



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES



Child Welfare Advisory Committee (CWAC)

April 2026

Welcome!

- » We are so glad you are here!
- » **Some housekeeping:**
 - Please keep your lines MUTED (both computer and phone)
 - Use the CHAT box to interact with everyone



Just a couple of housekeeping items - Please keep yourself muted and utilize the chat.

Agenda

- **DFS Updates**
- **Child and Family Services Review (CFSR) Overview**
- **Data Review**
- **Stakeholder Interviews**
- **Break**
- **A Home for Every Child & New PIP Pilot**
- **Breakout Rooms: Feedback on Areas of Opportunity for PIP**
- **Plus/Delta**

Child Welfare Advisory Committee (CWAC) Charge

CWAC:
collaborative
advisory group
working
together to
achieve
system
outcomes.

- Child welfare program, policy, training and practice
- CFSP, annual progress reports and other state plans
- Capacity Building and CQI
- Collaboration and Partnerships

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 Updates

» DFS program/project updates



CFSR (Child and Family Services Review)

The CFSR is a **periodic federal review** of state child welfare systems to:

- Ensure **conformity** with federal child welfare requirements;
- Determine **what is happening to children & families** in the child welfare system; and
- Assist states in **enhancing their capacity** to achieve **safety, permanency & well-being**.

Step 1: Statewide Assessment

Step 2: On Site Review

Step 3: Program Improvement Plan

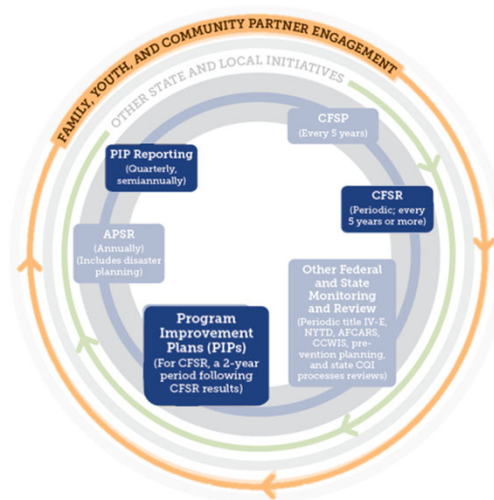


Image from Strategic Planning in Child Welfare (Child Welfare Capacity Building Collaborative)
<https://capacity.childwelfare.gov/states/topics/cqi/strategic-planning>



The 1994 Amendments to the Social Security Act authorize the U.S. Department of Health and Human Services to review state child and family service programs to ensure conformity with the requirements in titles IV-B and IV-E of the Social Security Act.

2000 Children's Bureau final rule established CFSR processes.

Round 1: 2003

Round 2: 2009

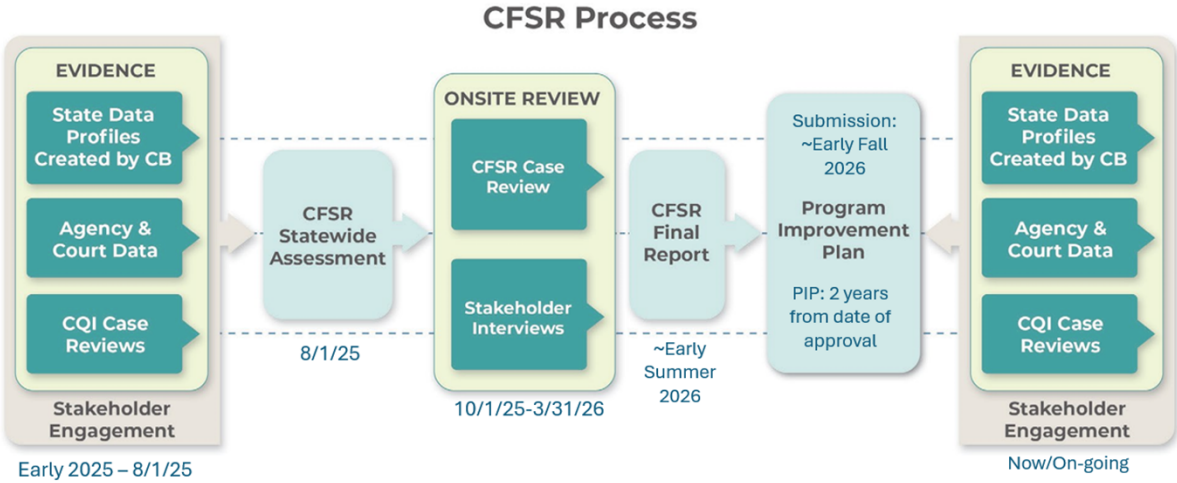
Round 3: 2017

Currently in Round 4: 2023-2026

Virginia is a year 3 state, review beginning Oct 2025

<https://www.cfsrportal.acf.hhs.gov/resources/round-4-resources/cfsr-round-4-process/cfsr-overview-video/video>

Virginia CFSR Round 4 Timeline



CFSR Data

» Reviewing two types of CFSR Data

- CFSR Statewide Data Indicators

- New Federal Public Data Dashboard for Statewide Data Indicators

CFSR Statewide Data Indicators - Data Profile Dashboard

This dashboard presents statewide data indicator performance on safety and permanency and is updated twice per year (February and August). For each indicator, the state's Risk-Standardized Performance (RSP), RSP interval, observed performance, and data quality check results are displayed.

The dashboard includes a visualization of a state's RSP compared to national performance, along with a graph visualizing performance on each indicator over time. Additionally, tables present the numeric data in non-graphical displays.

For additional information on the CFSR statewide data indicators, see the [Children's Bureau's Information Page](#).

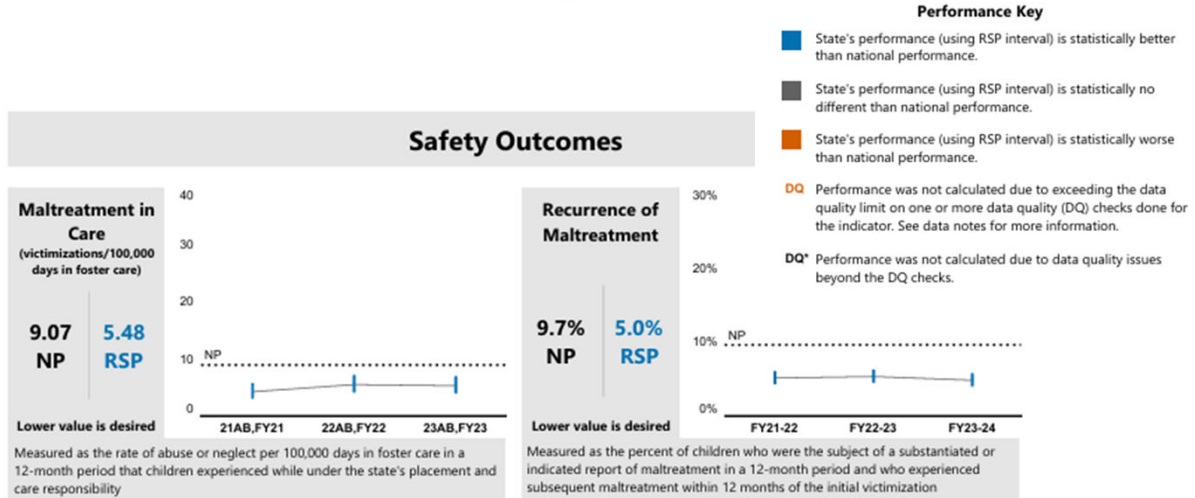
Select a state in the dropdown menu to view the data profile.

[Click here to view the data profile](#)

- CFSR Case Review Data

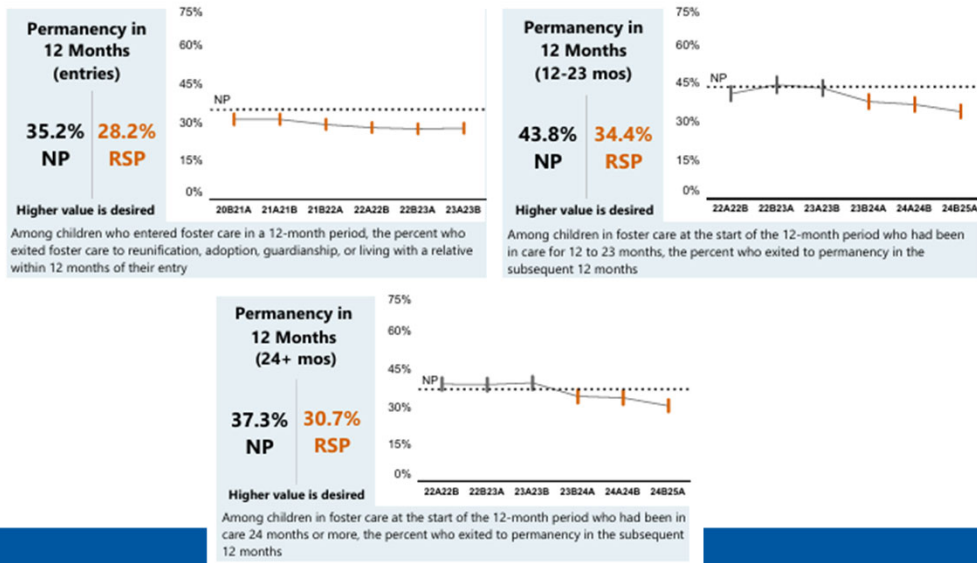
<https://tableau-public.acf.gov/views/CFSR4DataProfileDashboard/MainPage?%3Aembed=y&%3AisGuestRe directFromVizportal=y>

Data Indicators – Safety Outcomes



On this slide are the two data indicators for safety outcomes: Maltreatment in care and recurrence of maltreatment. Maltreatment in care is measured as the rate of abuse/neglect per 100,000 days in foster care in a 12 month period that children experienced in foster care. Lower values are desired for this measurement. Virginia performs better than the national performance on this measure. Recurrence of Maltreatment is measured as the percent of children who were the subject of a substantiated report of maltreatment in a 12 month period and experienced subsequent maltreatment within 12 months of the initial victimization. VA performs better than the national performance on this measure.

Data Indicators – Permanency Outcomes

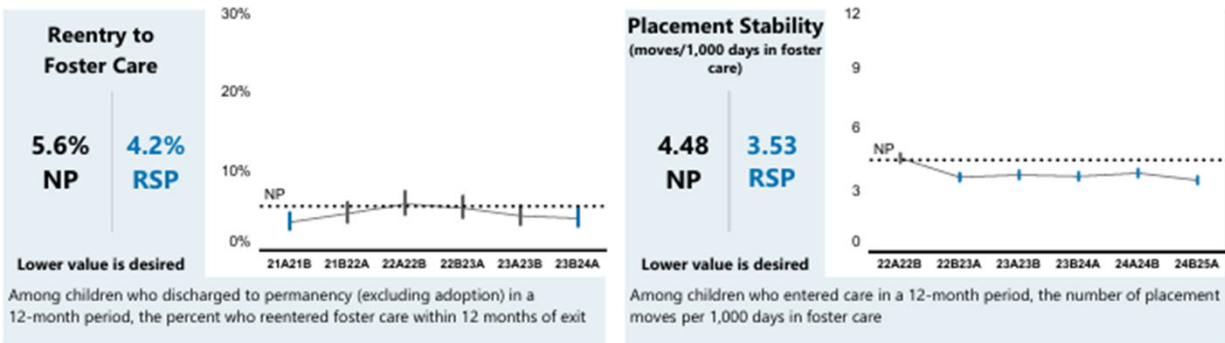


Next we get to our data indicators for permanency outcomes. The first three displayed on this screen are the Permanency within 12 months measures. The first measure is Permanency in 12 months (entries). Higher values are desired for this outcome. This looks at among children who entered foster care in a 12 month period, what percent exited foster care to permanency (reunification, adoption, guardianship, or living with a relative) within 12 months of their entry. Virginia performs worse than the national performance and has seen a decline in performance.

The second measure is Permanency in 12 months (12-23 months). This looks at among children in foster care at the start of the 12 month period who have been in care for 12-23 months, the percent who exited to permanency in the subsequent 12 months. Virginia performs worse than the national performance and has seen a decline in performance.

The third measure is Permanency in 12 months (24+ months). This looks at among children in FC at the start of the 12 month period who have been in care 2 months or more, the percent who exited to permanency in the subsequent 12 months. Virginia performs worse than the national performance and has seen a decline in performance.

Data Indicators – Permanency Outcomes, cont.



The remaining 2 data indicators for permanency outcomes are re-entry to foster care and placement stability, where lower values are desired in both.

Reentry to foster care looks at among children who discharged to permanency (excluding adoption) in a 12 month period, what percent re-entered care with 12 months of the exit. Virginia's currently performs better than the national performance (seeing an improvement since the 22B23A reporting cycle)

Placement stability looks at children who entered care in a 12 month period – what is the number of placement moves per 1,000 days in foster care. Virginia has maintained better than the national performance for the past several reporting cycles and saw improvement in the last reporting cycle.



CFSR Case Review Data



Virginia recently concluded our Round 4 CFSR case reviews, which took place over two quarters, from Oct25-March 26. Today I'd like to share our case review outcomes from each quarter, as well as provide insights into the areas where we struggled to perform well.

Round 4 Quarter 1 Outcomes (October-December 2025)

CFSR Items	Statewide Q1 (35)	Central Q1 (5)	Eastern Q1 (6)	Northern Q1 (8)	Piedmont Q1 (10)	Western Q1 (6)
Item 1- Timeliness	75%	0% (1)	50%	100%	100%	75%
Item 2- Safety Services	81%	67%	83%	100%	100%	60%
Item 3- Risk and Safety	51%	40%	50%	50%	70%	33%
Item 4- Placement	75%	67%	100%	50%	67%	100%
Item 5- Permanency Goals	70%	67%	100%	75%	67%	33%
Item 6- Achieving Permanency	25%	33%	50%	25%	0% (6)	33%
Item 7- Sibling Placement	77%	67%	75%	50%	100%	100%
Item 8- Visitation	53%	67%	75%	25%	50%	50%
Item 9- Connections	70%	100%	50%	75%	67%	67%
Item 10- Placement with Relatives	75%	100%	75%	75%	67%	67%
Item 11- Relationship	51%	100%	75%	50%	25%	50%
Item 12- Needs/Services	34%	20%	50%	25%	50%	17%
Item 13- Case Planning	51%	40%	67%	63%	50%	33%
Item 14- CW visits child	71%	40%	83%	75%	90%	50%
Item 15- CW visits parent	48%	25%	83%	43%	50%	33%
Item 16- Education	95%	100%	100%	100%	100%	75%
Item 17- Med/Dental	67%	75%	33%	67%	83%	80%
Item 18- MH/BH	67%	75%	67%	60%	71%	60%

Q1 Agencies	IH (15)	FC (20)
Central	<ul style="list-style-type: none"> Henrico Goochland 	<ul style="list-style-type: none"> Nottoway Chesterfield/Colonial Heights Richmond City
Eastern	<ul style="list-style-type: none"> Newport News Chesapeake 	<ul style="list-style-type: none"> Virginia Beach Norfolk (2) York/Poquoson
Northern	<ul style="list-style-type: none"> Loudoun Frederick Co. Harrisonburg/Rockingham Fairfax 	<ul style="list-style-type: none"> Fairfax Harrisonburg/Rockingham Arlington Warren
Piedmont	<ul style="list-style-type: none"> Roanoke County Roanoke City Franklin Campbell 	<ul style="list-style-type: none"> Roanoke County Roanoke City Franklin Albemarle Lynchburg Henry-Martinsville
Western	<ul style="list-style-type: none"> Smyth Pulaski Carroll 	<ul style="list-style-type: none"> Wythe Montgomery Wise

This data chart breaks down our outcomes for quarter 1 of the federal review, which took place from October-December 2025. Outcomes for each item are broken down by state and by each region. The chart on the right indicates which agencies and case types were selected for review in each region. In quarter 1 we reviewed a total of 35 cases from 29 agencies across Virginia. As we review the data chart, it is important to note that the federal standard for Item 1 is 95%, and for items 2-18 it is 90%. As a state, the only item we met the federal standard for was Item 16, assessment of educational needs and services to children, which is indicated by the green font. 4 of the 5 regions did particularly well in that item, scoring 100%. We also overall did well as a state in Item 2, providing services to address risk/safety, at 81%.

Are there any questions about Q1 outcomes?

Round 4 Quarter 2 Outcomes (January-March 2026)

CFSR Items	Statewide Q2 (35)	Central Q2 (4)	Eastern Q2 (6)	Northern Q2 (9)	Piedmont Q2 (10)	Western Q2 (6)
Item 1- Timeliness	82%	50%	100%	75%	75%	100%
Item 2- Safety Services	70%	67%	75%	50%	80%	100%
Item 3- Risk and Safety	77%	50%	100%	78%	70%	83%
Item 4- Placement	90%	100%	67%	100%	83%	100%
Item 5- Permanency Goals	74%	100%	100%	80%	67%	50%
Item 6- Achieving Permanency	35%	0%	67%	80%	0%	25%
Item 7- Sibling Placement	91%	100%	100%	100%	83%	100%
Item 8- Visitation	77%	100%	100%	100%	60%	50%
Item 9- Connections	75%	50%	100%	100%	50%	75%
Item 10- Placement with Relatives	53%	0%	100%	8%	33%	50%
Item 11- Relationship	67%	100%	50%	100%	50%	50%
Item 12- Needs/Services	37%	50%	50%	33%	20%	50%
Item 13- Case Planning	64%	75%	83%	75%	40%	60%
Item 14- CW visits child	77%	50%	100%	78%	70%	83%
Item 15- CW visits parent	52%	33%	60%	75%	30%	60%
Item 16- Education	89%	100%	67%	100%	83%	100%
Item 17- Med/Dental	74%	100%	0%	80%	86%	83%
Item 18- MH/BH	41%	100%	50%	25%	14%	50%

Q2 Agencies	IH (15)	FC (20)
Central	<ul style="list-style-type: none"> Henrico Chesterfield/Colonial Heights 	<ul style="list-style-type: none"> Middlesex Westmoreland
Eastern	<ul style="list-style-type: none"> Norfolk Prince George Dinwiddie 	<ul style="list-style-type: none"> Virginia Beach Portsmouth James City
Northern	<ul style="list-style-type: none"> Winchester Alexandria Spotsylvania Prince William 	<ul style="list-style-type: none"> Fairfax Harrisonburg/Rockingham Fredericksburg Culpeper Frederick
Piedmont	<ul style="list-style-type: none"> Lynchburg Alleghany-Covington Charlotte Bedford 	<ul style="list-style-type: none"> Roanoke County Roanoke City Charlottesville Shenandoah Valley Rockbridge Lynchburg
Western	<ul style="list-style-type: none"> Wythe Carroll 	<ul style="list-style-type: none"> Dickenson Bristol Smyth Russell

This data chart shows our outcomes for quarter 2 of the federal review, which took place from January-March 2026. Again we have a breakdown of the outcomes on the lefthand side of the screen, and on the right we have the agencies and case types were selected for review in each region. In quarter 2 we reviewed a total of 35 cases from 34 agencies across Virginia. As a state, we met the federal standard for two items- permanency item 4 (placement stability) at 90%, and permanency item 7 (placement with siblings) at 91%. We also scored particularly well across the state in item 1, timeliness of response to reports of maltreatment, at 82%, as well as Item 16- education, at 89%.

This quarter overall saw improved outcomes from Q1 of the federal review with quite a few regions scoring 100% strengths in many items. However, We continued to struggle in particular in Item 6, achievement of permanency goals, and item 12, assessment of needs and provision of services. As a state we scored a 35% strength rating in Item 6. Two regions scored 0% in item 6. There were 2 FC cases rated in Central this Q and 6 FC cases rated in Piedmont; this means that agencies did not make concerted efforts to achieve permanency timely in any of those cases. Western obtained a 25% strength rating, meaning concerted efforts to achieve permanency were made in only one of the four FC cases reviewed.

I do also want to note that our outcomes in item 6 are reflective of what we see in the permanency outcomes in our SWDI, in which earlier we noted we consistently perform

lower than the federal performance

For item 12, we scored a 37% as a state. This is concerning because assessing needs and providing services is the cornerstone of casework and ensuring that we are meeting the needs of children and families. This item is applicable for rating in all cases. Across the regions we did not rate higher than 50%, with northern and piedmont scoring at 33% and 20% respectively. For northern, that means that in only 3 of the 9 cases reviewed, agencies made concerted efforts to assess the needs of families and provide the necessary services. In 2 of the 10 cases rated in Piedmont, agencies made concerted efforts to assess the needs of families and provide the necessary services.

Are there any questions about the Q2 outcomes?

Okay, now we'll move on to discuss MP 1

Measurement Period 1 Outcomes (October 2025-March 2026)

CFSR Items	Statewide MP1 (70)	Central MP1 (9)	Eastern MP1 (12)	Northern MP1(17)	Piedmont MP1(20)	Western MP1 (12)
Item 1- Timeliness	79%	33%	80%	83%	86%	88%
Item 2- Safety Services	76%	67%	80%	63%	90%	71%
Item 3- Risk and Safety	64%	44%	75%	65%	70%	58%
Item 4- Placement	83%	80%	86%	78%	75%	100%
Item 5- Permanency Goals	72%	80%	100%	78%	67%	43%
Item 6- Achieving Permanency	30%	20%	57%	56%	0%	29%
Item 7- Sibling Placement	83%	75%	80%	67%	89%	100%
Item 8- Visitation	63%	75%	83%	57%	56%	50%
Item 9- Connections	73%	80%	71%	89%	58%	71%
Item 10- Placement with Relatives	64%	60%	83%	78%	50%	57%
Item 11- Relationship	62%	100%	67%	80%	38%	50%
Item 12- Needs/Services	36%	33%	50%	29%	35%	33%
Item 13- Case Planning	57%	56%	75%	69%	45%	45%
Item 14- CW visits child	74%	44%	92%	76%	80%	67%
Item 15- CW visits parent	50%	29%	73%	60%	39%	45%
Item 16- Education	92%	100%	83%	100%	91%	88%
Item 17- Med/Dental	70%	83%	22%	73%	85%	82%
Item 18- MH/BH	54%	86%	57%	44%	43%	56%



Measurement period 1 encompasses both quarters of our federal review, from Oct 2025-March 2026. As a state, we only met the federal standard of 90% in one item. Items meeting the federal standard for the entire MP are highlighted in green on the far left column. In item 16, which is assessment of educational needs and services to children, we scored a 92%. You'll also note that across each region there are far fewer items in green font that met the federal standard. However, for the MP overall we scored well in a couple of our permanency items- both item 4, placement stability, and item 7, placement with siblings, scored 83% strength ratings.

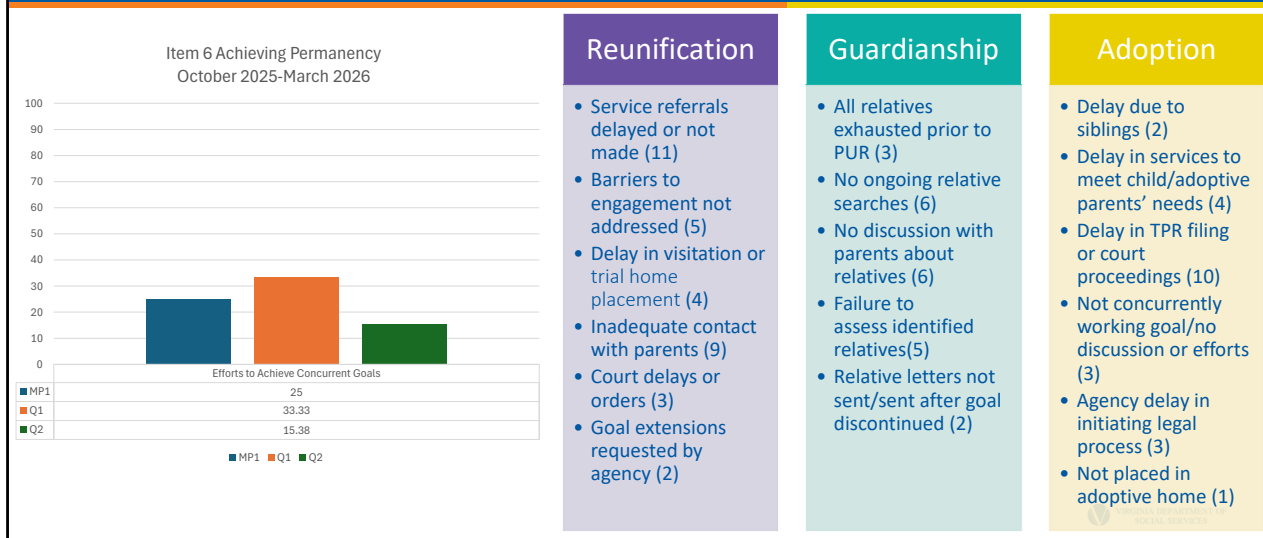
As you can see, Items 6 and 12 continue to be concerning at 30% and 36% respectively. Piedmont scored a 0% in item 6 for the MP, meaning that none of the 12 FC cases rated over the two quarters received strength ratings in this item. Northern scored a 29% for item 12, meaning that only 5 of the 17 cases rated over the two quarters had strengths in the area of needs assessment and services.

A couple other items in which we saw particularly difficult outcomes in Q1 and for the MP are items 13 (case planning) and 15 (caseworker visits with parents). These are also items that correspond closely to item 12, and have historically tended to have lower outcomes for VA. We scored a 57% strength rating in item 13, and 50% strength rating in item 15.

Are there any questions or thoughts about MP1?

Now we're going to move on to some root cause analysis for the measurement period. We will specifically focus on items 6, 12, 13, and 15, and discuss the underlying reasons for area needing improvement ratings in those items.

Item 6: Achieving Permanency

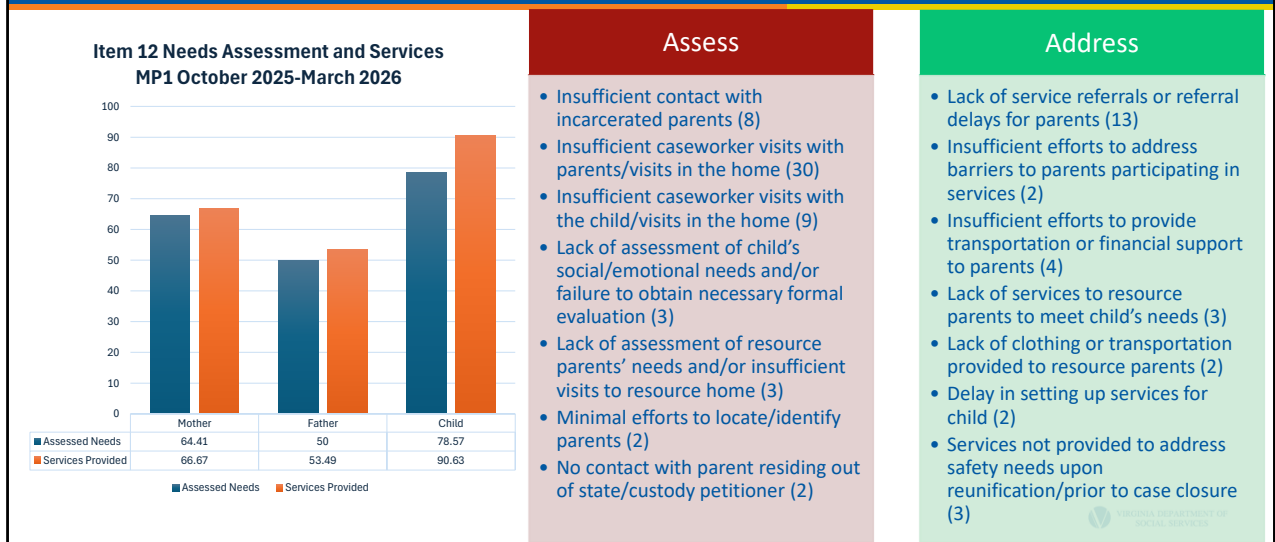


Let's start by diving into Item 6, achievement of permanency goals. The chart on the left-hand screen shows efforts to achieve concurrent goals in the MP, and in each Q. For the entire MP, concerted efforts to achieve concurrent goals were made in 25% of the cases rated. This means that of the 28 applicable permanency cases having concurrent goals, efforts were made by the agency and court to achieve those concurrent goals in 7 cases. If one of the two goals was achieved during the PUR, the rating is based on the goal that was achieved. In Q1, 33.33% of cases made efforts to achieve concurrent goals, and in Q2, 15.38% made efforts to achieve concurrent goals.

There were 40 FC cases rated during the MP applicable for this item and 28 were rated as an ANI. On the right-hand side of the screen we broke down primary reasons for ANI ratings in this item, by reunification goal (read ANIs on slide)

Are there any questions about root causes for Item 6 before we move on?

Item 12 Assessment of Needs and Services

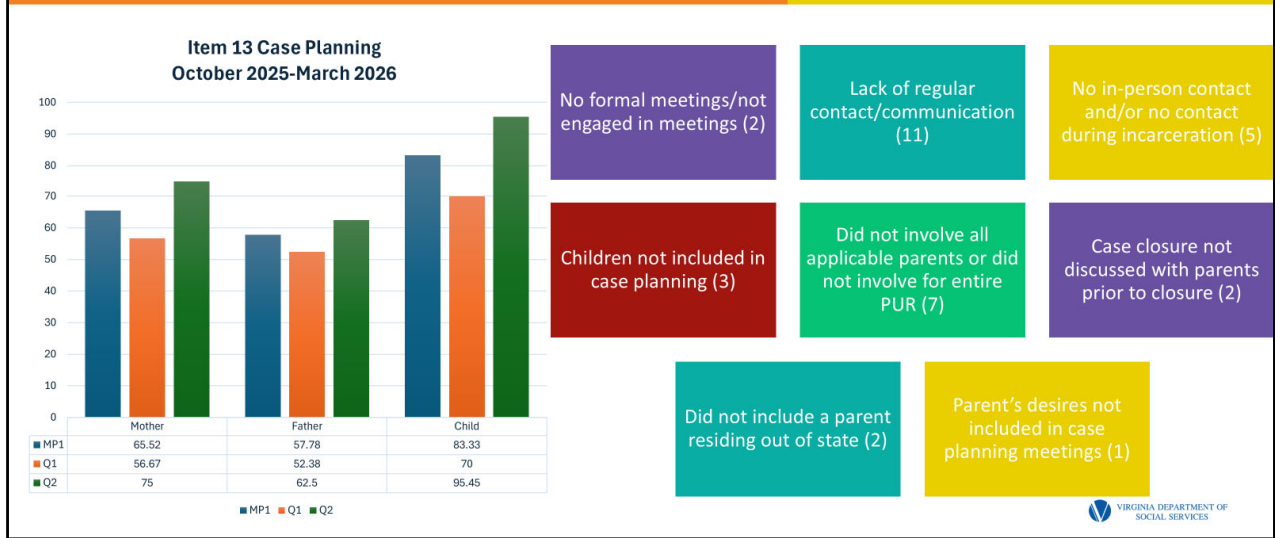


Next we'll take a look at Item 12, assessment of needs and provision of services. On the left-hand side of the screen we have broken down assessment of needs and services by mother, father, and child, for the MP. Across all family members, it is notable that we tend to perform better in providing services than we do in assessing needs. Overall, we have seen the best performance in Item 12 for children, which is sub-item 12A; however, interestingly, that is also where we see the largest gap between assessing needs and providing services. In sub-item 12B related to the parents, we are overall scoring higher in assessing needs and providing services to mothers than we are to fathers. Additionally, while every case is applicable for rating of item 12, parental applicability for 12B is based on the case type and the parent's involvement and relationship with the child. There are a higher number of mothers who are applicable for rating in this item, and fewer applicable fathers, due to lack of involvement.

All 70 cases rated during the MP are applicable for rating of item 12, and ANIs in this item can result for ANIs in any one of the sub-items pertaining to children, parents, or resource parents. On the righthand side of the screen we have ANIs for item 12 broken down by assessing needs and addressing needs. (read slide)

Are there any questions about item 12 before we move on?

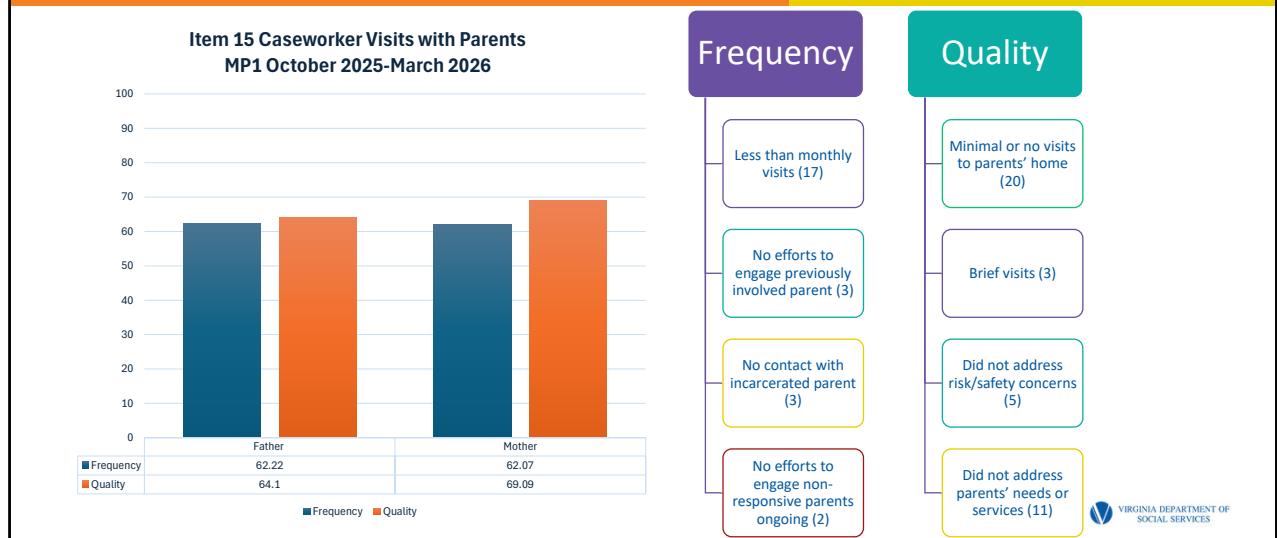
Item 13 Case Planning



Item 13 is case planning with parents and children. The chart on the lefthand side breaks down case planning by family member for each Q and the MP. Overall, we show more strengths in involving children in the case planning process, when applicable based on age and developmental ability. Similar to item 12, we perform next best with mothers, and we tend to actively include fathers in case planning the least. Across all family members, we had considerably more strength ratings in case planning during Q2 of the federal review.

On the righthand side of the screen we've broken down reasons for ANIs in case planning Any questions about item 13?

Item 15 Caseworker Visits with Parents



The final item we'll review today is item 15, caseworker visits, specifically with parents. The chart on the left breaks down the frequency and quality of visits with mothers and fathers, for the MP. For both parents, we overall score better in quality of visits than in frequency; however, quality of visits is considerably higher for mothers at 69%, vs 64% for fathers. The frequency of visits for both parents was about equal for the MP, in around 62% of cases, the frequency of visits that occurred with mothers and fathers was sufficient to meet the parents' needs and address case goals.

On the right we've broken down ANIs for item 15 based on frequency and quality. Any questions regarding item 15?

Stakeholder Interview Week: 3/16/26 - 3/20/26

Stakeholders

- 20 Interviews
- 140+ interview participants
- Youth, Parents, Community Providers, LDSS, VDSS, Licensing, OCS/CSA, Residential treatment staff, & more

Interview Items

- Item 21: Periodic Reviews
- Item 28: Provider Training
- Item 29: Array of Services
- Item 30: Individualizing Services

Themes

- Gaps in services
- Waitlists
- Need for foster homes that meet the needs of Virginia's children
- Reduction of displaced children

Collective Thinking

Join at menti.com | use code 1220 0334

 Mentimeter

If you could only pick one child welfare need for Virginia to focus on, what would be your top priority?

Break



Program Improvement Plan (PIP) Requirement

» If states fail to meet substantial conformity on one or more performance outcome or systemic factor, they must submit a PIP.

Safety Outcomes

- 1. Children are, first and foremost, protected from abuse and neglect, and;
- 2. Children are safely maintained in their homes whenever possible and appropriate.

Permanency Outcomes:

- 1. Children have permanency and stability in their living situations, and;
- 2. The continuity of family relationships and connections is preserved for children.

Well-being Outcomes:

- 1. Families have enhanced capacity to provide for their children's needs;
- 2. Children receive appropriate services to meet their educational needs, and;
- 3. Children receive adequate services to meet their physical and mental health needs

Performance Outcomes

Now that our CFRS review period is over – what is the next step in the process? For any states that fail to meet conformity in either performance outcomes or systemic factors, they have to submit a Program Improvement Plan to the Children’s Bureau for approval. Just to level set, on the screen I have the seven performance outcomes (2 in safety, 2 in permanency, and 3 in well-being). These outcomes are the ones being reviewed in the case reviews.

PIP Requirements, cont.

1. The statewide information system;
2. The case review system;
3. The quality assurance system;
4. Staff and provider training;
5. The service array and resource development;
6. Agency responsiveness to the community, and;
7. Foster and adoptive parent licensing, recruitment, and retention.

Systemic Factors

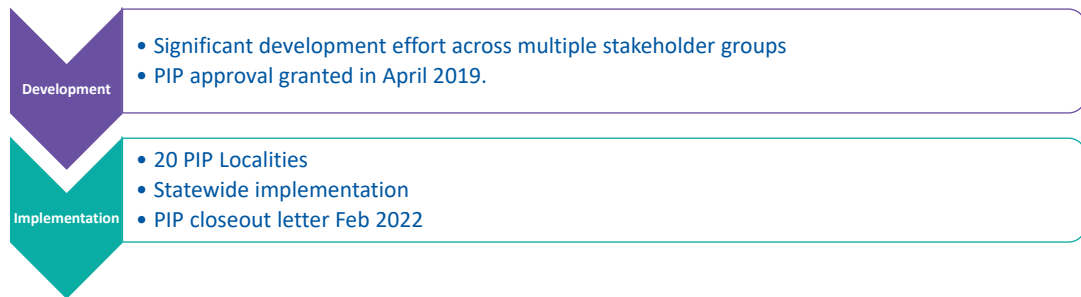
This slide shows the 7 systemic factors that states also have to meet conformity on to avoid a PIP. No state has ever met conformity on all performance outcomes and systemic factors and thus all states have historically had to enter a PIP.

Virginia's Last CFSR Program Improvement Plan (PIP)

» 2017 CFSR Final Report

- 0 out of the 7 Outcomes were found in substantial conformity
- 4 out of the 7 systemic factors were found in substantial conformity

» Resulting in a PIP:



What has been the PIP process in the past? VDSS was notified upon completion of the CFSR 2017 Final Report that Virginia would need to implement a Program Improvement Plan (PIP). VDSS underwent significant root cause analysis and engagement of multiple stakeholder groups to develop the PIP. VDSS submitted the first draft of the PIP in January 2018.

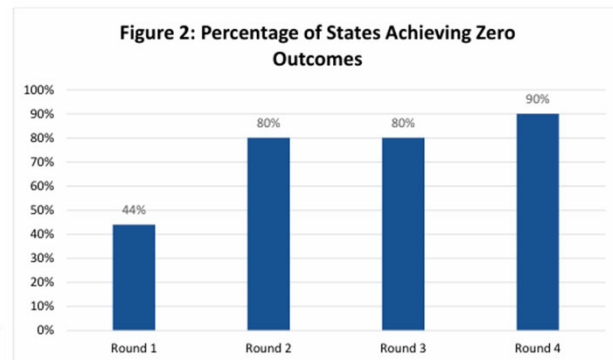
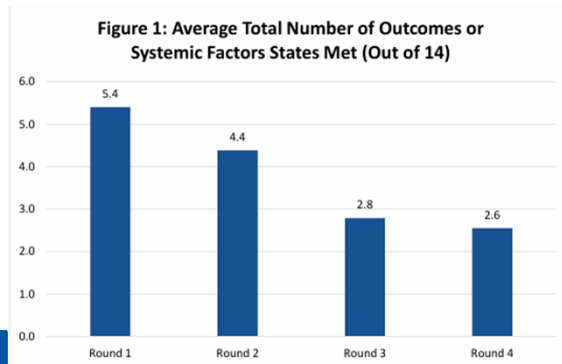
VDSS was able to obtain PIP approval through negotiation with federal partners in April 2019.

VDSS implemented the PIP in 2019 with 20 PIP localities and 7 workgroups which worked to implement PIP strategies with the 20 localities and then expand statewide. We received the PIP closeout letter Feb 2022.

ASPE Brief:

No States Have Ever Passed the Child and Family Services Reviews

- » No state has ever achieved substantial conformity on all 7 performance outcomes and 7 systemic factors
- » The number of performance outcomes and systemic factors successfully achieved by states has continually declined even further each round.



What has been the result of traditional PIPs?

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) in the federal government (HHS) released a brief titled “No states have ever passed the Child and Family Services Reviews: Finding from an Analysis over the Last 25 Years”.

Link for the chat:

<https://aspe.hhs.gov/sites/default/files/documents/a8b7a03d60c59252be4beb703e291574/No%20States%20Have%20Ever%20Passed%20CFSR.pdf>

The brief notes that no state has ever “passed” the CFSR, meaning achieving substantial conformity on all 7 performance outcomes & 7 systemic factors which means that each state has had to enter in to a PIP after each round. Despite the implementation of continued program improvement plans, performance has continued to decline after each round for the average number of outcomes or systemic factors that states meet. Also on the slide is a graph showing the percentage of states achieving no performance outcomes is increasing.

*Just as a note Round 4 is not yet complete so there is a limited sample in Round 4 data.

ASPE Brief, cont.

- » Although the process does not seem to be driving program improvement, it is costly and burdensome.
- » Substantial costs, administrative burdens, and financial penalties resulting from the process

Table 1. Percentage of States Achieving Substantial Conformity on Performance Outcomes (Rounds 1-4)¹

Outcome	Description	Round 1	Round 2	Round 3	Round 4
Safety Outcome 1	Children are, first and foremost, protected from abuse and neglect	10%	0%	8%	10%
Safety Outcome 2	Children are safely maintained in their homes when possible	12%	0%	0%	0%
Permanency Outcome 1	Children have permanency and stability in their living situations	0%	0%	0%	0%
Permanency Outcome 2	The continuity of family relationships and connections is preserved	13%	0%	0%	0%
Well-being Outcome 1	Families have enhanced capacity to provide for children's needs	0%	0%	0%	0%
Well-being Outcome 2	Children receive services to meet their educational needs	31%	19%	12%	5%
Well-being Outcome 3	Children receive services to meet their physical and mental health needs	2%	0%	0%	0%

Table 2. Percentage of States Achieving Substantial Conformity on Systemic Factors (Rounds 1-4)^{1v}

Systemic Factor	Round 1	Round 2	Round 3	Round 4
Statewide Information System	90%	78%	53%	35%
Case Review System	26%	2%	4%	0%
Quality Assurance System	68%	78%	51%	50%
Training	66%	70%	25%	35%
Service Array	44%	18%	6%	0%
Agency Responsiveness to the Community	94%	98%	92%	90%
Foster and Adoptive Parent Licensing, Recruitment, and Retention	82%	74%	27%	30%

On this slide we see two tables showing the percentages of states achieving conformity on the performance outcomes and systemic factors in each round. As you can see there are some outcomes that no state has ever achieved conformity in.

The brief also notes that although the process doesn't seem to be driving program improvement, it's costly and burdensome. There are substantial costs, administrative burdens, and financial penalties that result from the PIP process. The brief ends with the suggestion "it may be time to re-evaluate the utility of the CFSR process to better assess and drive child welfare program outcomes."

Technical Bulletin #14 & A Home for Every Child

» Presidential Executive Order No. 14359 *Fostering the Future*

- Goal of improving child welfare outcomes throughout the US
- Update regulations, policies, and practice to improve state-level child welfare data including improving collection of data, eliminating duplicative or high-cost/low-value reporting, and expanding child welfare data publication

» *A Home for Every Child* Initiative

- Ensuring every child has access to a safe, stable, and loving home

» Technical Bulletin #14

- New PIP opportunity centered around *A Home for Every Child* goal.

Technical Bulletin (TB) 14

TB 14 is a federal policy issued by the Administration for Children and Families (ACF) giving states a new, optional way to complete a Performance Improvement Plans (PIP) within the Child and Family Services Reviews (CFSR).

Traditional PIP

- Prescribed/responsive directly to CFSR findings on nonconformity
- Has failed to result in meaningful system change over the past 25 years
- Penalties apply if specific goals are not met
- Focuses on compliance and conformity
- Requires ongoing case review through implementation and post-PIP measurement period
- Requires compliance with TB #13A – and its broad array of specific measurement requirements

New PIP Pilot Program

- Clear goal of increasing the ratio of homes to children
- Focuses on areas of practice/ policy/ procedure that span the child welfare spectrum (prevention to permanency) affecting both the numerator (homes) and denominator (children)
- States select improvement metrics/measures that they can automate to best fit their needs and report measures monthly
- Penalties only apply if a state fails to implement a PIP or submit required data – not tied to goals



Slides from ACF presentation

Monthly Data Requirements

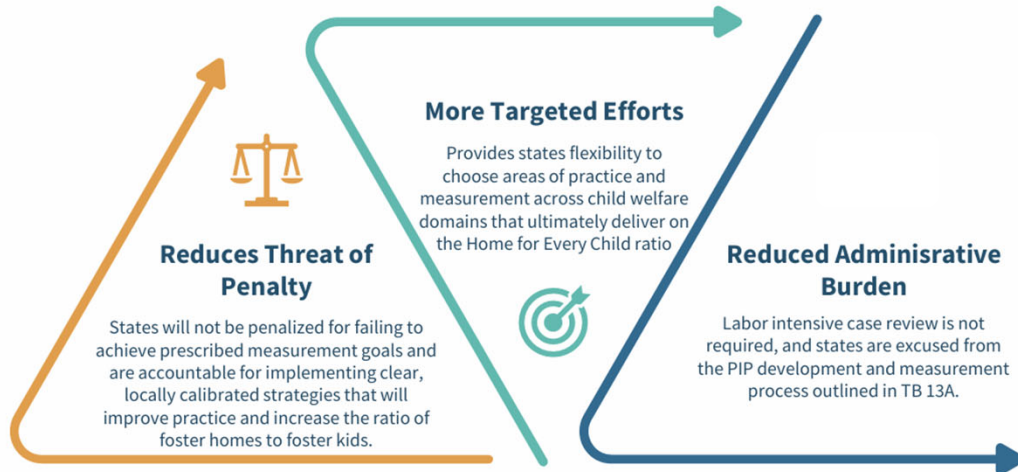
Core Measures	Chaser Measures (Wraparound Measures)	Lead Measures
<p>A set of data elements that states are required to submit to generate the foster home-to-child ratio, reflecting ACF's central child welfare objective of ensuring children entering foster care have timely access to safe, appropriate, family-based placements. These elements must reflect:</p> <ul style="list-style-type: none"> • 1:1 foster home-to-child ratio • Numerator: Data related to the number of licensed and non-licensed homes approved for placement in a jurisdiction at the end of the month • Denominator: Data related to the number of children in custody who require placement at the end of the month 	<p>A set of standardized indicators tied directly to the ratio and designed for automation by states to show progress and confirm that gains in the foster home-to-child ratio are driven by real improvements in practice.</p> <ul style="list-style-type: none"> • Maintaining Family Connections • Congregate Care • Recent Maltreatment History • Home Disruptions 	<p>State-proposed and developed indicators, negotiated with federal partners, where states track specific strategies and practice changes that impact and improve the foster home-to-child ratio and related outcomes. Examples could include:</p> <ul style="list-style-type: none"> • Retention and Recruitment • Safety • Permanency • Well-Being



Slides from ACF presentation

What Opting In Means

Under TB 14, states participating in the new PIP pilot will see several immediate benefits.



ACF slide



Division

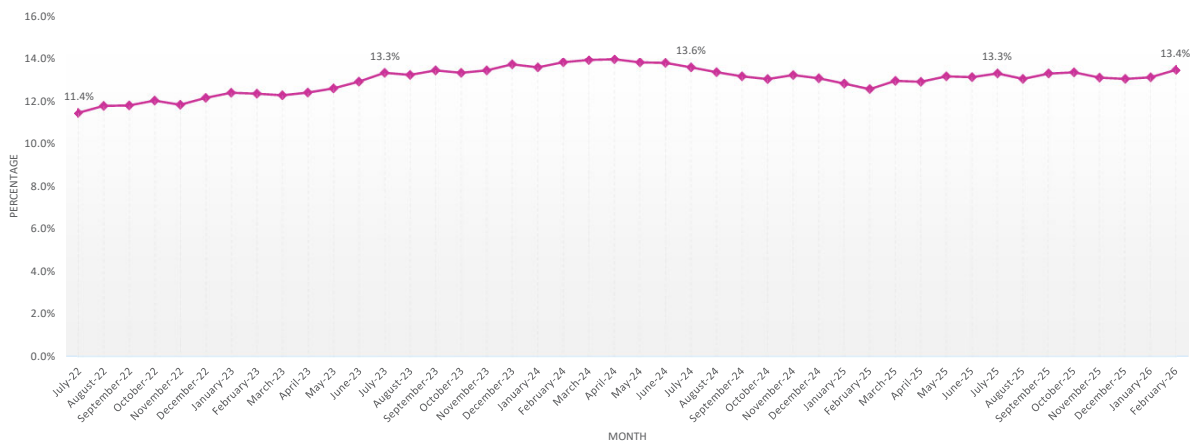
Virginia's Current Baseline

How is Virginia's current performance as it relates to *A Home for Every Child*?



Congregate Care Placements

Percent of Children Under 18 in Foster Care in a Congregate Care Placement



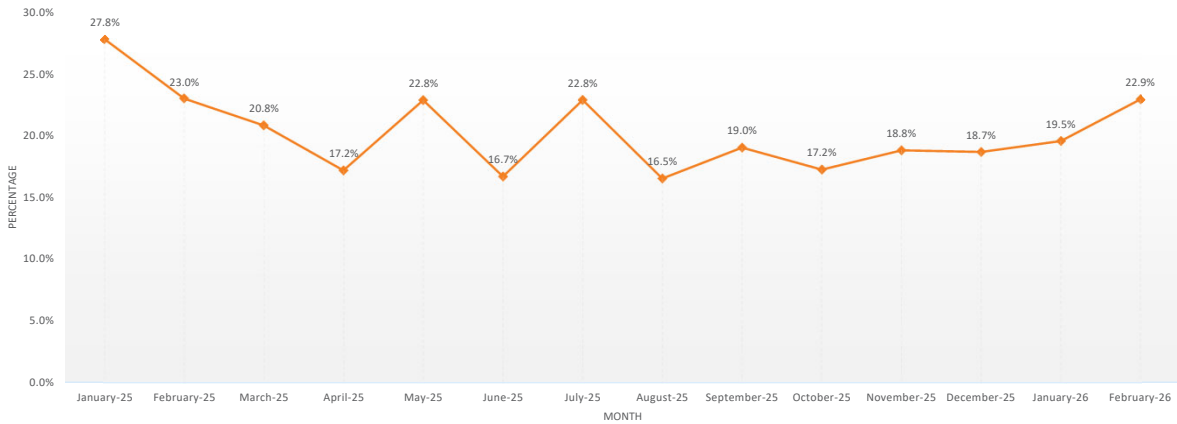
Source: SafeMeasures - Care Types (Subset: Children Under 18, Case Type: Foster Care, In-Home and Foster Care). Congregate care includes Group Homes, Residential (CRF), QRP, Pregnant/Parenting Youth Program, and Family Based Substance Abuse Treatment. Placement is based on most recent placement at the end of the month. Percentage calculated by the total number of children in a congregate care placement divided by the total number of children under 18 in care during the month. The data is as of the extract date for the month and is not updated after the initial pull.



This slide shows the percentage of children and youth that are placed in CC settings. As you can see, in July of 2022 we were at 11.4 % and crept up to 13.3 % by July 2023. We have continued to hover around 13% for the last three years. Youth who spend any time in CC are more likely to age out of FC without achieving permanency, don't have the same experiences as "normal" teenagers, and have poorer outcomes than children in family based settings. Virginia is lightly above the national average of children placed in CC with the national average being 12%. The national average has also crept up in the last few years (9% in 2022) but Virginia has remained above that average.

Youth Turning 18 in Foster Care

Percent of Youth Turning 18 in Foster Care by Month



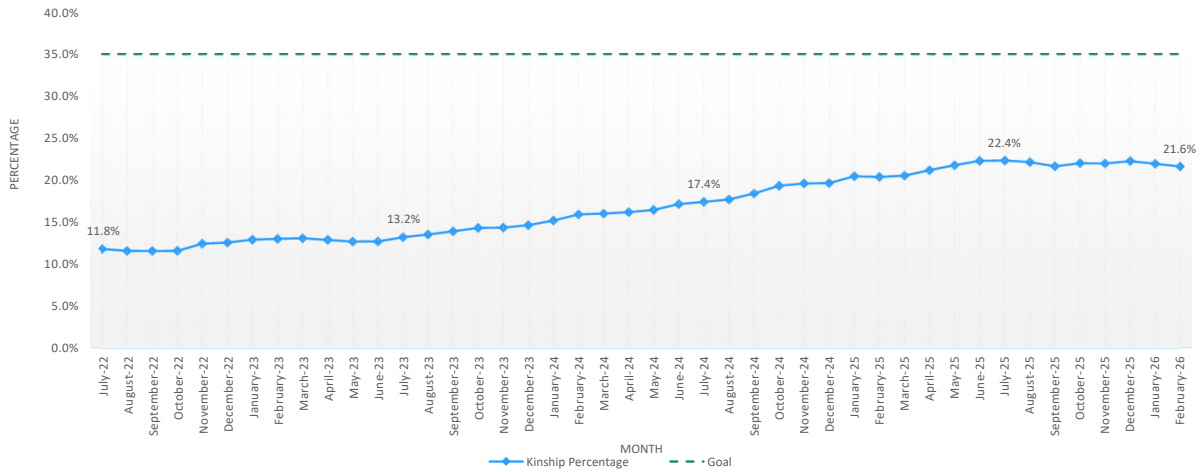
Source: SafeMeasures - Scorecard - Discharges to Permanency (3/8/26). Data reflects the count discharged during the respective month and year determined by the discharge date. Turning 18 while in care will be considered a discharge to Emancipation. Percentage calculated by the total number of youth with emancipation as their discharge reason divided by the total number that exited foster care. The data is as of the extract date for the month and is not updated after the initial pull. VIRGINIA DEPARTMENT OF SOCIAL SERVICES

This slide shows the percentage of children who age out of foster care. When we show the data around aging out, we are looking at the children who turn 18 in foster care. Even if youth remain in foster care though out FF program, they are considered to have aged out at 18 because they didn't achieve permanency. We count the children when they turn 18 whether they actually discharge from foster care at that time so as not to count them more than once if they happen to enter and leave FF a number of times. As you can see on this slide, Virginia has a high percentage of children who age out of care with 27.8% of the kids who left care in Jan. 25 aging out. In CY2025, 20% aged out of foster care. The national average of kids aging out of care was 9% in 2024. As you all know, Virginia is ranked 50th in the nation for kids aging out with Maryland at 49 with 17%.

While Virginia has a high rate of children aging out of care, it should be noted that Virginia remains one of the states with the lowest rates of bringing children into foster care.

Kinship Placements

Percent of Children Under 18 in Foster Care in a Kinship Placement



Source: SafeMeasures - Care Types (Subset: Children Under 18, Case Type: Foster Care, In-Home and Foster Care). Kinship includes LDSS and LCPA Relative or Fictive-Kin Foster Homes. Placement is based on most recent placement at the end of the month. Percentage calculated by the total number of children in a kinship placement divided by the total number of children under 18 in care during the month. The data is as of the extract date for the month and is not updated after the initial pull.

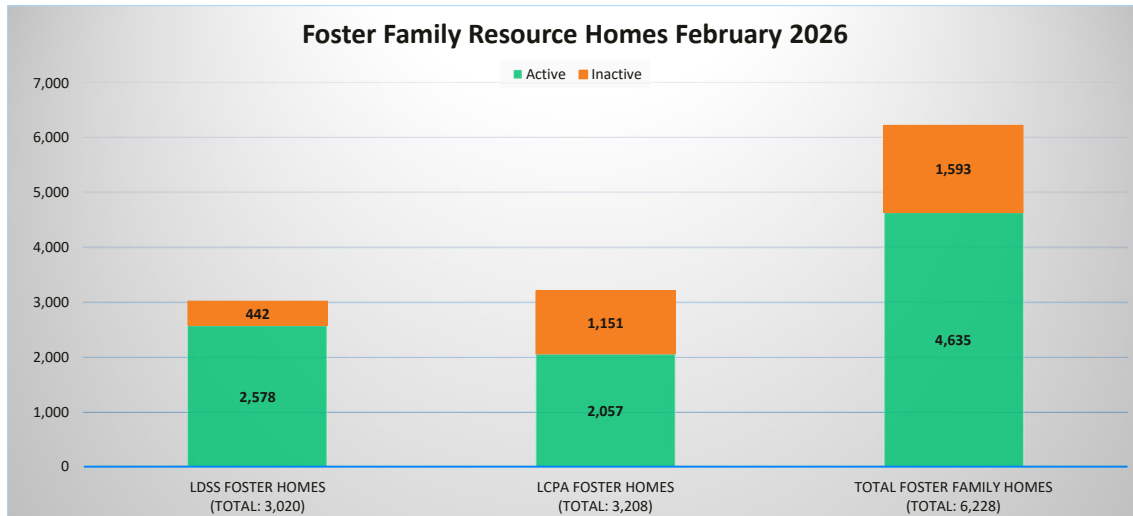


We’ve about doubled our kinship placements in the past three and a half years, but have found ourselves at a plateau of roughly 21-22% over the past year. So we know busting through that plateau will be a part of our work on the PIP.

We also know that the progress we’ve had with kinship is one of the things that’s keeping us at having that 1:1 ratio the feds are looking for- if we were dependent on just non-relative foster homes we would not have enough families for every child.

So where are we?

Foster Family Resource Homes – February 2026



Source: SafeMeasures – Resource Activity Report February 2026 (3/23/2026). Data includes resources with the category as “Foster Family”. LDSS Foster Homes includes resource types of LDSS Home and Foster Family Care/Kinship/Relative. LCPA Foster Homes includes the resource types LCPA Agency and LCPA Homes. Active indicates the resource has been used in the past 3 years. Inactive indicates the resource has not been used in the past 3 years, which may include new resources started without a placement.

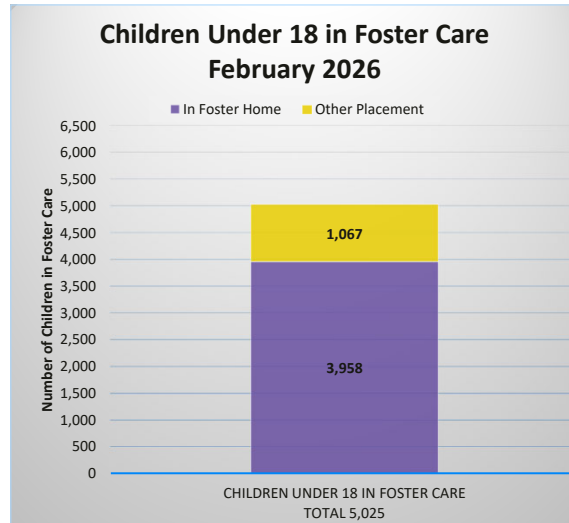
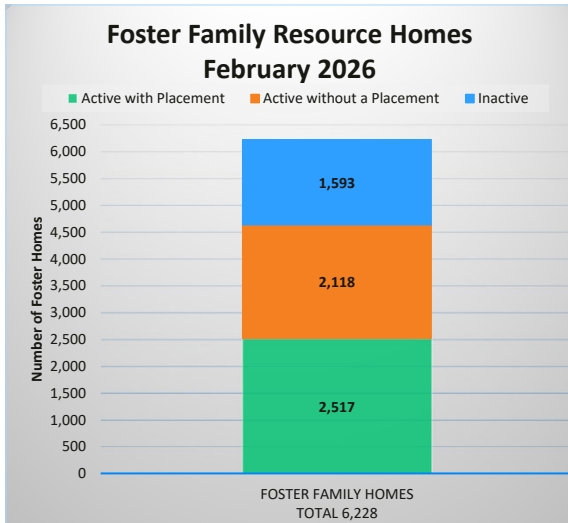


So, how are doing overall with having enough foster homes for children in care?

We’re going to go through about four slides to paint a picture of these numbers and what they tell us. This first slide tells us the overall number of resource families we have in Oasis who are either active (meaning they’ve had a placement in the last three years) or ‘inactive’ meaning they haven’t had a placement in the last three years (which could be because they’re new and haven’t had their first placement, they’re respite only, or they’re closed and we need to clean up that data.

Part of our work in preparing for what’s to come next is cleaning up our data. We had a lot of “inactive” homes listed in Oasis, and we spent the first part of this year cleaning that up, so as you come to future meetings and we talk about this data, you are going to see that orange bar decrease. We’ve removed over 1,000 families from Oasis who were closed and that hadn’t been documented (stay tuned LCPA folks for some work we’re trying to do to keep that data cleaned up), so by March we were closer to 590 inactive homes than the 1,593 you see above.

Foster Family Homes & Children in Foster Care



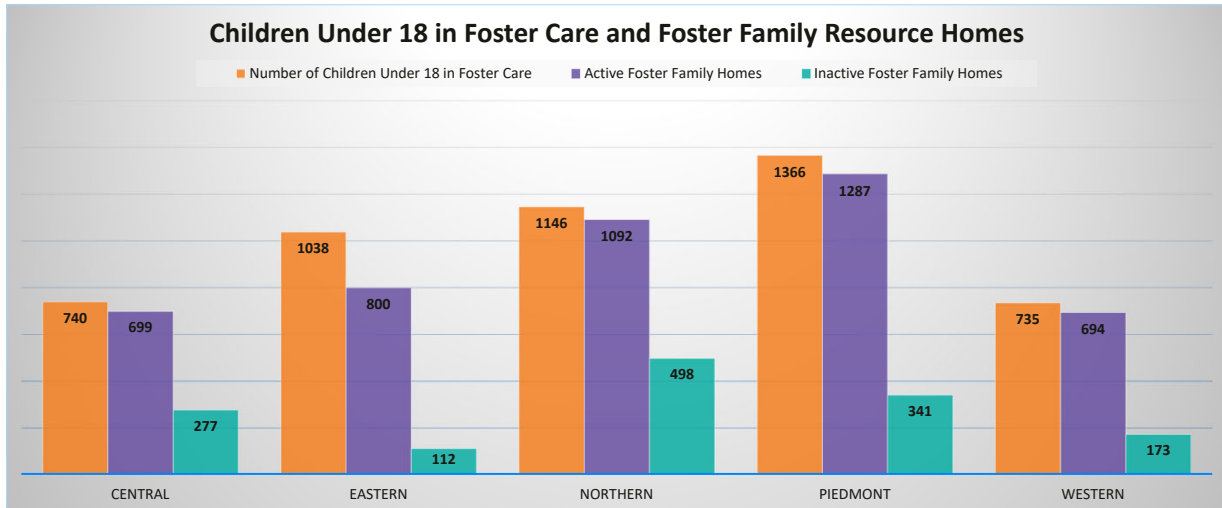
Source: SafeMeasures – Resource Activity Report February 2026 (3/23/2026). Data includes resources with the category as “Foster Family”. Active with a placement includes resources that have at least one client using the resource. Active without a placement includes resources with no clients currently using the resource but had a placement within three years. Inactive indicates the resource has not been used in the past 3 years, which may include new resources started without a placement.



Good news! Even with the data cleanup, we’re still over a 1:1 ratio. Before the data cleanup, we were at a ratio of 1.2:1 which is what you’re seeing reflected in this slide here. After data clean-up we’re at about 1.1:1.

But as you may have already picked up from what’s happening with our congregate care and aging out rates, and even some of the numbers on the slide- just being at a 1:1 ratio isn’t enough and we’re certainly not going to call it game won just because that’s where we are right now. You might be noticing that orange bar on this graph- that’s the number of families who are active, but have no placement. Over 2,000 families while we’ve got 13% of our youth in congregate care and 20% of our youth aging out.

Foster Family Homes & Children in Foster Care by Region



Note: Only resources assigned to the regions are included.

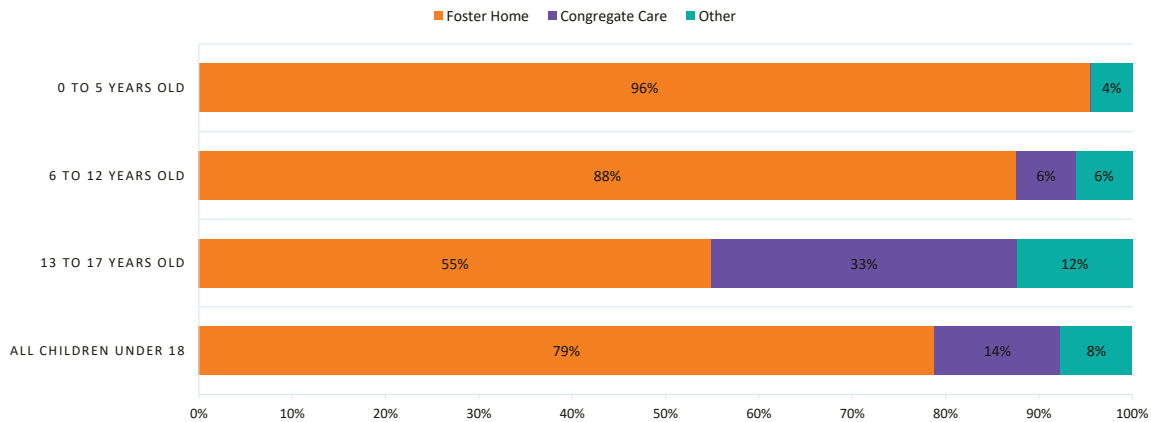
Source: Children in Foster Care: KFN Dashboard (3/23/2026). SafeMeasures – Resource Activity Report February 2026 (3/23/2026). Data includes resources with the category as "Foster Family". Active with a placement includes resources that have at least one client using the resource. Active without a placement includes resources with no clients currently using the resource but had a placement within three years. Inactive indicates the resource has not been used in the past 3 years, which may include new resources started without a placement.



You'll also see that pattern reflected in this data- each region has more children in care than families who actively have placement. So a big question for us as we move forward- how do "activate" some of those inactive families and how do we recruit families who will say yes to our children so we're not seeing fewer children and youth end up in residential care.

Children Under 18 in Foster Care – February 2026

Children Under 18 in Foster Care by Age and Placement – February 2026



Source: Children in Foster Care: KFN Dashboard (3/23/2026).



This graph breaks down where our children are ending up by age group- orange being in a foster family, purple being congregate care, and other being everything else (trial home placement, DJJ commitment, unapproved).

And what we see in this data is something a lot of you already know- we need more families willing and able to take in teenagers. When we see that only 55% of our youth 13%-17% are with foster families and 33% are in congregate care that tells us that just having a 1:1 ratio isn't enough and something for all of us to think about is how do we recruit and retain not just more families, but more of the families who will support the youth we actually have in care?

The percentage is based where children under 18 in foster care are placed by their age group

96% of children 0 to 5 years old are placed in a foster home.

Older youth 13-17 have a higher proportion of children placed in congregate care. 33% of children 13 to 17 years old were placed in congregate care.

Placement Category Definitions:

Foster Home includes any LCPA or LDSS Foster Home (non-relative, relative, or fictive kin) or sponsored residential facility.

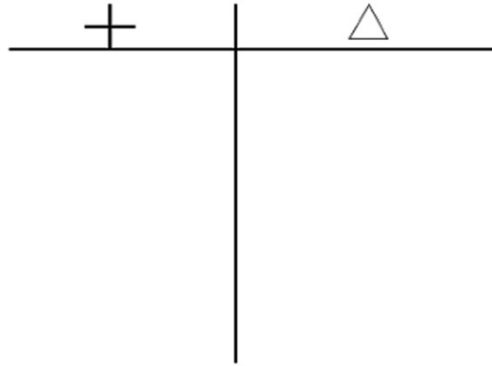
Congregate Care includes Group Home, Pregnant/Parenting Youth Program, or Residential (CRF)

Other includes AWOL, DJJ or Hospital, Independent Living, No Active Placement, Trial Home Visit, and Unapproved.

Breakout Rooms

- » **Thinking about the areas of need identified earlier (case reviews, stakeholder interviews, etc):**
 - What are some key priority efforts to move Virginia's system forward in ensuring A Home for Every Child/A Family for Every Child that will improve safety, permanency, and well-being?
- » **What state data measures would you recommend tracking to monitor progress?**
- » **What are unique ways that you could help support this work in your own agency/community?**

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 plusses.



Next meeting: July 15th

Breakout Room Notes:

Questions

- 1. Thinking about the areas of need identified earlier (case reviews, data indicators, stakeholder interviews, etc), what are key priority efforts to move Virginia's system forward in ensuring A Home for Every Child/A Family for Every Child that will improve safety, permanency, and well-being?**
- 2. What state data measures would you recommend tracking to monitor progress towards these outcomes?**
- 3. What are unique ways that you could help support this work in your own agency/community?**

Group 1

1. Priority Efforts to Strengthen Virginia's System

(A Home for Every Child / A Family for Every Child)

A. Strengthen Family Preparation, Support, and Information-Sharing

- Provide families with realistic expectations and guidance on what a child's adjustment might look like.
- Ensure families receive timely, accessible information about the child's needs and how to support them.
- Expand in-person parent support services; reduce reliance on virtual-only supports.
- Create peer-to-peer family support networks so parents can learn from one another.

B. Increase Quality, Accountability, and Availability of Services

- Rebuild the service array with vetted, reliable in-person providers.
- Strengthen LDSS worker training on:
 - Holding vendors accountable
 - Monitoring service delivery
 - Evaluating service quality and impact
- Enhance CSA's ability to conduct gap analysis and contract-quality oversight.
- Ensure FAPT meetings are meaningful, child-inclusive, and linked to clear accountability for providers.

C. Improve Workforce Knowledge and Critical Thinking

- Address knowledge gaps caused by turnover and varying worker experience.
- Offer more skill-building around:
 - Service matching
 - Clinical discernment
 - Family engagement
 - Understanding the intended purpose of CSA and Family First programs

D. Elevate Family and Child Voice at Every Level

- Incorporate ongoing feedback from parents and youth on service effectiveness.
- Empower families to advocate for services that truly meet their needs.
- Make sure children participate meaningfully in interviews and case planning.

E. Strengthen LDSS-CSA Collaboration and System Consistency

- Clarify roles and expectations between LDSS and CSA to ensure shared accountability.
- Use CSA's structure as intended: quality contracting, gap analysis, and provider oversight.

2. Recommended State Data Measures to Monitor Progress Engagement & Casework Quality

- Frequency and quality of worker visits with parents and children.
- Engagement of fathers and extended family in case planning.
- Percentage of cases where parents report understanding the service plan.

Service Access & Effectiveness

- Number and quality ratings of in-person vs virtual services.
- Timeliness of service initiation.
- Parent-reported and youth-reported satisfaction and perceived effectiveness.
- Provider performance indicators (completion rates, fidelity, outcomes).

Permanency & Placement Stability

- Placement changes and the documented reasons behind them.
- Time to permanency (reunification, guardianship, adoption).
- Kinship placement rates and stability.
- Needs of children born substance-exposed and adequacy of support to caregivers.

System Accountability & Collaboration

- FAPT meeting quality indicators (attendance, preparation, follow-through on actions).
- CSA gap analysis results by locality.
- Data shared by community partners (behavioral health, schools, courts) to show whole-family needs and progress.

Outcome Quality, Not Just Quantity

- Family functioning progress indicators.
- Recurrence of maltreatment.
- Use of community-based pathways (Family First, prevention programs).

3. Unique Ways Your Agency/Community Can Support This Work

A. Strengthen Local Training and Workforce Preparedness

- Continue and expand the county attorney office trainings to help workers:
 - Write stronger service plans
 - Prepare for testimony
 - Demonstrate service effectiveness to the court
- Offer refreshers on critical thinking, service matching, and accountability.

B. Leverage Local Grant Resources

Chesterfield's Opioid Abatement Authority team can be a model for:

- Kinship navigator programs
- Peer recovery specialist integration
- Continuum-of-care supports for parents struggling with addiction
- Strengthening permanency through whole-family stabilization

C. Build Peer-Led Supports

- Parent mentors
 - Foster parent peer networks
 - Youth peer support for older youth in care
- These directly address the gaps families expressed.

D. Enhance LDSS-CSA Collaboration Locally

- Work with CSA to strengthen accountability for providers.

- Use local gap analysis to provide feedback at the state level.

E. Promote Community Pathways for Family First

- Develop and maintain partnerships with community organizations for prevention services.
- Help track and evaluate service access and outcomes locally.

Group 2

Question 1: Thinking about the areas of need identified earlier (case reviews, data indicators, stakeholder interviews, etc), what are key priority efforts to move Virginia's system forward in ensuring A Home for Every Child/A Family for Every Child that will improve safety, permanency, and well-being?

- Workload issues. LDSS was able to add positions and briefly decrease workload, but now due to turnover workers are up to 19-20 cases per worker. This impacts ability to do family engagement. It's a consistent challenge.
- Don't think our system is failing because people don't care. It is failing because the right services don't exist at the right time and intensity.
- Sadly, if we can't manage or stabilize the behavioral health needs the entire system breaks:
 - Foster homes quit because of high acuity behaviors
 - Schools struggle because needs aren't being met
 - Courts delay permanency because placements fail
 - Costs explode because kids end up in higher levels of care.
- And of course there is such a high need for supporting and assessing parents in developing their roles as parents.
- It is a big concern that family engagement - pursuit of parents to work on reunification/stabilization... but yes, until we are right-sized as a workforce to address the concerns - not sure how it can be accomplished well.
- Discussed the needs for more services, collaboration between agencies and programs. What would it take to remove those barriers? How do we change the collaboration between programs?
- Research on reunification rates for VA-found solutions from other states that are not expensive: Alaska, Hawaii, other states utilize peer parents with lived experience with child welfare. They had experience with reunification, substance use and/or court. It helps to have a parent with experience walk alongside them for support with reunification. This has improved reunification rates across the board. Can help with transportation and case plan needs. Washington state has a good model for this.
- Virginia doesn't have a placement problem as much as it has a clinical infrastructure problem.
 - Fix the clinical continuum, and we will see placements stabilize, workforce pressure drops, and outcomes improve across the board.
- It all goes back to workforce. Workers are not sitting at their desks just not assessing families, visiting parents, etc. They are doing the best they can, given the resources and the knowledge they have at the time. We need to do a better job supporting people who are exposed to vicarious trauma, overburdened with work and not paid a living wage.
- Would like to see unit devoted to biological parents-case management buddy to check in with parent weekly to support assigned worker. Also need to address parents' trauma in addition to child's trauma. Need workers willing to work with parents.
- Essentially a treatment foster care model across the board.

Question 2: What state data measures would you recommend tracking to monitor progress towards these outcomes?

- Separating definition of poverty or neglect (California as example).
- Substance abuse one of the main causes for children coming into foster care. How do we track that better? How do we drill that down?
- When a placement turns out not to be a good placement, how to assess-were kids placed with kinship? Placed with siblings? When siblings placed apart, creates more strain to facilitate visits, challenges with starting new school and services. Constantly have to start over with each new placement. Autopsy on placement disruptions or 'adverse placements' (Chicago) alone to better assess how to match for better placements.
- Person has lived experience as a foster parent-appreciated importance of respite care for relief for challenging situations. Quality of respite care is huge and how well respite providers are trained. Having respite care providers come to home weekly instead of children go to another respite home.

Question 3: What are unique ways that you could help support this work in your own agency/community?

- Agency has had a lot of success with kinship placements, but other agencies have had less familiarity/involvement with that. They are a bigger agency depending on kinship placements. Navigating the waters can feel scary, so connecting with other agencies with positive experiences, open to having and sharing in those conversations.
- Court Improvement Program-when it comes to foster parent retention, ensure foster parents feel valued and given opportunity to speak in court. Judicial inquiry-judges asking if relative placements have been exhausted.
- See number of foster homes, but would make sense for LCPAs to report number of homes open and licensed. Think metric should be shared by LCPAs.

Group 3

Question 1: Thinking about the areas of need identified earlier (case reviews, data indicators, stakeholder interviews, etc), what are key priority efforts to move Virginia's system forward in ensuring A Home for Every Child/A Family for Every Child that will improve safety, permanency, and well-being?

- If we don't have adequate staff who are well-trained we will not be able to approve, we have turnover of untrained staff, we keep adding requirements, without increasing pay or resources
- interested in why permanency rate is so bad for so long, related to taking less kids into care, would want to better understand how those things are connected. Do kids with behavioral health needs come into care for service access? Is staff turnover the issue? Until we understand the issues for each LDSS, we won't know how to solve the problem
- we need data of some of the trends for placements which are disrupting, it's a whole different dynamic when you try to place family with family, some kin don't want to take their loved ones, it would be helpful to understand trends to be able to prevent disruptions; what are the reasons families don't want to take kinship placements- issue of small communities

where everybody knows everyone else and the kinship caregiver will have to interact with the birth families

Question 2: What state data measures would you recommend tracking to monitor progress towards these outcomes?

- Visitation restrictions are a barrier to reunification- issue of visitation supervisors, cost of supporting the supervision. Youth bring this up as a critical issue. Annoyed they have to be supervised, and in the office. Can we transition to unsupervised visits sooner? Not all foster families support reunification- even though they are supposed to. There was a speaker who talked about how the foster parent worked directly with the birth parent to ensure routines and needs were addressed in the same way in both homes. Maybe relatives are more willing to do this? Big investment- but worth it
- One agency shared they have resources to support the LDSS, like visitation. This is a training issue, we need to change our thinking. What is safety? Why does having the visit at McDonald's pose a safety risk, even with a parent who is using substances? We need to encourage 'aggressive' visitation so that maybe we get to a moderate policy, rather than a shy policy. We are really trying to shift to talking with the LDSS about relational permanency. Even if placement is not possible, connections are totally possible. Developing those connections can actually lead to improved behavior for the kid, so that placement might be possible in the future. Kids in congregate care are isolated and have nothing left to lose, so it's no wonder they exhibit challenging behaviors. Can we work towards proving why we can (increase contact) rather than why we can't
- It's so hard for kids to understand when they can't have visits; and it reduces parents' motivation to stay on track. But also: kids can be connected to multiple adults and those are natural supports ("it takes a village"). also: Read a lot of reports saying child acts out after visits. Yes, that's hard for the foster family. But, it's absolutely normal! Every kid has big emotions about seeing their parent when they only see them once a week, and acting out is how they somatically express their feelings. It's not a reason to say the child should not spend time with parent, it's a reason to increase visitation
- It's also the culture of the agency. In one member's review of CFSR cases, one case the mom was incarcerated during the case, and all visits stopped. There was no thought or concern about even trying to do visits. They thought it wasn't required. Need to go deeper and higher around practice issues. Hard to tackle but what we have to tackle to make changes. Also in that case the foster home was an hour away- small locality, extra barriers. Distance between foster home and parent home might predict visitation challenges. Relationship between recruitment and visitation
- culturally we support all of these best practices, but we don't have foster homes in our locality unless they are kinship. Our foster care case load has doubled, last 2 placements have been in homes which are 3 hours away. If you're a teen it's hard. And if the home is far away its really hard to facilitate regular visitation. We do much better with kinship homes.
- Congregate care placements- one local facility, but they stay full. These placements are also far away and depending on where the family is, visitation can be very challenging.

Question 3: What are unique ways that you could help support this work in your own agency/community?

- there are private providers that have contracts, they are going to be expanding to support TPR and non-TPR youth to get to permanency. We can show up to support LDSS which are overwhelmed. A lot of those efforts are for kids in congregate care, are focused on kinship, focused on relationships which are known to them. Family based sooner rather than later, and 5 relationships, even if they aren't placed, is better than nothing. Expansion as of July 1.
- how do we get the LDSS to use these resources?
 - we need to build it into a structure, introducing, monitoring, checking, reminding, It is hard to change business as usual. If it's not helpful- then that also needs to be addressed, but really it's the part about making that change in practice automatic so that the worker doesn't have to remember or think about it.

Group 4:

Question 1: Thinking about the areas of need identified earlier (case reviews, data indicators, stakeholder interviews, etc), what are key priority efforts to move Virginia's system forward in ensuring A Home for Every Child/A Family for Every Child that will improve safety, permanency, and well-being?

- The data we just looked at involved such a small number of kids/families that we touch across the state. Some numbers are not moving and are consistently low.
- If we reduce the number of kids in care and get them out of care timely, we are making efforts towards A Home for Every Child.
- In prevention, we see families in situations with an identified issue that "spirals" out of control. There is a need for focus on front-end prevention (poverty, housing instability, etc.) that addresses identified issues prior to child welfare involvement.
- More training is needed for FC workers, there are no standards for shadowing/mentoring, workers need to learn how to engage with families prior to case assignment, workers need to learn about services that are available within their own communities
- Real issues have been identified with attorneys, court systems, and/or judges that are delaying permanency.
- There is a need for funding to help recruit and retain resource families.
- There is a need for increased partnership between resource families and biological families and LDSS staff (all-around engagement).

Question 2: What state data measures would you recommend tracking to monitor progress towards these outcomes?

- When it comes to exits to permanency, VDSS gets those numbers already. We need to be paying closer attention to the data that we already have on this moving forward.
- Youth that age out of care – we are focused on age 18, but there are a lot of reasons kids are aging out of care that are not necessarily negative. There is a need to shift the focus on wellbeing when they turn 18 and consider if the youth has lifelong connections, emotional permanency, stable relationships, etc.
- A youth might be on a trial home placement when they turn 18; however, data is showing this as "aging out."
- A youth might enter Fostering Futures early as opposed to kinship placement based on the specific needs of the youth.

Question 3: What are unique ways that you could help support this work in your own agency/community?

- There is a need for training around high-acuity youth for our resource families to reduce fear and increase understanding of these youth.
- A need for money to recruit families within communities so we are not overly relying on TFC placements.
- Focus on bringing more relatives to the table, focus on prevention of entries into foster care, look at the whole spectrum without being overly focused on one item (i.e., recruiting foster families).
- When we are trying to get kids to exit foster care, we need to find creative ways to support youth and families to achieve reunification (similar to supporting families on the front-end).
- Because we do have great front-end prevention efforts currently in place, when kids do come into care, we are dealing with complex/challenging situations that make reunification more difficult.
- Breaking down the “no” for why foster parents don’t want to accept certain youth.
- Seeing and hearing a child or foster parent talk is so much different than reading about it on paper, this could go a long way for breaking down the “no” for foster parents.
- Importance of meeting the youth and getting to know them vs reading about them on paper and envisioning them a certain way.
- Child’s home could be in another state. There is a balance between initiating the ICPC while also working towards reunification. There are difficulties with concurrent planning because there is sometimes a delay in submitting the ICPC referral.

Group 5:

- Data cleanup priority: Focus on correcting home data and consider shortening the inactive period from 3 years to 1 year to align with other states and improve resource allocation accuracy
- Tracking needs: Implement tracking for number of referrals sent to TFC homes and their responses to identify capacity gaps and referral matching issues
- Congregate care focus: Address the persistent 13% rate of teens in congregate care through improved family recruitment and more skilled referral/engagement practices
- Foster home data: Current 3-year inactive period may overinflate available home counts; LCPA entries require significant cleanup
- Approval vs. fostering gap: Need to mandate tracking distinction between approved homes and actively fostering homes on family highway
- Respite tracking: Only 10-20 of 500 inactive homes were respite-only, indicating respite is not a significant factor in inactive numbers
- Worker assignment tracking: Request to track number of workers assigned per case throughout foster care trajectory to measure impact on permanency timelines
- Non-abuse/neglect entries: Focus on tracking complexity of cases entering care for reasons other than abuse/neglect
- TFC referral patterns: Local agencies report calling every licensed TFC in the state with universal "no" responses; need to track referral volume and match process
- Cherry-picking concerns: TFC agencies use "doesn't match therapeutic milieu" language to decline cases with minor presenting behaviors
- High acuity placements: Youth with court orders for congregate care level treatment center system requiring immediate high-level care or out-of-state placements
- Placement disruptions: Even when placements exist, disruptions occur; need robust supportive services and assessments for foster homes

- Caseload standards: Current 15-case standard not enforced; agencies report workers with 30-50+ cases unable to achieve safety, permanency, or well-being outcomes
 - Worker experience: Example cited of agency with 50+ kids in care and one worker with less than 6 months experience
 - Supervision quality: Inadequate supervision contributes to staff turnover even when caseload levels are appropriate
 - Caseload standard review: Request to revisit foster care caseload standards given new processes implemented since standards were set; advocate for 10 cases vs. 15
 - highway tracking: Feasibility of mandating approval status updates when families complete process
 - Worker retention data: Capability to generate reports aggregating worker assignment history across cases (currently available per case but not in aggregate)
 - Caseload standard revision: Whether any review of foster care caseload standards is planned
 - Safe measures report: Development of streamlined report to quickly access worker
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- Pre-DSS involvement: Same community providers available before and after DSS involvement; foster care entry doesn't create new service access, only shifts coordination responsibility
 - Cross-system collaboration: High acuity cases often involve multiple community partners; lack of robust community services and active case management leads to DSS becoming "end of the line" for custody and services
 - CSA coordination: Need to identify natural supports and placement options at intake; opportunities exist in Parental Child Safety Placement Program
 - Trafficking designation concern: New ability to bill for trafficking-designated youth may incentivize agencies toward congregate care placements
 - Worker exhaustion factor: Tired, exhausted local staff find it easier to place in congregate care even when family or non-relative placements could work with skilled engagement
 - Placement stability vs. permanency: Agencies need regular (30/60/90 day) reassessment of congregate care necessity and step-down opportunities
 - Number of referrals sent to TFC homes and response rates
 - Worker retention levels and number of worker changes per case
 - Caseload sizes across agencies (foster care and CPS on-notice cases)
 - How children enter care (specifically non-abuse/neglect entries)
 - Quality supervision metrics linked to staff retention
 - Congregate care reassessment frequency and step-down rates
 - Relative identification at intake and PCSP program outcomes
 - Multimedia recruitment campaigns: State assistance with recruitment since half of agencies lack dedicated resource staff; creative use of funding to assist multiple agencies simultaneously
 - Centralized intake optimization: Use centralized intake to identify natural supports and potential placements at first contact; improve portal and call scripts
 - High acuity intake questions: Revamp initial questions for high acuity cases to better capture intensity and ensure agencies revisit permanency and relative searches

- Front-end preparation: Prep work and relative identification during PCSP to enable kinship placement if court intervention becomes necessary
- Regular permanency review: Consistent conversations with agencies that placement stability is not permanency; assess congregate care necessity regularly
- Enhanced TFC pilot: Some behaviors referred to enhanced TFC pilot should be manageable by level 3 TFC with proper family matching