are made up of representatives from Child Protective Services, law enforcement, the Commonwealth's Attorney's office, the medical examiner's office, child advocates, emergency medical services personnel, physicians (pediatricians, emergency department), mental health, and ad-hoc members: other professionals in the community who had first-hand knowledge of victim or his/her family. The process for the regional teams is that the CPS regional specialist is provided a list of cases to review. Individuals and agencies that investigated the case and had contact with victim and her/his family are invited to attend the meeting and present information. Presenters share information, not records, during the review. At the end of the presentation the records return with the person who presents the case. Team members are encouraged to ask questions in line with their expertise. Each team uses the *National Center for the Review and Prevention of Child Deaths Case Report Version 2.2S*. Each team creates a regional report that is then rolled up into a statewide report. The annual reports include summaries of reviewed cases, findings, conclusions, team decisions on preventability, and 3 to 5 actionable recommendations for intervention and prevention.

Ms. Katzman wrapped up her presentation with some preliminary numbers for SFY12. Eighty seven child death reports were investigated by local departments of social services from July 1, 2011 through June 11, 2012. Of those cases, 27 were founded and 44 were unfounded. There are currently 16 pending cases.

Ms. Katzman briefed the group on changes to the Child Abuse and Neglect Mandated Reporting Law §63.2-1509 that took effect July 1, 2012. Mandated reporters now include individuals, 18 years and older, who are associated with, employed or volunteer with a:

- public organization responsible for the care, custody, or control of children;
- private sports organization or team;
- public or private day camps, youth centers, or youth recreation programs;
- public or private institutions of higher learning

Mandated reporters are required to report as soon as possible, but no later than 24 hours after having a suspicion of a reportable offense. The Department's toll-free child abuse and neglect hotline is 1-800-552-7096. Mandated reporters are not required to make a report if they have actual knowledge that the same matter has already been reported to Child Protective Services. Persons who are designated to receive reports from mandated reporters in hospitals or schools must notify the teacher, staff member, resident, intern or nurse who made the initial report when the report is made to Child Protective Services, who received the report, and any communication resulting from the report. There are now increased penalties associated with failure to report. A second failure to report will result in a fine of not less than \$1000. In the case of rape, sodomy, or object sexual penetration, a person who fails to make the required report shall be guilty of a Class 1 misdemeanor. Additionally, there are more circumstances requiring that a report be made to Child Protective Services for a substance exposed infant. Those instances include:

- Results of toxicology studies done within 6 weeks of birth indicating the presence of a controlled substance not prescribed for the mother;
- Child born demonstrating withdraw symptoms from a controlled substance not prescribed for the mother;
- Child diagnosed with an illness, disease, or condition attributable to in utero exposure to a controlled substance not prescribed for the mother or child;
- Child diagnosed with a fetal alcohol spectrum disorder.

For more information on training and other mandated reporter resources, please follow this link: <http://www.dss.virginia.gov/family/cps/index2.cgi>.

Therese Wolf updated the group on some happenings in the Permanency unit. Ms. Wolf brought attention to permanency roundtables that are intended to focus on difficult cases that could benefit from further review to move the case forward. Currently, the central and piedmont regions are holding roundtables. Local staff and regional staff including the permanency, CPS, CRAFFT, and resource family specialists attend these meetings. Local workers can contact the permanency regional consultant to set up a roundtable.

Both state and federal law require credit checks for foster children over the age of 16 and if there is any activity found, DSS must help the child correct any issues. In researching how to effectively implement these credit checks, it was discovered that people under the age of 18 cannot access the free credit reports. While we are required to check with all three major credit agencies, each agency has a different process for doing credit checks for a person under the age of 18. Ms. Wolf is currently trying to figure out a way for the state office to be responsible for requesting all the credit checks. Christie Marra with the Poverty Law Center (PLC) informed the group that the PLC has attorneys that work with people on how to clear up issues of stolen identity and could be a resource for the state dealing with foster children as well.

There is a workgroup that is currently exploring the potential for extending foster care up to the age of 21, which is allowed for in the Fostering Connections federal legislation. Currently in Virginia, children can continue to receive services after the age of 18 but are no longer considered to be in foster care.

Allowing children to be in foster care after the age of 18 could potentially keep funding under Title IV-E instead of having to automatically switch the funding to CSA.

Adoption Assistance (AA) guidance should be posted in the fall. AA guidance was completed in the spring, however, after sharing the guidance with the attorney's general office it was determined that there needed to be some additional changes made. Currently, the guidance is in the Commissioner's office for final review. Once AA guidance is posted, it will not go immediately into effect to allow for training. Several of the forms have been revised and there are new forms that need to be trained.

The division continues to work on revising the state Title IV-E plan. Virginia is able to work on a Title IV-E PIP to address outstanding issues. That PIP will last for one year. There are three major areas that Virginia must address in the IV-E plan. The first area is service plans.

- Plans must include the ability to document that a child is at imminent risk of foster care placement absent prevention services. This must be documented every six months or less for prevention or CPS.
- The foster care service plan has to be revised to include documentation of a plan for safe and proper care.
- Also, it should include documentation of services for parents, child and foster parents to improve the conditions that led to removal in order to facilitate a safe return home or other permanent placement as well as a plan for services to the child and foster parent to meet the child's needs while in foster care.
- The plan must include the steps taken to finalize a placement when the goal is adoption or placement in another permanent home.
- The service plan should document how the locality is ensuring educational stability for the child and should include
 - assurances that the placement of the child takes into consideration the appropriateness of the educational setting and proximity to the school the child was enrolled in;
 - assurances that the local department coordinated with the LES to ensure the child remains in his previous school or
 - If remaining in the previous school is not in the child's best interest, enrollment in a new school occurs immediately and all educational records are provided to the new school.
- The plan should document that a review was held at least once every six months and addressed
 - safety,
 - continuing need for and the appropriateness of the current placement,
 - the extent of compliance with the service plan,
 - determine the progress made toward alleviating the cause necessitating placement,
 - project a likely date when the child can safely be returned home or placed for adoption or legal custody is transferred
- The plan should document that the permanency review is held within 12 months of the date the child is considered to have entered foster care. The Permanency hearing shall determine:
 - Whether and when the child will return home; or
 - The child will be placed for adoption and the LDSS will file for TPR; or
 - The child will be referred for a transfer of legal custody; or
 - The child will be placed in another permanent living arrangement;
 - What in-state and out of state options have been considered,

- If the child was placed out of state, whether the out of state placement is still in the child's best interests,
- If the child is 16 or older, what services are needed to assist in the transition from foster care to independent living,
- That procedural safeguards are in place to assure that the hearing body consults with the child on the proposed permanency or transition plan.

The second area that must be addressed is court hearings. Virginia must ensure that a review of the child's status is made no less frequently than every six months. The permanency review must be held within 12 months of the date the child is considered to have entered foster care (as defined by the earliest of the date of removal or the date of adjudication of abuse or neglect). The review must be held once every 12 months thereafter while the child is in foster care. Foster parents, pre-adoptive parents or relatives providing care for the child must receive notice of hearings and has a right to be heard in any proceeding held with respect to the child during the time the child is in the care of the foster, pre-adoptive parents, or the relative. The third area concerns fair hearings. There must be a system for granting an opportunity for a fair hearing when a foster care benefit is denied.

Jack Ledden addressed the group concerning Title IV-E as well. He provided a brief history of the last IV-E federal reviews. Since the last review, VDSS IV-E consultants have been going into local departments to conduct case reviews and prepare those departments for the upcoming IV-E review, in October 2013. The consultants have been in 102 localities, 6 of which have no IV-E cases. Mr. Ledden mentioned the June 7th letter to County Administrators and local directors and the following addendum letter. The message from those letters is that localities need to fix errors in IV-E billing, if they can, and after they have been reviewed by the state the locality will be held fiscally responsible for mistakes going forward from that point. VDSS has been working with CGI, a consulting group, to help make recommendations. CGI had three major recommendations. Two of the three have already been implemented; one change is to create an accountability unit and the other is to create online course for eligibility workers and social workers. The third recommendation is to automate the determination process.

Mr. Ledden wrapped up the meeting with a very brief explanation about the VEMAT rate changes. He confirmed the Department is exploring how to reduce the current rates and stated they are very close to having the final rates determined. The new rates will be made public by September 1 and will go into effect for all new reviews by October 1. All VEMATs should be reviewed by February 2013. There is also a new VEMAT tool that will be posted to SPARK.

The next CWAC meeting will be held October 19 from 10:00 – 1:00.