



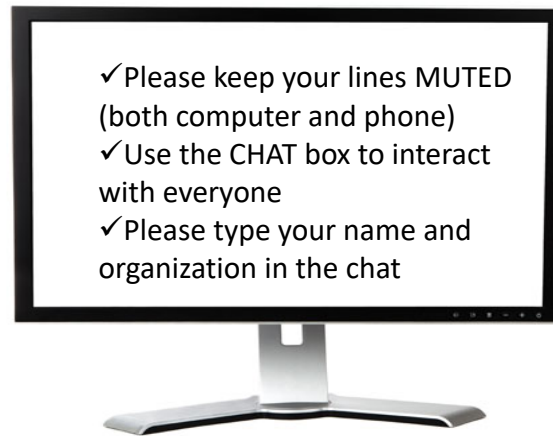
VIRGINIA DEPARTMENT OF
SOCIAL SERVICES



Child Welfare Advisory Committee

November 9, 2023

**We are
so glad
you are
here!**



Welcome to our November CWAC meeting. We are so excited to have you here especially after our reschedule to this current date and time.

Please let us know you're here by typing your name and agency in the chat.

Also, let us know if this is your first time attending CWAC as we would love to give you an extra welcoming hello!

AGENDA

- Division Updates
- CFSP Recap & Strategic Plan Draft Feedback
- Community Pathways/Family First
- Motivational Interviewing
- Kin First Now
- Exceptional Circumstance Payment
- Enhanced Treatment FC
- Title IV-E Review/CFSR Trainings
- Plus/Delta



Division Updates

- » New Staff
- » DFS program/project updates



Child & Family Services Plan (CFSP)

The CFSP is a **five-year strategic plan** that sets forth the vision and the goals to be accomplished to **strengthen** the states' overall child welfare system.

The Annual Progress & Services Report (APSR) is the annual update on the progress the state has made on the goals & objectives in the CFSP.

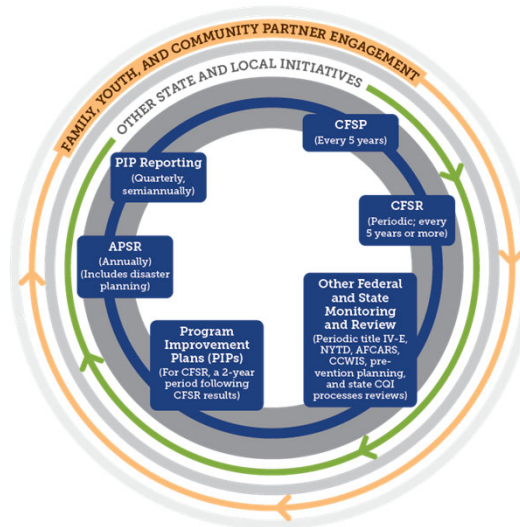


Image from Strategic Planning in Child Welfare (Child Welfare Capacity Building Collaborative)
<https://capacity.childwelfare.gov/states/topics/caj/strategic-planning>

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Our CWAC meetings this past year had a primary focus on developing our Child & Family Services Plan. Our Child & Family Services Plan or CFSP is a five year strategic plan that identifies our state's child welfare vision & goals.. The Annual Progress & Services Report (APSR) is the annual update we provide on the progress we made on our CFSP. The graphic on the slide shows the child welfare cycles of planning, monitoring, and reporting. VDSS works to align goals and implementation activities throughout these cycles. We will discuss this a little more in the next slide

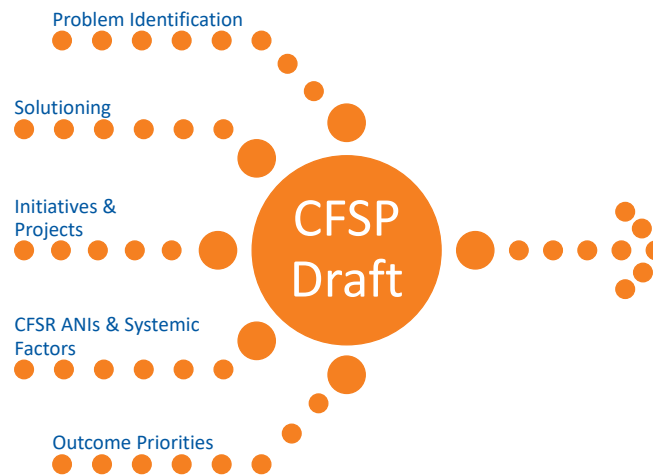


Timeline to Develop Next CFSP



As part of our process to develop the next five year plan, we are moving through specific stages of the strategic planning process. As you can see on the slide, our focus in January through May was on problem exploration to really identify our priority problems so that we could move into solutioning in June – October. Currently we are in the process of making sure our plan strategies are aligned with all of our other requirements/priorities, working through our feedback loops, and finalizing our draft plan. November through February will be focused on ensuring our plan is complete and ready for leadership review beginning in March of 2024.

Process of the CFSP Strategic Plan Draft



So how did we get to a draft of a strategic plan?

As you can see by this graphic we took in information from every step of our CFSP process of problem identification & solutioning as well as information from our literature review of our CFSR Areas Needing Improvement (ANIs) & Systemic Factors. We also took a look at our current and future initiative and projects as well as outcome priorities. We wanted to ensure that whatever plan that is written is aligned with the Governor, Secretary & Commissioner's priorities/OKRs (Outcomes & Key Results).

At this point, the draft is not a shareable format but we do hope to provide additional opportunities for feedback from our CWAC team prior to submission. On our next slide we will identify key highlights from each focus area, understanding these are high level and are not final, to give you a better sense of the direction of the draft. Since the plan will be undergoing leadership review around the time of our anticipated next CWAC meeting, we will have to get additional feedback from you all through email/survey/etc so be on the look out for communication from me over the next month or two.

Review of Current CFSP Strategic Plan Draft



Prevention:

- Building community pathways
- Expansion of evidence-based services
- Enhancing family engagement including with fathers & kin
- Motivational Interviewing
- Public awareness campaigns/media
- Assessing Disparity/inequity through data

Protection:

- Family Engagement/Fatherhood/Practice Profiles
- Timely and consistent Response to reports of child abuse/neglect
- Assessing & addressing areas of opportunity including Disparity/Inequity through data

Permanency:

- Focus on family engagement prioritizing reunification & kinship
- Increasing placement of children in kinship foster home
- Increasing services & access to services to youth to increase well-being
- Incorporating lived expertise

Operations:

New Child Welfare information case system

Reforming the training system

Implementing a comprehensive continuous quality improvement system integrating existing data

Feedback

» Please tell us any feedback you have about the strategies you have just heard. Will this get us to where we want to be in 5 years?

» Any surprises? What solutions/strategies you were expecting to see and don't?

Community Pathways/Family First

Family First Prevention Services Act 2018

The **vision** for Family First is to **keep children safe, strengthen families, and reduce the need for foster care** whenever it is safe to do so.

- » Supports prevention services
- » Provides support for kinship caregivers
- » Establishes requirements for placement in residential treatment programs and improves quality and oversight of services
- » Improves services to older youth



- Supports prevention services. The law gives states and tribes the ability to target their existing federal resources into an array of prevention and early intervention services to keep children safe, strengthen families and reduce the need for foster care whenever it is safe to do so.
- Provides support for kinship (relative) caregivers. Provides federal funds for evidence-based Kinship Navigator programs that link relative caregivers to a broad range of services and supports to help children remain safely with them, and requiring states to document how their foster care licensing standards accommodate relative caregivers.
- Establishes requirements for placement in residential treatment programs and improves quality and oversight of services. Allows federal reimbursement for care in certain residential treatment programs for children with emotional and behavioral disturbance requiring special treatment
- Improves services to older youth. Allows states to offer services to youth who have aged out of foster care up to age 23, along with adding flexibility to the Education & Training



Division

Family First Eligibility/Requirements

Eligibility

- A child (and their caregivers) identified as a candidate for foster care, who can remain safely at home or in the kin caregiver's home, and is at imminent risk of entering foster care
- A youth in foster care who is pregnant or parenting
- Child whose adoption/guardianship arrangement is at risk of a disruption/dissolution and includes post-reunification services

Candidate for Foster Care

- Child is at imminent risk of out of home placement
- Absent effective preventive services, foster care placement is the planned arrangement for the child
- Service plan was developed jointly with child and parents/guardians
- Description of service offered or provide to prevent the removal of the child from the home
- Case is actively being managed to maintain child in the home or with kinship caregivers to prevent placement in foster care
- Child needs a title IV-E prevention service and the service is available

Prevention Services

- Trauma- Informed and Evidence-Based
- 3 Categories
 - Mental Health
 - Substance Use
 - Parent Skill Building
- Title IV-E Prevention Services Clearing House
- Approval Ratings
 - Well-Supported
 - Supported
 - Promising
- Added to Virginia's IV-E Prevention Plan

- Eligible populations – child/youth in an In-Home Services case; youth in foster care that pregnant/parenting; and child/youth whose adoption is at risk of disruption
- Candidate for Foster Care – all of these must be true and active
- Prevention Services – services eligible for IV-E Prevention funds are both on the Clearinghouse and in Virginia's IV-E Prevention Plan

Requirements

- Candidacy determination
- Child-specific prevention services plan
- Monitor safety
- Time-limited services
- Expenditure and outcome reporting



- In order to meet these requirements, and with the guidance available at the time, Virginia determined that an alignment of previous prevention practices, the former CPS Ongoing case type, and Family First was needed and we created In-Home Services. As Virginia's approved IV-E Prevention Plan describes, all IV-E Prevention funds would be utilized with families with an open and active In-Home Services case.

Community Pathways

» “Any mechanism or avenue that families can use to access title IV-E funded prevention services outside the traditional child welfare service delivery and case management context.”

- Chapin Hall

- National term for the utilization of IV-E Prevention funds upstream and outside of the child welfare system. Newly updated guidance, released by our federal partners earlier this year, confirmed that this can be allowable and encouraged states to look at how they could implement their own Community Pathways.

Benefits of Community Pathways

Serves families **outside of the child welfare system**

Allows families to **voluntarily** receive prevention services by trusted providers in their community with no direct on-going child welfare involvement

Leverages federal **title IV-E funding** through Family First for the prevention services provided

Supports a **paradigm shift** to build community capacity to strengthen families upstream and prevent maltreatment & child welfare involvement

Promotes **collaboration across family-serving systems** to develop an integrated & more holistic network for families and communities

Connections

VDSS Mission &
Vision

Virginia's
Children Services
Practice Model

OKRs

CFSP

Virginia's 5 Year
Prevention Plan

Evolution

- Community Pathways aligns with much of the other work that VDSS is already doing
- We are in an early exploration phase, doing some research and foundation setting so that we can determine what is possible and plan for implementation.

Initial Thoughts or Questions?



Motivational Interviewing

Basics of Motivational Interviewing (MI)

“MI is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for a commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion”

William R. Miller and Stephen Rollnick- lead developers of MI



Spirit

- Partnership
- Evocation
- Acceptance
- Compassion



Skills

- Open Questions
- Affirmations
- Reflections
- Summarizing
- Attending to language of change
- Exchange of Information



Processes

- Engaging
- Focusing
- Evoking
- Planning

Virginia is committed to the expansion of evidence-based services. Motivational Interviewing has been added to Virginia’s Prevention Plan and efforts are being made to train our LDSS workforce in MI . Motivational interviewing is unlike the other evidence-based services in that it is not an intervention, but more a form of communication. The developers of MI, Miller and Rollnick, define it as, “a collaborative, goal-oriented style of communication with a particular attention to the language of change. It is designed to strengthen personal motivation for a commitment to a specific goal by eliciting and exploring the person’s own reason for change within an atmosphere of acceptance and compassion”

The 3 elements of MI include Spirit, Skills and Processes.

The spirit of MI is what it stands for and is a way of being with people. MI will be a cultural shift within our agencies and really help our workforce to engage with families and provide the opportunity for families to drive their service planning.

Our LDSS will learn MI skills and the processes listed in working with families. The acronym OARS (Open ended questions, Affirmations, Reflections, and Summarizing) will be important skills that are covered and practiced in the training. Workers will really focus on attending to the language of change learning how to participate in an exchange of information. This is a different approach in that our families are used to be informed on what goals they need to achieve by the worker and now the family will be driving the establishment of goals.

Lastly, we have the four processes, engaging, focusing, evoking and planning. The worker will follow these four processes in building a relationship with the family, identifying areas to focus on, finding the family's motivation for change and what they believe they would like to change and lastly, identifying a path to achieve those goals.

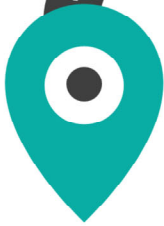
MI will enhance the conversations that workers are already having with clients.



Division

Motivational Interviewing

*"A way of having a
conversation about
change"*



- Relational focus
- About what the client says
- A set of tools and "way of showing up"
 - To direct convo toward change
 - To reduce ambivalence & deepen commitment to change
 - To reduce power struggles
 - To improve empathy skills
- Stages of Change
- Self-determination theory

Source: Sage Training and Consulting LLC

MI is a way of having a conversation about change. The focus is on the worker building a relationship with the child and hearing what they have to say. MI believes that the family has the tools they need, the worker will just help guide the family to identify when tools they need to use and when. MI will help guide the family towards change, reduce ambivalence and deepen the family's commitment to change. Hopefully it will reduce struggle and improve empathy skills. The training highlights the stages of change and encourages the family to lead the conversations and journey towards change.

Benefits of MI

- » Helps workers engage with families and focus on the family's strengths
- » Assists the workers in understanding the family's point of view
- » MI decreases ambivalence and increases the family's confidence and desire for behavior change
- » MI is effective with other EBS such as PCIT and home visiting programs
- » May increase job satisfaction which will reduce turnover
- » Provides FSS with skills in a trauma informed practice
- » More research is needed for MI impacts on family functioning, reunification, child maltreatment and recidivism

Source: Casey Family Programs



The Benefits of MI include:

- Helps workers engage with families and focus on the family's strengths
- Assists the workers in understanding the family's point of view
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Enhancing what workers are already doing- not anything new, will be some new components but the overall practice will enhance conversations our workers are already having.

Lifting the Burden in Motivational Interviewing



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Show video to describe how MI can assist our workers

Motivational Interviewing Training



- Sage Training and Consulting, LLC.
- Phase 1 for Supervisors and Family Services Specialists who supervise or carry In-Home cases
 - Integration of MI into In-Home Services practice
 - All training virtual
 - Training began in April
 - Fidelity monitoring
 - Coaching
- Phase 2 of Training
 - Expanding training to other program areas (including Benefits)
 - Continue training cohorts for In-Home



Our current trainer is Sage Training and Consulting. They were identified through an RFP last fall.

Phase 1 of the MI training will include Supervisors who supervise In-Home cases and Family Services Specialists who carry In-Home cases.

The goal is to integrate MI within our In-Home services practice

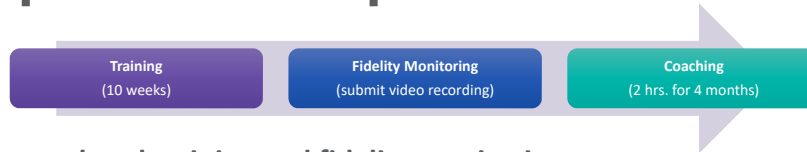
All training is provided virtually. The first cohort began training in April

Due to the requirements of Family First and claiming IV-E prevention funds for MI, the In-Home staff will be required to complete fidelity monitoring. VDSS is currently building out an ongoing fidelity monitoring plan.

There is also a coaching component to assist staff in continuing to develop their MI skill set. MI is an intervention that workers become more efficient and comfortable with the more they practice. We will continue to offer ongoing MI practice opportunities through Peer Learning Groups.

Phase 2 of training will include expanding the training to other program areas to include permanency, protection and benefits. The other program areas will receive a condensed version of the training and will not require ongoing fidelity monitoring or coaching. We will also continue to offer training cohorts for the In-Home staff.

MI Implementation Updates



- » **Cohort 1 completed training and fidelity monitoring**
 - Coaching (complete in November)
- » **Cohort 2 completed training and fidelity monitoring**
 - Coaching (complete in January)
- » **Cohort 3**
 - Training (complete in November)
 - Fidelity monitoring (November)
 - Coaching (January)
- » **Cohort 4 will begin in January/February**
- » **Cohort 3 Next Steps/Wrap Up Webinar November 8th**
- » **Lifeline November 17th**

MI Implementation begins with the completion of the 10 week virtual training, submission of a video recording and participation in coaching for 2 hours a month for 4 months.

Cohort 1....

Cohort 2....

Cohort 3..

Cohort 4...

Cohort 3 Next Steps was held on November 8th and the recording will be posted on the Motivational Interviewing page on FUSION. Job Aids have also be uploaded to assist the LDSS workforce with MI implementation and documentation changes in OASIS.

Our next outreach will be the MI focused Lifeline on November 17th.

How can VDSS work together with LDSS to continue to prioritize MI?

LDSS Selected for Training Cohorts 1, 2 & 3

Cohort 1		Cohort 2		Cohort 3	
Campbell	Petersburg	Franklin	Spotsylvania	Pittsylvania	Hanover
Charlottesville	Craig	Lynchburg	Russell	Richmond County	Bath
Fauquier	Chesapeake	Bland	Wise	Shenandoah Valley	Norfolk
Montgomery	Henrico	Charles City	Mathews	Richmond City	Newport News
Floyd	Hampton	New Kent	Virginia Beach	Winchester	Prince George
James City	Madison	Northumberland	Loudoun	Alleghany/Covington	Galax
Washington	Stafford	Northampton	Manassas City	Tazewell	Warren
		Radford	Amelia	Amherst	Dinwiddie
		Prince William	Isle of Wight	Danville	Alexandria
		Portsmouth	Grayson	Norton	Buckingham
		Harrisonburg/Rockingham		Bristol	Louisa

We wanted to share the localities that were selected to participate in Training Cohorts 1, 2, 3. Cohort 1 was our Early Adopters group but all of the cohorts have demonstrated commitment to training and incorporating MI into their practice. Cohort 3 just completed their 10 week training and will begin coaching.

Next Steps

Continue to train
In-Home staff


Awaiting approval
of PACAP to
include MI

Establish a pool
of LDSS MI
Trainers

Expand MI
training to other
program areas

Continue to train In-Home staff:

Awaiting approval of PACAP to include MI: LDSS will be eligible for IV-E reimbursement if they meet all the MI eligibility requirements. VDSS has established a new way of claiming for the LDSS and submitted that proposal in our PACAP at the end of September. We are currently awaiting feedback.

 Division **Takeaways/Feedback from Cohorts 1&2**

I really never thought about constant sustain talk, and now I feel better equipped to guide my client in moving forward and caring more about themselves.

The practical use of the material covered, the engagement and fun learning environment made the course fly by.

I enjoyed how this training framed that we as workers cannot make the decisions for our families, we need to give the family the space to created without leading the conversation

This training was extremely helpful, both in learning new material and approaches, as well as reviewing concepts I'm already familiar with.

Clients cannot be successful at something they have never considered, learned or desired doing and MI can help motivate clients to explore more positive approaches to their problems.

It is not about me!!! Client centered conversations.

Favorite part of training was a lot of concepts that have been brought up or "sprinkled" across several different trainings brought all into one place.

Very good tool to include in our day-to-day work environment. The more you use it, the better you will be at it.

One of the best trainings I have ever participated in over the last 19 years.

Eye opening. I did not realize before how quickly we fall into telling our clients what to do instead of slowing down and hearing them out.

We need to do more listening and less talking. Being mindful of our interactions and not being so direct and trying to tell people what to do.

This training really helped me focus on taking more time before jumping to developing a plan.

I believe some of my clients just want to be heard and when I say that I hear them, they can engage with me more positively.

This course taught me a lot. I'm very thankful for the skill sets I know have.

Creating change is not about suggesting to people what things they need to change it's about allowing them to find the answers themselves.

It helped me learn new skills that I can use with clients and co-workers.

I think more before asking questions. I think about how and what a person will think of my questions.

Share a few takeaways/feedback from cohorts 1&2

BREAK





KIN FIRST NOW

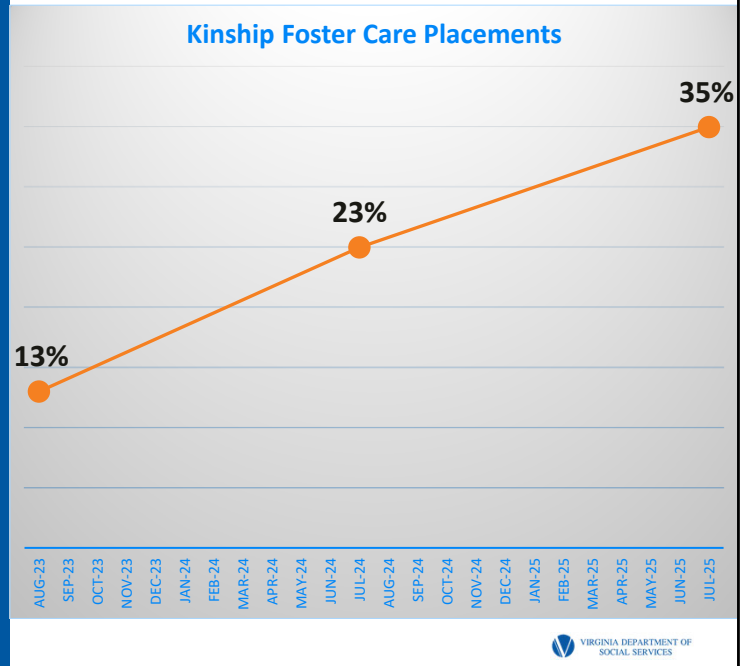
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Hi y'all! I'm Anya Horning, the kinship policy specialist here at VDSS and I'm here to talk about Kin First Now so that all of y'all are fully informed about what we're doing! For those of you not actively at agencies going through this process, I recognize that some of this could be completely new, so please feel free to put questions in the chat as we're going and Garrett, our Resource Family program manager, can answer them or we can talk through questions at the end of this section!

So, Kin First Now is an approach to our work intended to disrupt the processes that have led to children in non-relative placements or even displaced. The "now" in this title gives a sense of urgency that we hope all of our staff and all of our stakeholders possess in prioritizing those Kin First culture values of recognizing families as the experts and having them drive decision-making.

KINSHIP FOSTER CARE GOAL

By July 2025, 35% of all foster care placements for children/youth under the age of 18 will be in a kinship placement.



As to why “now”, why this moment- the national average of youth in foster care who are placed in kinship homes is about 34%, and Virginia has been hovering around 13% for about a year. The ultimate goal of Kin First Now is to exceed the national kinship care placement rate for all children in foster care. Our commissioner has set the goal for us to reach 35% by July 2025, and to get there, we need to move with purpose. VDSS is going to accomplish that by both addressing placements made when children FIRST enter foster care and also getting children already in foster care to permanency by engaging relatives as permanency options.

KIN FIRST NOW

- Urgent efforts to discover and engage family at first point of contact
- Enhance and/or create internal processes that reinvest staff time on search, discovery, and assessment of relatives/fictive kin through a teaming approach
- Engaging family and natural supports in planning for permanency

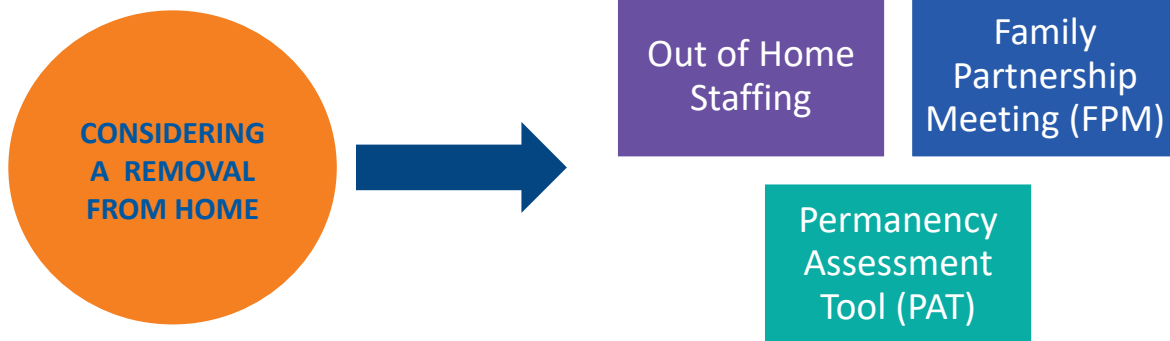


The focus of Kin First Now (KFN) is to prioritize and increase family engagement across the child welfare continuum through a teaming approach that ensures ongoing and consistent efforts to engage family in decision making any time a child cannot safely remain with their parents or current custodians.

The main goal is to ensure that for those children who do enter foster care, their first placement is a kinship placement. However, the values and approach to the work also have a focus on ensuring that whatever the track a family takes (custody transfer or kinship foster care) relatives and parents are fully informed about their options and what is available as far as support for caregivers and support around reunification (to avoid situations transferred like the ones Lori brought up in our comments earlier where parents aren't aware of how to reunify when custody is transferred)

We believe Kin First Now will help us reach this goal because we have based the primary elements of Kin First Now on practices that are being successfully used in our localities with high percentages of children in kinship foster care- we know this works and we want every locality to feel comfortable with these approaches we know to be effective.

KIN FIRST NOW PRACTICE ELEMENTS



Kin First Now relies on **3 key practice elements** that occur at the local department level, specifically when a child is at imminent risk of being removed from their home of origin OR an emergency removal has occurred.

Those key practice elements are the Out of Home Staffing, the Family Partnership Meeting and the use of the Permanency Assessment Tool.

Now these are not NEW practice elements but we recognize some agencies may not utilize them frequently or in the same way we are suggesting with Kin First Now.

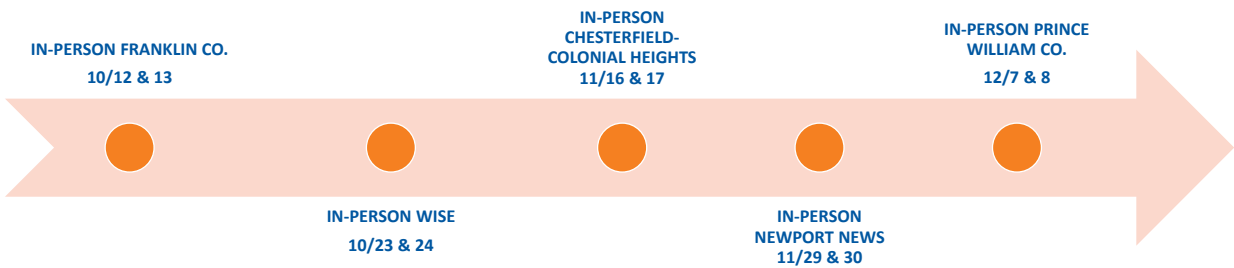
Out of Home staffing: a staffing held whenever a child is at risk of long-term displacement/removal from their parents or custodians home. Staff from across the child welfare spectrum come together in a planned and purposeful manner to share all necessary information about the family and to divide those tasks critical to locating, engaging and assessing family.

FPM: In KFN, the focus on the FPM involves ensuring that family are fully informed about their options when children cannot remain with their parents. This means creating space for a meaningful discussion around custody transfer versus kinship foster care and ensuring

we don't lose sight of either path also including a plan for reunification.

PAT: Lastly, in assessing relatives, we are encouraging the use of the Permanency Assessment Tool. While this is mandated when assessing relatives for kinship care, we strongly recommend it's usage in prevention and for purposes of an ALA. The information needed to support caregivers is the same whether custody transfer or foster care and consistent assessment of relatives means more streamlined practice across the child welfare spectrum and a more seamless transfer if families transition from an ALA to kinship foster care and vice versa.

FIRST FIVE AGENCIES



Here is the timeline of the in-person visits for the first 5 agencies.

The installation and/or enhancement of these practice elements takes place during in person home visits in which regional DSS staff, home office staff, and of course staff from the local department all come together.

As you can see here, of our first five agencies we've already been to Wise and Franklin and are looking forward to visiting Chesterfield, Newport news, and Prince William. A huge thank you to these agencies for being our first five and helping us develop KFN to be the most effective it can be!

COHORT 1

There are 15 agencies in Cohort 1 (3 agencies from each region)

- » **Central**-Chesterfield/Colonial Heights, Richmond City, and Hanover
- » **Eastern**-Newport News, Chesapeake, and Norfolk
- » **Northern**- Harrisonburg/Rockingham, Prince William County, and Alexandria
- » **Piedmont**-Franklin County, Lynchburg, and Roanoke City
- » **Western**-Buchanan, Washington, and Wise



In total for our first cohort, we've got these fifteen agencies participating.

Central-Chesterfield/Colonial Heights, Richmond City, and Hanover

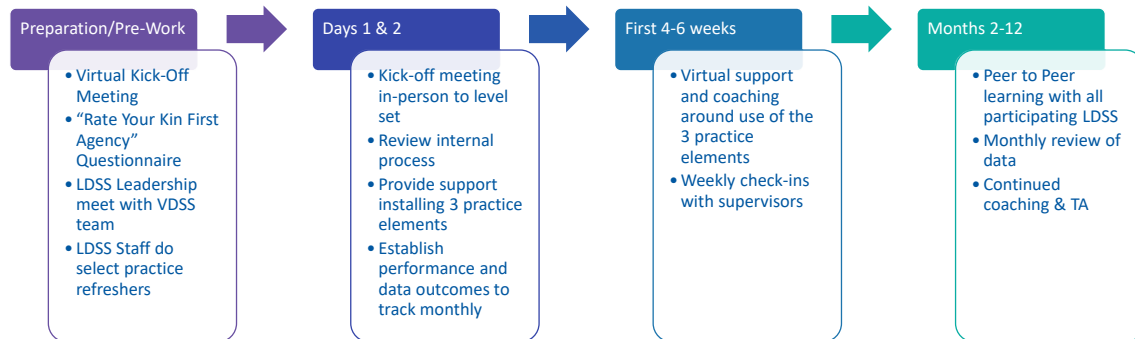
Eastern-Newport News, Chesapeake, and Norfolk

Northern- Harrisonburg/Rockingham, Prince William County, and Alexandria

Piedmont-Franklin County, Lynchburg, and Roanoke City

Western-Buchanan, Washington, and Wise

KIN FIRST NOW PLAN FOR EACH LDSS



As to what KFN looks like in action- while we are at participating agencies: pre-work in the form of kick-off meetings, internal assessments of current agency practice via “Rate Your Kin First Agency” and practice refreshers. Then we will be in-person for 2 days at each of the 15 LDSS in this first cohort., we’ll have 6 weeks of support by the regional practice consultants with program support and then at least 12 months of continued coaching and peer to peer learning with all LDSS in this cohort.

Our plan is to implement in 3 phases, 5 agencies at a time, over the next fiscal year.

And we are very grateful to have the Toni Turner and Susan Mullins here, the directors from Franklin and Wise respectively here to speak us about what this process was like for their agencies! Toni, let’s start with you...

Relative & Fictive Kin Recruitment for Youth in Foster Care

Service available to accept referrals from Local Departments in September 2023

Primary Goal: Establish a model for collaborative partnerships between private Child Placing Agencies and Local Departments to support the reinvestment in family search and discovery for youth in foster care who are not placed with Kinship Foster Parents. Minimum of 80 relatives will be identified within 30 days.

Eligibility: Youth ages 12-17 currently placed in congregate care or who have been in foster care from 12 months or more and are not placed with Kinship Foster Parents. These children are at greatest risk of aging out of foster care with no family connections.

Child Placing Agency Partners: Jewish Family Services, C2Adopt, United Methodist Family Services all have capacity to serve 10 children every 90 days. They provide coverage in Central, Eastern, and Piedmont with the ability to consider referrals from other regions.

FY 23: \$696,716 consists of \$375,273 reinvestment of Adoption General Fund Savings with an additional 43% or \$284,443 as a federal and state match related to the Social Services Block Grant

Contact your regional Permanency Consultant to inquire if the service is available for your locality!



As to addressing assisting those youth already in foster care in getting placed with family, after issuing a Request for Proposal in the spring of 2023, Relative and Fictive Kin Recruitment for youth in foster care was launched in September 2023. The service is intended to support LDSS efforts to reinvest in family search and engagement to prevent children who have been in foster care for 12 months or longer and not placed with Kinship Foster parents from languishing in foster care without permanency. The delegated model will be supported by VDSS through the contractual agreements with the three private agencies who were selected during the RFP process through a combination of Adoption General Fund Savings and Social Services Block Grant funding.

The contractors engage in the work of family search and discovery- and coordinate with the local departments to ensure placement is made within 90 days of the family finding process starting. JFS and C2 adopt provide coverage in Central and UMFS in Eastern and Piedmont, but have the ability to consider referrals from other regions.

Exceptional Circumstance Payment (ECP)

Purpose: A time limited payment made to the foster parent to support near constant supervision

Referral process: Submit completed referral form (found on Fusion) to latroy.colman9@dss.virginia.gov VDSS will approve or deny requests within 48 business hours.

Continued payments can be requested at 30 and/or 60 days.



ECP is a pilot program that was developed to secure and further stabilize placements of children and youth that require near constant supervision in a foster home. Funding in the amount of 3000/ month is provided to the foster parent to provide constant support and supervision to meet the child's needs. This payment is in addition to the basic and enhanced maintenance. This is meant to be short term solution until other services until the child stabilizes and needs a lower level support and supervision. For example, in some cases the foster parent may need to take off work for a period of time to provide the level of care the child requires upon placement (child not enrolled in school yet, needing additional supervision upon discharge from acute hospitalization). The funds can not be used to cover services that can be paid through CSA .

How are we doing?



As of October 1, 2023, there have been :

- 80 initial requests
- 20 second requests
- 3 third requests
- 8 denials



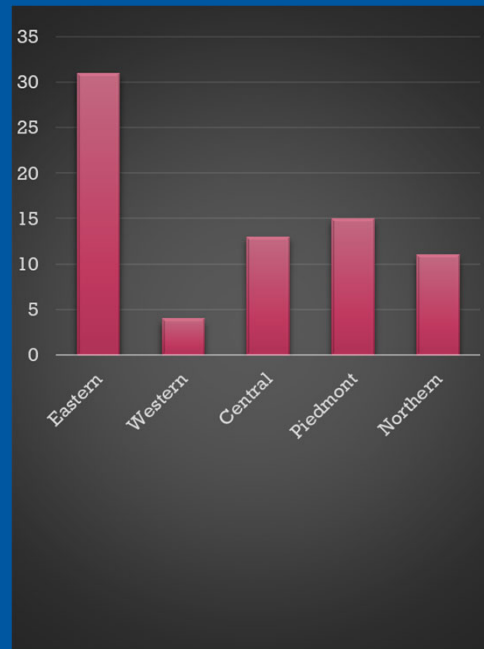
The average age range served is 12-17.

- 17- year -olds were the highest served
- 41 of youth were African American



21 of the youth served were on the high acuity list

- 54 youth served were in LDSS homes
- 30 youth remained in the same placement for 90 days or more after receiving the stipend

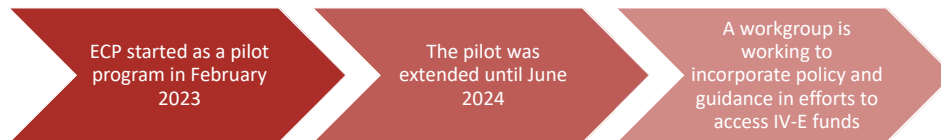


VIRGINIA DEPARTMENT OF SOCIAL SERVICES

As of Oct. 1- This is who we've served

Funds have been used for things like meal service/cleaning service freeing up the time for foster parents to be with the child, babysitting that's not covered by CSA. This has allowed youth to maintain in a foster home as opposed to a group that has 24/7 supervision.

Where are we going?



There's a workgroup that's working to put together guidance that we hope to get approved by our federal partners making it eligible for federal funding. This is still about a year away as it will also require an update to our iv-e plan.

Enhanced Treatment Foster Care

Enhanced Treatment Foster Care

- » Enhanced Treatment Foster Care (eTFC) is a pilot program
- » Limited placement (3-6 months)
- » Professional foster parents
- » Agencies must fund level 3 case management for the duration of the placement
- » LDSS should have an identified permanency plan and caretaker
- » LDSS *must* have monthly Child and Family Team meetings

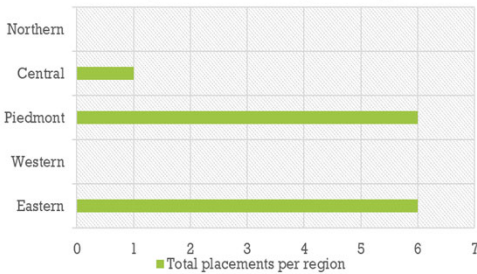


These foster parents are receiving an addition stipend to "hold" a bed for youth found to be appropriate for this program. They are professional foster parents where one parent must be available at all times (so not working) to respond to the needs of the child.

This program is meant to service as an alternative for children who would otherwise be served in CC. Youth who are able to receive community based services with a higher level of support and supervision are appropriate for this program. These are short term placements so they youth must have discharge plan that the agency is actively working toward.

How is it going?

Total placements per region



- There are 8 established homes in the program
- 4 homes are located in the Piedmont region and 4 homes in the Eastern Region

Challenges

- Youth do not have identified caretaker and/or permanency plan
- Child and Family Team meetings are not occurring monthly

Embrace, Bair, and Depaul are the three agencies that we have contracts with at this point. They are continually recruiting for additional homes but have 8 homes established so far. Since the homes are located in the Piedmont and Eastern regions, they are the regions that have been able to access these homes. The referrals go through a team at VDSS first prior to being sent to the agency. The biggest challenge has been having a solid discharge plans for the youth.

Title IV-E Review/ CFSR Trainings



CFSR Updates



In September 2023, the CFSR team began distributing monthly informational emails to local departments of social services. These emails are for the purposes of providing important information regarding the CFSR to local agency staff, as well as answering frequently asked questions regarding the CFSR. In addition, the CFSR team released our first quarterly micro training videos on the CFSR Fusion web page. The micro trainings are designed focus on specific CFSR items and understanding the federal expectations and rating criteria. Each video will be no longer than 10-15 minutes in length so that local agency staff can get specific and targeted information in a manageable timeframe and without completing a lengthy training.

Beginning December 1, CFSR staff will disseminate surveys to all CFSR participants at the conclusion of a case review. These surveys will provide data necessary for Virginia's statewide assessment process in preparation for CFSR Round 4. The surveys will collect information regarding child and family involvement in case planning, accessibility and appropriateness of services, timeliness of court proceedings, quality assurance processes, and additional data points that will assess the overall functioning of Virginia's child welfare system.

Lastly, in early 2024, the CFSR team anticipates beginning Round 4 CFSR webinar trainings. These trainings will be offered on a quarterly basis to local agency and state staff, as well as

any other interested partners or stakeholders, to explain the CFSR process more in-depth. We are also excited that the training will provide the testimony and experience of an LDSS agency that participated in CFSR Round 3, to provide the local agency perspective. The training will take place over half a day, and will include resources for attendees and Q&A with the CFSR trainers.



Title IV-E Updates

Federal Review Dates
February 24-28, 2025

Period Under Review
April 1, 2024 – September 30, 2024

Sample Pull
80 cases with 8 oversamples

The Virginia Department of Social Services (VDSS) is scheduled to undergo a Federal Title IV-E Foster Care Eligibility Review from February 24 to 28 in the year 2025.

The cases to be reviewed will be selected from the State's AFCARS submission for the period between April 1, 2024, and September 30, 2024.

A total of 80 cases and at least 8 over-sample cases will be selected for review.

If there are up to 4 errored cases with financial implications, Virginia will still be considered compliant. However, if there are 5 or more errored cases with financial implications, Virginia will be considered non-compliant.

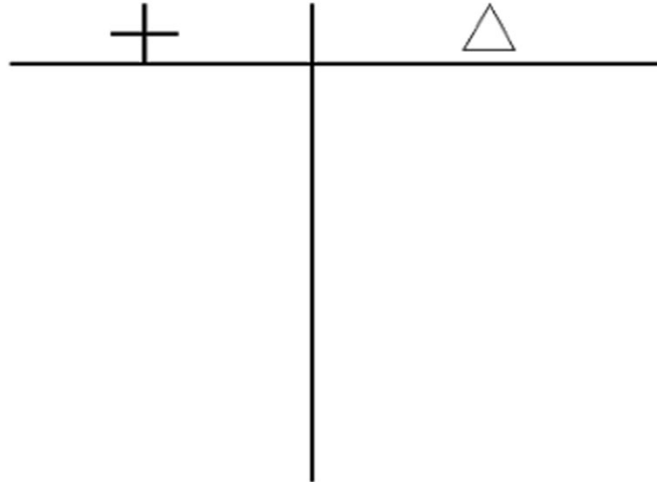
Preparing for the IV-E Review



To prepare for the review, there are a few things that can be done:

1. QAA has already begun reviewing 100% of ongoing IV-E cases.
2. The agency can assist by conducting quarterly reviews of their foster care cases to ensure that all documents are uploaded to COMPASS (or their agency-approved electronic system) and are accurate.
3. It is important to ensure that OASIS entries are correct, including custody dates and funding screens.
4. Make sure that all documents are uploaded according to the Naming Convention document. For the federal review, it may not be feasible to open every attachment on every page. Therefore, the electronic file must be searchable. The more detailed the search function is, the better it will be.

Plus / Delta



For those who are new to this meeting: pluses 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 pluses. Write in the chat:



Next meeting: TBD

Thank you to all of the veterans in honor of Veteran's Day.