Virginia Department of Social Services
people helping people
CWAC

We're So Glad You're Here!

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CWAC September 30, 2022

- CWAC Charge
- CQI Update
- CFSR Data
- Family-Based Placements
- Safe and Sound Taskforce Update
- Family First Update
- Plus/Delta

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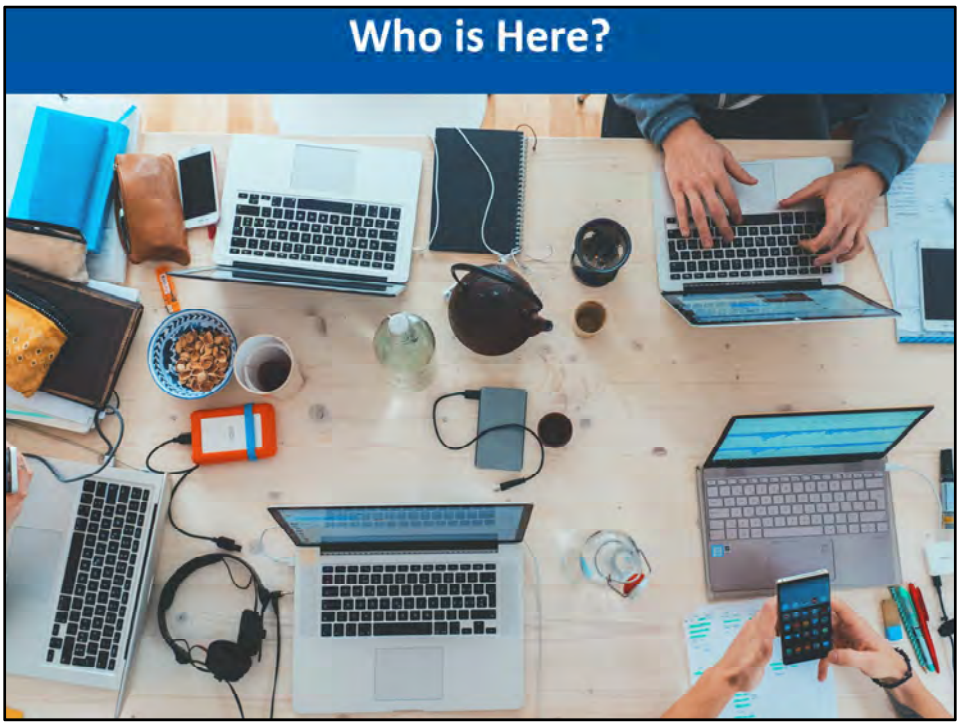
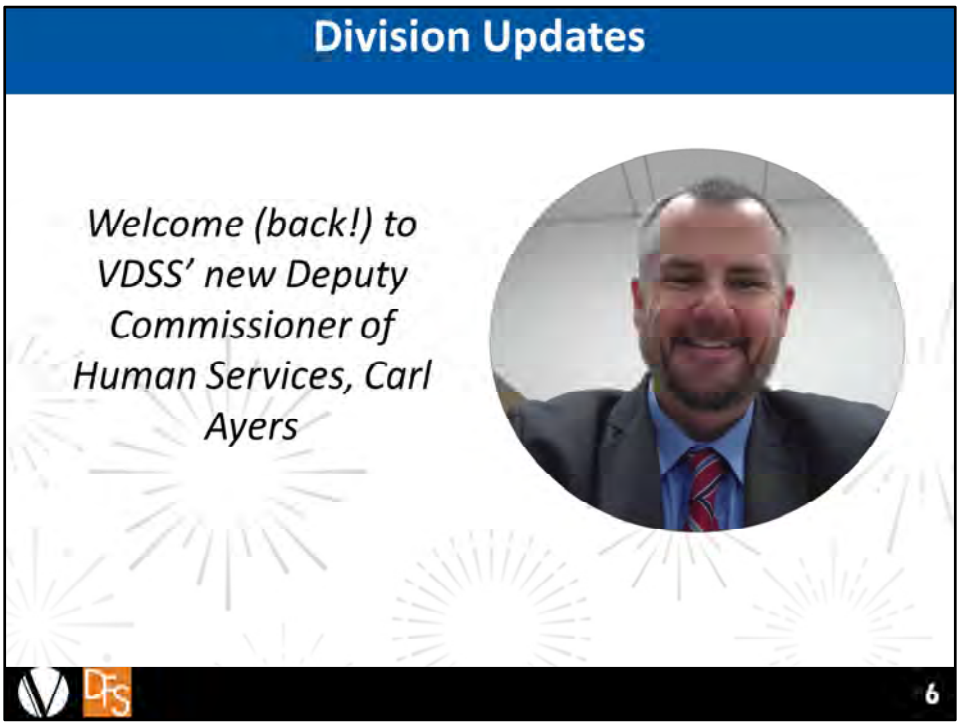


If you haven't done so already, please let us know you're here by writing your name and organization in the chat. Now that we have been holding these meetings virtual, we hope we are able to give more folks the ability to join our CWAC meeting from across the state. This is new sign-in sheet. But also, it gives everyone the opportunity to see the other partners involved in this work. If you are only participating via phone, please send me an email so I know you were here today and we can capture your attendance. And if this is your **first** CWAC meeting, please let us know in the chat.

You may recall this slide from our last meeting. CWAC is a collaborative advisory group whose charge is partner and advise how we get to our outcomes as a ***system***. We are working on developing our partnerships in meeting the outcomes.
The items we're working towards as a child welfare system include

- Child welfare program, policy, training and practice issues
- The development of the five-year Child and Family Services Plan and annual progress reports, as well as other state plans under the responsibility of Family Services including guiding the development and implementation of Virginia's Program Improvement Plan for any element that Virginia does not meet requirements of the Child and Family Services Review (CFSR)
- Ensuring that we build capacity and CQI efforts in achieving and improving all of our outcomes

Let's move to the next slide for a couple updates.

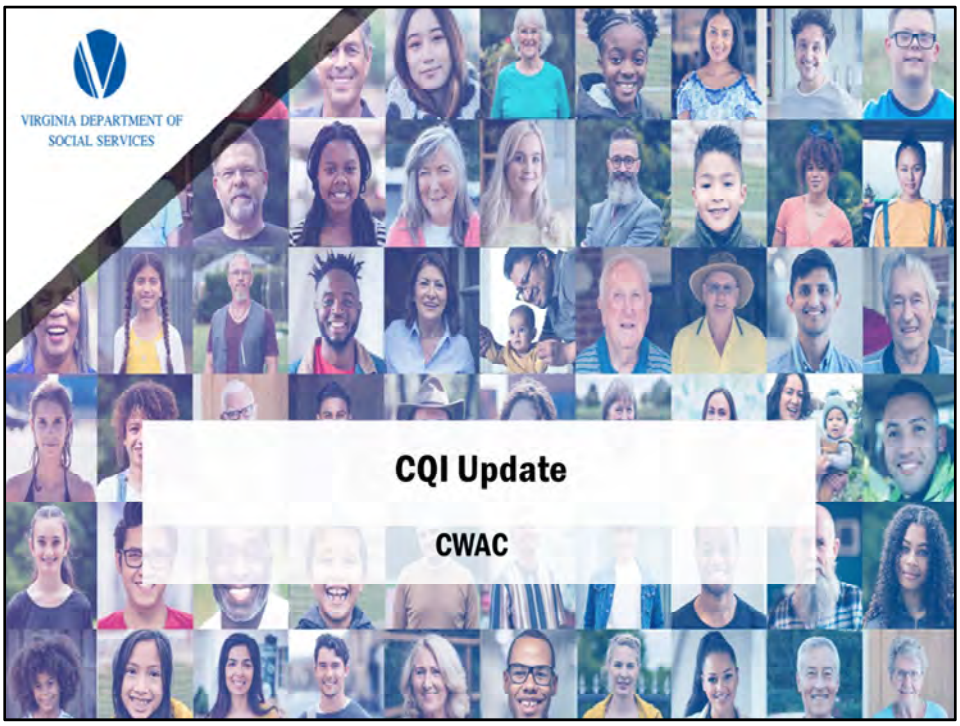


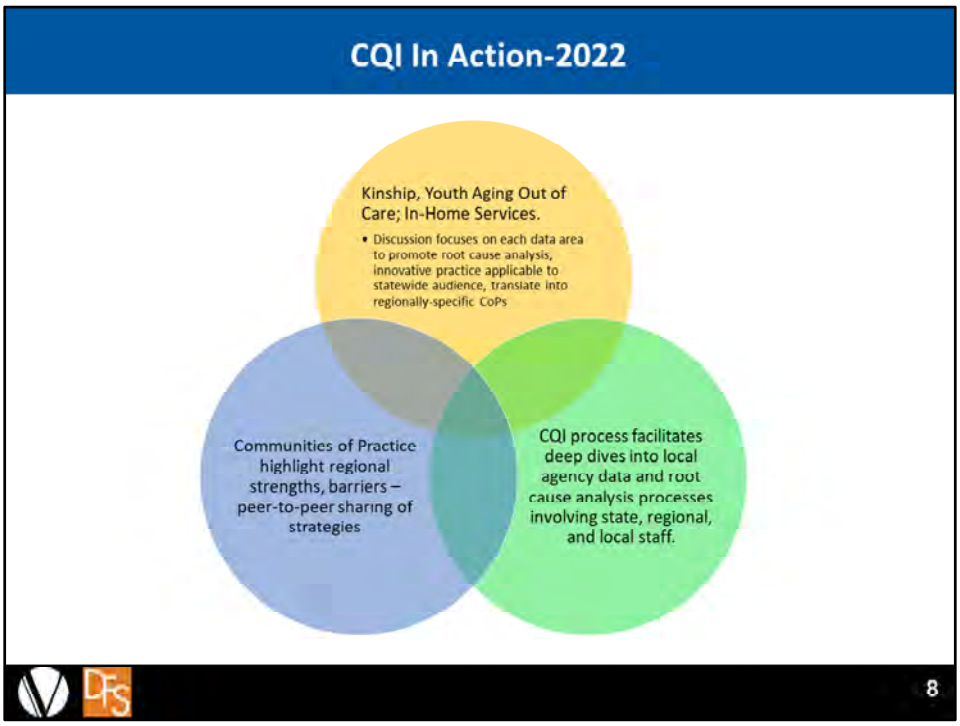
Division Update: The CPS OSIG report is public. There were 10 findings; which required Corrective Action Plans. We are in the process of coordinating communication with the local DSS agencies around timelines, and the CAPs. More information to follow in the near future.

We are happy to welcome back Carl Ayers to VDSS, now as the Deputy Commissioner of Human Services. Most recently, Carl served as the Senior Director of Strategic Consulting with Casey Family Programs (CFP), supporting the transformation and improvement of child welfare systems across Pennsylvania and New Mexico. Prior to joining CFP, Carl served as the director of our Division of Family Services from 2014 to 2020, overseeing the Child Protective Services, foster care, adoption, prevention services, Interstate Compact on the Placement of Children, Interstate Compact on Adoption and medical assistance and Title IV-E programs. Carl's past experiences include director of Floyd County, president of the VLSSE, chairing the Interagency Partnership to Prevent and End Youth Homelessness for the Commonwealth of Virginia, and serving on the Executive Committee for the National Association of Public Child Welfare Administrators. He also currently serves on the board of the Child Welfare League of America.

Please join me in welcoming Carl back to the DSS family and congratulating him on his appointment to Deputy Commissioner of Human Services, which officially began on

September 10!

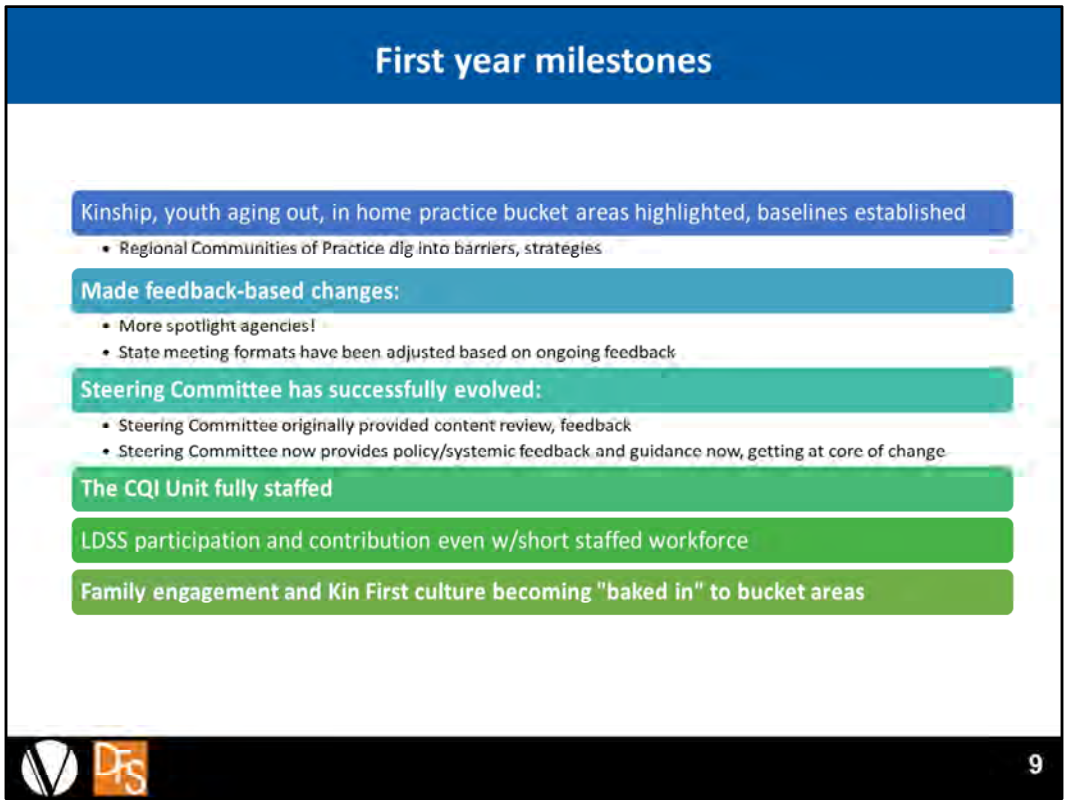

VIRGINIA DEPARTMENT OF
SOCIAL SERVICES
CQI Update
CWAC



VDSS's CQI began monthly CQI State Meetings in January of 2022, based on 3 focus areas: Kinship, Youth Aging Out of Care; & In-Home Services. Statewide and regional data area shared at each meeting, along with specific goals. Breakout rooms and targeted large group discussions are used to intensely focus on sub-categories to explore within each data area to promote root cause analysis.

Also monthly, in the weeks following each CQI State Meeting, the Strategic Consultants support the Regional Practice Consultants with regional CQI meetings, where regional data, themes, strategies, and needs are explored.

The Strategic Team, with the guidance of Executive Leadership, is currently developing processes to make deep dives into local agency data and root cause analysis processes involving state, regional, and local staff. Again, Safe Measures, the CFSR reports, and the annual and quarterly reports are some of the information sources that will be used to guide analysis at the local data level. Two local agencies have formally engaged the Strategic Consultants for design support with their internal CQI process, while others have reached out for more informal, general knowledge support related to CQI or data use.



- Launched and successfully socialized a new CQI model during a pandemic!
- Made feedback-based changes:
    - Spotlight procedures include direct conversations between Strategic Consultants and Practice Consultants
    - Added additional meetings with Program Staff, Strategic Consultants, & the DFS Data Team
    - Strategic Consultants now regularly attend a joint meeting between Program Staff and Practice Consultants to facilitate clearer communication related to CQI State Meeting data.
    - State meeting formats have been adjusted - breakout room formats, increased discussion during the main meeting, and the flow of the basic data presentation has been modified based on feedback collected.
- Steering Committee has successfully evolved.
    - Steering Committee originally "steered" the CQI State Meeting and its contents
    - Steering Committee now provides input on a variety of subjects and "steers" the CQI Process, CoPs, data focus, and more.
- The CQI Unit will be fully staffed by the end of SFY Q4:
    - CQI Director and all 5 Strategic Consultants were hired and will be active in their roles by the end of SFY2022 Q4.
- Several LDSS have embraced the CQI process -
    - Evidence of adaptive and technical changes at individual LDSS- Spotlight

Agencies have presented on this!
    - LDSS demonstrating greater cooperation at the regional level.
    - LDSS have reported considering/developing CQI or QA units and improving existing units
- Family engagement is being "baked in" to every other topic area.
    - This has been clearly demonstrated through LDSS conversation/stories at CoPs.
    - Early evidence suggests overall increases in family engagement based on relative placement data and FPM data for SFY 2022.

January Protection/In-Home(Henrico and Middlesex) case percentage based on High/Very High Risk referrals opened to In-Home

February Kinship (Albemarle/Fauquier) high-performing agency in "the number of children in care placed with relatives/kin.

March Youth Aging Out(Washington and Fairfax) high-performing agency in **"the number of children in Quarterly Total % in CC Placements**".

April Protection/IH (Clarke and Radford)a great rating in completing Risk Reassessments and made significant progress

May Kinship (Charlottesville and Smyth) What do you think has contributed to your progress in the use of FPMs? What specific practices has your agency initiated to increase participation in FPMs? How has that worked for you at each stage of the continuum?

June Youth Aging Out (James City and Roanoke County) What specific practices has your agency initiated to increase incidences of reunification? How did these practices evolve? Does your agency have any specific tools to help engage families or support workers related to reunification?

July Protection/IH (Campbell) High/Very High cases opened. This agency will also be recognized as reaching over 50% of High/Very High cases opened, in general.

August Kinship (Shenandoah County and Madison) achieving permanency with relatives

September Youth Aging Out (Dinwiddie) What specific practices has your agency initiated to increase incidences of relative/fictive kin placement? How did these practices evolve? What adaptations did you have to make (if any) to agency culture and how did you make them?

MP16 Data Chart: 10 Items with February-July 22

Items Requiring Measurement	PIP Baseline[1]	PIP Goal[2]	MP1	MP2	MP3	MP4	MP5	MP6	MP7	MP8	MP9	MP10	MP11	MP12	MP13	MP14	MP15	MP 16
1Timeliness of Initiating CPS Reports	77%	87%	68%	70%	74%	71%	72%	70%	76%	83%	78%	84%	86%	78%	83%	88%	91%	90%
2 Services to Family to Protect Child and Prevent Removal /Re-entry	68%	77%	61%	60%	74%	71%	62%	49%	58%	77%	85%	82%	79%	86%	83%	79%	78%	78%
3 Risk and Safety Assessment and Services	49%	56%	50%	59%	59%	59%	60%	54%	51%	67%	71%	71%	79%	73%	66%	64%	67%	74%
4 Stability of FC Placement	71%	79%	61%	73%	86%	70%	71%	77%	80%	89%	95%	89%	82%	75%	70%	77%	77%	82%
5 Permanency Goal	66%	75%	73%	73%	65%	74%	77%	55%	58%	81%	81%	80%	82%	79%	84%	86%	81%	84%
6 Achieving Goal	39%	48%	39%	34%	30%	27%	30%	36%	45%	57%	61%	61%	73%	75%	73%	73%	70%	71%
12 Needs and Services	39%	46%	27%	30%	43%	33%	31%	29%	26%	37%	43%	46%	53%	63%	61%	48%	49%	66%
13 Child and Family Involvement Casse Planning	35%	43%	30%	41%	44%	35%	41%	45%	43%	51%	54%	64%	81%	80%	70%	63%	71%	82%
14 Caseworker Visits with Child	57%	64%	56%	66%	64%	61%	70%	76%	76%	83%	80%	77%	86%	86%	81%	77%	81%	90%
15 Caseworker Visits with Parent	34%	42%	19%	22%	42%	42%	36%	33%	34%	43%	51%	62%	77%	75%	70%	64%	69%	80%

This chart is highlighting the work done in MP16, which covered the time frame of February – July of 2022. As you can see, Virginia passed all Item this MP. Since we are out of the PIP, we were able to focus our efforts on agencies who did not experience a CFSR in the last fiscal year. All applicability criteria were kept the same, however the sampling methodology was different, in that we took random samples from the group of agencies I just mentioned.

MP16 Data Chart: 8 Items February-July 22

Non PIP CFSR Items Requiring Measurement	PIP Baseline[1]	PIP Goal[2]	MP1	MP2	MP3	MP4	MP5	MP6	MP7	MP8	MP9	MP10	MP11	MP12	MP13	MP14	MP15	MP16
Item 7	63%	77%	55%	88%	93%	81%	79%	77%	77%	75%	74%	82%	90%	81%	69%	81%	96%	100%
Item8	33%	43%	46%	52%	65%	51%	51%	49%	43%	51%	65%	81%	87%	77%	69%	68%	78%	86%
Item 9	63%	72%	52%	52%	58%	60%	64%	76%	77%	68%	73%	86%	91%	84%	82%	86%	91%	92%
Item 10	47%	56%	52%	60%	59%	56%	60%	55%	58%	72%	73%	84%	93%	86%	86%	93%	95%	92%
Item 11	34%	44%	48%	48%	52%	50%	49%	43%	36%	43%	44%	57%	69%	64%	66%	66%	71%	79%
Item 16	84%	91%	86%	88%	86%	83%	81%	81%	83%	84%	87%	89%	85%	86%	87%	90%	97%	97%
Item 17	72%	80%	73%	82%	90%	84%	73%	74%	75%	81%	81%	69%	72%	90%	96%	88%	84%	97%
Item 18	39%	48%	58%	77%	58%	52%	59%	55%	51%	62%	76%	74%	83%	93%	84%	73%	76%	87%

12

This chart represents our 8 items that we did not focus on during the PIP. Again, to note, we passed all items in this section.

Q18 Regional Data 10 Items May-July 22

CFSR Items Requiring Measurement	PIP Baseline[3]	PIP Goal[3]	State (26) Q18	PIP Q18 (2)	Non PIP Q18 (24)	Central (6) Q18	Eastern (4) Q18	Northern (6) Q18	Piedmont (5) Q18	Western (5) Q18
Item 1	77%	87%	82%	100%	81%	100%	50%	100%	75%	67%
Item 2	68%	77%	83%	100%	82%	100%	100%	100%	50%	100%
Item 3	49%	56%	77%	50%	79%	83%	100%	67%	40%	100%
Item 4	71%	79%	88%	100%	86%	100%	100%	75%	75%	100%
Item 5	66%	75%	88%	100%	86%	100%	67%	100%	75%	100%
Item 6	39%	48%	69%	100%	64%	50%	67%	100%	25%	100%
Item 12	39%	46%	73%	50%	75%	83%	75%	100%	20%	80%
Item 13	35%	43%	85%	100%	83%	100%	100%	100%	40%	80%
Item 14	57%	64%	92%	100%	92%	100%	100%	83%	80%	100%
Item 15	34%	42%	83%	100%	82%	100%	100%	100%	40%	80%

13

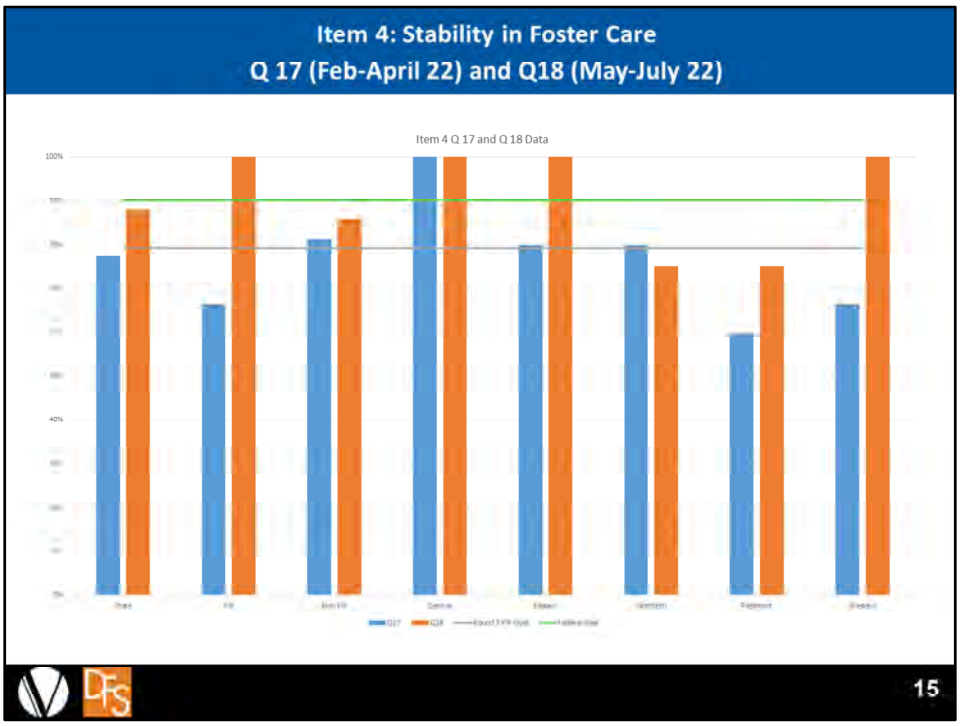
In this slide, we break down our reviews by State, PIP Agencies, Non Pip agencies and then do a regional comparison. This data slide is specific to our last quarter, quarter 18. That quarter spanned from May – July of 22. Central passed all ten items during this MP. Way to go central. Most regions did really well. We were not sure how this data would turn out since our selection criteria was different, but were pleasantly surprised at our numbers. Again, the items in green are those items Virginia passed.

Q18 Regional Data 10 Items May-July 22

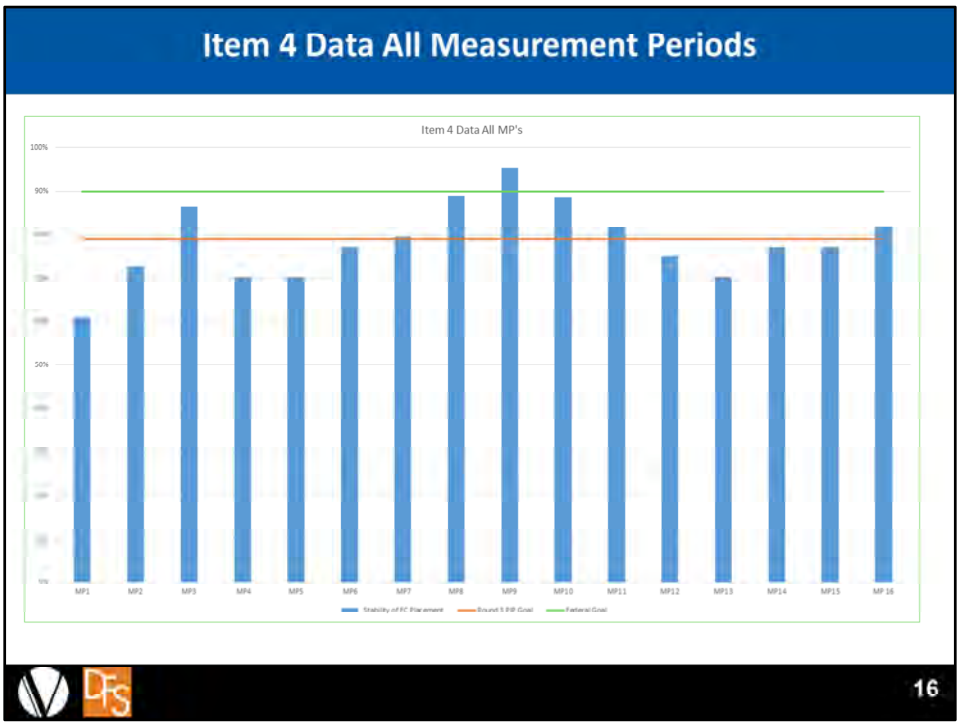
CFSR Items Requiring Measurement	PIP Baseline[1]	PIP Goal[2]	State (26) Q18	PIP (2) Q18	Non PIP (24) Q18	Central (6) Q18	Eastern (4) Q18	Northern (6) Q18	Piedmont (5) Q18	Western (5) Q18
Item 7	63%	77%	100%	100%	100%	0%	100%	100%	100%	100%
Item 8	33%	43%	75%	100%	73%	0%	100%	100%	50%	67%
Item 9	63%	72%	94%	100%	93%	100%	100%	100%	75%	100%
Item 10	47%	56%	81%	100%	79%	100%	100%	75%	50%	100%
Item 11	34%	44%	83%	100%	82%	0%	100%	100%	75%	67%
Item 16	84%	91%	93%	100%	92%	50%	100%	100%	100%	100%
Item 17	72%	80%	73%	50%	75%	60%	75%	80%	50%	100%
Item 18	39%	48%	94%	100%	94%	75%	100%	100%	100%	100%

14

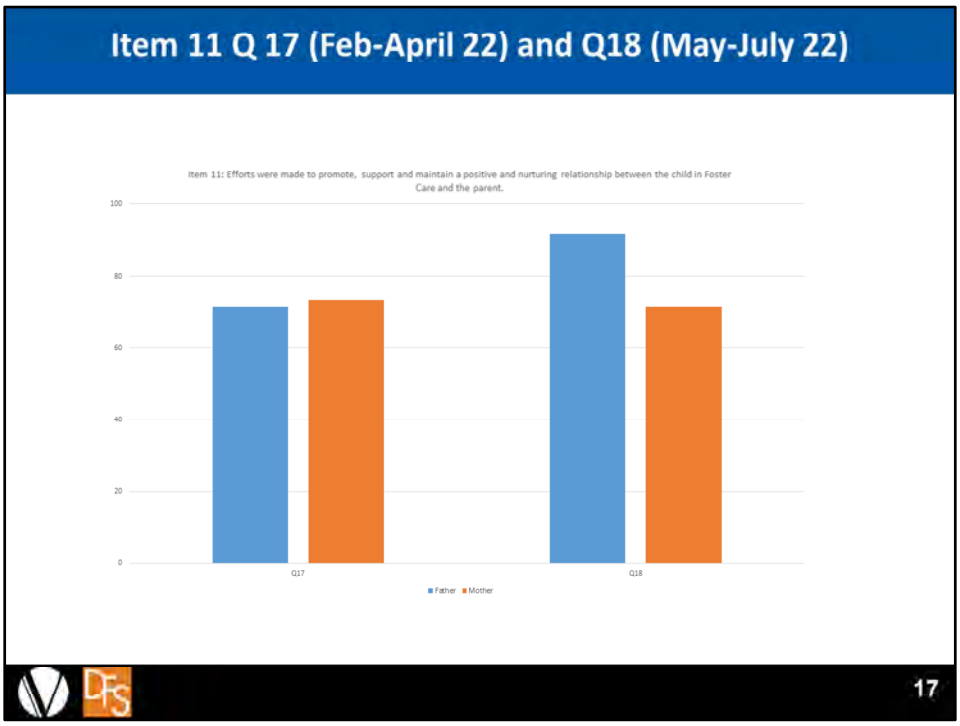
For Quarter 18, I wanted to share the data on the 8 Items that we did not focus on during our PIP. Again, look across the board at all the green. We really have been making a lot of progress statewide. This slide shows the hard that all of the locals have been putting in.



We wanted to dig into some data in regards to Item 4. For several measurement periods we have been seeing a downward trend in Item four. Item four represents how the child in foster care is in a stable placement at the time of the onsite review and takes into consideration any and all placements that occurred during the PUR. The data in this chart highlighted in blue represents quarter 17 data. In some regions our numbers were great. The data in orange represents our most recent data, or quarter 18. Note the significant increases across the state. Lets take a minute to dialogue about this information. Why do you think we took an overall downward dive in this area, and then what do you this are the reasons we are seeing the positive increases most recently?



Again, we just wanted to show you the trends behind our Item four data across measurement periods. We started trending below the pass/fail line (or our round 3 PIP goal in MP 12 (February – July of 21). This past MP, or MP 16 was the first time we trended above that pass/fail line since that time. Remember, we look at data that would have been pulled one year prior to the review. So, during MP 12, we would have been looking at data from Feb-July of 2020 (or right at the onset of COVID. Lets take a minute to dialogue about this information. Why do you think we took an overall downward dive in this area, and then what do you this are the reasons we are seeing the positive increases most recently?



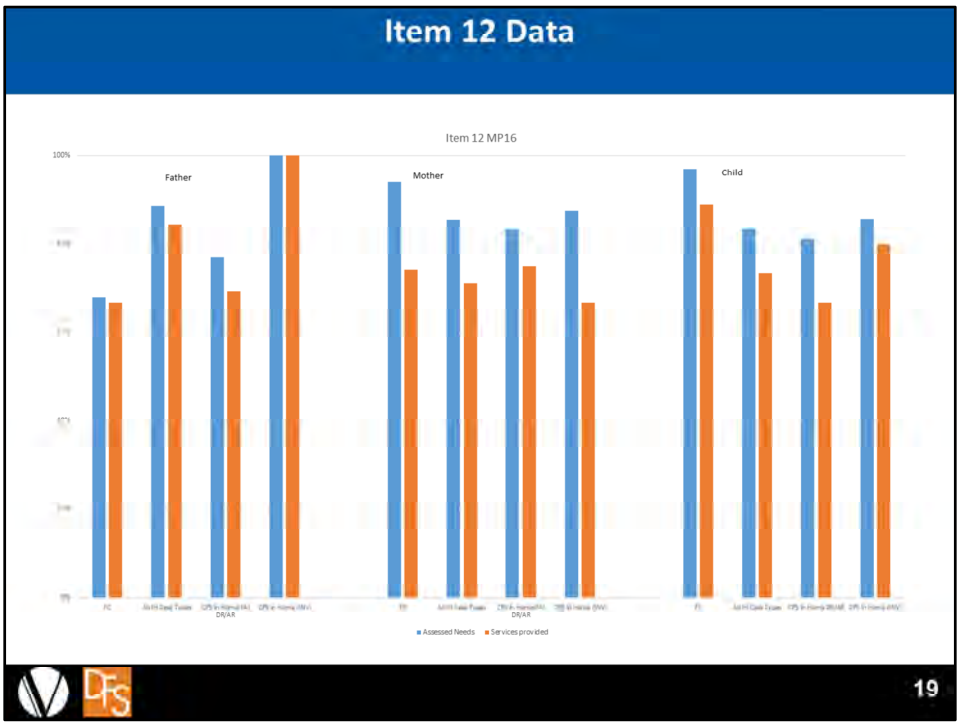
Item 11 focuses on the relationship of the child in care with their parent. Item 11 is to determine whether, during the PUR, concerted efforts were made to promote, support and or maintain a positive relationship between the child in foster care and his or her mother or father, or other primary caregivers from whom the child was removed. Something to note is that we tend to see the overall data for fathers trending below the data for mothers, however in quarter 18, the fathers had significantly higher numbers. It will be interesting to see how this data continues to trend.

Item 11 ANI Breakdown

26 Applicable Cases Received ANI Ratings for Item 11

ANI Reason	Number of cases
The agency did not make concerted efforts to involve the parents in medical/dental or educational appointments	23
The resource parent did not engage with the parents/promote communication between the child and parents outside of scheduled visits	2
The agency did not make attempts to promote communication between the child and an incarcerated parent	2

In reference to Item 11, we wanted to give you a cross section of the cases that were rated as an Area needing improvement.
Of 26 cases rated as an ANI for Item 11, 23 of those cases were rated as an ANI due to the agency's lack of concerted efforts by the agency to engage the parents in the child's medical, dental, or educational appointments. In two of the cases, the resource parent did not engagage with the parents, promote communication between the child and parents, outside of the scheduled visits. Also, in two cases, the agency did not make attempts to promote communication with the youth in care and their incarcerated parent.



Item 12 As you can see, the numbers in this category for MP15 are broken down into the needs being assessed accurately, shown here in blue, and the appropriate service provided to meet the need shown in Orange. We have continued to see the numbers in this category historically lower for the father involved in the case. The child usually scores the highest in each category, and the mother is usually engaged on the front end for service assessments at a higher rate then having the appropriate service put in place. There are three case types we look at in Item 12, Foster Care cases, In home cases opened from an family assessment (or in home DR/AR), and in home cases opened from an investigation. We continue to see growth in the father engagement and services area. In this MP, we had challenges in In-Home cases opened from a family assessment, which is also different that what the data has shown us in the past. We have a couple of questions about this data.

Collective Thinking

Regarding in-home cases opened from family assessments:

1. What are your thoughts about the data changing in this way?
2. What do you think is causing these cases to decrease in their service category?

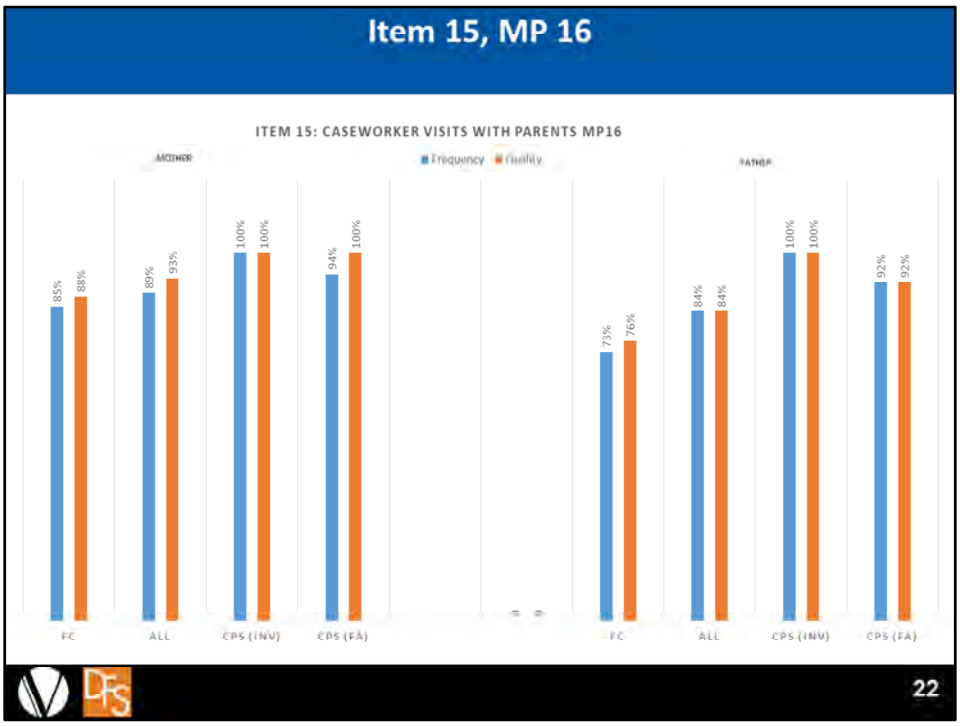
Item 12 ANI Breakdown

63 Applicable Cases Received ANI Ratings for Item 12

	12A (Child/Alternate caretaker)	12B (Parents)	12C (Resource Parents)
Primary Reason	Lack of concerted efforts to assess needs of child	Lack of concerted efforts to assess needs or parents	Lack of concerted efforts to provide services to resource parents to support child's needs
Secondary Reason	Lack of concerted efforts to provide appropriate services to child	Lack of concerted efforts to provide appropriate services to parents	Lack of concerted efforts to assess needs of resource parents
Additional Reasons	Lack of concerted efforts to assess needs of an alternate caretaker	Lack of concerted efforts to establish paternity, locate a parent, or communicate with an incarcerated parent	Lack of concerted efforts to inform resource parents of child's needs/prepare for placement

21

There were a total of 63 applicable cases reviewed in MP 16 that received an ANI rating for Item 12. The identified primary reasons for ANIs in both 12A and 12B, which are our needs and services provided to the child and to the parents, is a lack of concerted efforts on the part of the agency to assess the needs of the identified individual. The identified primary reason for ANIs in 12C is a lack of concerted efforts to provide the services necessary to the resource parents to support the child's needs. As you can see, we have identified secondary and additional, or much less prevalent, reasons for ANIs in each of the Item 12 sub-items.



Item 15 is specific to caseworker visits with the child being served. Item 15 is to determine whether, during the PUR the frequency and quality of visits between the caseworkers and the mothers and fathers of the children are sufficient to ensure the safety, permanency and wellbeing of the child(ren) and promote achievement of case goals. Again, this item is broken down into the categories of CPS In Home cases opened out of an assessment, CPS In home cases opened out of an investigation and foster care cases. We are showing you the data on the mother to the left, and the father to the right. The frequency of visits is highlighted for all case types in blue, and the quality of the visits for all case types is highlighted in orange. As you can se, our numbers for the CPS In Home cases that opened out of an investigation trended higher overall this MP.

Item 15 ANI Breakdown

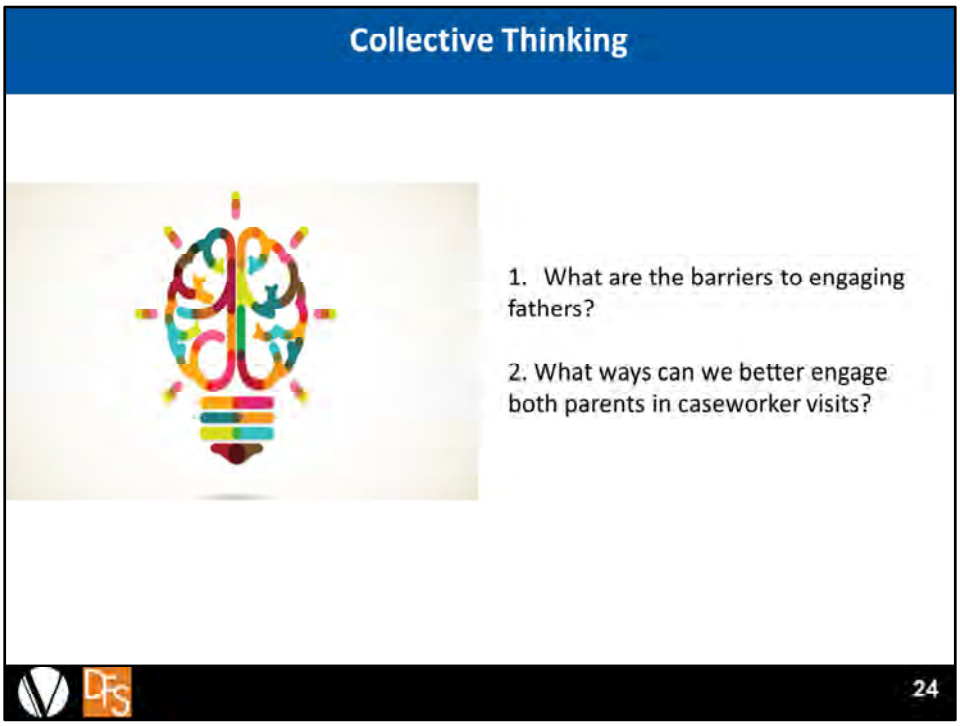
42 Applicable Cases Received ANI Ratings for Item 15

	Reason for ANI
Primary Reason	Insufficient frequency of visits with the father
Secondary Reason	Insufficient quality of visits with the father
Additional Reasons	Insufficient frequency and quality with both parents

23

For Item 15 during MP 16, Of 42 cases rated as ANIs for Item 15, 17 of those cases were an ANI due to insufficient frequency of visits with the father, and 16 were rated as an ANI due to insufficient quality of visits with the father. 12 cases were rated as ANIs because of insufficient frequency and quality of visits with BOTH parents. Our main takeaway here is that there is a lack of sufficient engagement with fathers to conduct caseworker visits; the insufficient frequency and quality of visits with the mother in a case is only notable in cases in which the agency failed to conduct visits with BOTH parents. What are the barriers to engaging fathers? What ways can we better engage both parents in caseworker visits?

Before I go, one more collective thinking



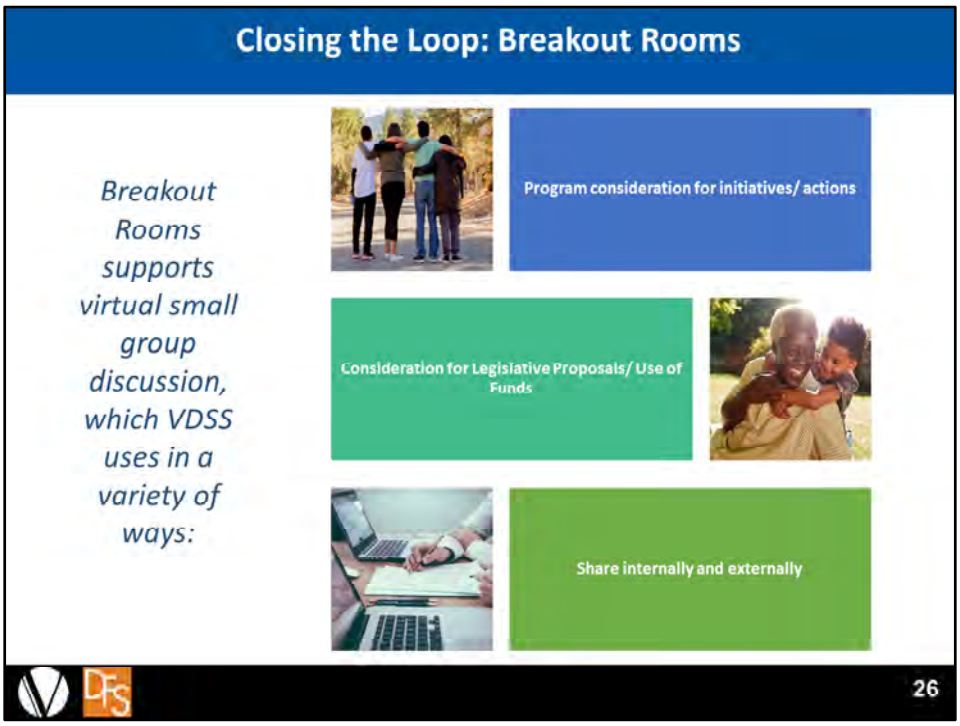
1. What are some barriers to engaging fathers?

2. What ways can we better engage both parents in caseworker visits?

5 Minute Break

- **Mute** your line
- **Disable** your camera

25

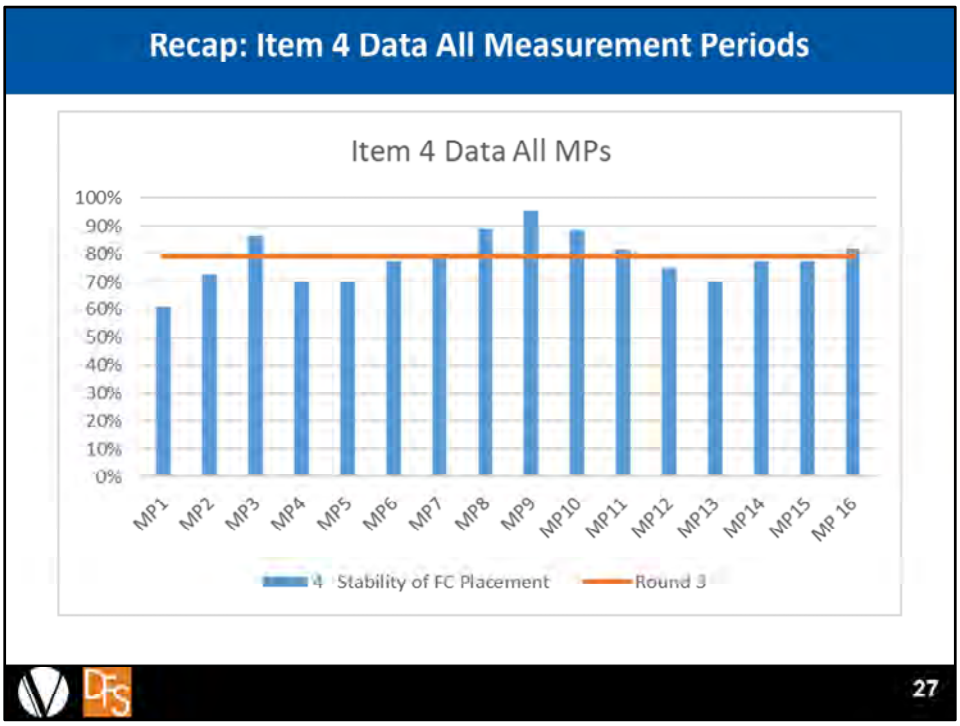


Based on feedback from our last CWAC meeting we did want to touch on the CWAC breakout rooms and what happens after CWAC is over.

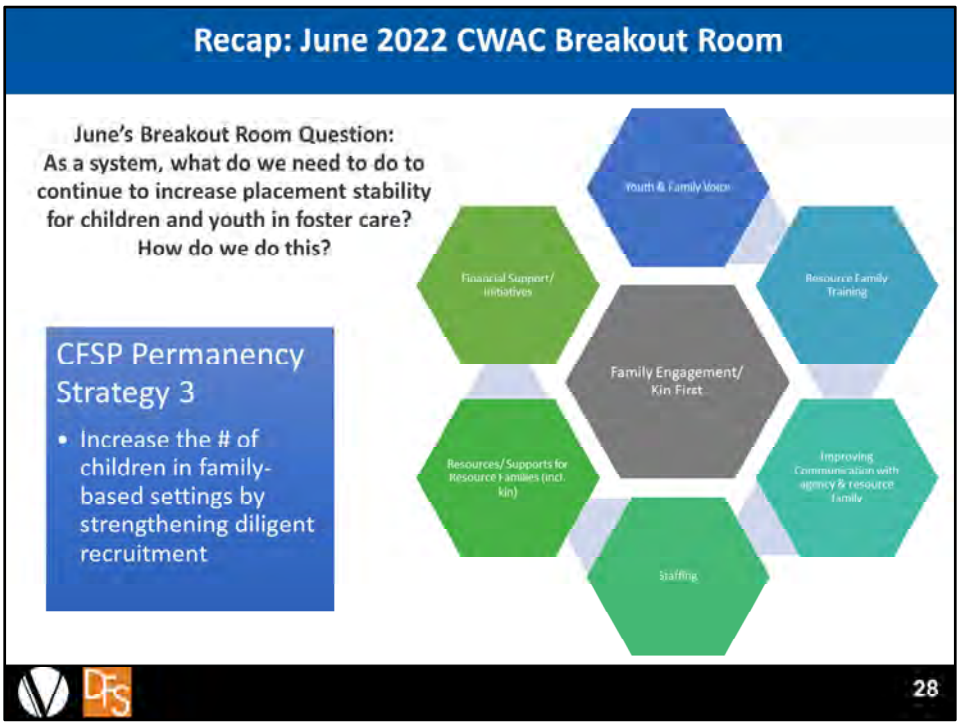
Breakout Rooms supports virtual small group discussion, which VDSS uses in a variety of ways:

Program consideration for initiatives/ actions
Consideration for Legislative Proposals/ Use of Funds
Share internally and externally

We use this feedback in combination with the feedback we receive from our PAC meetings and other stakeholders, advisory groups, to support and shape our actions moving forward. The feedback is also posted externally on our DSS public site with the meeting notes.



Before we review June's Breakout room info, we wanted to do a quick revisit of Item 4 data that prompted our breakout room last quarter regarding placement stability. Our June meeting looked at MP15 data and we now have MP 16 data as well.



June's breakout room question was: As a system, what do we need to do to continue to increase placement stability for children and youth in foster care?
How do we do this?

Reviewing the breakout room responses, there were definite themes around:

- Elevating youth and family voice
- Training for resource family (continuous)
- Improving communication between agency & resource family
- LDSS staffing (worker & leadership levels)
- Resources/ supports for resource families
- Ideas around financial supports or initiatives for families/resource families

We are going to focus on the elements related to CFSP Permanency Strategy 3: Increase the # of children in family-based settings by strengthening diligent recruitment as we move into our next segment. You will hear themes from the breakout rooms in these slides as well as in summary of kinship month activities.

Section 1.15 Best Practice (HB 653)
Collaborative Local Board Placement Programs

House Bill 653 directs the Department of Social Services to establish and implement a collaborative local board placement program **to increase kinship placements and the number of locally approved foster homes.**

The bill provides that such program shall require local boards of social services within each region to work collaboratively to:

- facilitate approval of kinship foster parents **through engagement, assessment, and training**, and
- **expand the pool of available foster homes** within and across the localities of such local boards.

The bill also requires local boards, when placing a child, to seek placement with **a foster family within the locality** of the local board or a nearby locality through the collaborative local board placement program.

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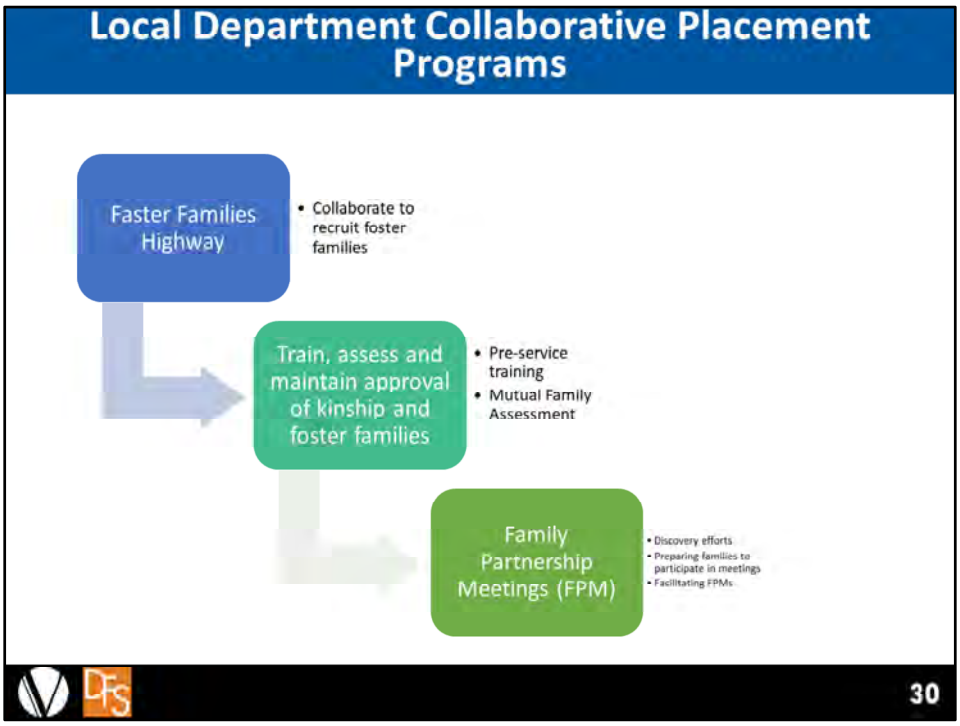
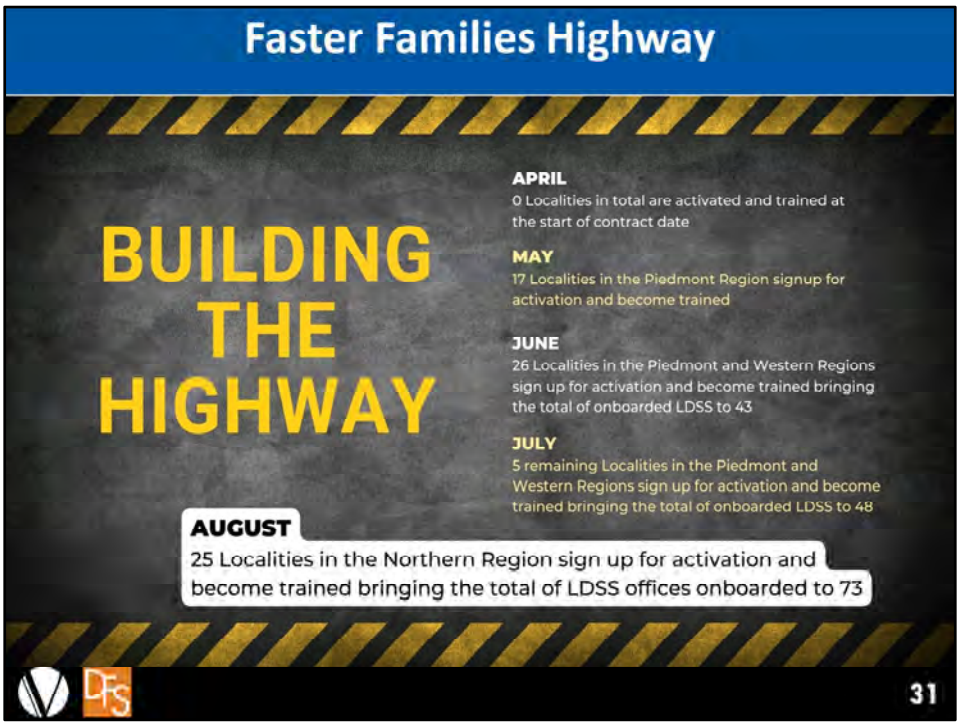
In the most recent update to LOCAL DEPARTMENT RESOURCE, FOSTER, AND ADOPTIVE FAMILY HOME APPROVAL GUIDANCE direction was added to inform LDSS of best practice related to the development of collaborative relationships between departments within regions and who share boarders to increase kinship placements and the number of locally approved foster families. The best practice guidance is related to HB 653 which is a delayed bill that will pass into law in 2023.

Guidance updates following the 2023 General Assembly Session will include direction that LDSS must collaborate to increase their capacity to approve relatives and fictive kin as foster parents while also improving access to locally approved foster families within close proximity to the home communities of children who enter foster care. Virginia's data related to children who entered foster care between 2016-2020 indicates that when children are placed with relatives they will spend four fewer months in foster care, are significantly less likely to experience a placement disruption and most importantly exit foster care to permanency 93% of the time. This data also indicates that when children are placed in locally approved homes they are less likely to experience a placement disruption, and will spend less time in foster care before exiting to permanency. By expanding the availability approved foster families when children are not able to immediately be placed with relatives, children will have greater access to the natural supports already present in their lives and support increased family time to increase the

likelihood of the child transitioning to placement with a kinship foster parent and ultimately permanency within the child's family.



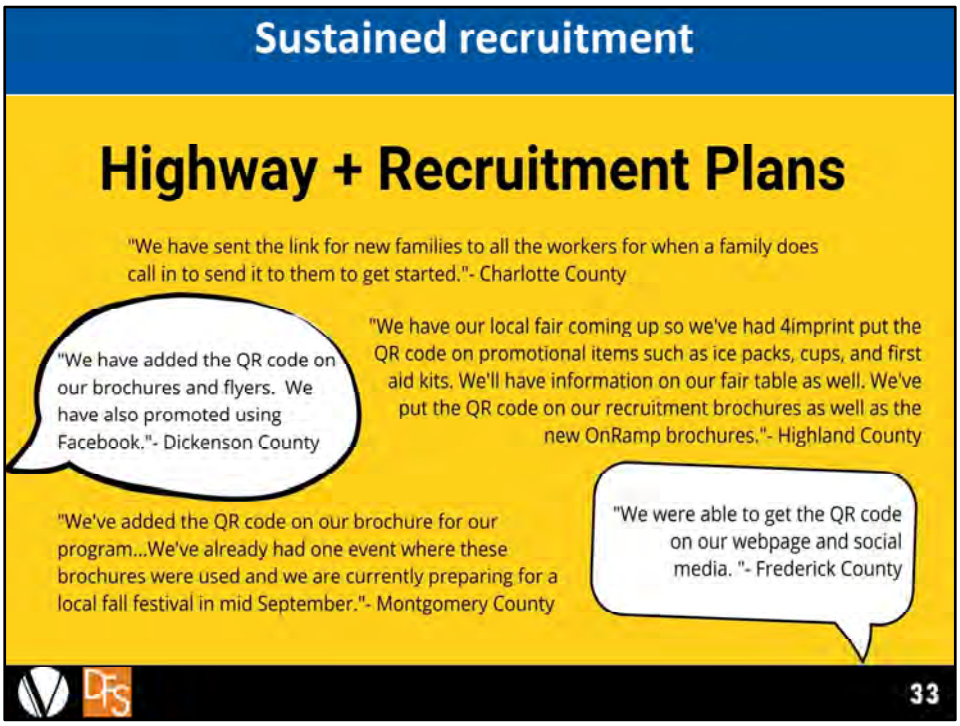
Collaborative Partnerships currently exist in each of Virginia's 5 regions and many have for quite some time. Collaborative partnership will support to sustained targeted foster family recruitment efforts that highlight the specific needs communities have for foster parents to support children who enter foster care as well as collaboration to provide training and assessment to kinship and non relative foster families in order for them to be approved. LDSS collaboration will also include partnering to utilize FPM facilitators and coordinating discovery efforts to identify and engage family and natural supports in order to develop family driven plans.



In order to support increased access to locally approved homes, VDSS in partnership with Adopiton Share have created the faster families Highway. Adoptionshare is a non profit technology organization leveraging tech to create and sustain families. Adopton share is not a TFC or LCPA and does not operate under a VDSS recruitment grant. The Faster Families Highway for Recruitment is a web based tool that is provided by VDSS to local departments to allow for sustained targeted recruitment of foster families who respond to messages of need specific to the racial/ethic demographic profile of children in foster care in their home communities. The Faster Families Highway supports collaboration between local departments by increasing the number of available locally approved foster families. The Highway also allow VDSS regional staff to support the efforts of local departments to recruit, train and approve foster families.

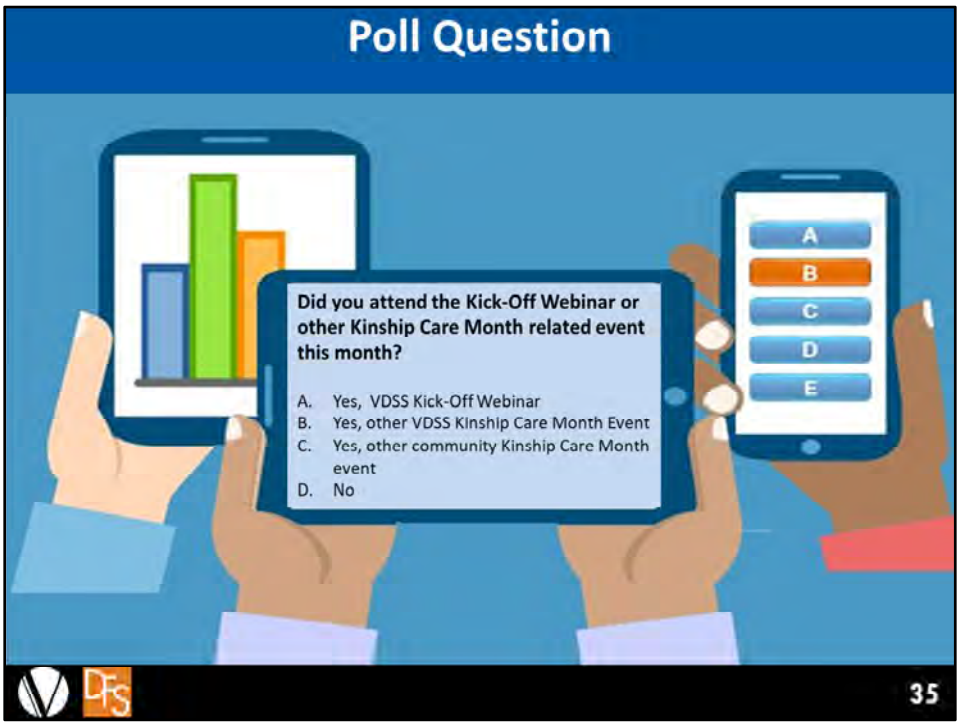
In April 2022 in coordination with VDSS, Adoption share launched the Faster Families Highway in the Piedmont Region in May 2022, moved to the Western and Northern regions and completed the launch in the Eastern REgion druing September. The Central Region will begin on October 12th although 5 local departments have already asked to activate their accounts.. .

Finding the right families in the right locations when children enter foster care and are not immediately placed with a relative or member of their natural support network
The Highway will help LDSS to sustain recruitment efforts to identify foster families in the communities that they serve by allowing families to respond to recruitment messages by scanning a QR code on printed material or entering through a link on social media sites. From there the family can begin the 6 step inquiry process which allows them to share information about themselves and their families with the local department of social services in the locality that they reside as well as other localities in close proximity. During this process families are provided access to an orientation to caring for children who have experienced trauma. Upon completing the inquiry process Families will receive a readiness score which will allow local department to quickly identify those families who are most prepared to being the process of seeking approval and who are the best matches based on the needs and demographic profiles of the children who enter foster care in each locality. The Highway is not used rule applicants out, only to identify those who appear most prepared to engage in the process of seeking approval.



Here you can see a few of the comments of local department staff who have begun incorporating the Highway into their recruitment plans. By adding QR codes to printed material and sharing links to the Highway with families who inquire during events local departments can more efficiently take advantage of the events and opportunities specific to their communities. Things like community fairs and markets, high school sporting events, church bulletins, etc...

Here you can see examples of how QR codes and links have been incorporated into the websites of local departments as well as printed materials. VDSS is also in the process of updating recruitment messages to highlight the role that foster parents play in supporting family relationships to make family reunification possible which will be featured on public facing websites and direct inquiries to the Highway. .



Did you attend the Kick-Off Webinar or other Kinship Care Month related event this month?

A. Yes, VDSS Kick-Off Webinar
B. Yes, other VDSS Kinship Care Month Event
C. Yes, other community Kinship Care Month event
D. No

Kinship Care Awareness Month in Review

- The Importance of Kinship Care: The connection between ACEs and Family Separation Webinar with Commissioner Avula, September 13
- Kinship Families Affected by Substance Use and Mental Health Disorders, September 14
- Lived Experience Panel with informal and formal kinship caregivers, September 20
- Kinship Notification Webinar, September 26
- Discovery In-Service Training, September 29

  - And so much more on the national and local levels, as well as behind the scenes!

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During Kinship Care Awareness Month the voice of those with lived experience was elevated and the contributions of Kinship caregivers and importance of family relationships was celebrated During the webinar with Commissioner Avula we heard how Adverse Childhood Experiences have lasting impacts on children and the role that family and community connections play in building the resilience that supports recovery. During the webinar we also hear from two individual Arjanae Avula who is a 3rd year student at UVA and from Curtis Winfrey who is a coach with Richmond City Parks and Recreation Department. Arjanae shared how the commitment of her fictive kin family to love and nurture her while preserving her family connections continues to support her healing from past trauma while Curtis shared how the 6 years he spent in foster care, mostly in congregate care lead to more adverse childhood experiences than he had prior to being removed from his parents. We also heard from a panel of kinship caregivers who shared the positive impact that stepping in to support their families and relative children have had on them, while also sharing the challenges that each experienced in navigating a child welfare system that often is not best designed to prioritize family connections.
Now I'd like to engage everyone in a collective thinking exercise...

Collective Thinking

How can we (throughout our various roles and agencies) support Virginia's kin caregivers, enhance our partnerships, and elevate their voices all year long?

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10 Minute Break – Return at 10:40

- **Mute** your line
- **Disable** your camera

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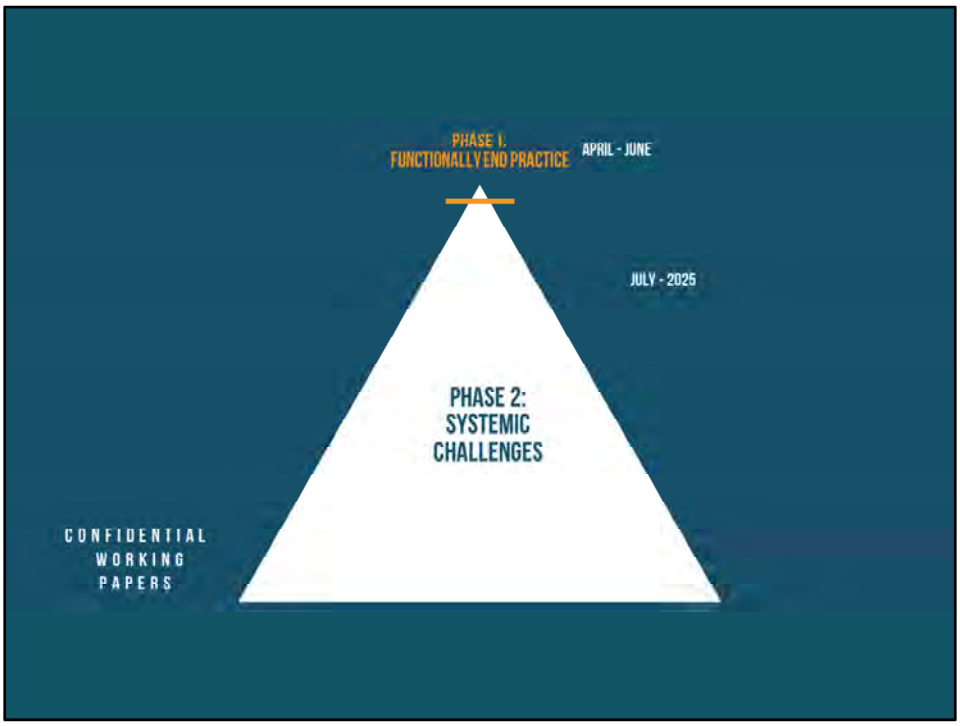
CHILD WELFARE ADVISORY COUNCIL MEETING

SEPTEMBER 30, 2022


PHASE 1.
FUNCTIONALLY END PRACTICE
APRIL - JUNE
JULY - 2025
PHASE 2:
SYSTEMIC
CHALLENGES
CONFIDENTIAL
WORKING
PAPERS

VIRGINIA'S

TASK FORCE

GOAL: END THE PHENOMENON OF KIDS IN FOSTER CARE SLEEPING IN UNSUITABLE PLACES

THE 2021 BASELINE WAS 324 KIDS, AN AVERAGE OF 27 PER MONTH.

THE CURRENT NUMBER IS AN AVERAGE OF 3 PER MONTH, AN 89% DECREASE.

AS OF JULY 1ST, IT IS NO LONGER A WIDESPREAD CHALLENGE IN VA. THERE IS MUCH MORE UPSTREAM WORK TO DO TO ENSURE THIS IS SUSTAINABLE.

89% REDUCTION

What Worked?

Phase Two

PHASE 2 OBJECTIVES

Reduce the unnecessary use of congregate care for children in foster care

OBJECTIVE 1

Affirm the importance of the family unit by increasing the number of intact families

OBJECTIVE 2

Leverage public/private partnerships to operationalize the community's role in supporting vulnerable kids and families

OBJECTIVE 3

WHY OF OBJECTIVE ONE

Reduce the unnecessary use of congregate care for children in foster care.

If a child is ever placed in congregate care, they are 91% more likely to age out of foster care.

WHAT OF OBJECTIVE ONE

Reduce the average length of stay for children in foster care by 30% (24 months/34 months)

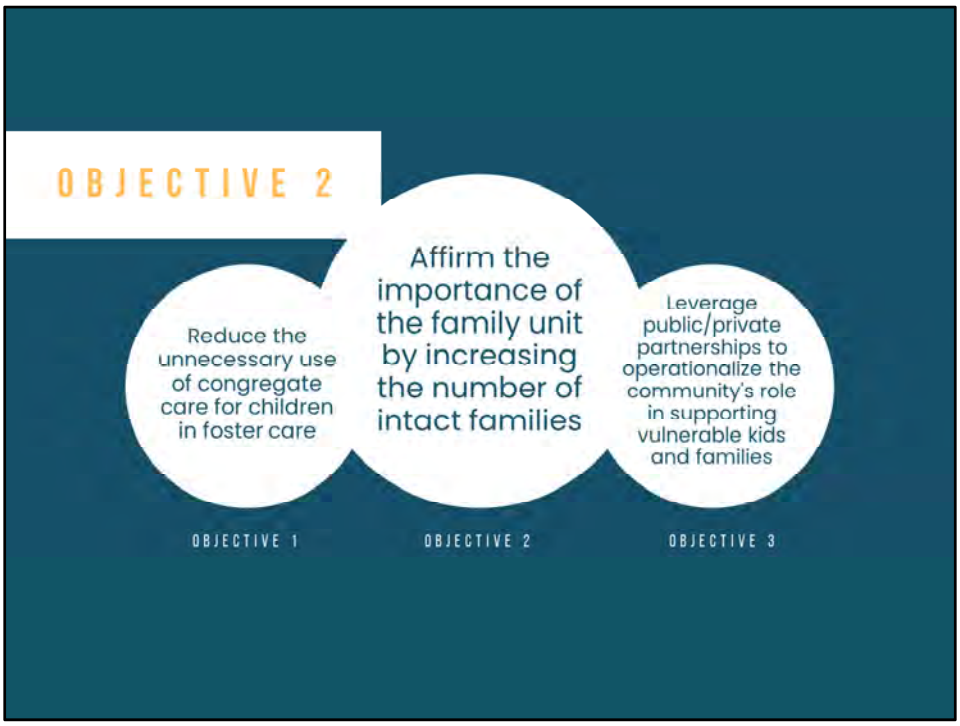
Find family-based placements for the 100 kids who have been in congregate care the longest

STRATEGIC INITIATIVES

Objective One:

Reduce the unnecessary use of congregate care for children in foster care.

- Create a central hub for hard to place kids to reduce duplication
- Coordinated Case Management for Hard to Place Kids
- Develop and Launch Enhanced Foster Parent Pilot


OBJECTIVE 2
Reduce the unnecessary use of congregate care for children in foster care
Affirm the importance of the family unit by increasing the number of intact families
Leverage public/private partnerships to operationalize the community's role in supporting vulnerable kids and families
OBJECTIVE 1
OBJECTIVE 2
OBJECTIVE 3

WHY OF OBJECTIVE TWO

Affirm the importance of the family unit by increasing the number of intact families

50% of "Safe and Sound Phase 1 kids" were placed into foster care through CHINS petitions.

WHAT OF OBJECTIVE TWO

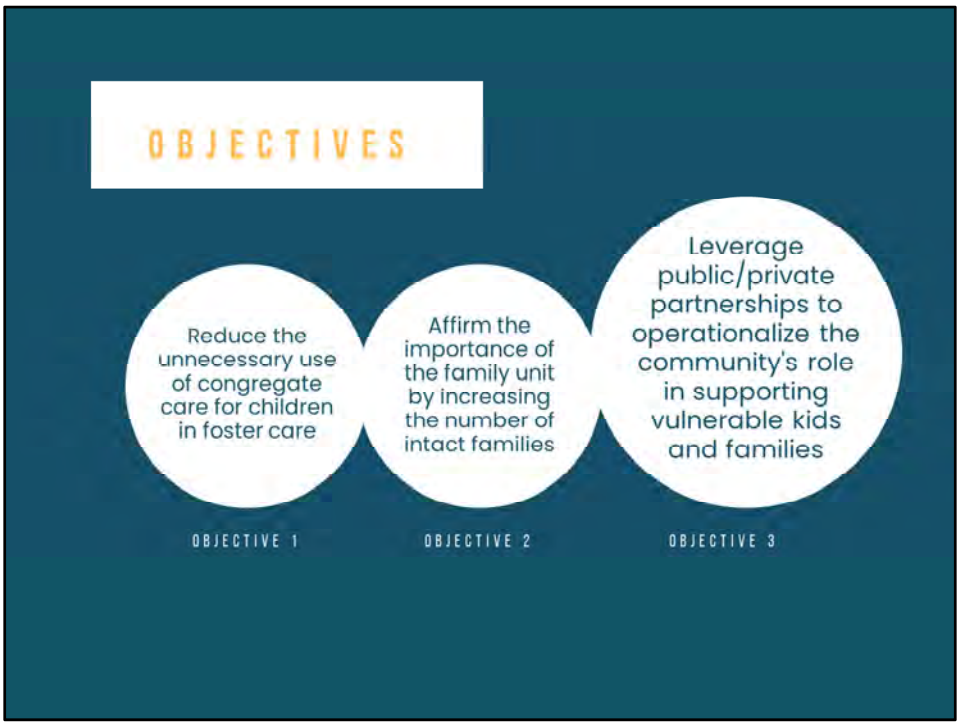
Reduce the number of birth, kinship, foster and adoptive family disruptions by an average of 20%.

STRATEGIC INITIATIVES

Objective Two:

Affirm the importance of the family unit by increasing the number of intact families and reduce the number of disruptions by 20%

- Provide trauma, mental health and trafficking awareness training across all families
- Develop a specialized kinship family training & resource toolkit
- Increase crisis support services across all families


OBJECTIVES
Reduce the unnecessary use of congregate care for children in foster care
Affirm the importance of the family unit by increasing the number of intact families
Leverage public/private partnerships to operationalize the community's role in supporting vulnerable kids and families
OBJECTIVE 1
OBJECTIVE 2
OBJECTIVE 3

WHY OF OBJECTIVE THREE

Leverage public/private partnerships to operationalize the community's role in supporting vulnerable kids and families

50% of foster families quit within the first year largely due to a lack of social support. 90% quit within 5 years.

WHAT OF OBJECTIVE THREE

Launch a statewide, Governor's office-led Community Engagement effort that educates, equips & engages 1000 Virginians to provide volunteer wrap around support to vulnerable children and families.

STRATEGIC INITIATIVES

Objective Three:

Leverage public/private partnerships to operationalize the community's role in supporting vulnerable kids and families

- Host regional community engagement events to educate Virginians re: the challenges
- Partner with existing orgs to equip and engage volunteers
- Ensure at risk families get a "dream team" of trained wrap around volunteers

Bottom LINE

Recruiting 1000 new Virginians to support vulnerable kids and families through public/private partnerships will...

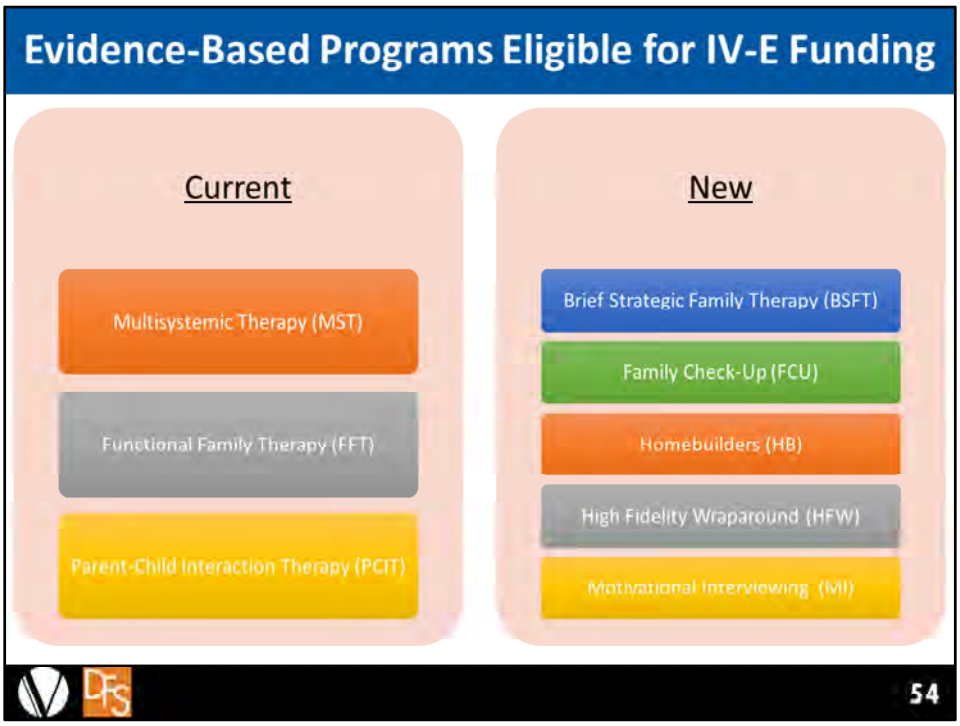
SAVE TAXPAYERS $30 MILLION + PER 100 KIDS

CREATE SUSTAINABLE, NON-GOVT CHANGE

BUILD CAPACITY AT LDSS & THE ENTIRE SYSTEM OF CARE

HELP FIX OUR CHILD WELFARE WORKFORCE CHALLENGES

IMPROVE KIDS' HEALTH AND WELLBEING LONG-TERM



We continue to work towards expanding available evidence-based programs (or EBPs) throughout the state. The EBPs that are currently eligible for IV-E prevention funds include: Multisystemic Therapy, Functional Family Therapy and Parent-Child Interaction Therapy. We are adding the following services to Virginia's Prevention Plan: Brief Strategic Family Therapy, Family Check-Up, Homebuilders, High Fidelity Wraparound, and Motivational Interviewing. We have submitted our request to add these EBPs and are waiting to hear back from our federal partners for final approval. In the meantime, we have offered a Request for Application (RFA) to identify providers to receive EBP training and certification.

We are prioritizing BSFT and High Fidelity Wraparound for community providers and creating a plan to train our In-Home staff in Motivational Interviewing.

In looking at spending for EBS, over the past year 28 LDSS spent a total of $252,557 on the three EBS. We have highlighted which localities utilized the IV-E prevention funds. We do want to state that as of December. 2021 all three of the EBS that are eligible for IV-E prevention funds are covered by Medicaid and Medicaid is the payer of first resort. Our goal over the next year is to fill in some of the service needs gaps and provide services that are eligible for multiple funding sources. We want to make sure EBS are available to families regardless of the funding source.

EBP Overview and Comparison

Evidence-Based Program	Child age range	Areas for concern	Program outcomes	Length of treatment	Marker for family fit
Multisystemic Therapy	12-17	Conduct issues; truancy; lack of interest in school; law involvement	Prevents out-of-home placement; Fewer episodes of disruptive behavior; Improves parent mental health	3-5 mos.	Repeat court involvement
Functional Family Therapy	11-18	Child alcohol use, depression; Family conflict	Better coping skills; greater family cohesion	4-8 mos.	Child substance use
Parent-Child Interaction Therapy	2-7	Defiance, aggression, extreme mood swings; ineffective social skills; serious safety concerns	Positive parenting skills; decreased parent sadness and irritability; Stronger parent-child bond	Depends on family progress; ~6 mos.	Parent willingness to learn new skills
Brief Strategic Family Therapy	6-17	Dysfunctional family patterns; Poor parent mental health	Lower likelihood of future law involvement	3-5 mos.	All family members in need of change, not just child
Homebuilders	0-18	Crisis; unstable living situation	Placement stability	4-6 weeks	Basic family needs have yet to be met
Family Check-Up	2-17	Any issue plus lack of motivation for treatment; disengaged family members	Greater likelihood to engage in treatment that follows; Family wellbeing	1-4 mos.	High risk for treatment dropout
Motivational Interviewing	N/A (for caregivers)	Parent substance use/misuse	Enhanced desire to change	Varies	Parent substance use as largest barrier to permanency
High Fidelity Wraparound	0-21	Complex behavioral/emotional/mental	Positive effects on school functioning, mental health symptoms and	Varies depending on	Need for service coordination

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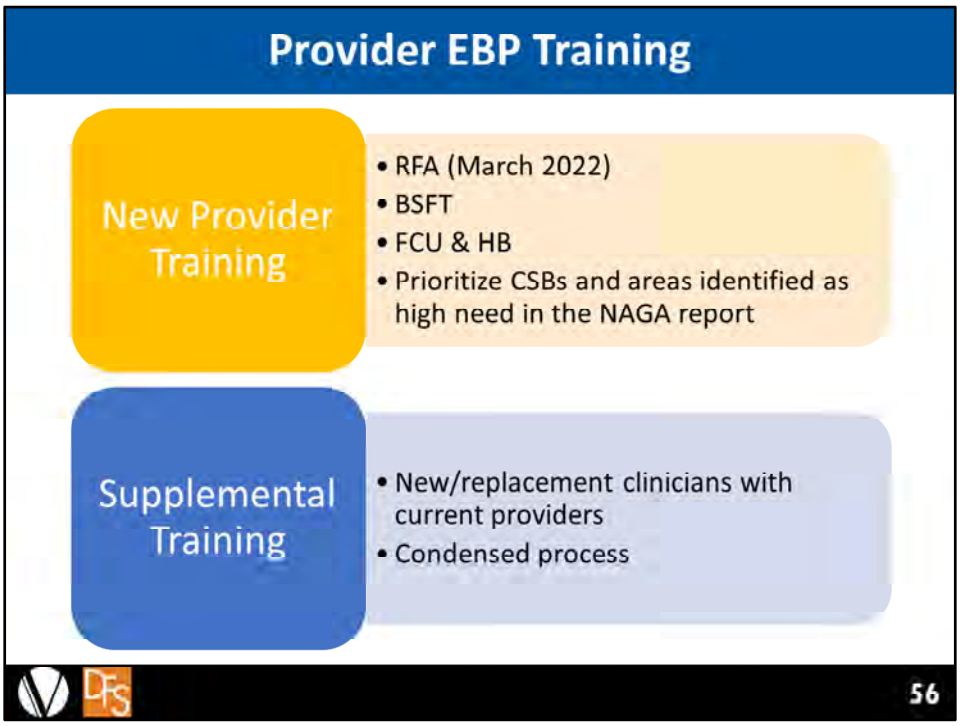
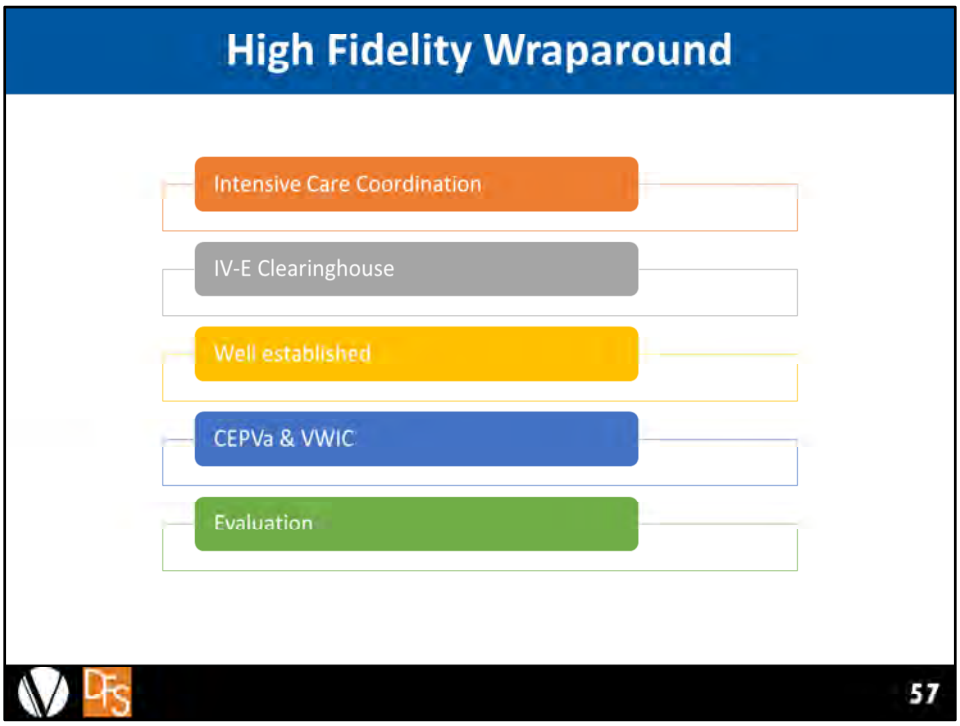
Here is a comparative chart of all of the current and new EBPs. We are adding into the chat a link to this chart on our Family First page for you to look at more closely. But hopefully what you can see here is that the new EBPs will fill in some of the gaps in age of the child, areas for concern, outcomes, length of treatment, and family fit. Specifically, we did not have EBPs for families with children under 2 or 8-10. Brief Strategic Family Therapy, Family Check-Up, Homebuilders, and HFW fill these gaps nicely.



- New Provider Training
    - In the last CWAC meeting we informed the group that a request for applications was released by CEPVa earlier this spring for providers to be trained. Applications are accepted on a rolling basis with ongoing review.
    - Based on service need and provider interest, we prioritized BSFT training to start. We have one provider that began their training in September and just began with their first clients.
    - Family Check-up and Homebuilders will be offered next.
    - As many of you may recall, CEPVa provided VDSS with their first Needs Assessment and Gaps Analysis (or NAGA) report in October 2021. This report identified areas with the highest concentration of foster care entries. CEPVa found that 46% of all foster care entries are within the service areas of 13 CSBs. With that, we have prioritized CSBs in general but specifically targeted those 13 CSBs, as well as prioritizing private providers who serve those areas.
- Supplemental Training
    - When we released the RFA a number of current MST, FFT, and PCIT providers reached out to see if they could apply for training for an individual clinician to replace a clinician they have lost since implementation last year. Recognizing the mental health care workforce shortage being seen around the nation, we immediately agreed that we could do this and have worked with the purveys of

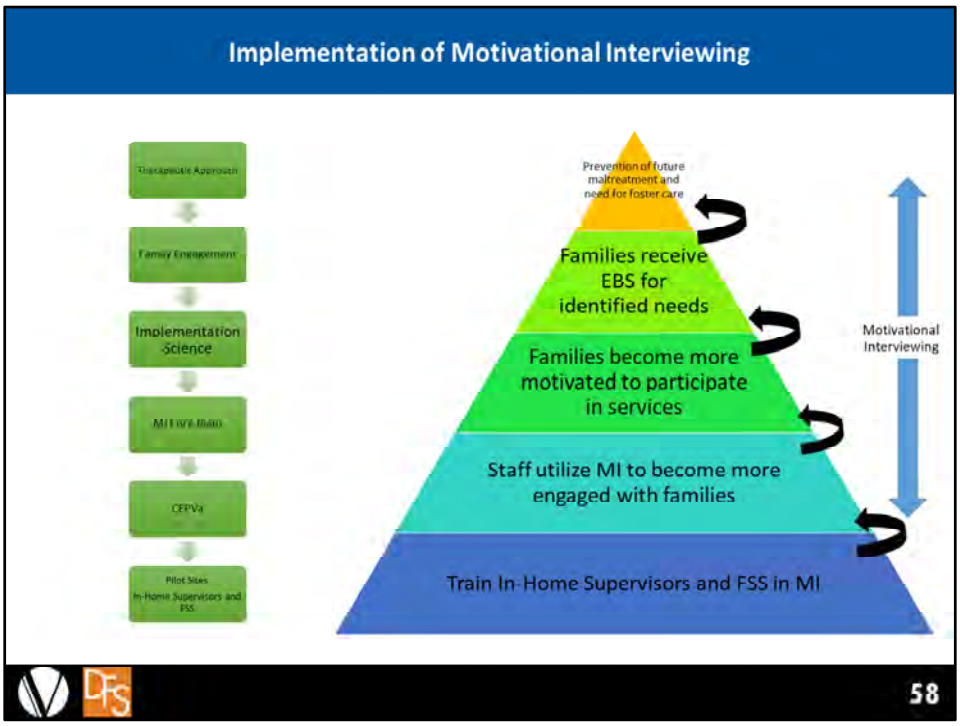
MST, FFT, and PCIT to get trainings for these providers on an individual basis.

- Because BSFT, FCU, and HB are all new EBPs and require building a team, the RFA requires quite a bit of detail and documentation. We determined that we did not need that much information for current providers looking for supplemental training and have created a condensed application process that allows us to expedite those applications.



- HFW is a form of intensive care coordination, utilizing an individualized, team-based, collaborative process to provide a coordinated set of services and supports to youth and their families.
- It was added to the Title IV-E Prevention Services Clearinghouse this Spring with a rating of "promising" which means there is some evidence of success but not enough to be considered "supported" or "well supported". The rest of our EBPs are listed as "well-supported", having the highest ranking for an evidence base. This lower rating does not necessarily mean that its outcomes are weaker, it could simply be that the evidence base has not been built up with our population of children and families to show the strength of the program.
- We decided to add it to our Prevention Plan because it is already well established in Virginia. Since we already have a number of providers who are already trained and certified in HFW, we are not currently offering training for this EBP, though we may in the future.
- CEPVa is partnering with the Virginia Wraparound Implementation Center (a subsidiary of the National Wraparound Implementation Center) as we add HFW to our Prevention Plan
- States who chose to include a "promising" EBP in their Prevention Plan are required to evaluate the service and submit the findings to the Children's Bureau. This helps them determine if this is an appropriate EBP for the IV-E clearinghouse and whether or not

the rating should be increased. CEPVa will be responsible for this evaluation and is currently building out that plan.



- Motivational Interviewing (MI) is a therapeutic approach that differs from other models that target personal change because it requires a shift in how care is typically provided. MI requires a partnership that honors and respects the other's autonomy, and a practitioner who is continuously seeking to understand the patient's internal frame of reference. MI enhances patient engagement by creating an environment of trust and eliciting the patient's own motivations for change and personal goals. The spirit of MI can be combined with other treatment modalities, because its practice is less of a set of skills and more of a philosophy to care. Many clinicians already incorporate motivational interviewing into their practice. So our goal with adding MI to our list of EBPs is not really for providers but for our LDSS workers. We believe that if Family Services Specialists embrace MI, become competent in utilizing MI, and have regular supervision and coaching around MI, that they will have improved engagement with their families and make better referrals for services, which will lead to better outcomes.
- We are utilizing implementation science to help guide our MI implementation within the In-Home services program
- We have developed a MI core team to assist with guiding this process
- CEPVa is a part of that core team and will play an instrumental role in creating the MI training plan.
- We are looking at a phased in approach, starting with pilot or initial sites. We are glad to

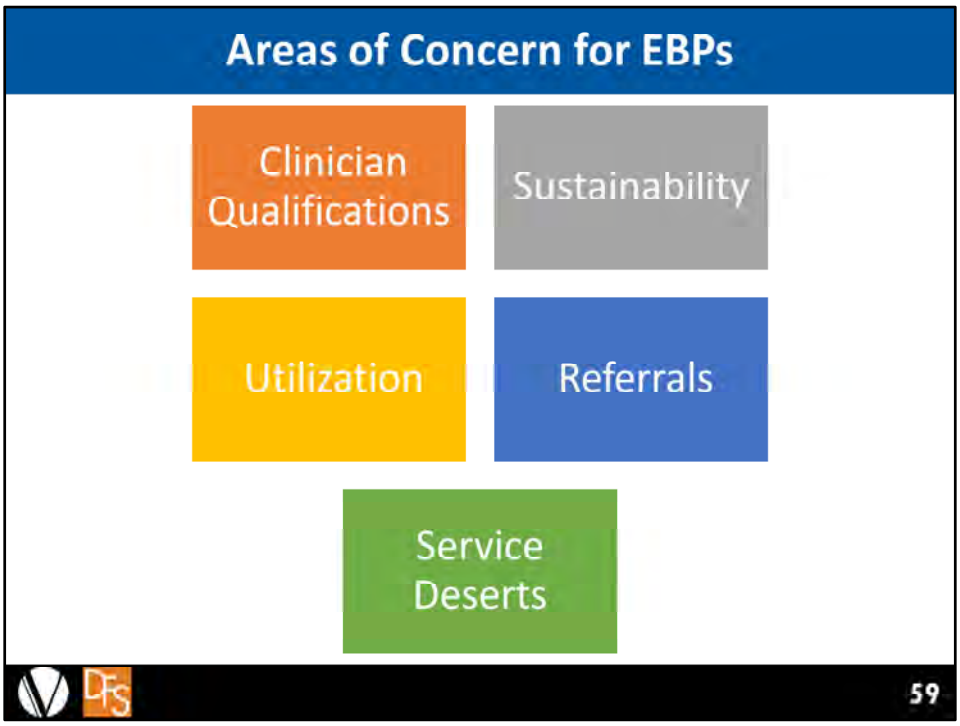
say that there has already been interest from LDSS in moving forward with MI.

- The implementation of MI will begin with In-Home Services supervisors and family services specialists. Eventually we would like to train other program staff to include permanency, protection and benefits staff.

We created a taxonomy for the Motivational Interviewing Training for In-Home Staff. This taxonomy is a similar format to the one that was used for the PIP, it explains how the use of MI can assist In-Home staff and the families they serve:

In-Home supervisors and Family Services Specialists will be trained in MI
So that
Staff will utilize MI to become more engaged with families
So that
Families become more motivated to participate in services
So that
Families receive evidence based services that align with their identified needs
So that
We can increase the prevention of future maltreatment and the need for foster care.

The arrow to the right shows that MI will be used throughout the case life and assist both families and In-Home workers in connecting the family to the services they need.



- One barrier that we have experienced in our initial implementation of Family First is Virginia's uniquely stringent clinician qualification. While most of the EBPs we have implemented allow for some members of the team to be bachelor's level clinicians, Virginia regulations require master's level licensed clinicians for the same role.
- Due to the current mental health care workforce shortage, some providers are having difficulty maintain qualified clinicians and/or hiring new or replacement clinicians with the proper qualifications. We have seen multiple providers from our first go round of EBP trainings that have been unable to sustain the EBP because they do no longer have the qualified staff so they have had to dissolve those EBP teams. VDSS and CEPVa are looking further into this.
- EBP utilization by the LDSSs has been slower than hoped. We recognize that change is hard and learning when to refer families to EBPs does take time. We believe that it has also been difficult because there is no one comprehensive resource list of certified EBP providers. Individual EBP purveyor websites have lists of providers that are searchable by state, but LDSS appear to have difficulty using these lists and some are unreliable because they are out-of-date.
- We have heard from some providers that they are not receiving enough referrals while also hearing from some LDSS that wait lists are too long for some EBPs. We believe both can be true.

- Finally, and as always, there continue to be service deserts where some of our families cannot receive the services they need. We are working to incentivize providers who are willing to cover areas that do not have adequate coverage but we know this will not solve all of the problems.

Collective Thinking

How can you, as a member of CWAC and in your daily role(s), support the expansion of evidence-based programs?

Permanency Conference (12/7-12/8)

Permanency Conference – *The Journey to Permanency"*

December 7-8, 2022

- December 7, 2022 evening reception; December 8, 2022 full conference day

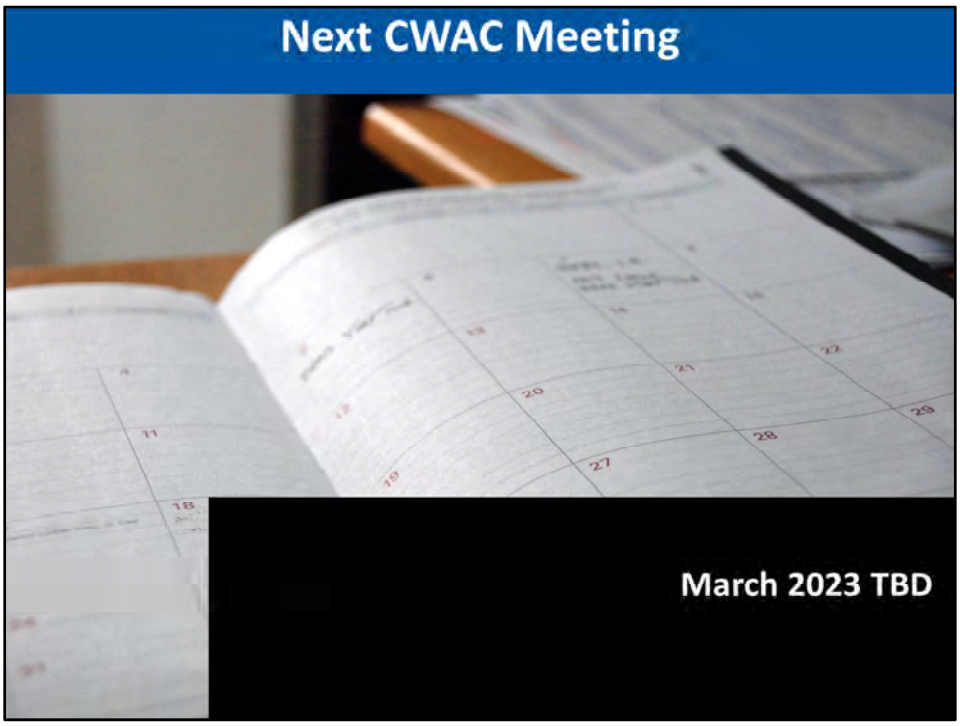
Embassy Suites, Hampton Hotel and Convention Center located in Hampton, VA

Keynote speaker and various workshops – foster care, adoption, family engagement, Interstate Compact on the Placement of Children (ICPC)

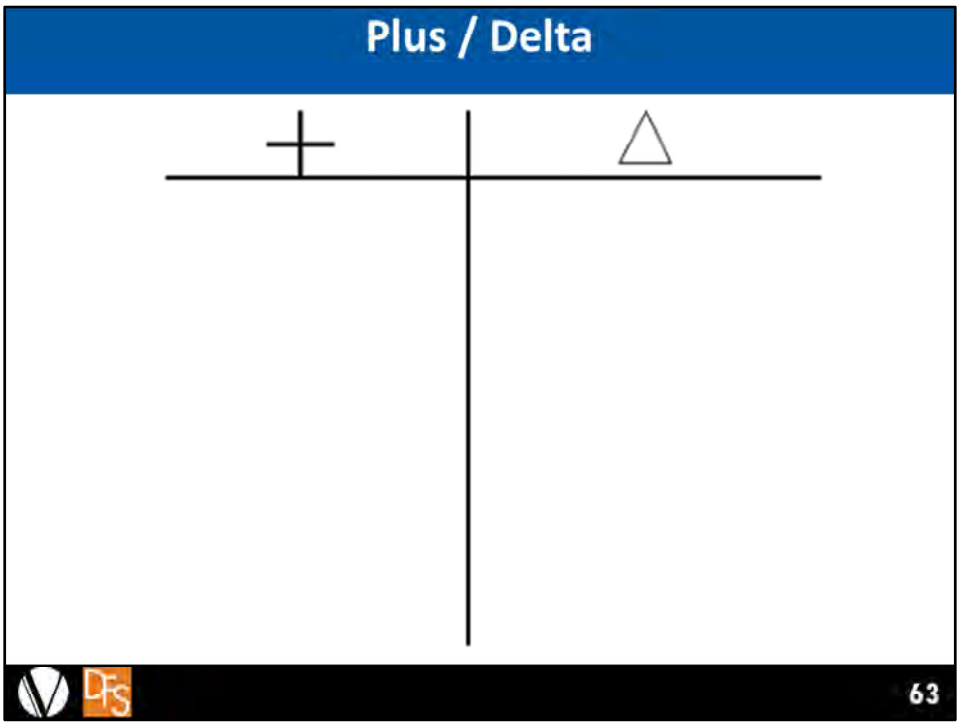
Conference audience-State staff, LDSS staff and community partners

Online registration October 17, 2022

No registration fee



Next meeting, date TBD, will be in March 2022.



For those who are new to this meeting: plusses what went well and we should consider continuing on for future meetings. For deltas, what we should consider changing for our next meeting . Start with plusses. Write in the chat:

THANK
YOU

CHILD WELFARE ADVISORY COMMITTEE MEETING NOTES
SEPTEMBER 30, 2022, 9AM-NOON

Em Parente, AD Permanency

- OSIG CPS report is posted: https://www.osig.virginia.gov/media/governorvirginiagov/office-of-the-state-inspector-general/pdf/performance-audits/OSIG-CPS-Audit-Report-Final.pdf
- Carl Ayers, previous DFS Director has returned as the VDSS Deputy Commissioner of Human Services

Carl Ayers, Deputy Commissioner of Human Services

- Commissioner's vision: digital transformation; assistance w/design of CCWIS system; strengthening between state/localities; observe through his LDSS visits there is a disconnect between localities and home office; focus on the front-end of the system – the Evolution concept, building concrete supports
- General Assembly Secretary and Governor's Office; he will continue to develop that partnership that as he acclimates into this new role

Bethany Imbody, Director and Kirby Baughn, Strategic Consultant, Local Engagement and Support

- Let everyone know that Pete Gezzi is the new CQI Director
- For LDSS staff, can access past meeting notes: https://fusion.dss.virginia.gov/dfs/DFS-Home/CONTINUOUS-QUALITY-IMPROVEMENT; and https://fusion.dss.virginia.gov/dfs/DFS-Home/CONTINUOUS-QUALITY-IMPROVEMENT/CQI-State-Meetings

Jen Phillips, QAA Program Manager

- Question about Item 16 description: Item 16: Educational Needs of the Child
  Purpose of Assessment: To assess whether, during the period under review, the agency made concerted efforts to assess children's educational needs at the initial contact with the child (if the case was opened during the period under review) or on an ongoing basis (if the case was opened before the period under review), and whether identified needs were appropriately addressed in case planning and case management activities.
- Asked group why they thought in MP16 (Feb-July 2021) that needs assessed and services provided from cases opened from a Family Assessment decreased from prior MP. Response: COVID; Staffing shortages and new staff can't carry full caseload; FC staff ae slammed and exhausted
- Asked group about barriers to engaging fathers AND how to better engage both parents in caseworker visits? Stigma of getting help for father; strained relationships between the c parents; conflicts w/employment and other obligations; sometimes seen as secondary caregivers; it would be interesting to see how many in-home cases involve multiple households - workforce crisis affects all of this - don't have enough staff to do the work, and these data may be really showing that; need more male workers; meeting during non-business hours; For #2, there are a number of agencies who have really good father engagement units or programs and still more who are starting their own such units. The focus is growing. Looking forward to seeing next quarter's data about fathers and paternal relatives attending FPMS. Having fathers

feel they can trust the team, providers and case managers. Having more events for fathers; use of male peer workers to help engage. Fathers may be the only male at the table – not advocating for any side – representation matters; build fatherhood programs; create a space for fathers to be seen and heard in all systems.

Garrett Jones, Family Engagement and Resource Family Program Manager

- What does a collaborative local board placement program mean? It can look like a variety of setups to include shared foster parent training, or recruiting, assessing families, etc. It will depend on what the local departments need/want and which LDSSs partner.
- Em pointed out that the timeline for the bill requirements was pushed back because of some unusual GA procedural activity. The Senate did not adjourn, so the Special Session bills are not in effect as expected.
- Commissioner Avula's ACEs and Kinship Care webinar link: https://youtu.be/y1OjDSSSYRU and kinship brochure: https://www.dss.virginia.gov/nam/downloads/kinship_care_brochure_web.pdf
- How can we support Virginia's kin caregivers, enhance our partnerships and elevate their voices all year long: do we have all of the potential perspectives? Keeping this question in mind is exceptionally important; PSSF funds are available to financially support and provide services; We should continue to include lived experience in all of our work in an effort to enhance our work in this area; we are hoping to repurpose staff positions to specialize in finding relatives when children enter care; Utilize FPM structure to offer kinship caretakers a choice in services for their family; Continue to support and hopefully build out more Kinship Navigator programs across the state; continue to advocate for legislation that provides financial assistance for kinship caregivers; Creating bridges with non-traditional community partners; more support groups for Kinship and caregiver training; Increase kinship in-service training for non-relative foster parents; public-private partnership to provide support for families through grants to meet needs of informal kinship caregivers to prevent placement disruption.
- Is there flexibility in that last requirement "to seek placement with a foster family within the locality" if a placement within the locality is not culturally appropriate? Yes
- Em: intention of HB653 is to increase availability of diverse homes in communities and increase efficiency around recruiting, approving, supporting LDSS foster home

Janet Kelly, Special Advisory, Governor's Office

- Virginia's Safe and Sound Task Force, didn't just end w/kids sleeping in offices; address systemic challenges (more kinship families, move out of congregate care and into family-based placements, keeping kids out of foster care)
- Recap Phase 1: 324 kids last month, average 27 per month; current number is an average of 3 per month, an 89% decrease; core team of reps from VDSS, DMAS, DBHDS and OCS and Governor's office – acknowledge Em Parente, Sarah Angel, Nikki Cox, Lora Smith Hughes and permanency practice consultants, Commissioner and LDSS who participated on staffing calls.
- What Worked? Multi agency approach; helped that this was a Governor's priority to highlight this issue; what would it take to get to yes? Took risks – outweighed not doing it; being creative.

- Creative/multi agency approach – acknowledge not any one agency's problem. MH and CW crisis. Phase 2 building on each of the goals of the agencies involved (such as VDSS increasing kinship placements, DBHDS increasing crisis support services, DMAS work w/MCO Care Coordinators are considered part of the children's team to offer help accessing Medicaid funded services)
- Data for children who lived in CC facilities long term is poor
- Video for I Belong Project shared: Grayson; Traci notes there are 678 children and youth in foster care legally free for adoption n Virginia. Grayson's voice puts everything in perspective.
- Community engagement so important; healthier communities, supportive community;
- Is there any data about LCPA licensed families that foster re: retention rates?
- strong communities with rich relationships, resources, are what all kids need to thrive, esp. our foster youth
- You may be thinking about something we include in CANS training. Dr. Lyons' indicated that children who have strengths on the "community life" and "spiritual/religious" items on the CANS tend to show improved functioning over time.
- Children need a sense of belonging somewhere and knowing their lives matter for a reason and they matter to someone.
- Engaged communities create healthy families. Communities are the first step to moving things forward
- Love and belonging are essential parts of the human experience - so glad this conversation is being elevated and that resources are being allocated for this community work
- Communities also need resources: accessible transportation, affordable housing, enrichment/ extracurricular activities for youth
- Morgan Nelson, In-Home/Prevention Program Manager shared the Families Froward RFA for the Thriving Families Partnership: For Virginia, this innovative approach will provide resources and support for five to seven selected jurisdictions, localities, and communities that create, build and collaborate with people who have lived experience, other community organizations, civic groups, and non-traditional service providers in the development of a Family Resource Center framework that focuses on advancing primary prevention initiatives.
- Putting the right services in place. Giving the families a voice to say what they need not what we think they need to build stronger /stable families.
- Janet provided contact information: Janet.kelly@governor.virginia.gov; Mira.signer@governor.virginia.gov and Jessica.west@governor.virginia.gov

Aaran Kelley, Family First Project Manager, Lauren Weidner, Family First Change Manager

- Link to the EBPs chart of programs: https://familyfirstvirginia.com/downloads/funding_information_session/EBP_One-Pager.pdf
- The link to the Family First Virginia Website https://www.familyfirstvirginia.com/
- Why don't we see any home visiting programs that are in VA and included in Family First like Healthy Families America, Parents as Teachers and Nurse Family Partnership? Already readily available and funding was already available for those programs; focus on EBPs to expand services

- How can you support the expansion of evidence-based programs? make sure supervisors understand the value of choosing EBPs so they can guide their staff

Traci Jones, Adoption Program Manager

- Permanency Conference at the Embassy Suites, Hampton Hotel and Convention Center located in Hampton, VA – December 7-8, 2022; online registration October 17, no registration fee; open for communities partner

PLUS/DELTA

Plusses

- Janet's Updates
- great info! this is how i keep updated on the main things happening at the state level
- appreciated hearing about the Safe & Sound Taskforce in details
- Grayson's video
- A lot of celebrations and improvements! That was nice!
- i missed the small group breakouts - those are often good opportunities to interact and share
- The flow of the information was good.
- I appreciate the sharing of VDSS priorities
- Great job of adhering to the schedule, agenda was communicated well. Great information

Deltas

- Consider reducing acronyms and when sharing data having the prior quarter or previous year comparison would be helpful to offer feedback.
- Appreciated the breaks!
- On the data section – sometimes I couldn’t read variable names at bottom; consider less use of acronyms; consider more use of ‘real language’ e.g., explain the timeframes for the measurement periods
- more time to have interactive discussions when we have an aha moment (such as the discussion with Janet about the need for strong communities)
- It would be great to have a separate Q&A vs. Chat in Zoom