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# Virginia

Child and Family Services Review (CFSR 4) Data Profile  
AFCARS and NCANDS submissions as of 12-17-24

## Risk-Standardized Performance Visualization

Risk-Standardized Performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. The vertical bars in the line graph represent the lower RSP and upper RSP of the 95% RSP (confidence) interval, and national performance (NP) is the dotted black line.

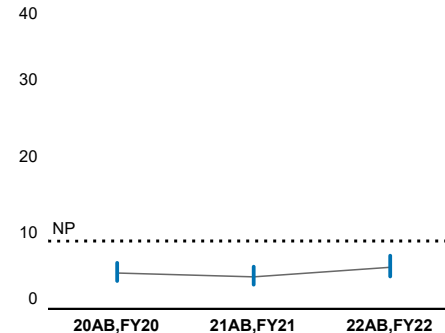
## Safety Outcomes

### Maltreatment in Care (victimizations/100,000 days in care)

**9.07**  
NP

**5.68**  
RSP

Lower value is desired



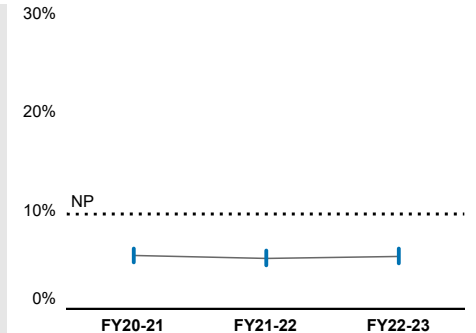
Measured as the rate of abuse or neglect per days in foster care in a 12-month period that children experienced while under the state's placement and care responsibility

### Recurrence of Maltreatment

**9.7%**  
NP

**5.5%**  
RSP

Lower value is desired



Measured as the percent of children who were the subject of a substantiated or indicated report of maltreatment in a 12-month period and who experienced subsequent maltreatment within 12 months of the initial victimization

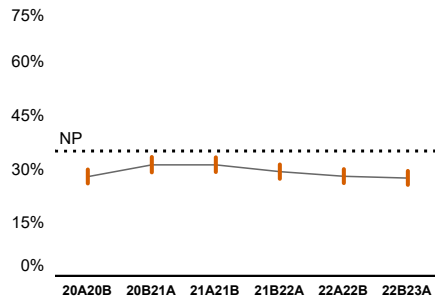
## Permanency Outcomes

### Permanency in 12 Months (entries)

**35.2%**  
NP

**27.9%**  
RSP

Higher value is desired



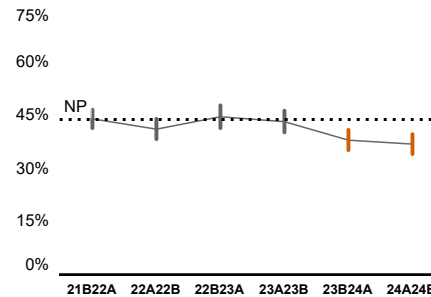
Among children who entered foster care in a 12-month period, the percent who exited foster care to reunification, adoption, guardianship, or living with a relative within 12 months of their entry

### Permanency in 12 Months (12-23 mos)

**43.8%**  
NP

**37.2%**  
RSP

Higher value is desired



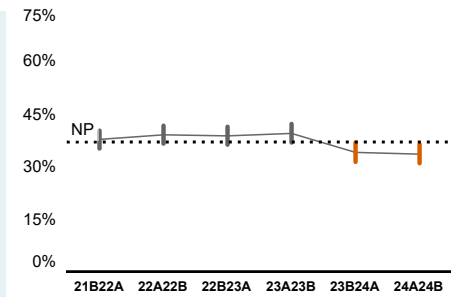
Among children in foster care at the start of the 12-month period who had been in care for 12 to 23 months, the percent who exited to permanency in the subsequent 12 months

### Permanency in 12 Months (24+ mos)

**37.3%**  
NP

**33.9%**  
RSP

Higher value is desired



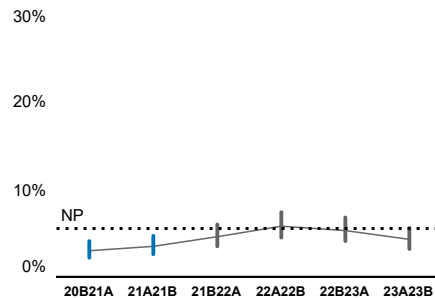
Among children in foster care at the start of the 12-month period who had been in care 24 months or more, the percent who exited to permanency in the subsequent 12 months

### Reentry to Foster Care

**5.6%**  
NP

**4.5%**  
RSP

Lower value is desired



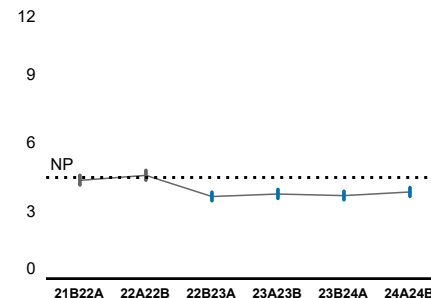
Among children who discharged to permanency (excluding adoption) in a 12-month period, the percent who reentered care within 12 months of exit

### Placement Stability (moves/1,000 days in care)

**4.48**  
NP

**3.88**  
RSP

Lower value is desired



Among children who entered care in a 12-month period, the number of placement moves per day they experienced during that year

### Performance Key

- State's performance (using RSP interval) is statistically better than national performance.
- State's performance (using RSP interval) is statistically no different than national performance.
- State's performance (using RSP interval) is statistically worse than national performance.
- DQ Performance was not calculated due to exceeding the data quality limit on one or more data quality (DQ) checks done for the indicator. See footnotes for more information.
- DQ\* Performance was not calculated due to data quality issues beyond the DQ checks.



# Virginia

Child and Family Services Review (CFSR 4) Data Profile  
AFCARS and NCANDS submissions as of 12-17-24

## Risk-Standardized Performance

Risk-Standardized Performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.

		National Performance	20A20B	20B21A	21A21B	21B22A	22A22B	22B23A	23A23B	23B24A	24A24B
<b>Permanency in 12 months (entries)</b>	35.2% ▲	RSP	28.3%	31.6%	31.6%	29.7%	28.4%	27.9%			
		RSP interval	26.4%-30.3% <sup>3</sup>	29.5%-33.8% <sup>3</sup>	29.6%-33.7% <sup>3</sup>	27.7%-31.7% <sup>3</sup>	26.5%-30.4% <sup>3</sup>	26.0%-29.9% <sup>3</sup>			
		Data used	20A-22A	20B-22B	21A-23A	21B-23B	22A-24A	22B-24B			
<b>Permanency in 12 months (12-23 mos)</b>	43.8% ▲	RSP				44.3%	41.4%	44.9%	43.5%	38.3%	37.2%
		RSP interval				41.7%-46.9% <sup>2</sup>	38.6%-44.3% <sup>2</sup>	41.7%-48.1% <sup>2</sup>	40.5%-46.6% <sup>2</sup>	35.5%-41.2% <sup>3</sup>	34.4%-40.0% <sup>3</sup>
		Data used				21B-22A	22A-22B	22B-23A	23A-23B	23B-24A	24A-24B
<b>Permanency in 12 months (24+ mos)</b>	37.3% ▲	RSP				38.1%	39.4%	39.1%	39.8%	34.4%	33.9%
		RSP interval				35.5%-40.6% <sup>2</sup>	36.9%-42.0% <sup>2</sup>	36.6%-41.7% <sup>2</sup>	37.2%-42.5% <sup>2</sup>	31.7%-37.2% <sup>3</sup>	31.3%-36.7% <sup>3</sup>
		Data used				21B-22A	22A-22B	22B-23A	23A-23B	23B-24A	24A-24B
<b>Reentry to foster care</b>	5.6% ▼	RSP		3.2%	3.7%	4.8%	6.0%	5.5%	4.5%		
		RSP interval		2.4%-4.3% <sup>1</sup>	2.8%-4.9% <sup>1</sup>	3.7%-6.2% <sup>2</sup>	4.7%-7.6% <sup>2</sup>	4.3%-7.0% <sup>2</sup>	3.4%-5.8% <sup>2</sup>		
		Data used		20B-22A	21A-22B	21B-23A	22A-23B	22B-24A	23A-24B		
<b>Placement stability (moves/1,000 days in care)</b>	4.48 ▼	RSP				4.39	4.61	3.68	3.79	3.72	3.88
		RSP interval				4.19-4.61 <sup>2</sup>	4.4-4.83 <sup>2</sup>	3.5-3.87 <sup>1</sup>	3.6-3.99 <sup>1</sup>	3.54-3.91 <sup>1</sup>	3.69-4.07 <sup>1</sup>
		Data used				21B-22A	22A-22B	22B-23A	23A-23B	23B-24A	24A-24B
<b>Maltreatment in care (victimizations/100,000 days in care)</b>	9.07 ▼	RSP	20AB, FY20	21AB, FY21	22AB, FY22	FY20-21	FY21-22	FY22-23			
		RSP interval	4.93	4.43	5.68						
		RSP interval	3.89-6.26 <sup>1</sup>	3.41-5.76 <sup>1</sup>	4.48-7.2 <sup>1</sup>						
<b>Recurrence of maltreatment</b>	9.7% ▼	RSP				5.6%	5.3%	5.5%			
		RSP interval				4.9%-6.3% <sup>1</sup>	4.6%-6.1% <sup>1</sup>	4.8%-6.3% <sup>1</sup>			
		Data used				FY20-21	FY21-22	FY22-23			

### Performance Key

- State's performance (using RSP interval) is statistically better than national performance.
- State's performance (using RSP interval) is statistically no different than national performance.
- State's performance (using RSP interval) is statistically worse than national performance.
- DQ Performance was not calculated due to exceeding the data quality limit on one or more data quality (DQ) checks done for the indicator. See footnotes for more information.

▲ For this indicator, a higher RSP value is desirable. ▼ For this indicator, a lower RSP value is desirable.

DQ\* Performance was not calculated due to data quality issues beyond the DQ checks.





## Virginia

Child and Family Services Review (CFSR 4) Data Profile  
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### Footnotes

**National Performance (NP)** is the observed performance for the nation for an earlier point in time. See the Data Dictionary for more information, including the time periods used to calculate the national performance for each indicator.

**Risk-Standardized Performance (RSP)** is derived from a multi-level statistical model and reflects the state's performance relative to states with similar children and takes into account the number of children the state served, the age distribution of these children, and, for one indicator, the state's entry rate. It uses risk adjustment to minimize differences in outcomes due to factors over which the state has little control and provides a more fair comparison of state performance against the national performance.

**Risk-Standardized Performance (RSP) interval** is the state's 95% confidence interval estimate for the state's RSP. The values shown are the lower RSP and upper RSP of the interval estimate. The interval accounts for the amount of uncertainty associated with the RSP. For example, the Children's Bureau is 95% confident that the true value of the RSP is between the lower and upper limit of the interval. If the interval overlaps the national performance, the state's performance is statistically no different than the national performance. Otherwise, the state's performance is statistically higher or lower than the national performance. Whether higher or lower is desirable depends on the desired direction of performance for the indicator.

**Data used** refers to the initial 12-month period (see description for the denominator in the Data Dictionary) and the period(s) of data needed to follow the children to observe their outcome (see description for the numerator in the Data Dictionary). The FY (e.g., FY19), or federal fiscal year, refers to NCANDS data, which spans the 12-month period October 1 – September 30. All other periods refer to AFCARS data: 'A' refers to the 6-month period October 1 – March 31. 'B' refers to the 6-month period April 1 – September 30. The two-digit year refers to the calendar year in which the period ends (e.g., 19A refers to the 6-month period October 1, 2018 – March 31, 2019).

**DQ** identifies when performance was not calculated due to the state exceeding the data quality limit on one or more data quality (DQ) checks done for the indicator, or missing AFCARS and/or NCANDS submission(s). Exceeding a limit on a DQ check will result in performance not being calculated on the associated indicator(s) that require that data period. Exceeding the limit of a single DQ check can affect multiple indicators and reporting periods. See the data quality table for details.



# Virginia

Child and Family Services Review (CFSR 4) Data Profile  
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## Observed Performance

Observed performance is the percent or rate of children experiencing the outcome of interest, without risk adjustment. See the Data Dictionary for a complete description of the numerator and denominator for each statewide data indicator.

		20A20B	20B21A	21A21B	21B22A	22A22B	22B23A	23A23B	23B24A	24A24B
<b>Permanency in 12 months (entries)</b>	Denominator	2,235	1,909	2,008	2,079	2,171	2,191			
	Numerator	596	568	602	584	586	581			
	Observed performance	26.7%	29.8%	30.0%	28.1%	27.0%	26.5%			
<b>Permanency in 12 months (12-23 mos)</b>	Denominator				1,378	1,169	918	1,028	1,131	1,208
	Numerator				590	468	398	430	410	423
	Observed performance				42.8%	40.0%	43.4%	41.8%	36.3%	35.0%
<b>Permanency in 12 months (24+ mos)</b>	Denominator				1,291	1,306	1,306	1,204	1,090	1,098
	Numerator				473	496	488	463	358	351
	Observed performance				36.6%	38.0%	37.4%	38.5%	32.8%	32.0%
<b>Reentry to foster care</b>	Denominator		1,202	1,207	1,088	958	1,030	1,118		
	Numerator		32	39	48	55	53	45		
	Observed performance		2.7%	3.2%	4.4%	5.7%	5.1%	4.0%		
<b>Placement stability (moves/1,000 days in care)</b>	Denominator				342,495	349,165	361,931	341,592	364,207	384,986
	Numerator				1,672	1,780	1,489	1,438	1,525	1,647
	Observed performance				4.88	5.10	4.11	4.21	4.19	4.28
		<b>20AB,FY20</b>	<b>21AB,FY21</b>	<b>22AB,FY22</b>	<b>FY20-21</b>	<b>FY21-22</b>	<b>FY22-23</b>			
<b>Maltreatment in care (victimizations/100,000 days in care)</b>	Denominator	1,720,947	1,574,129	1,505,280						
	Numerator	64	52	65						
	Observed performance	3.72	3.30	4.32						
<b>Recurrence of maltreatment</b>	Denominator				5,199	4,806	4,468			
	Numerator				216	190	182			
	Observed performance				4.2%	4.0%	4.1%			

**DQ** = Performance was not calculated due to the state exceeding the data quality limit on one or more data quality (DQ) checks done for the indicator, or missing AFCARS and/or NCANDS submission(s). Exceeding a limit on a DQ check for an AFCARS and/or NCANDS submission(s) will result in performance not being calculated on the associated indicator(s) that require the affected submission(s) to calculate performance. A DQ flag will likely affect multiple measurement periods. See the data quality table for details.

**DQ\*** = Performance was not calculated due to data quality issues beyond the DQ checks.

**Denominator:** For Placement stability and Maltreatment in care = number of days in care. For all other indicators = number of children.

**Numerator:** For Placement stability = number of moves. For Maltreatment in care = number of victimizations. For all other indicators = number of children.

**Percentage or rate:** For Placement stability = moves per 1,000 days in care. For Maltreatment in care = victimizations per 100,000 days in care. For all other indicators = percentage of children experiencing the outcome.



# Virginia

Child and Family Services Review (CFSR 4) Data Profile  
AFCARS and NCANDS submissions as of 12-17-24

## Data Quality

Calculating performance on statewide data indicators relies upon states submitting high-quality data. Data quality checks are performed prior to calculating state performance. The values below represent performance on the data quality checks. If a value for a data period needed to calculate performance on an indicator is orange or "DQ", then state performance on that indicator is not calculated. See the Data Dictionary for a complete description of each check and what the values represent.

### AFCARS Data Quality Checks

	Limit	MFC	Perm	PS	20A	20B	21A	21B	22A	22B	23A	23B	24A	24B
AFCARS IDs don't match from one period to next	> 40%	●	●	●	18.9%	19.3%	19.4%	20.9%	19.2%	20.2%	20.9%	19.3%	17.2%	
Date of birth after date of entry	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Date of birth after date of exit	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dropped records	> 10%	●	●	●	0.0%	0.1%	0.0%	0.0%	0.0%	2.7%	2.0%	1.3%	1.0%	
Enters and exits care the same day	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Exit date is prior to removal date	> 5%	●	●	●	0.0%	0.0%	0.1%	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%
Missing date of birth	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of latest removal	> 5%	●	●	●	0.2%	0.2%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing discharge reason (exit date exists)	> 10%		●		1.7%	1.5%	0.5%	1.0%	1.5%	1.1%	0.0%	0.0%	0.0%	0.0%
Missing number of placement settings	> 5%			●	0.0%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Percentage of children on 1st removal	> 95%	●	●	●	88.9%	89.0%	89.1%	89.0%	89.1%	89.0%	88.8%	88.7%	88.5%	89.0%

### NCANDS Data Quality Checks

	Limit	MFC	RM	20-21	21-22	22-23	2020	2021	2022	2023
Child IDs for victims match across years	< 1%		●	2.5%	2.7%	3.0%				
Child IDs for victims match across years, but dates of birth/ age and sex do not	> 5%		●	0.0%	0.0%	0.7%				
Missing age for victims	> 5%	●	●				1.7%	1.4%	2.3%	2.8%
Some victims should have AFCARS IDs in child file	< 1%	●					100.0%	100.0%	100.0%	100.0%
Some victims with AFCARS IDs should match IDs in AFCARS files	> 0	●					Y	Y	Y	Y

MFC = Maltreatment in foster care, PS = Placement stability, RM = Recurrence of maltreatment, Perm = Permanency indicators (Permanency in 12 months for children entering care, in care 12-23 months, in care 24 months or more, and Reentry to care in 12 months)

### Performance Key

- A blank cell indicates there were no data quality checks assessed for that data period because it relies on a subsequent period of data that is not yet available.
- Indicates that data quality check results exceed the data quality limit.
- DQ Indicates the data quality check was not performed due to data quality issues, or missing AFCARS and/or NCANDS submission(s). For example, there were underlying data quality issues with the AFCARS or NCANDS data set such as AFCARS IDs not being included or a DQ limit exceeded on a related data quality check. "DQ" is displayed on the RSP and Observed Performance pages when performance could not be calculated due to data quality issues.

FREQUENT ACRONYMS

ACF	Administration for Children and Families
ADS	Additional Daily Supervision
AFDC	Aid to Families with Dependent Children
APD	Advance Planning Document
AFCARS	Adoption Foster Care Analysis Reporting System
ANI	Area Needing Improvement
APSR	Annual Progress Services Report
AREVA	Adoption Resource Exchange of Virginia
ATCP	Adoption Through Collaborative Partnerships
BSFT	Brief Systemic Family Therapy
CAC	Child Advocacy Center
CANS	Child and Adolescent Needs and Strengths
CACVA	Child Advocacy Centers of Virginia
CAPTA	Child Abuse Prevention and Treatment Act
CASA	Court Appointed Special Advocate
CBCAP	Community-Based Child Abuse Prevention
CCWIS	Comprehensive Child Welfare Information System
CDIP	Child Death Investigation Protocol
CEP-Va	Center for Evidence-based Partnerships in Virginia
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review
CFTM	Child and Family Team Meetings
CHINS	Child in Need of Services
CHINSup	Child in Need of Superversion
CIP	Court Improvement Program
CJA	Children's Justice Act
COBRA	Consolidated Omnibus Budget Reconciliation Act
COMPASS	Comprehensive Permanency, Assessment, and Safety System
CMS	Center for Medicare and Medicaid Services
CPMT	Community Policy and Management Teams
CPS	Child Protective Services
CQI	Continuous Quality Improvement

## Appendix A-2: List of Commonly Used Acronyms

CRAFFT	Consortium for Resource, Adoptive, and Foster Family Training
CRF	Children’s Residential Facility
CSA	Children’s Services Act
CSB	Community Services Boards
CWAC	Child Welfare Advisory Committee
CWEEAP	Child Welfare Employee Education Assistance Program
CWSP	Child Welfare Stipend Program
CY	Calendar Year
DBP	Division of Benefit Programs
DCJS	Department of Criminal Justice Services
DBHDS	Virginia Department of Behavioral Health and Developmental Services
DDI	Design, Development, and Implementation
DFS	Division of Family Services
DJJ	Virginia Department of Juvenile Justice
DMAS	Virginia Department of Medical Assistance Services
DOE	Virginia Department of Education
DOLP	Division of Licensing Programs
EBP	Evidence-Based Programs
ESSA	Every Student Succeeds Act
ETV	Education and Training Vouchers
FACT	Family and Children’s Trust Fund
FAPT	Family Assessment and Planning Teams
FCU	Family Check-Up
FFH	Fast Families Highway
FFPSA	Family First Prevention Services Act
FFT	Functional Family Therapy
FFY	Federal Fiscal Year
FPM	Family Partnership Meetings
FRC	Family Resource Center
FSS	Family Services Specialist
HAT	High Acuity Team
HB	HOMEBUILDERS
HCD	Human Centered Design
HFW	High Fidelity Wraparound

## Appendix A-2: List of Commonly Used Acronyms

IAPD	Implementation Advance Planning Document
IBP	I Belong Project
ICAMA	Interstate Compact on Adoption and Medical Assistance
ICPC	Interstate Compact for the Placement of Children
ICWA	Indian Child Welfare Act
IEP	Individual Education Plan
IH	In-Home
IL	Independent Living
KinGAP	Kinship Guardianship Assistance Program
LDSS	Local Departments of Social Services
LES	Local Engagement and Support
LIHEAP	Low-Income Heating and Energy Assistance Program
LPCA	Licensed Child Placing Agency
LTD	Local Training and Development Division
MCO	Managed-Care Organization
MDT	Multidisciplinary Team
MFA	Mutual Family Assessment
MI	Motivational Interviewing
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MP	Measurement Period
MST	Multi-Systemic Therapy
MultiOpDiv	Multiple Operating Division
NAGA	Needs Assessment and Gaps Analysis
NCANDS	National Child Abuse and Neglect Data Systems
NCMEC	National Center for Missing and Exploited Children
NEICE	National Electronic Interstate Compact Enterprise
NFSN	National Family Support Network
NICWA	National Indian Child Welfare Association
NYTD	National Youth in Transition Database
OASIS	Online Automated Services Information System
OCS	Office of Children's Services
ORP	Office of Research and Planning
OSRI	Onsite Review Instrument

## Appendix A-2: List of Commonly Used Acronyms

PAC	Practice Advisory Committee
PCIT	Parent-Child Interaction Therapy
PIP	Program Improvement Plan
PRIDE	Parent Resources for Information, Development, and Education
PSSF	Promoting Safe and Stable Families
RSP	Risk Standardized Performance
RTC	Required Training Console
QAA	Quality Assurance and Accountability
SDM	Structured Decision-Making
SEI	Substance Exposed Infant
SFY	State Fiscal Year
SIR	Southeastern Institute of Research
SME	Subject Matter Expert
SNAP	Supplemental Nutrition Assistance Program
SPEAKOUT	Strong Positive Educated Advocates Keen on Understanding the Truth
SrM	Sub-Recipient Monitoring
SSA	Social Security Administration
SSI	Supplemental Security Income
SSN	Social Security Number
STI	State Testing Identification
SWDI	State Wide Data Indicators
TANF	Temporary Assistance for Needy Families
TFSC	Thriving Families Safer Children Initiative
TOC	Traditions of Caring
TOL	Transfer of Learning
TPR	Termination of Parental Rights
VCFSR	Virginia Child and Family Services Review
VCSSA	Voluntary Continuing Services and Support Agreement
VCWOR	Virginia Child Welfare Outcome Reports
VDH	Virginia Department of Health
VLC	Virginia Learning Center
VLDS	Virginia Longitudinal Data System
VLSSE	Virginia League of Social Services Executives
VDSS	Virginia Department of Social Services

Appendix A-2: List of Commonly Used Acronyms

VOCA	Victims of Crime Act
YWA	Youth Welfare Approach



## 2025 CWAC Members

### External Partners

Agency	Name	Title
ACF Children's Bureau	Jim Gregory	CFSR Lead
ACF Children's Bureau	Seth Persky	Child Welfare Program Specialist, Region 3
ACF Children's Bureau	Emily Eck	Child Welfare Specialist, JBS contractor, Region 3
ACF Children's Bureau	Bridget Koza	Legal/Judicial Child Welfare Specialist, CFSR Unit, JBS contractor
Albemarle DSS	Mary Stebbins	Director
Albemarle DSS	Alice Micklem	Assistant Director
Albemarle DSS	Janie Hunter	Foster Care & Adoption Worker
Alleghany-Covington DSS	Tammy Wilson	Director
Bedford Co DSS, Virginia League of Social Services Executives	Andrew Crawford	Director; VLSSE President
Bethany Christian Family Services of Maryland, Washington DC, and Virginia	Christopher Writ	Executive Branch Director
C2Adopt	Jennifer Surratt	Director of Programs
C2Adopt	Alicia Bugausan	ATCP Grant Manager
Campbell County DSS	Lisa Linthicum	Director
Campbell County DSS	Timothy Heck	Assistant Director
Center for Evidence-Based Partnerships at VCU	Michael Southam- Gerow, Ph.D. (he/him)	Director
Center for Evidence-Based Partnerships at VCU	Ashley Sandman	Partner Engagement Director
Center for Evidence-Based Partnerships at VCU	Alexander Garinther	Evaluation Director
Center for Evidence-Based Partnerships at VCU	Ashley Robinson (she/her)	Data Director
Charles City DSS	Dana Thomas	Family Services Supervisor
Chesterfield/Colonial Heights DSS	Danika Briggs	Assistant Director of Family Services
Chesterfield/Colonial Heights DSS	Shana Brown	Family Services Program Manager, Permanency
Chesterfield/Colonial Heights DSS	Kiva Rogers	Director
Chesterfield/Colonial Heights DSS	Mike Chernau	Attorney
Child Advocacy Centers of Virginia (CACVA)	Janice Dinkins- Davidson	Executive Director
Children's Home Society	Cassie Baudeán	Director of Policy & Strategic Operations
Children's Home Society	Krystal Thompson	CEO
Children's Home Society	Tory Everson-Roots	Chief Programs Officer of Child & Family Services
City of Charlottesville DSS	Jenny Jones	Chief of Family Services

Appendix A-3: 2025 CWAC Membership

City of Norfolk Human Services	Deanna Powell-Brickhouse	QA/ CQI Program Manager
City of Norfolk Human Services	Vonda Coleman	Division of Family Services Training Liaison
City of Norfolk Human Services	Denise Gallop	Director
College of William and Mary / State Dept of Education	Laura Hackett	Asst State Coordinator, Project HOPE-Virginia
College of William and Mary / State Dept of Education	Pat Popp	Project HOPE- Virginia, EHCY State Coordinator and Liaison for Ed Stability of Children/Youth in FC
Court Improvement Program, Office of the Executive Secretary Supreme Court of Virginia	Sandy Karison	Director
Court Improvement Program, Office of the Executive Secretary Supreme Court of Virginia	Beth Coyne	Staff Attorney
Court Improvement Program, Office of the Executive Secretary Supreme Court of Virginia	Julie Dube	Research Analyst
Cumberland Hospital	Lori Fagan	Director of Business Development
Department of Behavioral Health & Development Services	Katharine Hunter	Child and Family Behavioral Health Manager
Department of Criminal Justice Services	Melissa O'Neill	CASA Program State Coordinator
Department of Medical Assistance Services	Adrienne Fegans	Deputy of Programs and Operations
Department of Medical Assistance Services	Ashley Meade	Program Admin Specialist II
Department of Medical Assistance Services	Kimberli Myrick	Child Health Analyst
Department of Medical Assistance Services	Christine Minnick	Child Welfare Program Specialist
Department of Planning and Budget	Victoria Baldwin	Budget and Policy Analyst
DePaul Community Resources	Andrea Sabourin	Adoption Specialist
DePaul Community Resources	Marya McPherson	VP of Child & Family Services
DePaul Community Resources	Hope Robinson	Director of Foster Care
DePaul Community Resources	Chelsie Wilson	Director of Independent Living
Dinwiddie County DSS	Donna Harrison	Family Services Supervisor
Division of Family Services Parent Advisory Council Representative	Alisa Thornton	Parent with Lived Expertise
Elk Hill	Alex Sullivan	Community Liaison
Embrace Treatment Foster Care	Ronnie Gehring	Executive Director
Fairfax -Falls Church DFS	Sandra "Sandi" Slappey Brown	Asst. Div. Director for Operations
Families Forward Virginia	Jamia "Mia" Crockett	CEO
Families Forward Virginia	Michele Powell	Chief Programs Officer
Families Forward Virginia	Ronald Brown	Prevention Director
Families Forward Virginia	Ebony Gover-Epps	

Appendix A-3: 2025 CWAC Membership

Family and Children's Trust Fund of Virginia	Nicole Poulin	Executive Director
Franklin DSS	Anita Turner	Director
Franklin Co DSS	Cannon Morris	Family Services Supervisor
Franklin Co DSS	Jessica Davis	Family Services Supervisor - Foster Care
Fredericksburg DSS	Beth Girone	Assistant Director
Gloucester DSS	Lisa Kersey	Director
Greensville/Emporia DSS	Lebrina Puryear	Family Services Supervisor
Hallmark Youthcare	Gail Giese	Director of Business Development
Hampton Dept of Human Services	Calandra Cooke	Family Services Supervisor
Hampton Dept of Human Services	Sherrika Fulgham	Deputy Director
Hampton Dept of Human Services	Wanda Rogers	Director
Hanover County DSS	Devon Parham	Family Services Division Director
Hanover County DSS	Daricka Jones	Director
Harrisonburg/Rockingham DSS	Beth Lawler	Assistant Director III
Harrisonburg/Rockingham DSS	Celestral Williams	Director
Harrisonburg/Rockingham DSS	Chad Breeden	CPS Supervisor
Harrisonburg/Rockingham DSS	Dawn Burtner	Family Services Supervisor
Henrico DSS	Allison Bridges-Larkin	Henrico County Attorney's Office
Henrico DSS	Audrey Burges	Henrico County Attorney's Office
Henrico DSS	Mandi Green	Asst. Director, Services Division
Henrico DSS	Grace Carpenter	Permanency Program Manager
Henrico DSS	Gretchen Brown	Director
Henry/Martinsville DSS	Amy Rice	Director
Henry/Martinsville DSS	Lauren Wright	Family Services Manager
Hope Tree; VCOPPA (Virginia Coalition of Private Provider Associations)	Abigail Schreiner Lee	Foster Parent Recruiter; represents VALCPA in VCOPPA
Impact Living Services	Adam Pavao	Executive Director
Intercept Health	Kyle McMahon	Chief Development Officer
Jewish Family Services	Denise Wise-David	Connecting Hearts Program Manager/A.D.O.P.T. Co-Chair
Jewish Family Services	Lori Jacocks	Connecting Hearts Family Alliance Coordinator
Kids, Kin 'n Caregivers, INC	Kathy Dial	CEO
Legal Aid Justice Center	Fallon Speaker	Legal Director, Youth Justice Program
Loudoun County Family Services	Alyce Martin	Asst. Director for Internal Operations
Middlesex County DSS	Rebecca Morgan	Director
Montgomery DSS	Kelly Edmonson	Director
New Kent DSS	Suzanne Grable	Assistant Director
Newport News Human Services	Kimberly Thomas	Deputy Director
Newport News Human Services	Sandra Stovall	Chief of Family Services
Norfolk State University	Stephenie Howard	Professor, School of Social Work
Northampton DSS	Mozella Francis	Director
Northumberland DSS	Jackie Clayton	Director
Nottoway Indian Tribe of Virginia	Chief Lynette Allston	Nottoway Indian Tribe of Virginia
Nottoway Indian Tribe of Virginia	Yvonne Epps-Giddings	Nottoway Indian Tribe of Virginia
Office of Children's Services	Carol Wilson	Program Consultant

Appendix A-3: 2025 CWAC Membership

Office of the Children's Ombudsman	Eric Reynolds	Director
Office of the Children's Ombudsman	Jane Lissenden	Policy Analyst
Office of the Governor	Mira Signer	Special Advisor, Safe and Sound Taskforce
Orange County DSS	Robin Breckenridge	Program Manager
Pittsylvania DSS	Lindsay Malott	Family Services Manager
Rappahannock Indian Tribe of Virginia	Chief Anne Richardson	Rappahannock Indian Tribe of Virginia
Rappahannock Indian Tribe of Virginia	Jerry Fortune	Rappahannock Indian Tribe of Virginia
Richmond County DSS	Vanesa Livingstone	Director
Roanoke City DSS	Jen Como	Family Services Manager
Shenandoah Valley DSS	Sherry Bowman McClanahan	Director
Shenandoah Valley DSS	Lisa Shiflett	Assistant Director of Services
Shenandoah Valley DSS	Stephanie Huffman	Child Welfare Division Manager
Spotsylvania County DSS	Jacqueline Bedsaul	Family Services Supervisor
United Healthcare	Shane Ashby	Health Equity Director
United Methodist Family Services	Adalay Wilson	VP, Community-Based Services
United Methodist Family Services	George Mack	Project Manager, Project LIFE
United Methodist Family Services	Nina Marino	Director of Community Engagement
United Methodist Family Services	Deborah Burton	Regional Director
VA Department of Health	Tricia Smith	Family Violence Programs Manager with OCME (Office of the Chief Medical Examiner)
VCU Health	Dr. Bela Sood	Senior Professor, Child and Mental Health Policy
VCU School of Social Work	Sunny Shin	Associate Professor, VCU School of Social Work
VCU School of Social Work	Naomi Reddish	Administrator of community engaged child and family well-being initiatives
VDSS Budget Office	Kim Conner	Sr. Financial Policy Consultant
VDSS Community & Volunteer Services	Stephen Wade, MUP	Health Equity Project Manager
VDSS Division of Licensing	Alisa Foley	Policy & Program Evaluation Consultant
VDSS Research & Planning	Aline Jesus Rafi	Sr Research Associate
VDSS Research & Planning	Bob Arons	Director
Virginia Beach DHS	Donald Kirtland	Deputy Director, CQI, VA Beach Human Services Dept
Virginia Beach DHS	Elaine Burgess	CQI Supervisor II
Virginia Beach DHS	Al Steward	Child Welfare Administrator
Virginia Beach DHS	Shelby Sutton	Family Services Specialist II
Virginia Beach DHS	Ninah Pearson	Child and Wellbeing Program Manager
Virginia Commission on Youth	Amy Atkinson	Executive Director
Virginia Home for Boys and Girls	Christopher Campbell	VP of Advocacy and Program Advancement

Appendix A-3: 2025 CWAC Membership

Virginia Kids Belong	Karen Parsons	COO/Community Engagement Program Director
Virginia Kids Belong	Ashley Jones	I Belong Project Manager
Virginia Poverty Law Center	Valerie L'Herrou	Deputy Director, Center for Family Advocacy
Virginia Poverty Law Center	Anna Daniszewski	Staff Attorney – Center for Family Advocacy
Voices for Virginia’s Children	Allison Gilbreath	Policy and Programs Director
Wythe County DSS	Kimberly Ayers	Director; VLSSE Child and Family Committee Chair

Internal VDSS Human Services Portfolio Members

Name	Role	Name	Role
Aaran Kelly	Project Manager, Family First	Letha Moore-Jones	Independent Living Supervisor
Ali Bell	Permanency Regional Consultant, Piedmont	Lisa Tully	Permanency Regional Consultant, Central
Alisha Hunt	Permanency Regional Consultant, Central	Lora Smith	Foster Care Program Manager
Anya Horning	Family Engagement and Resource Family Program Manager	Mallory Scheepers	Family Recruitment Practice Consultant
Ashley Herring	CQI Director	Marnie Allen	Resource Family Consultant, Piedmont
Carl Ayers	Deputy Commissioner, Human Services	Matthew Lafrinere	Budget Manager
Chanda Yarbrough	Resource Family Policy Specialist	Matthew Sherman	Protection Data Analyst
Chasity Fitzpatrick	Curriculum Developer, Local Training and Development	Megan Johnson	Eastern Regional Director
Chauncey Strong	Youth Development Specialist	Meghan Yeatts	Quality Assurance and Accountability Supervisor, CFSR
Craig Patterson	In-home/Prevention Policy Specialist	Mirely "Mimi" Kennedy	PSSF Coordinator
Danielle Niepokoj	Permanency Data Analyst	Monica Hockaday	CPS Regional Consultant, Central
Dawn Wilson	Permanency Regional Consultant, Piedmont	Morgan Cave	In-Home Regional Consultant, Northern
Ebony Baker	Adoption Policy Specialist	Nancy Campos	Data Manager
Elizabeth Lee	Assistant Deputy Commissioner of Human Services	Nancy Fowler	Director, Office of Family Violence
Elizabeth "Nicole" Shipp	CPS Policy Specialist	Natachia Randles	Central Regional Director
Em Parente	Assistant Director, Permanency and Policy	Nicole Zepp	Strategic Consultant

Appendix A-3: 2025 CWAC Membership

Emily Lowe	Foster Care Policy Specialist	Nikki Clarke	Legislation, Regulations, and Guidance Program Manager
Eryn Clarke	Hotline Operations Program Manager	Nikole Cox	Director, Division of Family Services
Heather Owens	Permanency Regional Consultant, Western	Oluwashomi Edeki	Data Contractor
Ivey Tupponce	In-Home Quality Assurance and Accountability Supervisor	Patrick Bridge	Director, Local Training and Development
Jacqueline Withers-Johnson	In-home Regional Consultant, Eastern	Renee Rice	CPS Regional Consultant, Eastern
James Kingsford	Prevention Data Analyst	Sadie Wilson	Program Lead
Jeannie Adams	Permanency Regional Consultant, Western	Samantha Brooks	Project Manager
Jennifer Lilly	Western Regional Director	Sara Calhoun	Kinship Policy Specialist
Jennifer Phillips	Program Manager, Quality Assurance and Accountability	Sarah Gilbert	Permanency Regional Consultant, Northern
Jes Hopson	Resource Family Consultant, Northern	Sarah McDonald	Permanency Regional Consultant, Central
Jessica Cortes	Permanency Regional Consultant, Northern	Shannon Hartung	CPS Program Manager
Jessica Dorrman	Strategic Consultant	Stephen Gilliland	Adoption Program Manager
John King	CPS Regional Consultant, Piedmont	Shawn Bush	Resource Family Consultant, Western
Juana Diaz	Northern Regional Director	Tameka Kelley	ICPC & ICAMA Program Manager
Judy Gundy	Family Services Training Manager, Local Training and Development	Tammy Curl	CPS Regional Consultant, Northern
Keshia Bagby	In-home Regional Consultant, Central	Tammy Francisco	CPS Regional Consultant, Western
Khadija Wilson	Permanency Regional Consultant, Eastern	Tara Gilbert	Permanency Regional Consultant, Northern
Kimberly Bramlett	In-home Regional Consultant, Piedmont	Tiffany Gardner	Project Manager
Kristie Bond	Foster Care QAA/IV-E Supervisor	Tiffany Ray	Permanency Regional Consultant, Piedmont
Lakesha Goode	In-Home Regional Consultant, Eastern	Tonya Belcher	Resource Family Consultant, Central
Latisha Kidd	Permanency Regional Consultant, Western	Tracie Brewster	Piedmont Regional Director
Lauren Weidner	Project Manager	Traci Jones	Assistant Director, Protection and Prevention
Leanne Lambert	In-home Regional Consultant, Western	Vernee Mason	Adoption Supervisor

## Child and Family Services Review Youth Engagement Overview

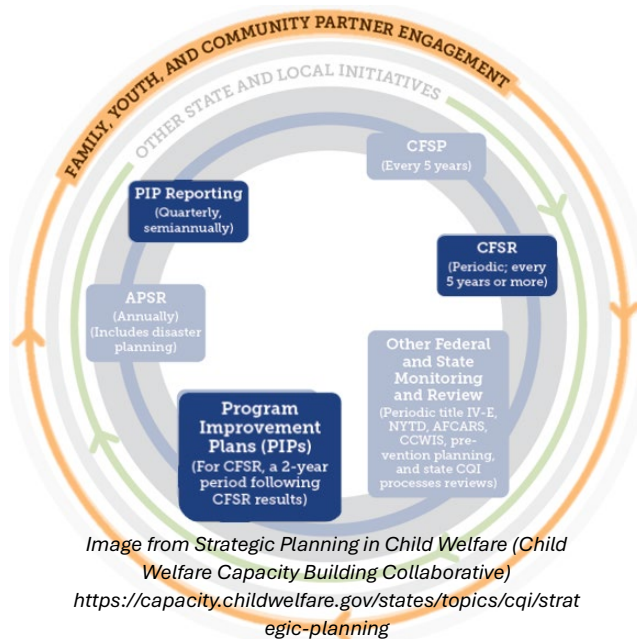
*VDSS met with the SPEAKOUT Youth Advisory Committee on March 25, 2025 and four out of the 11 members attended. This information was also shared out afterwards to all members for additional feedback.*

### Overview

The Child and Family Services Review (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.

Virginia’s last federal CFSR was completed in 2017. Virginia was not found to be in substantial conformity with 7 of the outcomes and 3 systemic factors which required Virginia to develop and implement a Program Improvement Plan (PIP). Since the CFSR process was first implemented by the federal government, no state has ever passed the CFSR and thus, all states have been required to undergo PIPs. Virginia passed their PIP and received the federal closeout letter in 2022.



The CFSR consists of 3 steps:



### Step 1 - Statewide Assessment:

As a part of the CFSR, states are required to complete a statewide assessment. This statewide assessment requires states to present data and other evidence to demonstrate the state’s functioning on 7 systemic factors. The systemic factors are “seven systems operating within a child welfare system that have the capacity, if well-functioning, to promote child safety, permanency, and well-being outcomes.”

Systemic Factors

- Statewide Information System
- Case review system
- Quality assurance system
- Staff and provider training
- Service array
- Agency responsiveness to community
- Resource/adoptive parent licensing, recruitment, and retention

Systemic factors are complex systems involving many different parts of the child welfare system and aren’t directed solely by the actions of the child welfare agency.

Systemic factors are complex systems involving many different parts of the child welfare system and aren’t directed solely by the actions of the child welfare agency.

### Step 2 – Onsite Review

The onsite review gathers information from reviewing a sample of cases to determine if the agency was in substantial conformity with each of the 7 outcomes, and to conduct interviews with Tribes, legal and judicial communities, youth and persons with lived experience, and other system partners to evaluate specific systemic factors. Virginia plans to use a state-led review, where the case review portion would be completed by state reviews from the VDSS Quality Assurance and Accountability (QAA) unit. The stakeholder interviews, however, will be led by federal partners from the Children’s Bureau. These interviewers will identify specific systemic factors that they need supplemental information beyond what was submitted in the statewide assessment.

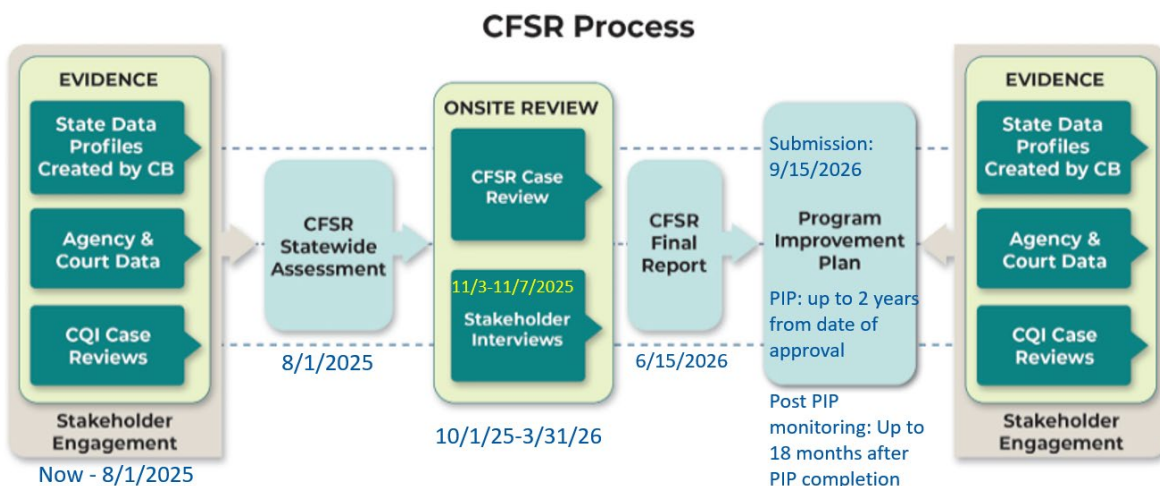
**Outcomes**

- Safety**
  - Children are protected from abuse and neglect
  - Children are safely maintained in their homes when possible
- Permanency**
  - Children have permanency in their living situations
  - Continuity of relationships and connections are preserved for children
- Well-being**
  - Families have enhanced capacity to meet their children’s needs
  - Children receive appropriate services to meet their educational needs
  - Children receive appropriate services to meet physical and mental health needs

**Step 3 – Program Improvement Plan (PIP):**

If a state is not in substantial conformity with one or more of the seven outcomes and seven systemic factors they must develop a Program Improvement Plan to address those areas. This plan is a collaborative process with the Children’s Bureau and stakeholders. More information on the PIP process will be provided further into the CFSR timeline.

**Current Timeline:**



**Feedback Needed:**

Currently we are in Step 1: Statewide Assessment. However, we are also working to plan scheduling for the stakeholder interviews as well. VDSS is committed to elevating lived experience



throughout this process and is requesting SPEAKOUT's help in providing feedback on youth engagement in this process as well as information on how the state is doing on several systemic factor. VDSS plans to engage with youth at the Spring and Fall Project Life conferences to gather data for the statewide assessment and provide opportunities for youth to participate in the stakeholder interviews. Our goal for youth engagement in Step 1: Statewide Assessment is to gather information from our youth partners about how certain systemic factors are doing in Virginia (case planning, services, training, etc) and use that information as additional evidence in our statewide assessment.

**Feedback: Are there any additional ways you can think to engage youth in this process? Are there any gaps you can think of in our outreach efforts?**

Big part of this is also understanding this process – Suggestion to educate different counties/jurisdictions about this process and have them reach out to youth too so that they can be included as well (beyond Project Life involvement). (Additional info provided by Jen Phillips, QAA manager, about how VDSS currently engages with local departments in providing them information on CFSR and how they are engaged in the review. Additionally, surveys are distributed to the CFSR participants, which include guardians ad litem, youth, parents, etc, at the end of the review for them to provide feedback on the CFSR items as well.)

Area of a gap may be youth in residential/group home settings – how can we better engage/elevate their voices? Suggestion for VDSS to go to events that go on in the residential/group home to engage with youth around this process.

Is there publicly available information on CFSR? What type of media/social media is on this process? How could youth find out more information about this if they were interested? (The federal Children's Bureau has a website full of resources here: <https://www.cfsrportal.acf.hhs.gov/> I will link specific resources with short description in the resources section of this document)

Where does the information from the reviews go? Information is input into the OSRI (On site review instrument) which has non-identifying information. This is reflected in final reports to the state and part of the national data collection.

How do you make sure all backgrounds are being reflected in these reviews and voices are elevated? This review process is randomized (reviews are done on a random sample)

Do youth have the ability to opt out? Youth have the option not to speak with the reviewers but the review would still have to be completed as it assesses the casework that was completed.

It's important that youth have the ability to have a say in how their information is used. Further clarification was provided by Jen Phillips about what information is actually captured in the reporting system - the case info that gets entered into the database is about the LDSS performance (did they enter the home within the required timeframe, did the LDSS establish the goal timely, etc) and does not include identifying information. CFSR staff conduct interviews as age/developmentally appropriate as part of the review. This review process also provides youth an opportunity to enhance services/processes for the state through their interviews.

**Case Plans –**

*Thinking about foster care plans, how were you involved in the planning? How was your family involved in the planning? What are your thoughts about the content of your case plan?*

<b>Strengths</b>	<b>Areas Needing Improvement</b>
<ul style="list-style-type: none"> <li>-VA cares very deeply about protecting youth/safety but that can also lead into an area needing improvement of overprotectiveness</li> <li>- CASA worker was very involved youth in case planning</li> <li>- CASA worker was able to share input from youth to the worker to include in service plan</li> <li>- Casey Life Skills Assessment</li> <li>- Parents were involved in the service plan/kept in the loop. Foster families were also included.</li> <li>- DSS prioritized school and grades, making sure youth do well in school. Incentives for doing well in school</li> </ul>	<ul style="list-style-type: none"> <li>- VA needs to improve their engagement of youth in case planning and including their goals, plans, opinions on their case – not doing this limits youth’s growth</li> <li>- Caseworker didn’t discuss options with youth, college, setting goals, etc.</li> <li>- DSS needs better collaboration and community with CASA</li> <li>- Youth were not invited/involved in court</li> <li>- Workers did not review service plan with youth/youth were not given a say in their service plan</li> <li>- Youth’s voice/input being discounted by being viewed/treated as a child.</li> <li>- Not being provided a copy of the service plan – not being involved in the planning for it.</li> <li>- Inaccurate information or depictions of youth in service plans – need for accurate representation of what youth actual said/did.</li> <li>- Better communication with youth about what is in their service plans and why it’s there</li> <li>- Service plans are more negatively focused and do not highlight accomplishments (negative impact on youth when they see that).</li> </ul>

**Permanency Planning and Termination of Parental Rights**

*What were your experiences with your permanency goal? How was your voice heard in selection and progress in your goal? How were you involved in major case decisions such as goal changes, termination of parental rights, services, etc. ?*

<b>Strengths</b>	<b>Areas Needing Improvement</b>

<ul style="list-style-type: none"> <li>-When expressed desire to move out the placement, DSS worker worked with youth to come up with a plan and move out occurred.</li> <li>-Was able to advocate for permanency goal and DSS listened and accommodated</li> <li>-DSS placed in foster home even though youth's input was not foster home but it was in the best interest for the placement (also an area needing improvement)</li> </ul>	<ul style="list-style-type: none"> <li>-Didn't get to decide on permanency goal (siblings received a different permanency goal and termination of parental rights pursued without input from youth/siblings)</li> <li>-asked to be removed from AREVA/photo listing once they no longer wanted to be adopted and DSS kept youth on them regardless</li> <li>-Not wanting to be adopted should be able to be taken into consideration and not forced upon youth.</li> <li>-Not involved in termination of parental rights and was told sometime afterwards and it was a shock.</li> <li>-need to be better about keeping siblings together and keeping contact maintained between siblings and getting information about siblings.</li> <li>- Placement in residential (no youth input) – residential was an inappropriate placement and no efforts to continue search for a home placement</li> <li>-Sleeping on office because they didn't prioritize finding a foster home (dehumanizing) – didn't explore respite</li> </ul>
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**Training – DSS Workers**

*What are some areas you think DSS workers are trained well or adequately to do? What are some areas you think DSS workers could receive better training on? What are some ways youth voice has been incorporated in training or what ways do you think it should be?*

<b>Strengths</b>	<b>Areas Needing Improvement</b>
<ul style="list-style-type: none"> <li>-Significant empathy/knowledge about placement of youth with understanding of youth's identity etc.</li> <li>-training on some mental health may be a strength or average (depression, anxiety)</li> </ul>	<ul style="list-style-type: none"> <li>-more training on youth who are on autism spectrum (mislabeling behaviors as defiant)</li> <li>-having questions about case shouldn't be seen as defiance; should be able to get answers about own case</li> <li>-Understanding of age/developmental ways to address/engage with youth (not talking down to youth)</li> </ul>

**Training - Foster Parents**

*What are some areas you think foster parents are trained well or adequately? What are some gaps in current foster parent training? What are some ways youth voice has been incorporated in training/what ways do you think it should be?*

<b>Strengths</b>	<b>Areas Needing Improvement</b>
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<p>- Good with children with suicidal ideations          -Significant empathy/knowledge about placement of youth with understanding of youth’s identity etc.          -training on some mental health may be a strength or average (depression, anxiety)</p>	<p>-don’t pick favorites in the home; some kids are treated better than others (biological children treated the best but they did have differences in how they treated children in foster care)          - understanding that youth in foster care are youth in foster care (treated as if they are in prison/slaves), given chores not appropriate for children in the home/inappropriate roles          - need to have food accommodations for children in the home (taking in youth’s needs, preferences, etc) – need training on preventing unhealthy eating habits within foster homes – connections to current research on healthy eating habits or health for youth in general (exercise, gym membership, encouraging outside time)          -more training on youth who are on autism spectrum (mislabeling behaviors as defiant)          -having questions about case shouldn’t be seen as defiance; should be able to get answers about own case          -Understanding of age/developmental ways to address/engage with youth (not talking down to youth)</p>
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**Services –**

*How did the service provided meet your needs? How timely were they – were they relevant to what you needed?*

*How do you feel the state provides the following services:*

- *Services that assess the strengths and needs of children and families and determine other service needs;*
- *Services that address the needs of families in addition to individual children in order to create a safe home environment;*
- *Services that enable children to remain safely with their parents when reasonable; and*
- *Services that help children in foster and adoptive placements achieve permanency.*

*How were services individualized to you and your needs?*

<b>Strengths</b>	<b>Areas Needing Improvement</b>
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<p>-Set group of people that helped with visitation (parents/siblings) – originally a strength and then stopped providing this service due to the size of the family and became an area needing improvement.</p> <p>-Independent Living services provision were great</p> <p>-Car incentive service was great</p> <p>-tutoring services provided</p> <p>-ETV funds</p>	<p>-Set group of people that helped with visitation (parents/siblings) – originally a strength and then stopped providing this service due to the size of the family and became an area needing improvement.</p> <p>-Not seeing family regularly</p> <p>-threshold for children entering care needs to be re-assessed. (paying closer attention to children’s/youth’s reports)</p> <p>-Services/intervention not provided soon enough prior to entry into foster care to prevent further maltreatment/abuse.</p> <p>-DSS has all the services but needs to get them out to youth and explaining the services better (didn’t share info about college, car incentive, ETV, etc if didn’t advocate for self) – DSS needs to share this better with youth.</p> <p>-Need better/more services in certain regions (like Western) and it should be statewide not locality specific.</p>
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## Resources:

### Information on Round 4 CFSR (the current round states are in):

- [Understanding the CFSRs infographic](https://www.cfsrportal.acf.hhs.gov/document/download/EZPOBD) *This infographic provides a general brief overview of the CFSR process.*
- [Engaging Young People With Lived Experience in the CFSRs: Key Considerations, Roles, and Recommendations](https://www.cfsrportal.acf.hhs.gov/document/download/dkPOy1) *This brief discusses key considerations, roles, and recommendations for states when engaging young people in the CFSRs. Information in this brief was gathered through a series of focus groups with youth with lived experience.*
- If any links break because the Children’s Bureau has updated the document, please go to the main CFSR portal page here: <https://www.cfsrportal.acf.hhs.gov/> to navigate to the resources.

### Historical information on the 2017 CFSR (Round 3):

- Virginia specific information:
  - o [2017 Statewide Assessment](#)
  - o [2017 Final Report](#)
  - o [Program Improvement Plan](#)
- National information:
  - o [Focus on Youth - CFSR Findings: 2015-2017](https://www.cfsrportal.acf.hhs.gov/document/download/PqVpOP) *This is a great way to view how the federal Children’s Bureau uses the data they collect in both the reviews and the stakeholder interviews. This report presents CFSR results related to older youth (aged 16–17) in foster care for the 38 states reviewed during the first 3 years of Round 3 (2015–2017).*

- **Child and Youth Connections: Results From CFSR Round 3 (2015-2018)** *This report looks out how, how often, and how well child welfare systems helped to promote and preserve children's connections in four areas: with parents; with siblings; with extended family; and with children's community, culture, school, and friends based on data from Round 3.*  
<https://www.cfsrportal.acf.hhs.gov/document/download/qlJVGj>
- Additional national reports based on Round 3 data are included here:  
<https://www.cfsrportal.acf.hhs.gov/resources/round-3-resources/cfsr-round-3-findings>

**Youth Feedback Section at the Project LIFE Spring Statewide Youth Conference (April 25–27, 2025 | Lynchburg, Virginia)**

From April 25 to 27, 2025, Project LIFE successfully hosted its annual Spring Statewide Youth Conference in the Piedmont region. The fully in-person event was held at the Hilton Garden Inn in Lynchburg, Virginia, and brought together youth from across the Commonwealth for a weekend of learning, connection, and empowerment.

A total of **62 youth** participated in the conference, representing **all five regions** of Virginia. Prior to the event, 76 youth had confirmed attendance. The final regional registration breakdown was as follows:

- **Central:** 25
- **Eastern:** 10
- **Piedmont:** 19
- **Western:** 2
- **Northern:** 6

Youth were referred by **27 Local Departments of Social Services (LDSS)** across all five regions:

- **Central:** 11 LDSSs
- **Eastern:** 4 LDSSs
- **Piedmont:** 6 LDSSs
- **Western:** 2 LDSSs
- **Northern:** 3 LDSSs

**Age Distribution of Youth Participants:**

- Age 14: 6
- Age 15: 8
- Age 16: 10
- Age 17: 11
- Age 18: 11
- Age 19: 12
- Age 20: 4

VDSS held a feedback session with the youth on Saturday. Youth (ages 14-20) who are in or formerly in foster care received an overview of the CFSR process and past performance by Virginia before completing a group activity. The group activity was broken into 2 parts. During the first part, youth worked in groups at their table to identify strengths and areas needing improvement in a specific category out of these 7 categories: case plans, caseworker training, foster parent training, placement, court, permanency planning and goal changes, and services. During the second part, each youth was provided with 8 color dots and asked to place their color

Appendix A-5: Project Life Youth Stakeholder Feedback

dots next to items that meant the most to them. The feedback is outlined in the charts below with the number of dots for each item indicated in parentheses.

Case Plans:

Please discuss your experiences with your foster care case plan. We are referring to the main case plan focused on achieving permanency (through return home, adoption, or relative placement). Please list any strengths or areas that need improvement.

*Discussion Prompts: Thinking about foster care plans, how are you involved in the planning? How was your family involved in the planning? Were you a part of any family meetings to help create your plan? What are your thoughts about the content of your case plan? Do you receive a copy of your case plan?*

Strengths	ANIs
<ul style="list-style-type: none"> <li>• Free Public Collage &amp; Certification (13)</li> <li>• New bonds/strong support systems (2)</li> <li>• Resources (1)</li> <li>• Senior Funding (2)</li> <li>• Foster Care Events! #PLC</li> <li>• Housing and Furnishing (9)</li> <li>• Regular home visits (5)</li> <li>• Prep before court meetings (0)</li> <li>• Providing good resources (1)</li> <li>• Conferences (3)</li> <li>• Adoption progress reports (1)</li> <li>• Access to GAL (communication) (3)</li> </ul>	<ul style="list-style-type: none"> <li>• Process Explanation for entering foster kids (2)</li> <li>• Normalcy improvement (4)</li> <li>• Better Foster Parent Training (statewide?) (5)</li> <li>• Poor Respite communication (4)</li> <li>• Access to Resources (2)</li> <li>• Youth Choice (ex. Clothes) (7)</li> <li>• Poor communications among parties (4)</li> <li>• Underestimating young youth (3)</li> <li>• Lack of transparency about case (parent status) (2)</li> <li>• Lack of ability to self manage (2)</li> <li>• Following rules “as is” vs. advocating for unique needs of youth (1)</li> <li>• DSS rules vs normalcy rules (5)</li> <li>• Judgement based on past life (reasons on why your on/in the system) (5)</li> </ul>

Placement:

Please discuss your experiences with placements in foster care. This can include any type of placement including relative foster parents, foster parents, residential facility, group home, etc. Please list any strengths or areas that need improvement.

*Discussion Prompts: How do you feel that your placement or past placements met your needs? Was placement with a family member considered or prioritized? If you have siblings, were you placed with your siblings or was placement with your siblings considered? Was your voice heard in making placement decisions? Were you a part of a family meeting prior to changing your placement?*



- Depends on the connection and how they make you feel (9)
  - Not feeling excluded, like you are a part of the family
- Placements that are better don't treat you differently (5)
  - They see you as a kid, not a "foster kid"
- Keeping siblings together is better (5)
  - If not placed together, visits are very important
- Having a comfortable space to live and keep your belongings is important (6)
  - Want a home to feel like home
- Some "problem behaviors" are normal for teens and some grace should be given (10)
- Stigma about teenagers makes finding good placements difficult (1)
- Sometimes youth are just told where they are going and aren't asked ahead of time (1)
- Foster parents sometimes hold power over the placement (9)
- If they say a kid has to leave, there isn't a lot that can be done. Adults often can't take criticism or feedback, which leads to disruptions
- Feedback should be taken from youth when they change placements to better understand their experience (3)
- Mutual respect between youth and placement family (4)

Permanency Planning and Goal Changes

Please discuss your experiences with your permanency goal. We are referring to the goal established in your main case plan focused on achieving permanency (through return home, adoption, or relative placement). Please list any strengths or areas that need improvement.

*Discussion Prompts: What were/are your experiences with your permanency goal (examples are Return Home, Adoption, Relative Placement)? How was your voice heard in selection and progress in your goal? How were you involved in major case decisions such as goal changes, termination of parental rights, services, etc.?*

Strengths	Areas needing improvement
<ul style="list-style-type: none"> <li>• Community support (4)</li> <li>• Foster family (with connection) (3)</li> <li>• Relative (2)</li> <li>• Understanding Mentors (4)</li> <li>• Personal connection (1)</li> <li>• Self-confidence (0)</li> <li>• Mental health support (4)</li> <li>• Help reconnecting with family (if desired) (3)</li> <li>• School community (1)</li> </ul>	<ul style="list-style-type: none"> <li>• Communication (2)</li> <li>• Foster family (without connection) (3)</li> <li>• Lack of information (5)</li> <li>• Lack of connection (2)</li> <li>• No voice (3)</li> <li>• Tension with relatives (2)</li> <li>• Want advocacy (3)</li> <li>• Pushing too hard for family reconnection (6)</li> <li>• Mental health stress (8)</li> </ul>

Court:

Appendix A-5: Project Life Youth Stakeholder Feedback

Foster care cases go before the court regularly to review case plans and update the court on progress on the case. Please discuss your experiences with this court process. Please list any strengths or areas that need improvement.

*Discussion Prompts: Do you know when your foster care case is being heard by the court? Do you come to court and are you asked to provide any input in court? How often do you meet with a guardian ad litem? How do you feel that your perspective is being heard in court? How are the judge's decisions communicated to you if you are not in court?*

Strengths	Areas needing improvement
<ul style="list-style-type: none"> <li>• Self Advocacy (6)</li> <li>• Respect (3)</li> </ul>	<ul style="list-style-type: none"> <li>• Court Etiquette (4)</li> <li>• Advocacy (5)</li> <li>• Communication from DSS (3)</li> <li>• Reminders for appointment (3)</li> <li>• Supportive GAL (not just court appearance) (2)</li> <li>• Family Visitation (5)</li> <li>• Youth Support (14)</li> </ul>

Foster parent training:

Please discuss your experiences with your foster parents (current or previous) and areas of foster parent training. Please list any strengths or areas that need improvement.

*Discussion Prompts:*

*What are some areas you think foster parents are trained well? What are some gaps in current foster parent training? Examples of training could include: child and adolescent development, supporting normalcy (normal youth activities), birth and foster parent teaming, etc Thinking about your interactions with your current or past foster parents, how did you feel supported by them? What are ways you felt unsupported?*

Strengths	Areas Needing Improvement
<ul style="list-style-type: none"> <li>• Better with younger youth (2)</li> <li>• They have resources (0)</li> <li>• Basic Needs! (1)</li> <li>• Opportunity connect with kids (1)</li> <li>• Help with independent (good/bad) (1)</li> <li>• Learning advocacy (1)</li> <li>• Lived experience by parents (1)</li> <li>• Support after leaving on some occasions (4)</li> </ul>	<ul style="list-style-type: none"> <li>• Better training for older youth (3)</li> <li>• More mental health training (7)</li> <li>• Less favoritism (0)</li> <li>• Better communication (0)</li> <li>• Stop doing it for money! (4)</li> <li>• Helping with life goals/transition (2)</li> <li>• Make sure compable (sic) - more connection (0)</li> <li>• More cultural training – hair help ex. Hair training (8)</li> <li>• Longer stay/fewer placements (1)</li> <li>• Listen to youth (3)</li> <li>• More care/effort (1)</li> <li>• More compassion/care is needed! (1)</li> </ul>

Experiences –

- Strengths – family vacations (0)
  - Challenges – not listening, seeing me as a person, allowances, little respect, communication (1)
  - Foster parent training: buy everything cheap, barriers (when to transition out of home) (1)
  - How do you feel you are supported? Some arguments, more financial support, emotional (1)
  - Communication (1)
  - Financial support and emotional (1)
  - Family events (0)
  - Lack of understanding (3)
  - Respect (1)
  - Resources (2)
  - Advocacy (social worker)
  - Need more training in trauma (1)
- Healthy relationship (1)

Caseworker Training:

Please discuss your experiences with your caseworker (current or previous) and areas of caseworker training. Please list any strengths or areas that need improvement.

*Discussion Prompts: What are some areas you think DSS workers are trained well to do?*

*What are some areas you think DSS workers could receive better training on?*

*Some examples of training could be about assessing and providing services, interacting with children and youth, supporting family members, finding family and other kin, supporting education, etc. Thinking about your interactions with your current/previous caseworker, how did you feel supported by your caseworker? What are ways you felt unsupported?*

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Knowledge about private providers (1)</li> <li>• Positivity (1)</li> <li>• Length of time in training is 2 years (2)</li> <li>• 30 hrs of CEUs (2)</li> <li>• Great ability to assist families (2)</li> <li>• Quality time with worker (2)</li> <li>• Trained well to provide information to the youth (2)</li> <li>• Trained well to have realistic discussions with the youth (2)</li> <li>• Understanding youth (0)</li> </ul>	<ul style="list-style-type: none"> <li>• Training about services and resources (3)</li> <li>• I don't feel hear (sic) when I speak up (5)</li> <li>• How to be more respectful (3)</li> <li>• More training on supporting LGBTQ+ youth (5)</li> <li>• More action put to word how the youth feels in their homes (4)</li> <li>• Honesty regarding case details (3)</li> <li>• Following up/consistency in contact (5)</li> <li>• Follow through on commitments (2)</li> </ul>

Appendix A-5: Project Life Youth Stakeholder Feedback

<ul style="list-style-type: none"> <li>• Taking time to get to know youth (2)</li> <li>• Showing concern and care for youth (1)</li> <li>• Advocating for youth (0)</li> <li>• Reassuring and supporting youth (0)</li> <li>• Showing up for youth (0)</li> <li>• Keeping youth connected to family (1)</li> <li>• Interacting with youth (0)</li> </ul>	<ul style="list-style-type: none"> <li>• Checking and/or responding to emails/texts (0)</li> <li>• Timely purchases made to meet youth's needs (0)</li> <li>• Transparency on intentions (3)</li> <li>• Transparency on actions taken (3)</li> <li>• Transportation (3)</li> </ul>
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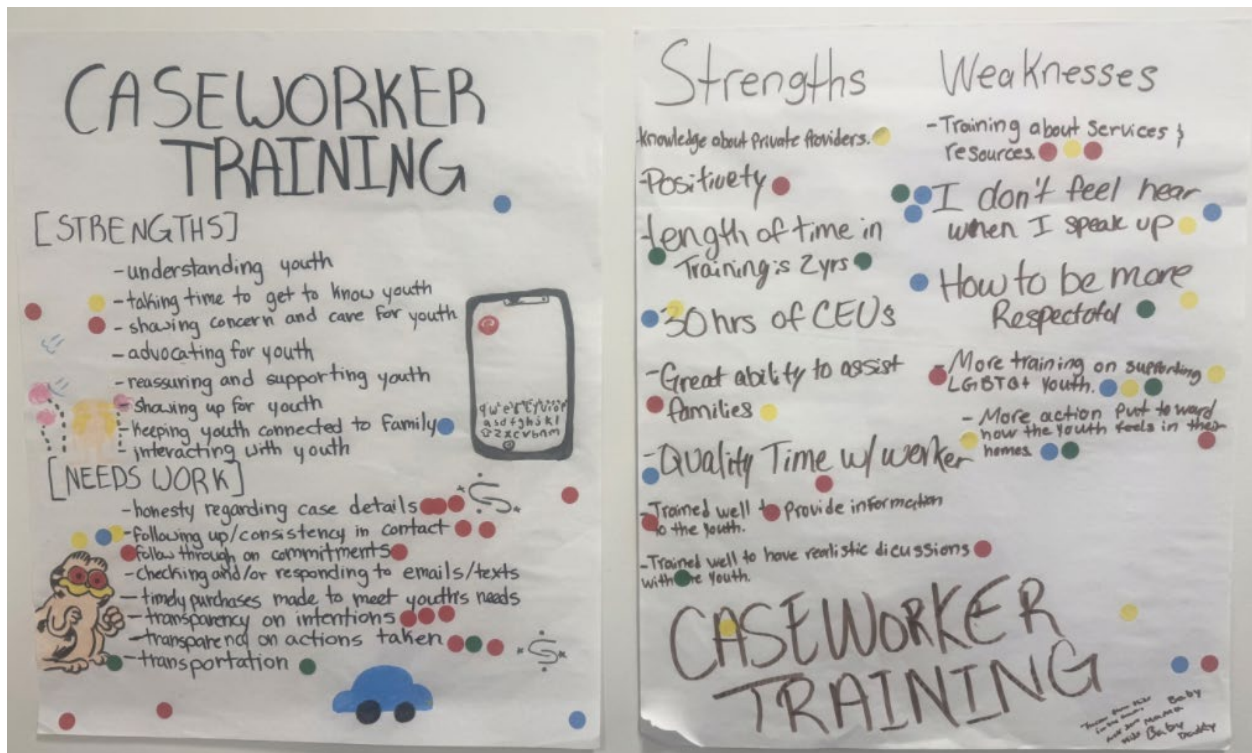
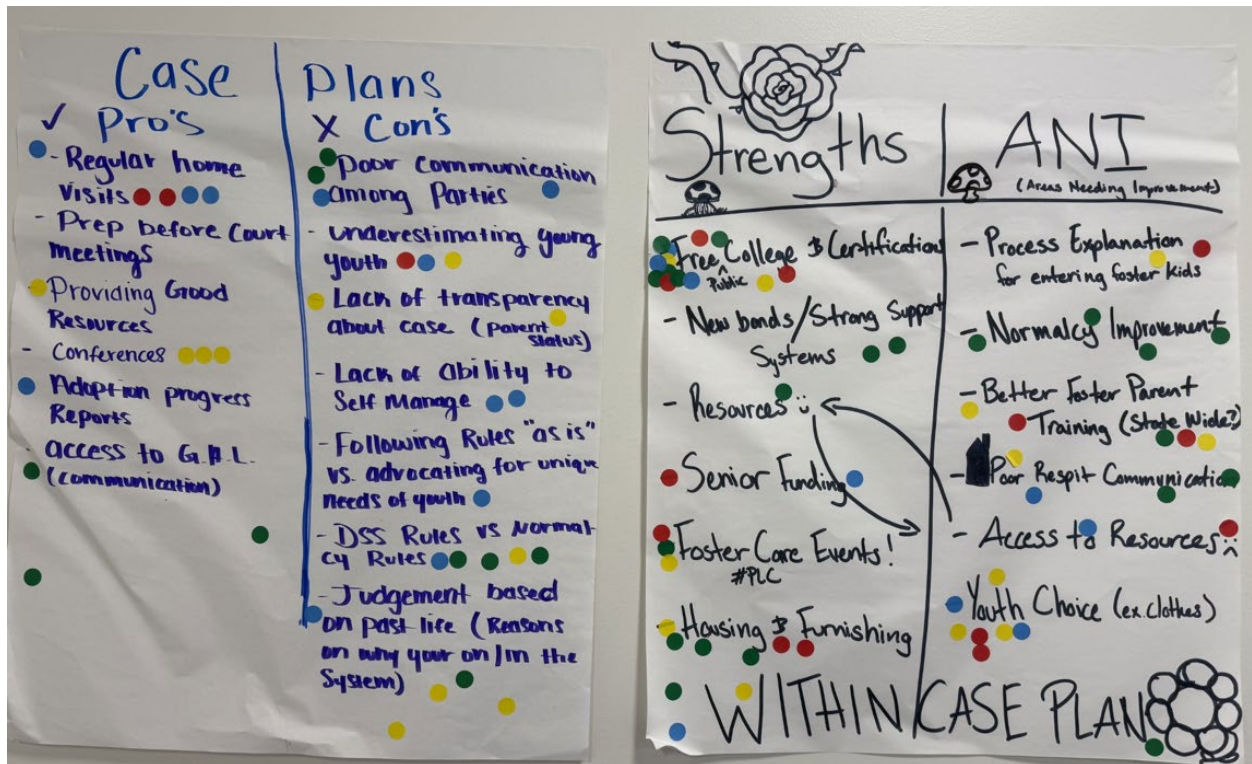
Services:

Please discuss your experiences with services. This can include services for yourself or your family. Please list any strengths or areas that need improvement.

*Discussion Prompts: Did you receive all the services you needed? What type of services did you receive? What type of services did you need and not receive? Were there services you received that you felt like you didn't need? How timely were the services? Did you feel like the services you received were personalized or targeted to you and your needs? How about services for your family? Did you feel like they received all the services they needed?*

Pros:	Cons:
<ul style="list-style-type: none"> <li>• They give us support (2)</li> <li>• They help with family (1)</li> <li>• Vouchers (6)</li> <li>• Meeting new people (4)</li> </ul>	<ul style="list-style-type: none"> <li>• Aging out of FC (0)</li> <li>• Unnecessary services (4)</li> <li>• Judgement (5)</li> <li>• Scheduling (4)</li> <li>• Not reliable (5)</li> </ul>

Photos of Feedback:





### Group Activity: Foster Parent Training

#### Strengths

- \* better with younger youth
- \* Through Resources
- \* Basic Needs!
- \* Opportunity with kids
- \* help with independent (good/bad)
- \* Learning Advocacy
- \* Live experience by Parents
- \* Support after leaving on Sun occasions

#### Areas needing improvement

- \* better Training for older youth
- \* More Mental health training
- \* Less Psychotherapy
- \* Communication
- \* Helping with Life Skills
- \* Make sure Complete
- \* More Connection
- \* More Cultural things
- \* help help ex... (youth services)
- \* Long-term / Foster Parents
- \* Listen to youth
- \* More Care/More
- \* More Compassion is needed!

### 1. Appointed -

Strengths - family visitation

Challenges - not listening, allowing me as a person, allowances, be the respect, communication

for parent training: buy everything cheap, bonuses (what to do at home)

How do you feel you are supported? Some aspects are financial support, emotional

- Communication
- Financial support
- Lack of understanding
- Resources
- Advocacy (Siva (wollen))
- Not enough training in trauma
- healthy relationship

### Placement

- Depends on the connection and how they make you feel
  - ↳ not feeling excluded, feeling like you are part of the family
- Placements that are better don't treat you differently
  - ↳ they see you as a kid, not a "foster kid"
- Keeping siblings together is better
  - ↳ if not placed together, visits are very important
- Having a comfortable space to live and keep your belongings is important
  - ↳ want a home to feel like home
- Some "problem behaviors" are normal for teens and some grace should be given
- stigma about teenagers makes finding good placements difficult
- Sometimes youth are just told where they are going and aren't asked a head of time
- Foster parents sometimes hold power over the placement
  - ↳ if they say a kid has to leave, there isn't a lot that can be done. Adults often can't take criticism or feedback, which leads to disruptions
- Feedback should be taken from youth when they change placements to better understand their experience
- Mutual respect between youth and placement family

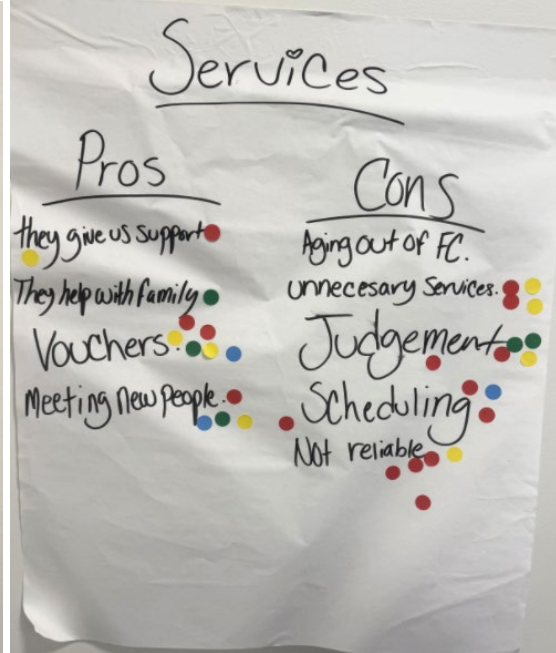
### Permanency

#### Strengths

- Community support
- foster family (w/ connection)
- Relative
- Understanding
- Mentors
- Personal connection
- self-confidence
- mental health support
- help reconnecting with family (if desired)
- School Community

#### Weaknesses

- Communication
- foster family (without connection)
- Lack of information
- Lack of connection
- No voice
- Tension w/ Relatives
- Want advocacy
- Pushing too hard for family reconnection
- mental health stress



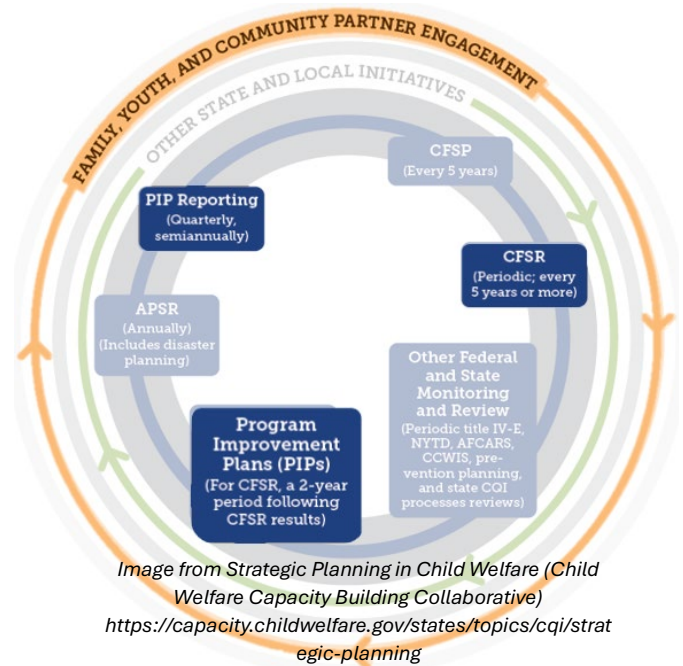
# Child and Family Services Review

## Parent Engagement Overview

### Overview

The Child and Family Services Review (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.



Virginia's last federal CFSR was completed in 2017. Virginia was not found to be in substantial conformity with 7 of the outcomes and 3 systemic factors which required Virginia to develop and implement a Program Improvement Plan (PIP). Since the CFSR process was first implemented by the federal government, no state has passed the CFSR and thus, all states have been required to undergo PIPs. Virginia passed their PIP and received the federal closeout letter in 2022.

The CFSR consists of 3 steps:





## Step 1 - Statewide Assessment:

As a part of the CFSR, states are required to complete a statewide assessment. This statewide assessment requires states to present data and other evidence to demonstrate provide the state’s assessment on performance on outcomes and

### Systemic Factors

- Statewide Information System
- Case review system
- Quality assurance system
- Staff and provider training
- Service array
- Agency responsiveness to community
- Resource/adoptive parent licensing, recruitment, and retention

on 7 systemic factors. The systemic factors are “seven systems operating within a child welfare system that have the capacity, if well-functioning, to promote child safety, permanency, and well-being outcomes.” Systemic factors are complex systems involving many different parts of the child welfare system and aren’t directed

solely by the actions of the child welfare agency.

## Step 2 – Onsite Review

The onsite review gathers information from reviewing a sample of cases to determine if the agency was in substantial conformity with each of the 7

outcomes, and to conduct interviews with Tribes, legal and judicial communities, youth, parents, and persons with lived experience, and other system partners to evaluate specific systemic factors. Virginia has received conditional approval to use a state-led review, where the case review portion would be completed by state reviewers from the VDSS Quality Assurance and Accountability (QAA) unit. The stakeholder interviews, however, will be led by federal partners from the Children’s Bureau. These interviewers will identify specific systemic

### Outcomes

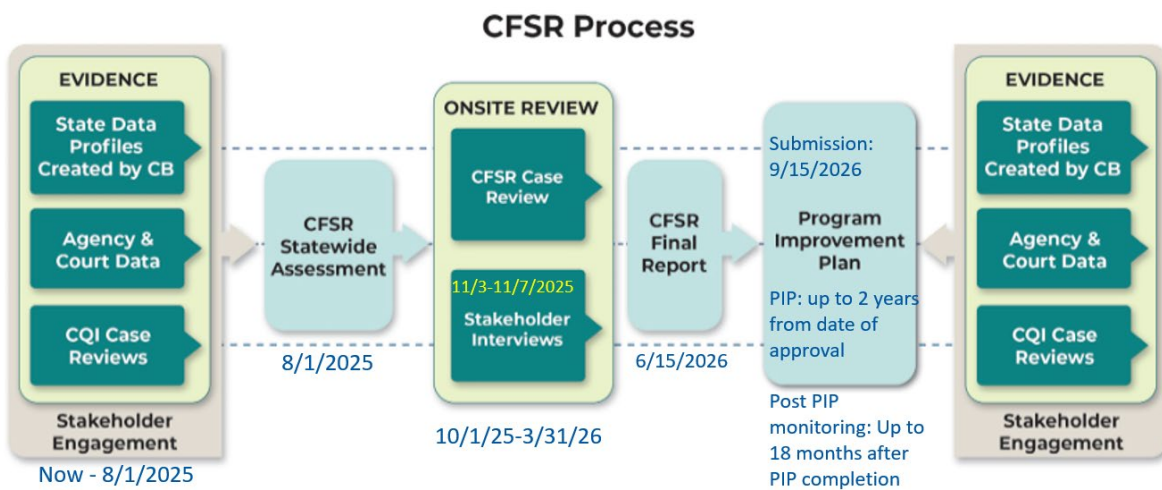
- Safety**
  - Children are protected from abuse and neglect
  - Children are safely maintained in their homes when possible
- Permanency**
  - Children have permanency in their living situations
  - Continuity of relationships and connections are preserved for children
- Well-being**
  - Families have enhanced capacity to meet their children’s needs
  - Children receive appropriate services to meet their educational needs
  - Children receive appropriate services to meet physical and mental health needs

factors that they need supplemental information beyond what was submitted in the statewide assessment.

### Step 3 – Program Improvement Plan (PIP):

If a state is not in substantial conformity with one or more of the seven outcomes and seven systemic factors they must develop a Program Improvement Plan to address those areas. This plan is a collaborative process with the Children’s Bureau and stakeholders. More information on the PIP process will be provided further into the CFSR timeline.

### Current Timeline:



### Feedback Needed:

Currently we are in Step 1: Statewide Assessment. However, we are also working to plan scheduling for the stakeholder interviews as well. VDSS is committed to elevating lived experience throughout this process and is requesting the Parent Advisory Council’s feedback on parent engagement in this process as well as information on how the state is doing on several systemic factors. VDSS would like to identify ways to best engage parents across geographic regions of Virginia and with differing types of child welfare involvement to provide input in the statewide assessment as well as provide opportunities for parents to participate in the stakeholder interviews. Our goal for parent engagement in Step 1: Statewide Assessment is to gather information from our parent partners about how certain systemic factors are doing in Virginia (case planning, services, training, etc) and use that information as additional evidence in our statewide assessment.

## Feedback on Systemic Factors

### Case Plans –

*Thinking about foster care plans, how were you involved in the planning? How was the other parent involved in planning? What are your thoughts about the content of your case plan?*

Strengths	Areas Needing Improvement
	<ul style="list-style-type: none"> <li>• Coordinated with other party/was not involved</li> <li>• Left in the dark about what was supposed to be going on</li> <li>• Received copies of plans, but there was no follow up</li> <li>• Did not receive copies of foster care plans</li> </ul>

### Permanency Planning and Termination of Parental Rights

*What were your experiences with the permanency goal of the case? How was your voice heard in selection and progress in your goal? How were you involved in major case decisions such as goal changes, termination of parental rights, services, etc. ?*

Strengths	Areas Needing Improvement
	<ul style="list-style-type: none"> <li>• Not involved in establishing goals, had no contact from agency while incarcerated</li> </ul>

### Training – DSS Workers

*What are some areas you think DSS workers are trained well or adequately to do? What are some areas you think DSS workers could receive better training on? What are some ways parent voice has been incorporated in training or what ways do you think it should be?*

Strengths	Areas Needing Improvement

	<ul style="list-style-type: none"> <li>● More training needed on DV and impacts in home (hands-on/shadowing)</li> <li>● Cross-section of DV/mental health</li> <li>● Training/experience working with children (understanding/communicating with children age-appropriately)</li> <li>● Training on children’s development/response to trauma and abuse</li> <li>● Children’s mental health</li> <li>● Understanding/working with single parents (Stereotypes/stigmas)</li> <li>● Poor communication- no call back or follow-up</li> <li>● Accuracy of case documentation</li> <li>● Providing addition support/information to parents to obtain support/services (legal aide, etc)</li> <li>● Importance of parent advocates (parent support partner)</li> </ul>
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**Training - Foster Parents**

*What are some areas you think foster parents are trained well or adequately? What are some gaps in current foster parent training? What are some ways parent voice has been incorporated in training/what ways do you think it should be?*

<b>Strengths</b>	<b>Areas Needing Improvement</b>
	<ul style="list-style-type: none"> <li>● Overall lack of training</li> <li>● Lack of communication between foster parent/parent, and foster parent/agency</li> </ul>

**Services –**

*How did the service provided meet your, your family’s, or your child’s needs? How timely were they – were they relevant to what was needed?*

*How do you feel the state provides the following services:*

- *Services that assess the strengths and needs of children and families and determine other service needs;*
- *Services that address the needs of families in addition to individual children in order to create a safe home environment;*
- *Services that enable children to remain safely with their parents when reasonable; and*
- *Services that help children in foster and adoptive placements achieve permanency.*

*How were services individualized to you and your needs?*

Strengths	Areas Needing Improvement
	<ul style="list-style-type: none"> <li>• Had to find resources in the community on own</li> <li>• Agency did not communicate to parent about services</li> <li>• services had long waitlists</li> <li>• funding for services not provided by agency</li> <li>• parent support partner (increased/consistent use across the state)</li> <li>• services not individualized (checking a box)</li> </ul>

### **Feedback for Engaging Parents:**

**What are some ways you would recommend for VDSS to engage parents in gathering data for the statewide assessment? (For example, would it be better to do small regional focus groups with a handful of parents in each region, town hall, a publicly available survey, etc)**

Survey link may get most results. Might connect through fliers, mom groups, CSBs/DV programs. Utilize advocates, caseworkers, parents, etc, to make individual connections.

### **Resources:**

Information on Round 4 CFSR (the current round states are in):

- [Understanding the CFSRs infographic](#) *This infographic provides a general brief overview of the CFSR process.*  
<https://www.cfsrportal.acf.hhs.gov/document/download/EZPOBD>
- If any links break because the Children’s Bureau has updated the document, please go to the main CFSR portal page here:  
<https://www.cfsrportal.acf.hhs.gov/> to navigate to the resources.

Historical information on the 2017 CFSR (Round 3):

- Virginia specific information:
  - [2017 Statewide Assessment](#)
  - [2017 Final Report](#)
  - [Program Improvement Plan](#)
- National information:

- **Parent Engagement - Reflections From the CFSR: 2015-2017** *This report presents results from CFSRs conducted in the 38 states reviewed during the first 3 years of Round 3 of the CFSRs. It focuses on how agencies engage parents to promote the safety, permanency, and well-being of children and families in the child welfare system.*  
<https://www.cfsrportal.acf.hhs.gov/document/download/dnXBOG>
- **Child and Youth Connections: Results From CFSR Round 3 (2015-2018)** *This report looks out how, how often, and how well child welfare systems helped to promote and preserve children’s connections in four areas: with parents; with siblings; with extended family; and with children’s community, culture, school, and friends based on data from Round 3.*  
<https://www.cfsrportal.acf.hhs.gov/document/download/qUVGj>
- Additional national reports based on Round 3 data are included here: <https://www.cfsrportal.acf.hhs.gov/resources/round-3-resources/cfsr-round-3-findings>

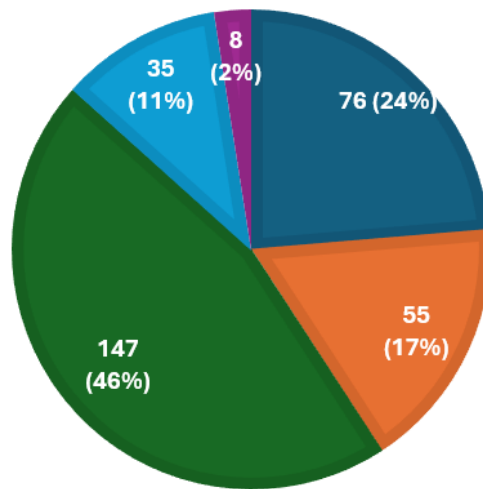
### Legal and Judicial Feedback Survey

#### Distribution and Response Rate:

The CFSR Legal/Judicial Feedback Survey was designed as a collaboration between VDSS and CIP. The questions target systemic factors that court partners provide a unique perspective. CIP sent the survey to 1,140 individuals in the legal and judicial community, including 138 judges, 53 retired judges, 130 DSS counsel and 819 GALs at the end of May 2025. The survey received a total of 322 responses, resulting in a response rate of 28%.

### RESPONSE BY ROLE COMPARED TO ALL RESPONSES

■ Judge ■ LDSS attorney ■ Guardian ad litem ■ Parent's Attorney ■ Other



The majority of respondents were guardians ad litem, followed by judges. However, when viewing the response rate by roles in comparison to how many were sent surveys, the highest response rates are seen in LDSS counsel (55 responses out of 130 surveys sent, 42%), followed by judges (76 responses out of 191 surveys sent, 40%). While there are varieties in response by role, there is enough responses for each role to provide sufficient input.

#### Survey format:

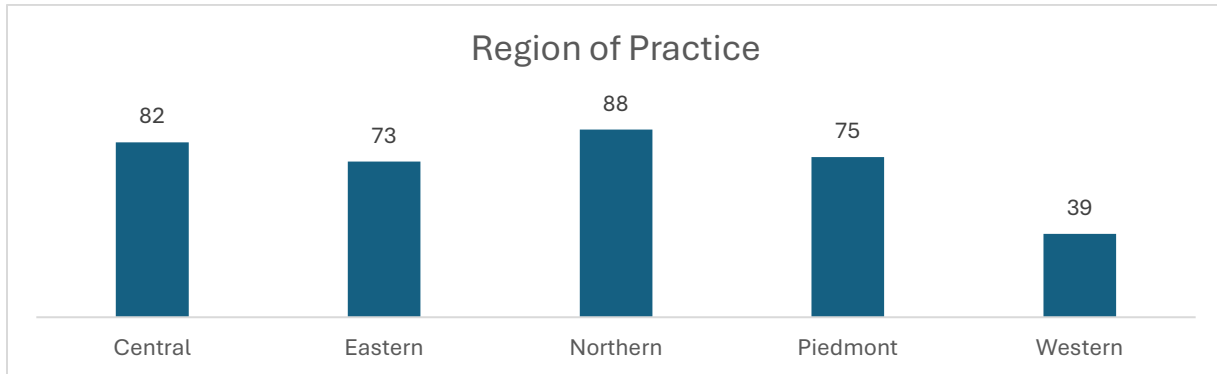
All questions are voluntary in the survey resulting in a different number of responses for each survey question. Response numbers will be provided throughout the statewide assessment when reporting survey results. Several respondents reported significant variance in their experiences with different LDSS. Respondents who reported difficulties completing the survey due to these variances were asked to complete the survey by selecting one locality to focus on, either one where they have the most LDSS cases or the most experience.

## Appendix A-7: Legal and Judicial Stakeholder Feedback

### Geographic applicability:

In general, survey results indicate all geographic regions are well represented in the survey population. Western region has fewer responses but the western region is smaller in general population than the rest of the regions. Additionally, Western and Central are the regions with the lowest number of children in foster care compared to the rest of the state.

Respondents were able to select more than one region that they operated in as court districts are different than VDSS identified regions and attorneys can serve in more than one court district, resulting in a total of 322 responses. There are sufficient responses by region to ensure regional representation.



These questions ask you to consider if the following information is generally included in the foster care service plan:

Question	Always	Often	Sometimes	Rarely	Never	Total
Children's educational setting, including efforts to maintain the child's educational stability while in foster care, like Best Interest Determination (BID) meetings	95 (34%)	101 (36%)	58 (21%)	22 (8%)	2 (1%)	278
Children's educational needs, including Individualized Education Plans (IEP) or 504 plans.	107 (38%)	93 (33%)	52 (18%)	26 (9%)	4 (1%)	282
Children's dental health needs	87 (31%)	80 (29%)	72 (26%)	33 (12%)	7 (3%)	279
Children's medical health needs	138 (49%)	101 (36%)	36 (13%)	6 (2%)	2 (1%)	283
Children's mental/behavioral health needs	136 (48%)	101 (36%)	40 (14%)	7 (2%)	0	284

Foster Care plans also include:

Question	Always	Often	Sometimes	Rarely	Never	Total
Timely establishment of the permanency goal through filing the initial foster care plan within 45 days of custody transfer.	134 (49%)	98 (36%)	29 (11%)	10 (4%)	0	271
Permanency goals and a rationale for why the goal was selected.	161 (59%)	72 (26%)	31 (11%)	8 (3%)	0	272



## Appendix A-7: Legal and Judicial Stakeholder Feedback

Appropriate information about progress made towards achieving permanency goals.	124 (46%)	97 (36%)	37 (14%)	13 (5%)	0	271
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These questions pertain to parental involvement in the development of foster care service plans.

Question	Always	Often	Sometimes	Rarely	Never	Total
Is the foster care service plan developed jointly with the child's parents or prior custodians?	41 (16%)	99 (39%)	61 (24%)	40 (16%)	13 (5%)	254
Does the foster care service plan include a description of how the child's parents or prior custodians were involved in the service planning process?	64 (25%)	78 (30%)	56 (22%)	39 (15%)	21 (8%)	258
If the parents or prior custodians were not involved, is the reason explained?	85 (34%)	53 (21%)	50 (20%)	41 (16%)	21 (8%)	250

These questions pertain to the filing of TPR proceedings.

Question	Always	Often	Sometimes	Rarely	Never	Total
Are TPR proceedings filed by the LDSS when the child has been in foster care 15 out of the past 22 months?	29 (12%)	155 (62%)	60 (24%)	7 (3%)	1 (0%)	252
If not filed, does the case plan document the exception to the requirement to file for TPR and all required information?	130 (55%)	61 (26%)	33 (14%)	11 (5%)	3 (1%)	238

In your experience, do foster parents:

Question	Always	Often	Sometimes	Rarely	Never	Total*	NA
Receive notice of hearings?	137 (58%)	75 (32%)	25 (11%)	1 (0%)	0 (0%)	238	18
Receive notice of their right to be heard in the hearing?	93 (41%)	74 (33%)	37 (16%)	19 (8%)	3 (1%)	226	28
Attend hearings?	14 (6%)	132 (53%)	95 (38%)	9 (4%)	1 (0%)	251	5
Provide input in the hearing, including on the child's well-being, placement, and permanency planning?	17 (7%)	72 (29%)	90 (36%)	66 (27%)	4 (2%)	249	7

\*N/A excluded from total and analysis

In your experience, do pre-adoptive parents:

Question	Always	Often	Sometimes	Rarely	Never	Total*	NA
Receive notice of hearings?	101 (47%)	69 (32%)	36 (17%)	9 (4%)	2 (1%)	217	35
Receive notice of their right to be heard in the hearing?	74 (35%)	60 (29%)	55 (26%)	19 (9%)	2 (1%)	210	42

## Appendix A-7: Legal and Judicial Stakeholder Feedback

Attend hearings?	19 (8%)	112 (48%)	82 (35%)	19 (8%)	2 (1%)	234	18
Provide input in the hearing, including on the child's well-being, placement, and permanency planning?	14 (6%)	68 (29%)	82 (35%)	55 (24%)	12 (5%)	231	21

In your experience, do relative caregivers:

Question	Always	Often	Sometimes	Rarely	Never	Total*	NA
Receive notice of hearings?	99 (41%)	80 (33%)	49 (21%)	7 (3%)	4 (2%)	239	16
Receive notice of their right to be heard in the hearing?	71 (31%)	75 (33%)	51 (22%)	27 (12%)	5 (2%)	229	26
Attend hearings?	18 (7%)	120 (48%)	96 (38%)	16 (6%)	1 (0%)	251	4
Provide input in the hearing, including on the child's well-being, placement, and permanency planning?	14 (6%)	82 (33%)	108 (44%)	36 (15%)	8 (3%)	248	6

Within the subsequent questions, **examples of these services are provided but they are not all inclusive**. Services are unique to each situation and some services may apply to more than one category.

In your experience, does your jurisdiction have available and accessible:

	Yes	Some	No	Total
Services that assess the strengths and needs of children and families and determine other service needs? (ex. psychological evaluations, parenting assessments, etc)	137 (56%)	102 (42%)	5 (2%)	244
Services that address the needs of families in addition to individual children in order to create a safe home environment? (ex. housing, domestic violence services, family therapy, etc)	121 (50%)	115 (47%)	8 (3%)	244
Services that enable children to remain safely with their parents when reasonable? (ex. evidence-based services, intensive care coordination, etc)	106 (43%)	119 (49%)	19 (8%)	244
Services that help children in foster and adoptive placements achieve permanency? (ex. kinship services, adoption support services, etc)	128 (53%)	107 (44%)	7 (3%)	242

## LDSS Child Welfare Survey

### Overview and Distribution:

The LDSS Child Welfare Survey is administered annually to child welfare LDSS workers. This survey contains 52 questions targeting feedback on systemic factor functioning in Virginia. Historically, this survey was made available to workers through publication via a broadcast on an internal intranet set. As staff can request that broadcasts be emailed to them automatically on an ongoing basis, staff would either receive the survey broadcast to their email or access it online on the intranet site. Beginning in 2025, as a result of feedback from federal partners regarding response rate calculations, VDSS emailed the survey directly to LDSS staff who are registered OASIS users. VDSS received over twice as many responses as in past years and was able to calculate a specific response rate. VDSS will continue to email the survey directly to LDSS staff in the future.

### Response rates:

Since 2023, there have been a total of 1,879 responses to the survey.

2025: 1,060 responses to 2960 invitations = 35.8% response rate

2024: 395 (est. response rate 13.3%)<sup>1</sup>

2023: 424 (est. response rate 14.3%)<sup>1</sup>

### Survey format:

All questions are voluntary in the survey resulting in a different number of responses for each survey question. Response numbers will be provided throughout the statewide assessment when reporting survey results. Additionally, if a LDSS worker indicates that their caseload is not primarily child welfare or generic on the first screen of the survey, the survey immediately ends. Questions on case plans, court hearings, termination of parental rights are only included in the surveys of workers who indicated Foster Care/Adoption or Generic caseloads.

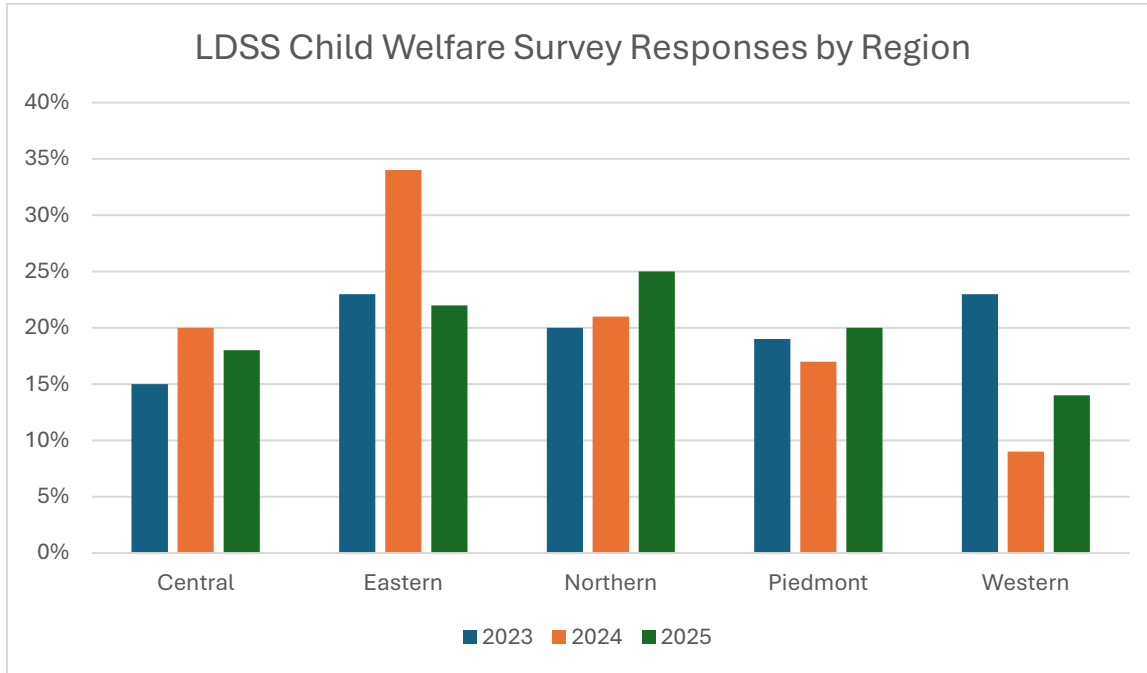
Some survey questions have been modified as a result of systemic factor discussions with the Children's Bureau. For those modified questions, all three years of data will be reported but the results may not be able to be compared to prior years.

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<sup>1</sup> As these surveys were distributed via an internal broadcast there is no way to determine how many staff were notified of the survey. However, using the number of staff that were invited in 2025 as a maximum of applicable staff that could have seen the survey, VDSS has provided a general estimation of a response rate for 2023-2024.

### Geographic applicability:

In general, survey results indicate all geographic regions are well represented in the survey population. However, in 2024 the eastern region was more represented while the western region was underrepresented.



	Central	Eastern	Northern	Piedmont	Western	Total
2023	59	88	77	75	90	389
2024	74	122	75	60	31	362
2025	113	135	152	126	89	615

Appendix B-1 can be located on the Department of Medical Assistance Services (DMAS) public website at <https://www.dmas.virginia.gov/media/r5fpaidt/2023-24-child-welfare-focus-study-report.pdf>

## Examples of Data Quality Monitoring Reports (SafeMeasures)



### Children in a Foster Care Case Without an Open Placement Setting

Locality: Statewide

Timeframe: Open on 05/05/2025

Subset: Younger/Older Than 20: 20 Years or Younger, Invalid, Birthdate Missing

Staff Locality	Supervisor	Staff Member	Case ID	Client ID	Client Name	Last Involvement Start	Case Type Start	Foster Care Checkbox	Children in Case	Children in Placement
Accomack						08/09/2024	10/12/2023	Missing	2	1
Albemarle						06/28/2011	11/24/2010	No	2	0
Albemarle						05/15/2019	05/06/2019	Missing	1	0
Albemarle						08/09/2023	04/06/2022	Missing	4	2
Albemarle						10/29/2009	08/20/2009	Missing	1	0
Albemarle						04/10/2006	12/31/2007	No	3	0
Albemarle						01/31/2022	03/11/2024	Missing	3	2
Albemarle						03/11/2025	04/17/2025	No	4	3
Albemarle						11/17/2020	05/02/2025	No	4	0
Albemarle						10/29/2020	05/02/2025	Missing	4	0
Albemarle						10/29/2020	05/02/2025	Missing	4	0
Albemarle						10/29/2020	05/02/2025	Missing	4	0
Albemarle						02/12/2025	08/02/2023	No	2	1
Albemarle						01/16/2024	05/02/2025	Missing	2	1

#### Children in a Foster Care Case Without an Open Placement Setting

Data Issue: Clients in open foster care case type who are not in an open placement setting.

Limits:

This report is limited to clients in currently open foster care case types who either do not have an open placement setting or an open AWOL record.

Includes: Clients in cases open on the extract date (05/05/2025).



### AWOL Settings Not Closed

Locality: Statewide

Timeframe: Open on 05/05/2025

Staff Locality	Supervisor	Staff Member	Case ID	Client ID	Client Name	Case Type	AWOL Start Date	Setting Start Date	Discharge Date	Reason for Error
Albemarle						Foster Care	02/03/2023	02/03/2023		New Setting With Open AWOL
Alexandria						Foster Care	04/03/2025	02/25/2025		New Setting With Open AWOL
Arlington						Foster Care	06/18/2024	05/24/2024		New Setting With Open AWOL
Charlottesville						Foster Care	11/04/2024	06/11/2024		New Setting With Open AWOL
Chesapeake						Foster Care	08/12/2023	08/12/2023		New Setting With Open AWOL
Chesapeake						Foster Care	12/06/2024	12/06/2024		New Setting With Open AWOL
Chesapeake						Foster Care	05/14/2024	05/14/2024		New Setting With Open AWOL
Chesapeake						Foster Care	03/04/2025	03/05/2025		New Setting With Open AWOL
Chesterfield/Colonial						No Case Open	08/16/2024	08/23/2024		New Setting With Open AWOL
Danville						Foster Care	03/24/2025	02/04/2025		New Setting With Open AWOL
Oranville						Foster Care	12/09/2024	03/08/2024		New Setting With Open AWOL
Fairfax/faith church						Foster Care	04/12/2024	10/25/2024		New Setting With Open AWOL
Fairfax/faith church						Foster Care	12/14/2023	02/29/2024		New Setting With Open AWOL
Fairfax/faith church						Foster Care	05/15/2022	05/12/2022		New Setting With Open AWOL
Franklin city						Foster Care	01/14/2025	12/04/2024		New Setting With Open AWOL
Frederick						Foster Care	11/03/2024	10/28/2024		New Setting With Open AWOL
Gloucester						Foster Care	12/10/2024	11/14/2024		New Setting With Open AWOL
Hampton						Foster Care	03/21/2025	03/07/2025		New Setting With Open AWOL

#### AWOL Settings Not Closed

This display shows children with an open AWOL setting that appears to be in error due to one of the following criteria:

- A case type other than Foster Care or Dual CPS and Foster Care
- The child has been discharged from care
- There is a new placement setting with an enclosed AWOL setting preceding it

Limits:

Only clients with open AWOL settings are included.

Note: To be considered AWOL, the youth has an AWOL start date and placement setting end date, please note that the records can have an open placement for 14 days.

Exclude: Children with an open AWOL setting open on the extract date.

# Appendix C-1: Examples of Data Quality Monitoring Reports



## Father Listed in OASIS?

Includes: All clients in an open case as of the extract date (05/05/2025) who do not have a father listed in ... More...

Locality: Statewide

Timeframe: Open on 05/05/2025

Staff Locality	Supervisor	Staff Member	Case ID	Client ID	Client Name	Case Type	Case Type Start Date
Accomack						Adoption	06/26/2018
Accomack						Family Support	07/26/2024
Accomack						Foster Care	02/04/2025
Accomack						Family Support	07/26/2024
Accomack						Family Support	07/26/2024
Accomack						Family Support	07/26/2024
Accomack						Adoption	05/18/2021
Accomack						Adoption	05/18/2021
Accomack						Family Support	07/26/2024
Accomack						In-Home	03/04/2025
Accomack						In-Home	03/21/2025
Accomack						In-Home	03/21/2025
Accomack						In-Home	03/04/2025
Accomack						In-Home	03/04/2025
Accomack						In-Home	03/21/2025
Accomack						In-Home	03/10/2025
Accomack						In-Home	03/10/2025
Accomack						In-Home	03/10/2025
Accomack						In-Home	03/20/2025
Accomack						In-Home	02/25/2025
Accomack						In-Home	02/26/2025
Accomack						In-Home	02/25/2025

**Father Listed in OASIS?**

This display shows all clients in DSS who do not have a biological father, step father, legal father, adoptive father marked as a client relative.

Includes: All clients in an open case as of the extract date (05/05/2025) who do not have a father listed in OASIS.

**FOSTER CARE SERVICE PLAN: PART A**

**COURT FILE NO:**  
**LOCAL NO:**  
**OASIS CASE NO:**

**CASE NAME:**  
**DATE PREPARED:**  
**DATE FILED:**

The Code of Virginia requires the involvement of birth parents/prior custodians, foster parents, and the child (where applicable) in the mutual development of the Service Plan. Part A should reflect the involvement and responsibility of the parties mentioned above. Part A is to be distributed to all involved.

<b>Child:</b>	<b>Birthdate:</b>	<b>Reason for New Service Plan:</b>
<b>Date of most recent removal from own home:</b>		<b>Date of Custody:</b>
		<b>Official Custody:</b>
		<b>Custody Disposition:</b>
		<b>Legal Basis for Custody:</b>
<b>Program Goal:</b>		<b>Target Date for Achievement:</b>
<b>Concurrent Goal:</b>		

1. Discuss how and why child came into care.
2. Describe DSS and other agency services to prevent removal. If no services given, explain why.
3. Describe child's situation at the time placement occurred or custody transferred. Information relative to family, health and education must be addressed. Indicate whether or not the child is an Indian child and what steps have been taken to abide by the Indian Child Welfare Act.
4. Describe Placement:
  - a. Type of Placement
  - b. 1. Describe efforts made to locate and place the child with absent father, maternal relatives and paternal relatives (throughout the life of the case as appropriate).
  - b.2. Describe the efforts which have been made to place the child in the least restrictive (most
  - c. Describe the efforts to place the child in closest proximity to parent's home. Explain the appropriateness/continued appropriateness of the placement if the child is placed out of state.
  - d. Describe the assessment of the stability of each placement the child has had, what services have been or will be provided to address placement instability or to prevent disruption of the placement (including FPMs), and a description of other placements that were considered for the child and reasons why such other placements were not provided.



5. Describe how any court orders made in respect to this child are being addressed.

6. Mechanisms for ensuring the proper care of the child:

- a. Identify the needs which must be met to achieve the goal for the child. Include discussion of parent(s)/prior custodian(s) visitation. Describe on-going efforts to achieve permanency throughout the life of the case (i.e.-continued efforts to explore adoption and/or placement with relatives if the goal is permanent foster care or APPLA.) Describe efforts to implement normalcy - the ability for the youth to participate in extracurricular, enrichment, cultural and social activities similar to peers.
- b. List the services which will be provided which will address the needs identified above, improve conditions of the parents' home and facilitate return of the child home, movement into other permanent placement, or transition to independence. Give target dates for completion. For pregnant/parenting youth, document any services they are receiving and prevention strategies for any children born to the youth or attach a prevention plan.
  1. Parent(s)/Prior Custodian(s) -
  2. Child/Youth -
  3. Foster Parent(s)/Adoptive Parent(s)/Residential Facility -

7. List responsibilities, including conduct and financial support, with target dates for completion for:

- a. Parent(s)/Prior Custodian(s) -
- b. Child/Youth -
- c. Foster Parent(s)/Adoptive Parent(s)/Residential Facility -

8. The following persons were involved in planning:

- The Child
- Parent(s)/Prior Custodian(s)
- Foster Parent(s) or Care Providers
- Relative(s)/Fictive Kin
- Adoptive Parent(s)
- Other

If parent(s)/prior custodian(s) not involved, explain why.

9. The following reports are attached:

- Client Health Information
- Immunization Record
- Client Education Information
- IL Transition Plan (for youth 14 and older)
- Youth Rights and Responsibilities for youth 14 and older (signed by the youth)
- Prevention Plan for Pregnant/Parenting Youth
- Summary of Decision Not to File for TPR Form

\_\_\_\_\_  
WORKER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OTHER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OTHER SIGNATURE

\_\_\_\_\_  
DATE

**FOSTER CARE SERVICE PLAN: PART B**

**COURT FILE NO:**

**LOCAL NO:**

**OASIS CASE NO:**

**CASE NAME:**

**DATE PREPARED:**

**DATE FILED:**

**Child:**

**What is the permanent plan for the child?**

---

**Return Home to parents within**      **months**

**Explain why/why not selected:**

---

**Placement with Relatives**

Transfer custody to relative

Name:

Relationship:

It is premature

Custody to relatives within      months

**Explain why/why not selected:**

---

**Adoption**

TPR Petition Filed/to be filed

Adoption is in best interest

**Explain why/why not selected:**

---

**Permanent Foster Care**

Name: \_\_\_\_\_

**Explain why/why not selected:**

**Yes**    **No**   Child been in care for at least any 15 of the past 22 months.

**Yes**    **No**   Petitioning for TPR (If no is chosen check all that apply.)

- TPR is not in the child's best interest.
- The child is residing with a relative.
- Services not provided to parents to return the child safely home.

**Explain why TPR is not being pursued:**

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**Additional Comments:**

\_\_\_\_\_  
**WORKER SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SUPERVISOR SIGNATURE**

\_\_\_\_\_  
**DATE**

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**OTHER SIGNATURE**

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**DATE**

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**OTHER SIGNATURE**

\_\_\_\_\_  
**DATE**

**LDSS Child Welfare Survey Results – Item 20**

Initial Foster Care plans are completed within 45 days of case opening.

	Always	Most of the time	Sometimes	Rarely	Never	Total
2025	184 (66%)	83 (30%)	8 (3%)	2 (1%)	1 (<1%)	278
2024	70 (65%)	28 (26%)	7 (7%)	1 (1%)	1 (1%)	107
2023	88 (64%)	38 (28%)	10 (7%)	1 (1%)	0 (0%)	137

Foster Care plans are reviewed by the family and the child, if applicable, every 90 days.

	Always	Most of the time	Sometimes	Rarely	Never	Total
2025	110 (40%)	115 (42%)	31 (11%)	16 (6%)	5 (2%)	277
2024	33 (31%)	42 (40%)	19 (18%)	10 (9%)	2 (2%)	106
2023	43 (31%)	54 (39%)	24 (18%)	14 (10%)	2 (1%)	137

Children's educational needs are addressed in the foster care plan.

	Always	Most of the time	Sometimes	Rarely	Never	Total
2025	221 (80%)	45 (16%)	9 (3%)	1 (<1%)	0 (0%)	276
2024	74 (70%)	21 (20%)	10 (9%)	0 (0%)	1 (1%)	106
2023	101 (73%)	29 (21%)	8 (6%)	1 (1%)	0 (0%)	139
Total	396 (76%)	95 (18%)	27 (5%)	2 (<1%)	1 (<1%)	521

Children's dental health needs are addressed in the foster care plan.

	Always	Most of the time	Sometimes	Rarely	Never	Total
2025	194 (71%)	48 (17%)	24 (9%)	8 (3%)	1 (<1%)	275
2024	59 (56%)	30 (29%)	11 (10%)	4 (4%)	1 (1%)	105
2023	79 (57%)	44 (32%)	11 (8%)	5 (4%)	0 (0%)	139
Total	332	122	46	17	2	519

Children's medical health needs are addressed in the foster care plan.

	Always	Most of the time	Sometimes	Rarely	Never	Total
2025	223 (81%)	37 (14%)	13 (5%)	1 (<1%)	0 (0%)	274
2024	70 (67%)	26 (25%)	6 (6%)	2 (2%)	1 (1%)	105
2023	96 (69%)	34 (24%)	7 (5%)	2 (1%)	0 (0%)	139
Total	389	97	26	5	1	518

Children's mental/behavioral health needs are addressed in the foster care plan.

Appendix C-3: LDSS Child Welfare Survey Results – Item 20

	Always	Most of the time	Sometimes	Rarely	Never	Total
2025	232 (84%)	37 (13%)	7 (3%)	0 (0%)	0 (0%)	276
2024	72 (69%)	29 (28%)	3 (3%)	0 (0%)	1 (1%)	105
2023	105 (76%)	27 (19%)	6 (4%)	1 (1%)	0 (0%)	139
Total	409	93	16	1	1	520

How often do the following people routinely participate in developing foster care plans?

Mother

	Always	Most of the time	Sometimes	Rarely	Never	Total
2025	79 (29%)	142 (53%)	36 (13%)	8 (3%)	3 (1%)	268
2024	29 (28%)	43 (41%)	25 (24%)	5 (5%)	2 (2%)	104
2023	28 (21%)	65 (48%)	39 (29%)	3 (2%)	1 (1%)	136

Father

	Always	Most of the time	Sometimes	Rarely	Never	Total
2025	60 (22%)	117 (43%)	79 (29%)	11 (4%)	3 (1%)	270
2024	25 (24%)	34 (33%)	34 (33%)	9 (9%)	2 (2%)	104
2023	22 (16%)	57 (42%)	47 (35%)	7 (5%)	3 (2%)	136

How often do the following people routinely participate in updating foster care plans?

Mother

	Always	Most of the time	Sometimes	Rarely	Never	Total
2025	69 (25%)	139 (51%)	46 (17%)	12 (23%)	6 (10%)	272
2024	23 (22%)	46 (44%)	28 (27%)	4 (4%)	3 (3%)	104
2023	22 (16%)	65 (47%)	37 (27%)	10 (7%)	3 (2%)	137

Father

	Always	Most of the time	Sometimes	Rarely	Never	Total
2025	58 (21%)	117 (33%)	74 (27%)	17 (6%)	6 (2%)	272
2024	21 (20%)	34 (33%)	39 (38%)	7 (7%)	3 (3%)	104
2023	18 (13%)	58 (42%)	42 (31%)	14 (10%)	5 (4%)	137

Appendix C-4 available here:

[https://www.vacourts.gov/static/courtadmin/aoc/cip/resources/timeline\\_jdr.pdf](https://www.vacourts.gov/static/courtadmin/aoc/cip/resources/timeline_jdr.pdf)

**Appendix C-5: AFCARS-Approved Court Hearing Status Report**

<b>Reporting Period</b>	<b>Court Hearing/Review Current: # (%)</b>	<b>Court Hearing Not Current/Not Found: # (%)</b>	<b>Grand Total</b>
Jan-22	3405 (89.10%)	417 (10.90%)	3822
Feb-22	3405 (87.70%)	477 (12.30%)	3882
Mar-22	3403 (86.60%)	527 (13.40%)	3930
Apr-22	3469 (88.40%)	457 (11.60%)	3926
May-22	3453 (88.30%)	459 (11.70%)	3912
Jun-22	3529 (89.00%)	438 (11.00%)	3967
Jul-22	3478 (88.60%)	446 (11.40%)	3924
Aug-22	3441 (87.60%)	489 (12.40%)	3930
Sep-22	3405 (85.40%)	583 (14.60%)	3988
Oct-22	3428 (85.30%)	591 (14.70%)	4019
Nov-22	3446 (86.30%)	545 (13.70%)	3991
Dec-22	3393 (86.00%)	552 (14.00%)	3945
Jan-23	3413 (93.00%)	257 (7.00%)	3670
Feb-23	3415 (93.40%)	241 (6.60%)	3656
Mar-23	3425 (93.00%)	256 (7.00%)	3681
Apr-23	3420 (93.10%)	254 (6.90%)	3674
May-23	3457 (92.90%)	266 (7.10%)	3723
Jun-23	3502 (93.20%)	255 (6.80%)	3757
Jul-23	3504 (92.80%)	271 (7.20%)	3775
Aug-23	3483 (92.10%)	299 (7.90%)	3782
Sep-23	3446 (91.60%)	316 (8.40%)	3762
Oct-23	3463 (90.30%)	371 (9.70%)	3834
Nov-23	3434 (89.40%)	406 (10.60%)	3840
Dec-23	3431 (88.20%)	458 (11.80%)	3889
Jan-24	3649 (93.60%)	249 (6.40%)	3898
Feb-24	3632 (93.40%)	257 (6.60%)	3889
Mar-24	3678 (92.90%)	283 (7.10%)	3961
Apr-24	3723 (93.50%)	257 (6.50%)	3980
May-24	3745 (93.40%)	263 (6.60%)	4008

Appendix C-5: AFCARS-Approved Court Hearing Status Report

Jun-24	3754 (92.60%)	302 (7.40%)	4056
Jul-24	3773 (92.50%)	308 (7.50%)	4081
Aug-24	3763 (92.30%)	314 (7.70%)	4077
Sep-24	3772 (92.10%)	325 (7.90%)	4097
Oct-24	3790 (91.10%)	368 (8.90%)	4158
Nov-24	3782 (90.50%)	398 (9.50%)	4180
Dec-24	3776 (89.10%)	460 (10.90%)	4236

Source: SafeMeasures AFCARS-Approved Court Hearing Status for children under 18 in care during the month (excludes children in care for less than 60 days)

Definitions:

**Hearings Current** - An AFCARS-approved court hearing has been held during the client's current episode, and an AFCARS due date has not passed without a court hearing.

**Hearings Not Current** - An AFCARS-approved court hearing has been held during the client's current episode, but an AFCARS due date has passed without a court hearing.

**Hearing Not Found** - The client's episode began 60 or more days ago, but there is no AFCARS due date for the next court hearing because there has not been an initial hearing or 60-day dispositional hearing.



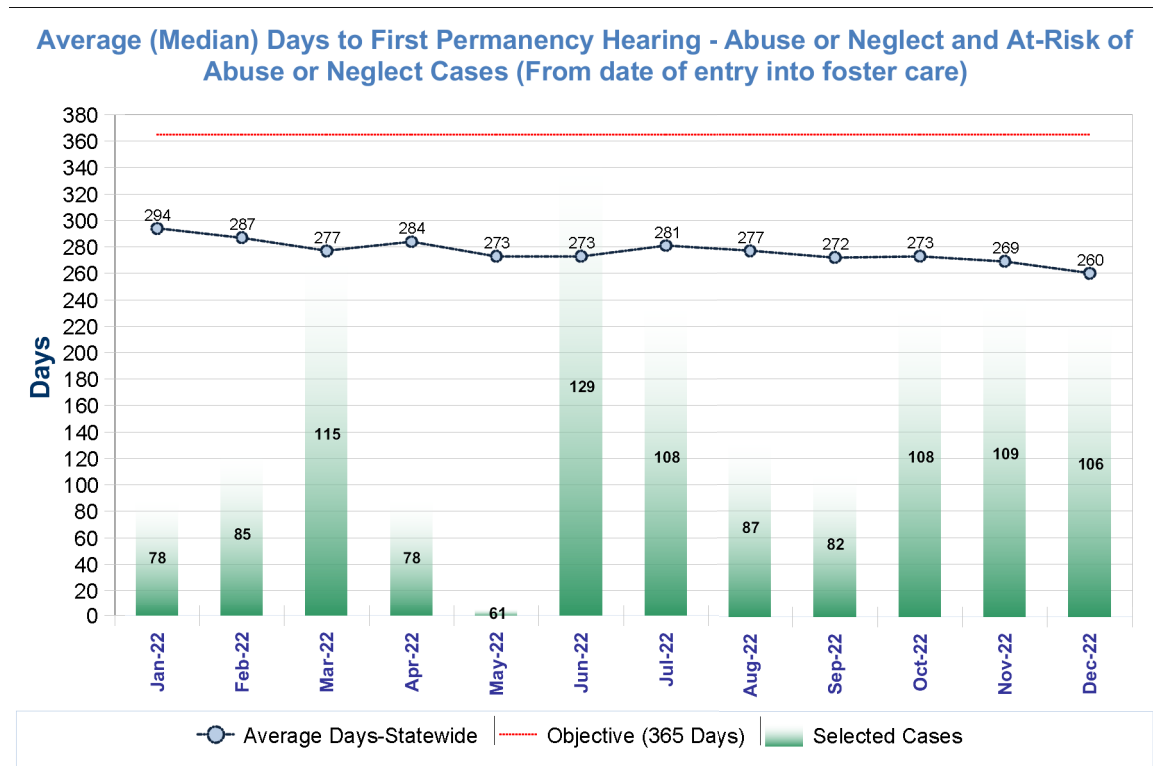
## Court Performance Measures for Child Dependency Cases

### Time to First Permanency Hearing

Reporting Period: Jan 2022 to Dec 2022

**Purpose:** This measure indicates how long a child is in foster care prior to the first permanency hearing. Federal law requires a permanency hearing for each child in foster care within 12 months of the date the child "is considered to have entered foster care." (See 42 U.S.C. § 675 (5) (C)).

**Objective:** A permanency planning hearing is held not more than 12 months (365 days) after a child's entry into foster care.

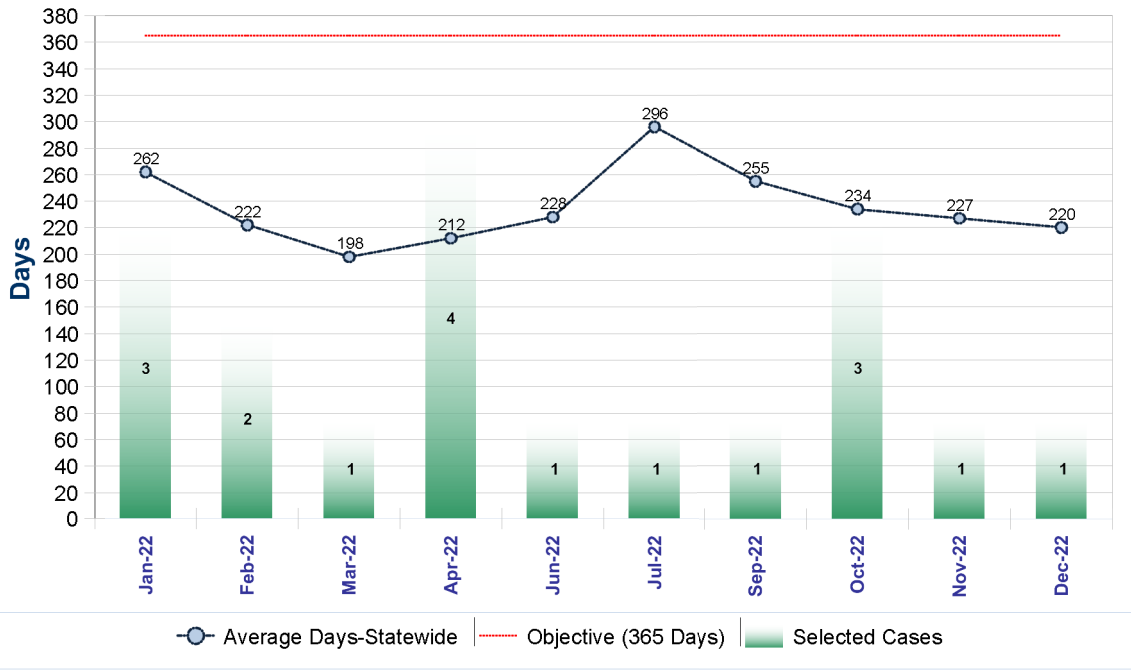


Statewide	Selected 12-Month Period		Prior 12-Month Period	
	Dec 2022		Dec 2021	
Average Days	276		281	
Cases with Missing/Invalid Data	192		203	
Selected Cases	1,146		1,031	
Average Days - Change vs. Selected Period			-5	-1.7%
Percentage of Selected Cases Meeting the Objective	88%		86%	

█ Meets Objective   
█ Does not meet objective

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time to first permanency hearing.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate the time to first permanency hearing.
4. A child is considered to have entered foster care on the earlier of (i) the date of a judicial finding that the child has been subjected to abuse or neglect, or (ii) the date that is 60 days after the date on which the child is removed from the home. See 42 U.S.C. 675(5)(F)
5. An average month is 30.4 days (365/12).

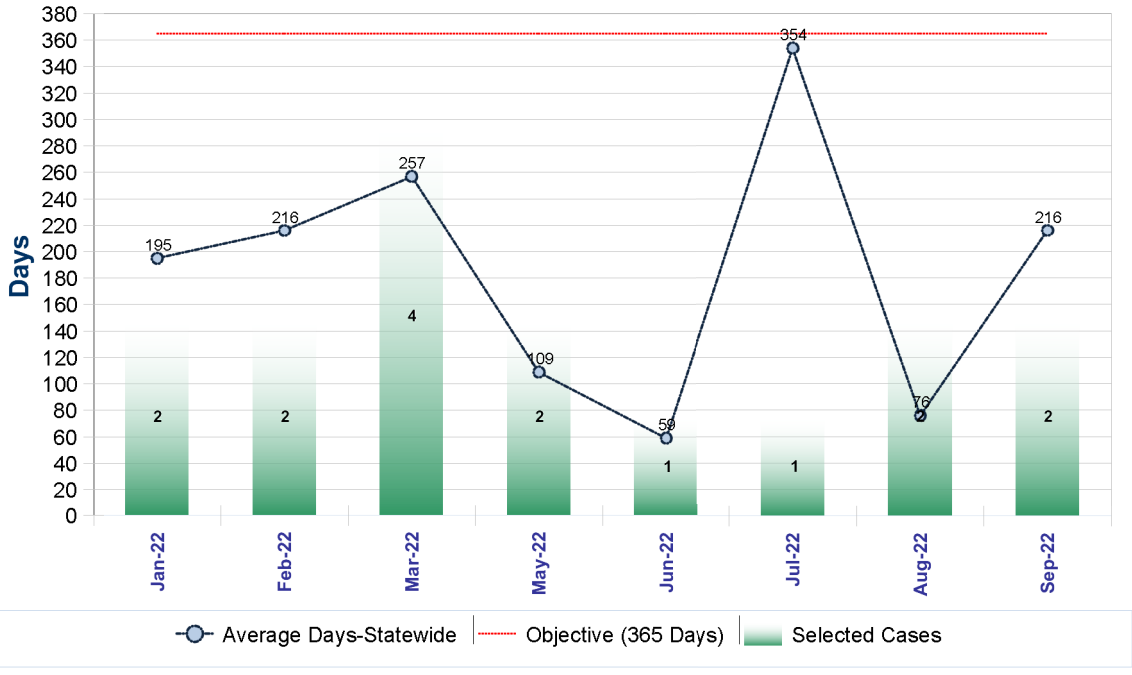
### Average (Median) Days to First Permanency Hearing - Relief of Custody Cases (From date of entry into foster care)



Statewide	Selected 12-Month Period		Prior 12-Month Period
	Dec 2022	Dec 2021	
Average Days	227	250	
Cases with Missing/Invalid Data	66	49	
Selected Cases	18	20	
Average Days - Change vs. Selected Period			-23
Percentage of Selected Cases Meeting the Objective	100%	90%	-9.2%

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time to first permanency hearing.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate the time to first permanency hearing.
4. A child is considered to have entered foster care on the earlier of (i) the date of a judicial finding that the child has been subjected to abuse or neglect, or (ii) the date that is 60 days after the date on which the child is removed from the home. See 42 U.S.C. 675(5)(F)
5. An average month is 30.4 days (365/12).

**Average (Median) Days to First Permanency Hearing - Entrustment Cases (From date of entry into foster care)**

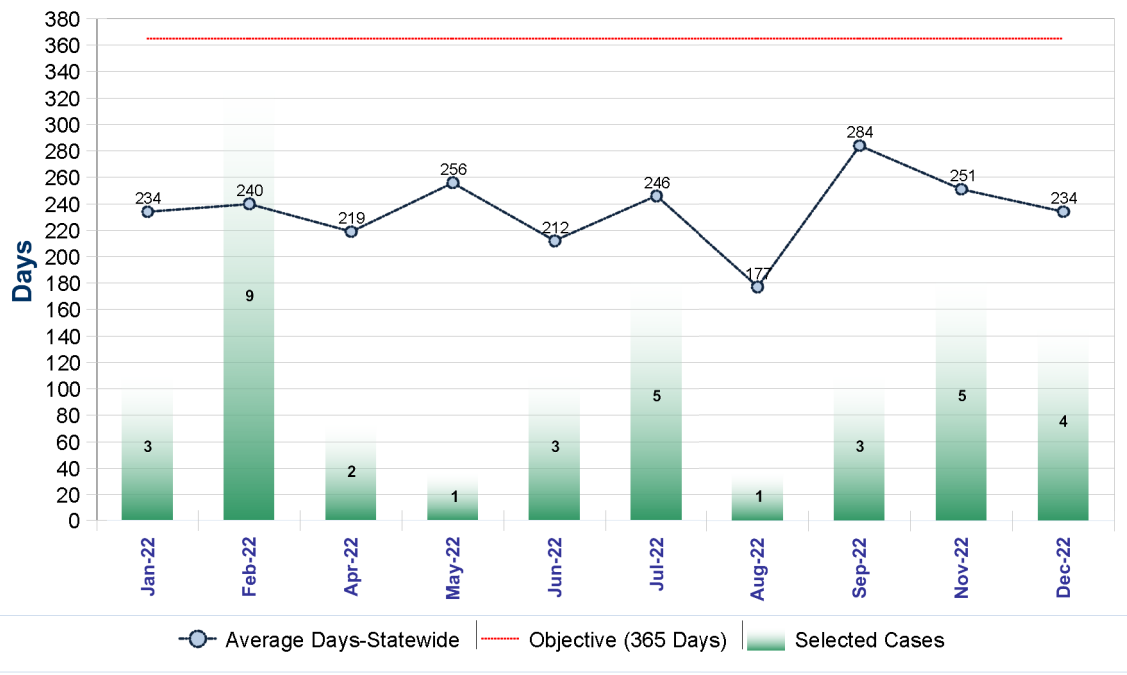


Statewide	Selected 12-Month Period		Prior 12-Month Period
	Dec 2022	Dec 2021	
Average Days	205	230	
Cases with Missing/Invalid Data	3	1	
Selected Cases	16	22	
Average Days - Change vs. Selected Period		-25	-10.8%
Percentage of Selected Cases Meeting the Objective	100%	95%	

- Meets Objective
- Does not meet objective

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time to first permanency hearing.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate the time to first permanency hearing.
4. A child is considered to have entered foster care on the earlier of (i) the date of a judicial finding that the child has been subjected to abuse or neglect, or (ii) the date that is 60 days after the date on which the child is removed from the home. See 42 U.S.C. 675(5)(F)
5. An average month is 30.4 days (365/12).

### Average (Median) Days to First Permanency Hearing - CHINS, CHINSup, Delinquency, & Status Offense Cases (From date of entry into foster care)



Statewide	Selected 12-Month Period		Prior 12-Month Period	
	Dec 2022		Dec 2021	
Average Days	243		248	
Cases with Missing/Invalid Data	191		196	
Selected Cases	36		23	
Average Days - Change vs. Selected Period			-5	
Percentage of Selected Cases Meeting the Objective	97%		95%	

■ Meets objective  
■ Does not meet objective

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time to first permanency hearing.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate the time to first permanency hearing.
4. A child is considered to have entered foster care on the earlier of (i) the date of a judicial finding that the child has been subjected to abuse or neglect, or (ii) the date that is 60 days after the date on which the child is removed from the home. See 42 U.S.C. 675(5)(F)
5. An average month is 30.4 days (365/12).

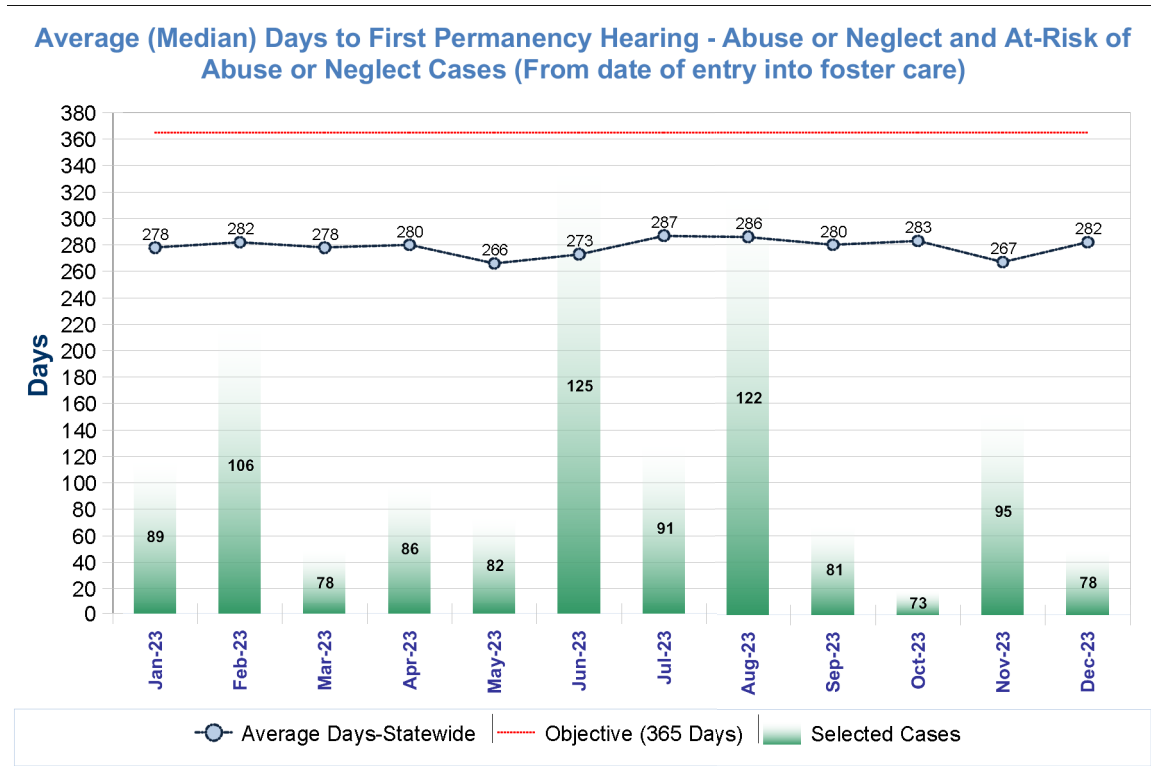
# Court Performance Measures for Child Dependency Cases

## Time to First Permanency Hearing

Reporting Period: Jan 2023 to Dec 2023

**Purpose:** This measure indicates how long a child is in foster care prior to the first permanency hearing. Federal law requires a permanency hearing for each child in foster care within 12 months of the date the child "is considered to have entered foster care." (See 42 U.S.C. § 675 (5) (C)).

**Objective:** A permanency planning hearing is held not more than 12 months (365 days) after a child's entry into foster care.

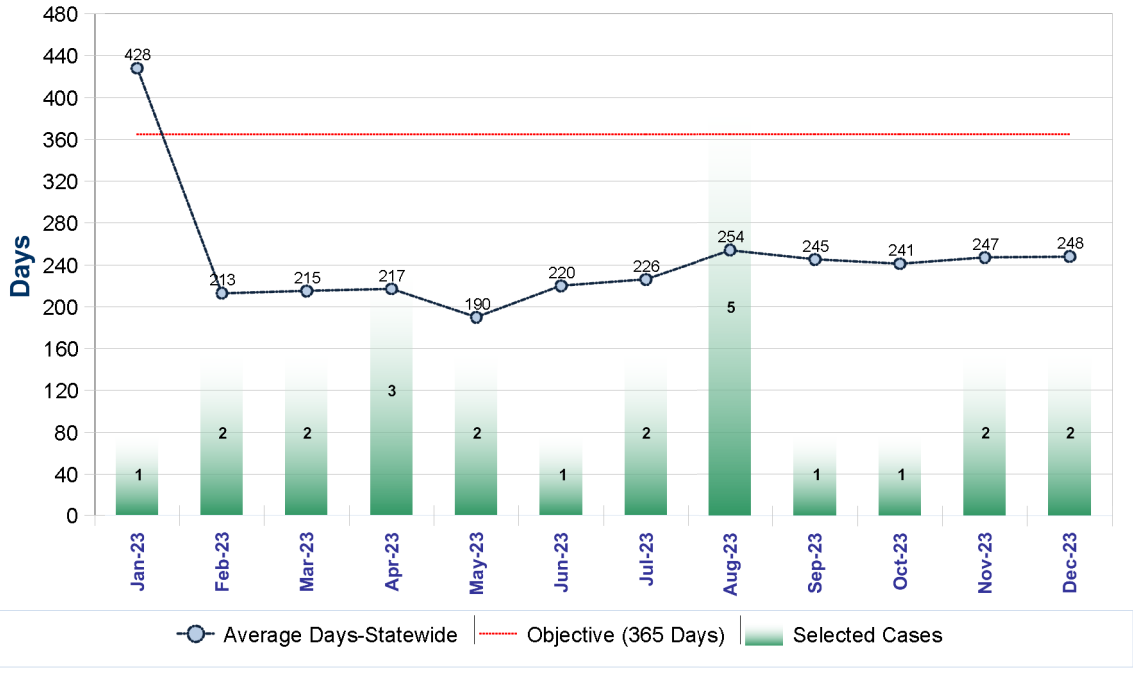


Statewide	Selected 12-Month Period		Prior 12-Month Period	
	Dec 2023		Dec 2022	
Average Days	280		276	
Cases with Missing/Invalid Data	196		192	
Selected Cases	1,106		1,146	
Average Days - Change vs. Selected Period			4	1.5%
Percentage of Selected Cases Meeting the Objective	88%		88%	

■ Meets Objective  
■ Does not meet objective

- The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
- "Selected Cases" means the number of cases meeting the conditions established to calculate the time to first permanency hearing.
- "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate the time to first permanency hearing.
- A child is considered to have entered foster care on the earlier of (i) the date of a judicial finding that the child has been subjected to abuse or neglect, or (ii) the date that is 60 days after the date on which the child is removed from the home. See 42 U.S.C. 675(5)(F)
- An average month is 30.4 days (365/12).

### Average (Median) Days to First Permanency Hearing - Relief of Custody Cases (From date of entry into foster care)

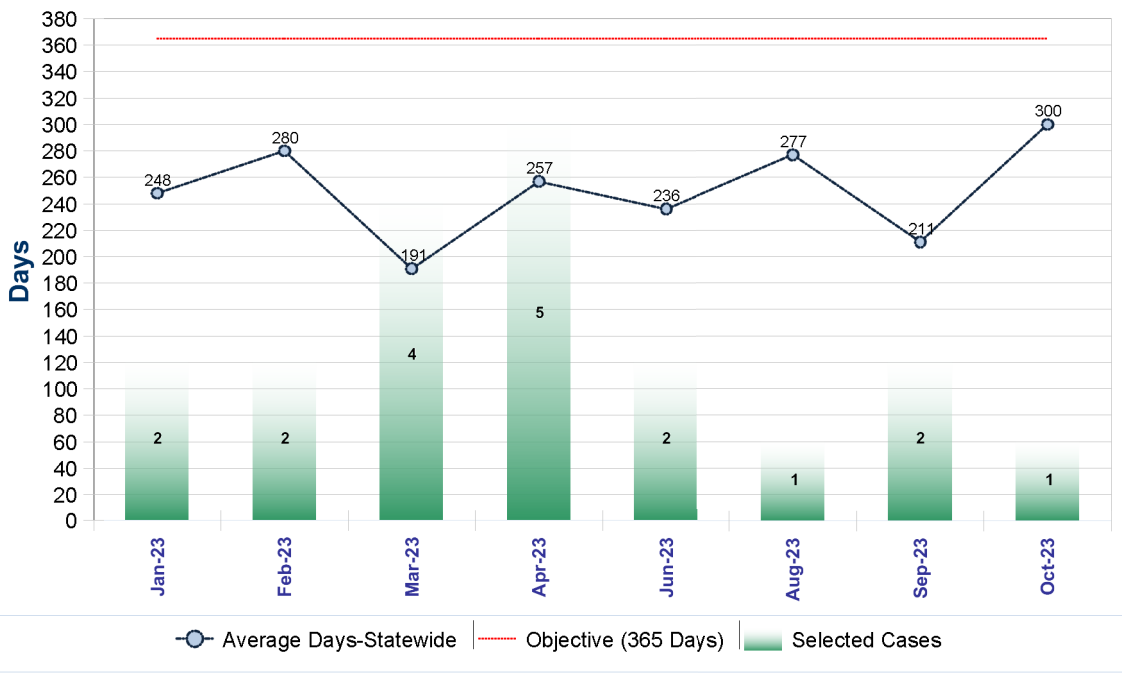


Statewide	Selected 12-Month Period	Prior 12-Month Period	
	Dec 2023	Dec 2022	
Average Days	237	227	
Cases with Missing/Invalid Data	75	66	
Selected Cases	24	18	
Average Days - Change vs. Selected Period		10	4.5%
Percentage of Selected Cases Meeting the Objective	95%	100%	

■ Meets Objective  
■ Does not meet objective

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time to first permanency hearing.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate the time to first permanency hearing.
4. A child is considered to have entered foster care on the earlier of (i) the date of a judicial finding that the child has been subjected to abuse or neglect, or (ii) the date that is 60 days after the date on which the child is removed from the home. See 42 U.S.C. 675(5)(F)
5. An average month is 30.4 days (365/12).

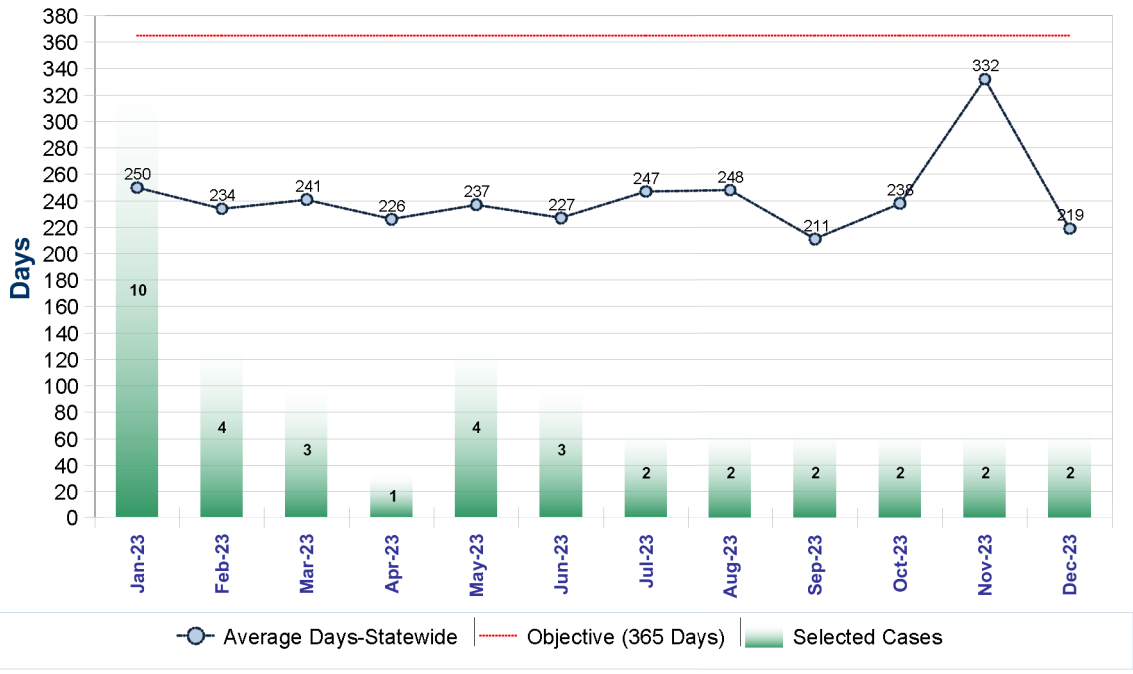
### Average (Median) Days to First Permanency Hearing - Entrustment Cases (From date of entry into foster care)



Statewide	Selected 12-Month Period		Prior 12-Month Period		
	Dec 2023		Dec 2022		
Average Days	248		205		
Cases with Missing/Invalid Data	3		3		
Selected Cases	19		16		
Average Days - Change vs. Selected Period			43		21%
Percentage of Selected Cases Meeting the Objective	94%		100%		

- The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
- "Selected Cases" means the number of cases meeting the conditions established to calculate the time to first permanency hearing.
- "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate the time to first permanency hearing.
- A child is considered to have entered foster care on the earlier of (i) the date of a judicial finding that the child has been subjected to abuse or neglect, or (ii) the date that is 60 days after the date on which the child is removed from the home. See 42 U.S.C. 675(5)(F)
- An average month is 30.4 days (365/12).

**Average (Median) Days to First Permanency Hearing - CHINS, CHINSup, Delinquency, & Status Offense Cases (From date of entry into foster care)**



Statewide	Selected 12-Month Period		Prior 12-Month Period
	Dec 2023		Dec 2022
Average Days	241		243
Cases with Missing/Invalid Data	281		191
Selected Cases	37		36
Average Days - Change vs. Selected Period			-2
Percentage of Selected Cases Meeting the Objective	97%		97%

- Meets objective
- Does not meet objective

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time to first permanency hearing.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate the time to first permanency hearing.
4. A child is considered to have entered foster care on the earlier of (i) the date of a judicial finding that the child has been subjected to abuse or neglect, or (ii) the date that is 60 days after the date on which the child is removed from the home. See 42 U.S.C. 675(5)(F)
5. An average month is 30.4 days (365/12).



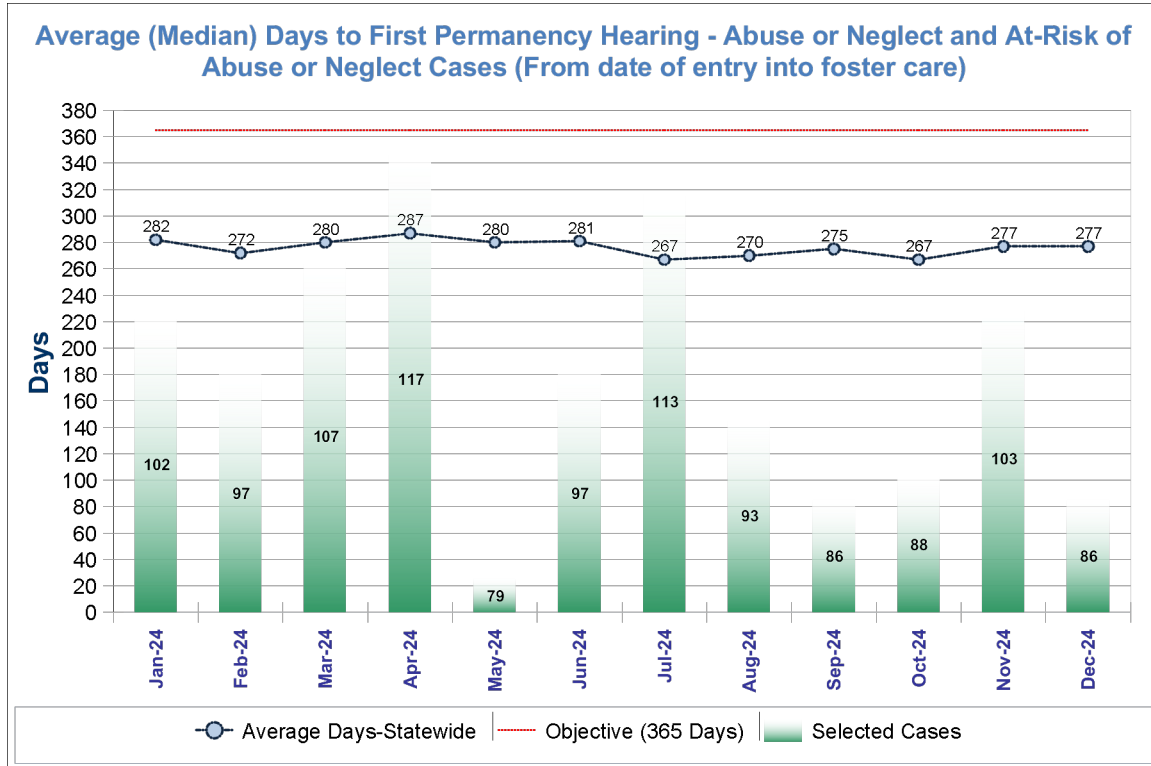
# Court Performance Measures for Child Dependency Cases

## Time to First Permanency Hearing

Reporting Period: Jan 2024 to Dec 2024

**Purpose:** This measure indicates how long a child is in foster care prior to the first permanency hearing. Federal law requires a permanency hearing for each child in foster care within 12 months of the date the child "is considered to have entered foster care." (See 42 U.S.C. § 675 (5) (C)).

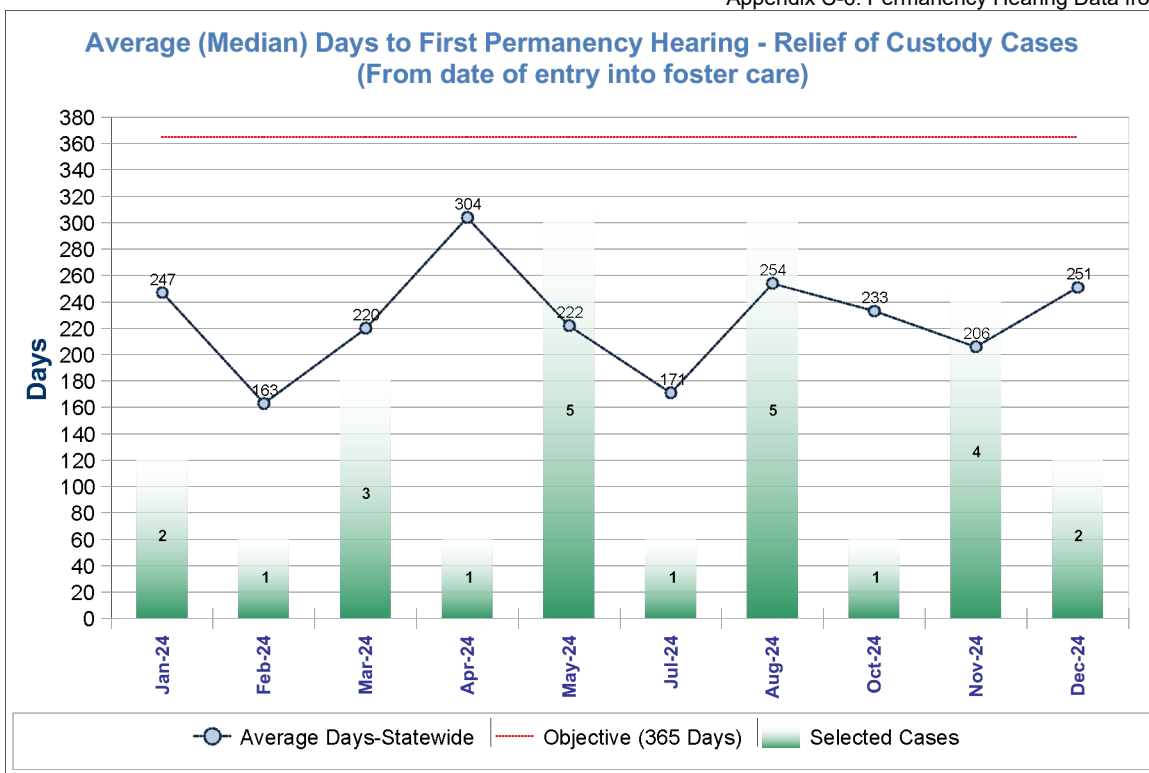
**Objective:** A permanency planning hearing is held not more than 12 months (365 days) after a child's entry into foster care.



Statewide	Selected 12-Month Period	Prior 12-Month Period
	<b>Dec 2024</b>	<b>Dec 2023</b>
Average Days	279	280
Cases with Missing/Invalid Data	258	196
Selected Cases	1,168	1,106
Average Days - Change vs. Selected Period	-1	-0.3%
Percentage of Selected Cases Meeting the Objective	89%	88%

Meets Objective  
Does not meet objective

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time to first permanency hearing.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate the time to first permanency hearing.
4. A child is considered to have entered foster care on the earlier of (i) the date of a judicial finding that the child has been subjected to abuse or neglect, or (ii) the date that is 60 days after the date on which the child is removed from the home. See 42 U.S.C. 675(5)(F)
5. An average month is 30.4 days (365/12).

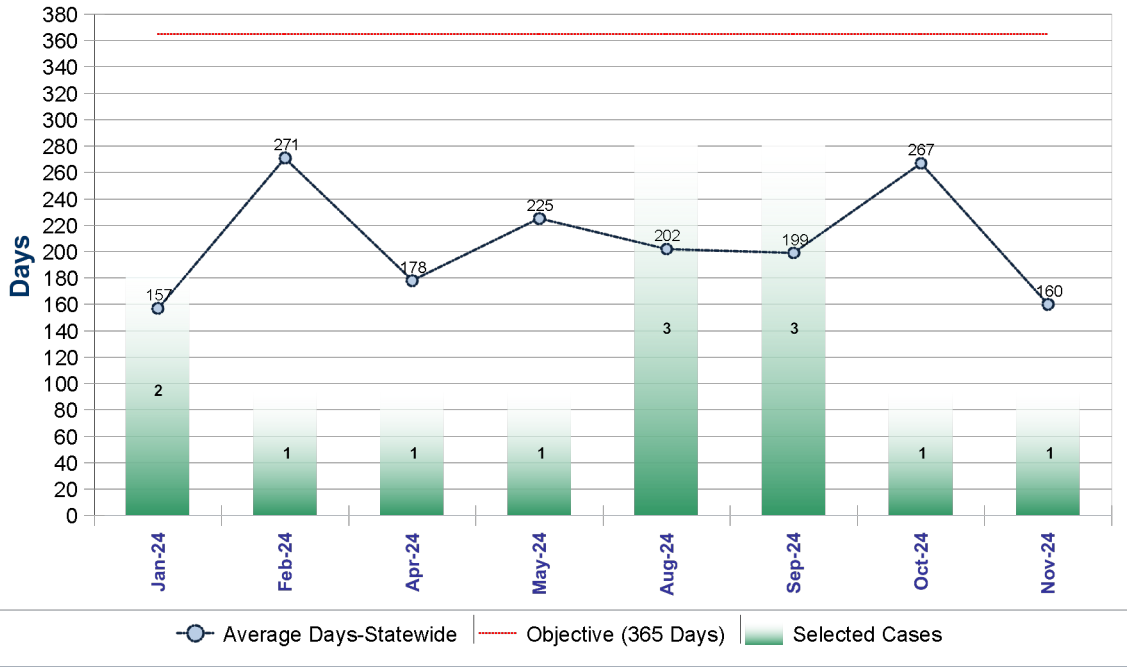


Statewide	Selected 12-Month Period		Prior 12-Month Period
	Dec 2024	Dec 2023	
Average Days	222	237	
Cases with Missing/Invalid Data	85	75	
Selected Cases	25	24	
	Average Days - Change vs. Selected Period		-15
			-6.3%
Percentage of Selected Cases Meeting the Objective	100%	95%	

Meets Objective  
Does not meet objective

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time to first permanency hearing.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate the time to first permanency hearing.
4. A child is considered to have entered foster care on the earlier of (i) the date of a judicial finding that the child has been subjected to abuse or neglect, or (ii) the date that is 60 days after the date on which the child is removed from the home. See 42 U.S.C. 675(5)(F)
5. An average month is 30.4 days (365/12).

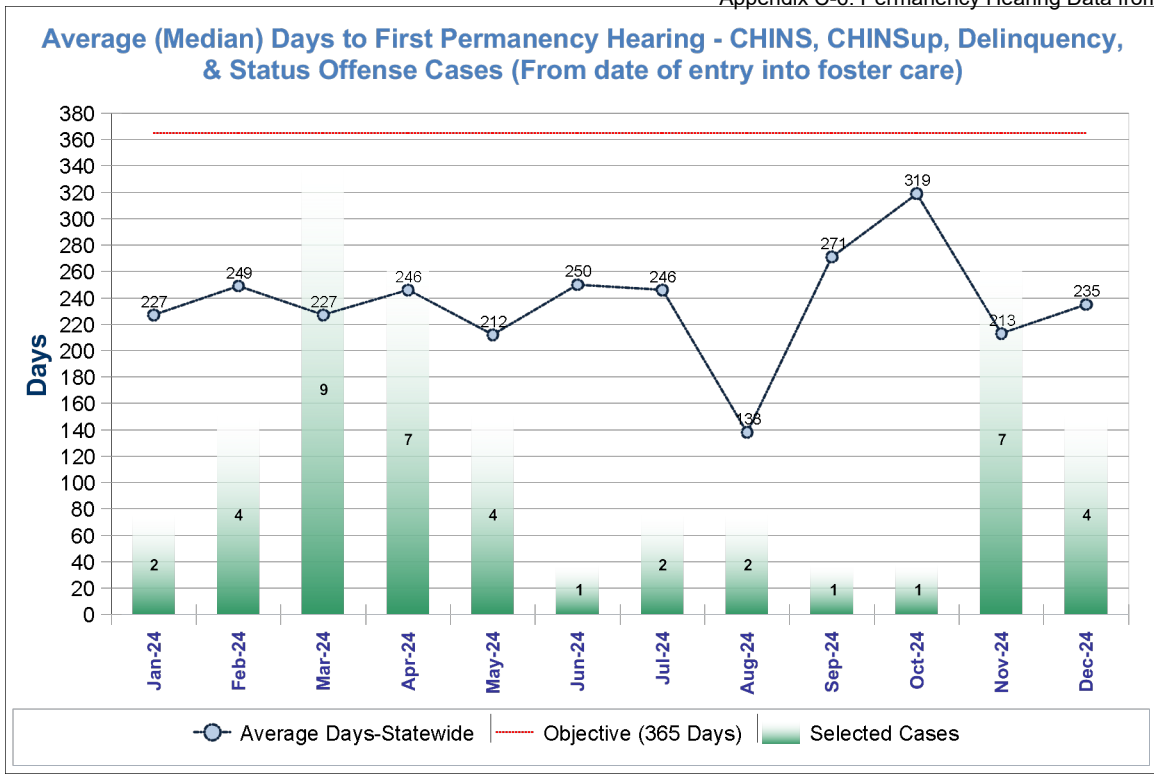
**Average (Median) Days to First Permanency Hearing - Entrustment Cases (From date of entry into foster care)**



Statewide	Selected 12-Month Period		Prior 12-Month Period
	Dec 2024	Dec 2023	
Average Days	199	248	
Cases with Missing/Invalid Data	1	3	
Selected Cases	13	19	
Average Days - Change vs. Selected Period		-49	-19.7%
Percentage of Selected Cases Meeting the Objective	92%	94%	

Meets Objective  
Does not meet objective

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time to first permanency hearing.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate the time to first permanency hearing.
4. A child is considered to have entered foster care on the earlier of (i) the date of a judicial finding that the child has been subjected to abuse or neglect, or (ii) the date that is 60 days after the date on which the child is removed from the home. See 42 U.S.C. 675(5)(F)
5. An average month is 30.4 days (365/12).



Statewide	Selected 12-Month Period		Prior 12-Month Period
	Dec 2024		Dec 2023
Average Days	234		241
Cases with Missing/Invalid Data	264		281
Selected Cases	44		37
	Average Days - Change vs. Selected Period		-7
Percentage of Selected Cases Meeting the Objective	97%		97%

Meets objective  
Does not meet objective

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time to first permanency hearing.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate the time to first permanency hearing.
4. A child is considered to have entered foster care on the earlier of (i) the date of a judicial finding that the child has been subjected to abuse or neglect, or (ii) the date that is 60 days after the date on which the child is removed from the home. See 42 U.S.C. 675(5)(F)
5. An average month is 30.4 days (365/12).

# Court Performance Measures for Child Dependency Cases

## Time to Subsequent Permanency Hearings

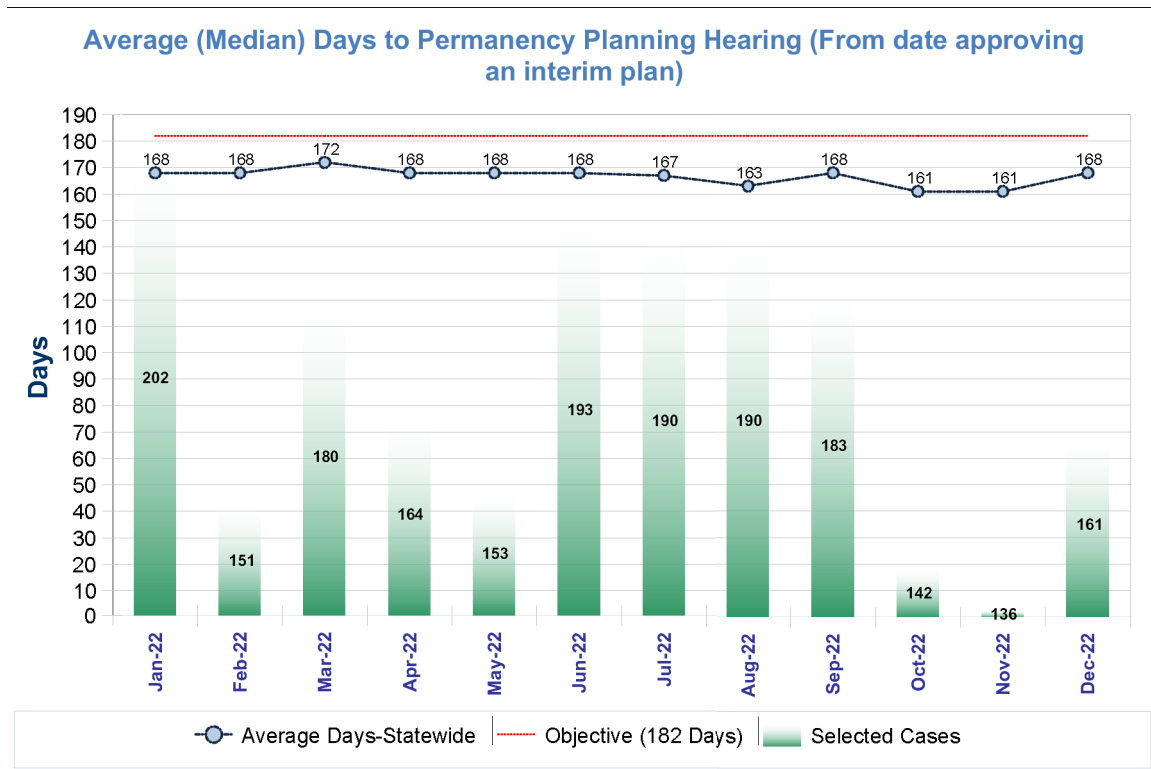
Reporting Period: Jan 2022 to Dec 2022

**Purpose:** This measure indicates the average length of time occurring between hearings to approve a foster care plan. The Virginia Code provides that review hearings be held:

1. To determine that the permanent goal approved through an interim plan is accomplished. Va. Code § 16.1-282.1.
2. To review, annually, the foster care plan for a child who remains in the custody of the department of social services and (i) on whose behalf a petition to terminate parental rights has been granted, filed, or ordered to be filed (ii) who is placed in permanent foster care, or (iii) who is age 16 or older and for whom the plan is independent living. Va. Code § 16.1-282.2.
3. To review a foster care plan for a child with an approved goal of another planned permanent living arrangement (APPLA). Va. Code § 16.1-282.1 A2

**Objective:**

1. A permanency planning hearing is held not later than 6 months (182 days) after approving an interim plan.
2. A foster care review hearing is held at least every 12 months (365 days) to review the foster care plan for a child who remains in the custody of the department of social services.
3. A hearing to review a child’s placement in APPLA is held not later than 6 months (182 days) after approving the goal of APPLA.



Statewide	Selected 12-Month Period		Prior 12-Month Period
	Dec 2022		Dec 2021
Average Days	168		168
Cases with Missing/Invalid Data	41		59
Hearings to Review New Foster Care Plan	161		176
Selected Cases	2,045		2,410
Average Days - Change vs. Selected Period			0 0%

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time between hearings to review a foster care plan.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate time between hearings to review a foster care plan.
4. "Hearings to Review New Foster Care Plan" is the number of hearings held to review a new foster care plan after disapproval of an earlier filed foster care plan. This number will also include hearings held after a petition for foster care review hearing or a petition for permanency planning hearing is denied, dismissed, or withdrawn.
5. An average month is 30.4 days (365/12).

Percentage of Selected Cases  
Meeting the Objective

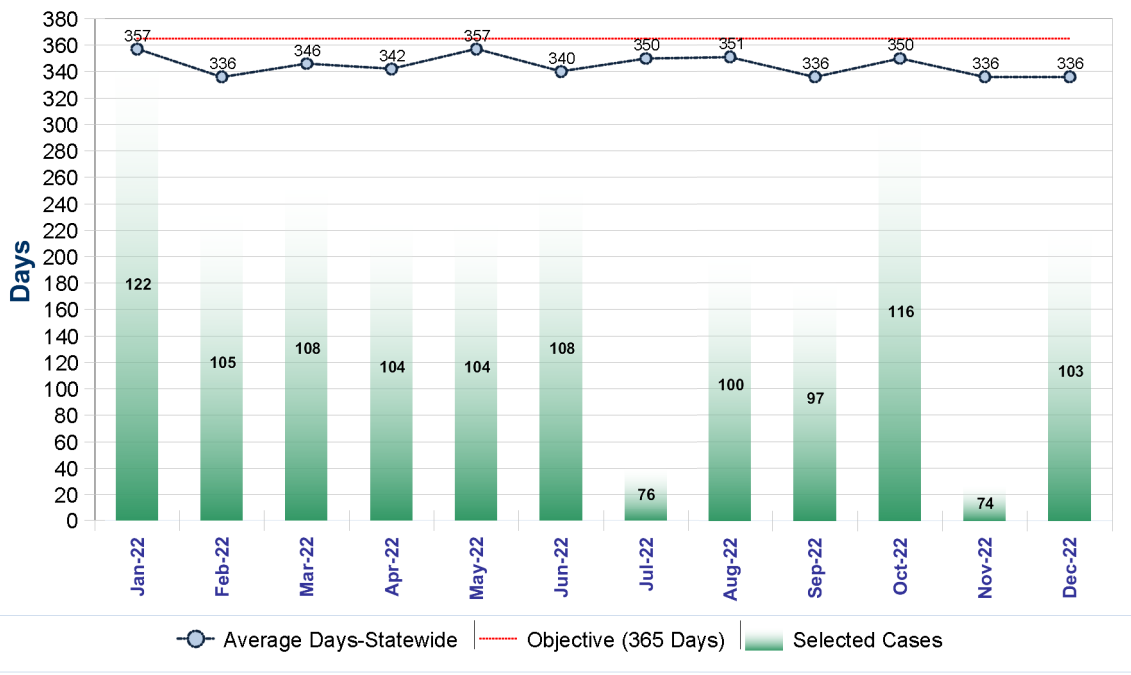
85%

83%

- 
- Meets Objective
  - Does not meet objective

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time between hearings to review a foster care plan.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate time between hearings to review a foster care plan.
4. "Hearings to Review New Foster Care Plan" is the number of hearings held to review a new foster care plan after disapproval of an earlier filed foster care plan. This number will also include hearings held after a petition for foster care review hearing or a petition for permanency planning hearing is denied, dismissed, or withdrawn.
5. An average month is 30.4 days (365/12).

**Average (Median) Days to Annual Foster Care Review (From date approving the foster care plan for a child who remains in the custody of local agency )**

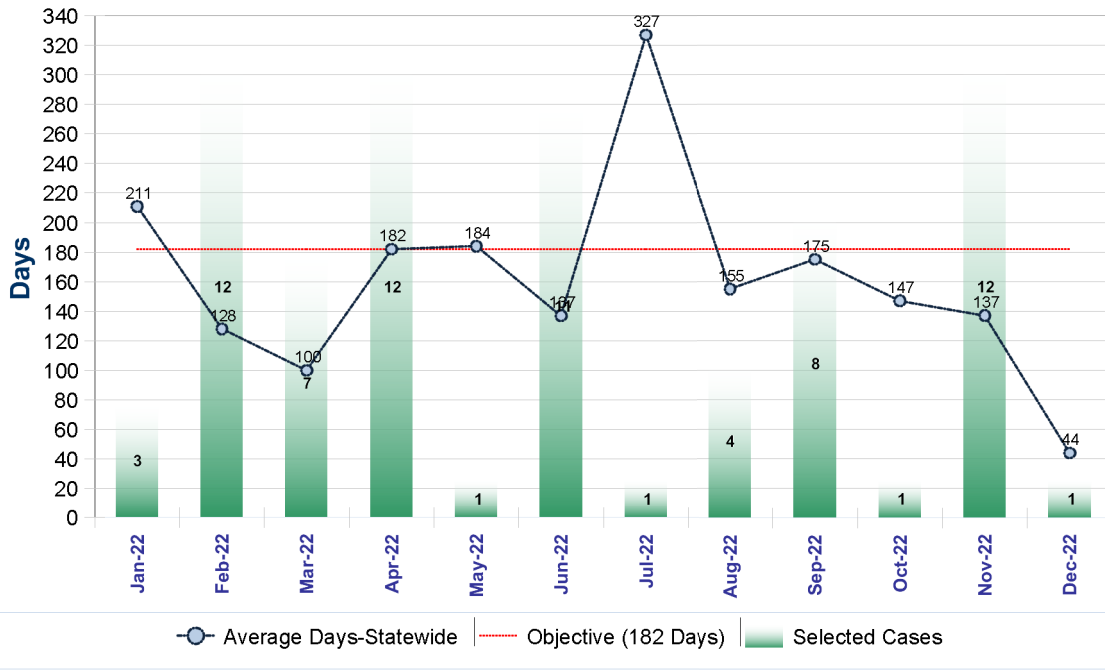


Statewide	Selected 12-Month Period	Prior 12-Month Period	
	Dec 2022	Dec 2021	
Average Days	347	343	
Cases with Missing/Invalid Data	40	26	
Hearings to Review New Foster Care Plan	4	5	
Selected Cases	1,217	1,248	
Average Days - Change vs. Selected Period		4	1.2%
Percentage of Selected Cases Meeting the Objective	91%	91%	

■ Meets Objective  
■ Does not meet objective

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time between hearings to review a foster care plan.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate time between hearings to review a foster care plan.
4. "Hearings to Review New Foster Care Plan" is the number of hearings held to review a new foster care plan after disapproval of an earlier filed foster care plan. This number will also include hearings held after a petition for foster care review hearing or a petition for permanency planning hearing is denied, dismissed, or withdrawn.
5. An average month is 30.4 days (365/12).

**Average (Median) Days to Review Placement in Another Planned Permanent Living Arrangement (APPLA) (From date approving APPLA goal)**



Statewide	Selected 12-Month Period	Prior 12-Month Period
	Dec 2022	Dec 2021
Average Days	174	168
Selected Cases	73	64
Average Days - Change vs. Selected Period		6
Percentage of Selected Cases Meeting the Objective	87%	87%

3.6%

- Meets Objective
- Does not meet objective

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time between hearings to review a foster care plan.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate time between hearings to review a foster care plan.
4. "Hearings to Review New Foster Care Plan" is the number of hearings held to review a new foster care plan after disapproval of an earlier filed foster care plan. This number will also include hearings held after a petition for foster care review hearing or a petition for permanency planning hearing is denied, dismissed, or withdrawn.
5. An average month is 30.4 days (365/12).



# Court Performance Measures for Child Dependency Cases

## Time to Subsequent Permanency Hearings

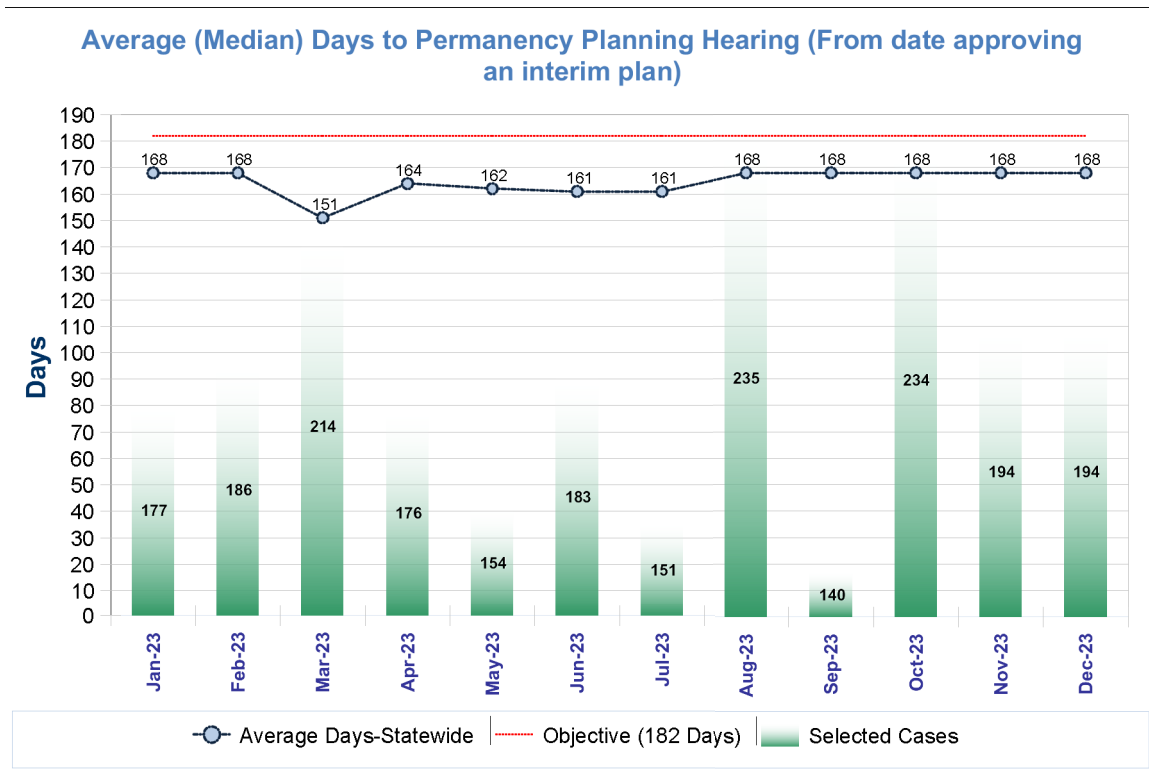
Reporting Period: Jan 2023 to Dec 2023

**Purpose:** This measure indicates the average length of time occurring between hearings to approve a foster care plan. The Virginia Code provides that review hearings be held:

1. To determine that the permanent goal approved through an interim plan is accomplished. Va. Code § 16.1-282.1.
2. To review, annually, the foster care plan for a child who remains in the custody of the department of social services and (i) on whose behalf a petition to terminate parental rights has been granted, filed, or ordered to be filed (ii) who is placed in permanent foster care, or (iii) who is age 16 or older and for whom the plan is independent living. Va. Code § 16.1-282.2.
3. To review a foster care plan for a child with an approved goal of another planned permanent living arrangement (APPLA). Va. Code § 16.1-282.1 A2

**Objective:**

1. A permanency planning hearing is held not later than 6 months (182 days) after approving an interim plan.
2. A foster care review hearing is held at least every 12 months (365 days) to review the foster care plan for a child who remains in the custody of the department of social services.
3. A hearing to review a child’s placement in APPLA is held not later than 6 months (182 days) after approving the goal of APPLA.



Statewide	Selected 12-Month Period		Prior 12-Month Period
	Dec 2023		Dec 2022
Average Days	167		168
Cases with Missing/Invalid Data	52		41
Hearings to Review New Foster Care Plan	161		161
Selected Cases	2,238		2,045
Average Days - Change vs. Selected Period	-1		-0.5%

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time between hearings to review a foster care plan.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate time between hearings to review a foster care plan.
4. "Hearings to Review New Foster Care Plan" is the number of hearings held to review a new foster care plan after disapproval of an earlier filed foster care plan. This number will also include hearings held after a petition for foster care review hearing or a petition for permanency planning hearing is denied, dismissed, or withdrawn.
5. An average month is 30.4 days (365/12).

Percentage of Selected Cases  
Meeting the Objective

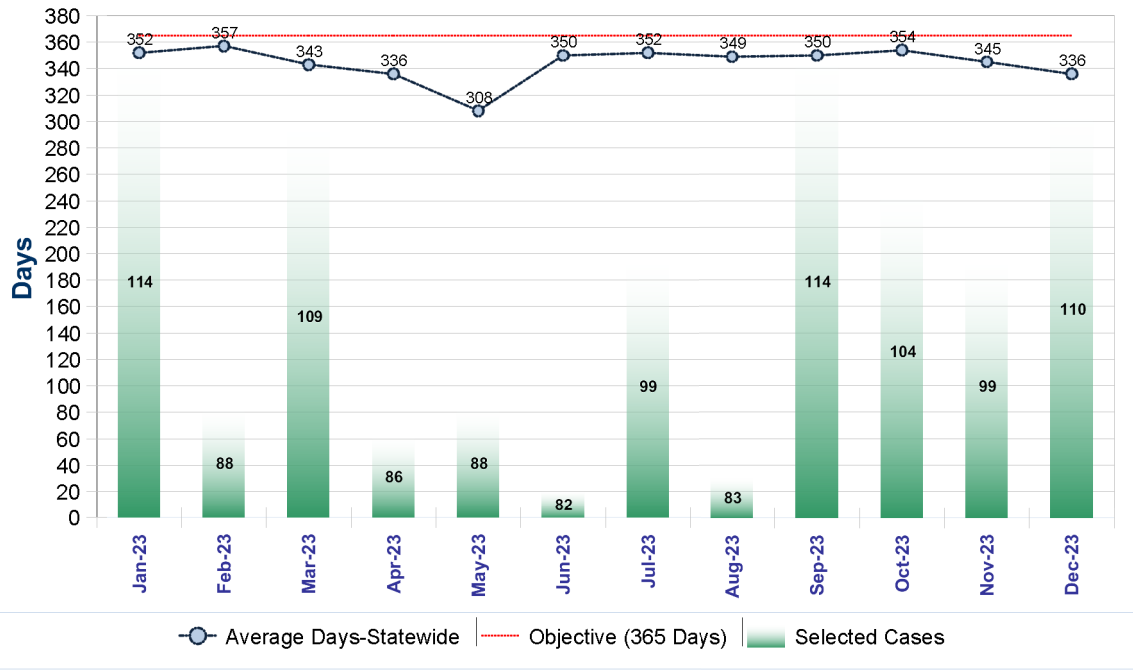
84%

85%

- 
- Meets Objective
  - Does not meet objective

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time between hearings to review a foster care plan.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate time between hearings to review a foster care plan.
4. "Hearings to Review New Foster Care Plan" is the number of hearings held to review a new foster care plan after disapproval of an earlier filed foster care plan. This number will also include hearings held after a petition for foster care review hearing or a petition for permanency planning hearing is denied, dismissed, or withdrawn.
5. An average month is 30.4 days (365/12).

### Average (Median) Days to Annual Foster Care Review (From date approving the foster care plan for a child who remains in the custody of local agency )

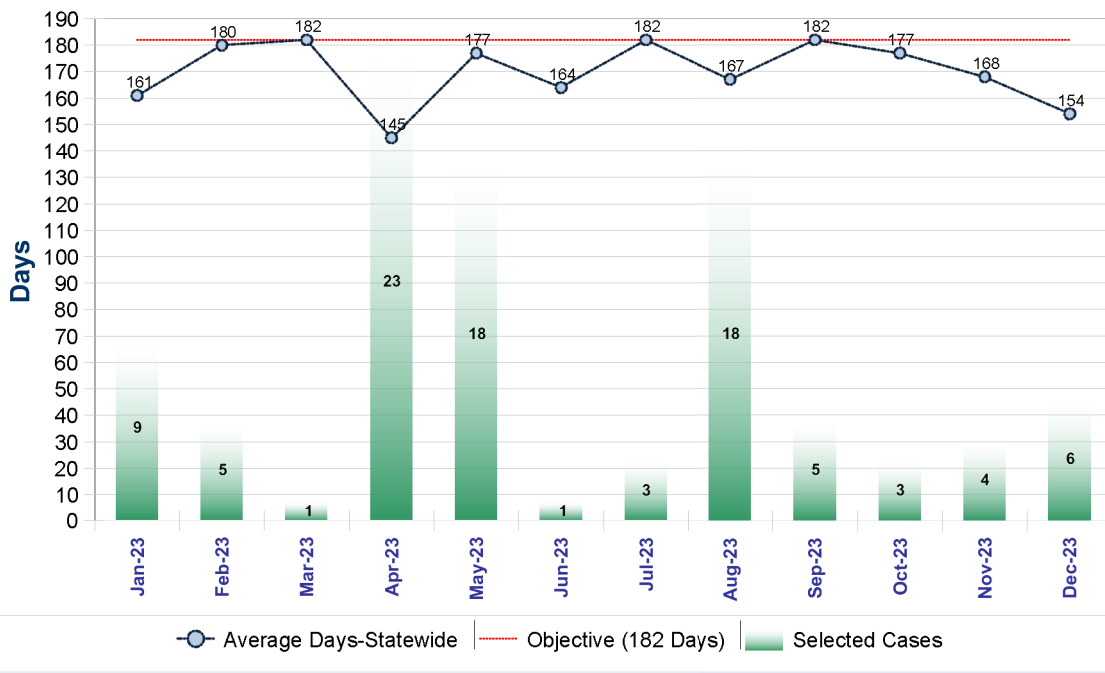


Statewide	Selected 12-Month Period	Prior 12-Month Period	
	Dec 2023	Dec 2022	
Average Days	345	347	
Cases with Missing/Invalid Data	23	40	
Hearings to Review New Foster Care Plan	5	4	
Selected Cases	1,176	1,217	
Average Days - Change vs. Selected Period		-2	-0.5%
Percentage of Selected Cases Meeting the Objective	88%	91%	

■ Meets Objective  
■ Does not meet objective

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time between hearings to review a foster care plan.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate time between hearings to review a foster care plan.
4. "Hearings to Review New Foster Care Plan" is the number of hearings held to review a new foster care plan after disapproval of an earlier filed foster care plan. This number will also include hearings held after a petition for foster care review hearing or a petition for permanency planning hearing is denied, dismissed, or withdrawn.
5. An average month is 30.4 days (365/12).

**Average (Median) Days to Review Placement in Another Planned Permanent Living Arrangement (APPLA) (From date approving APPLA goal)**



Statewide	Selected 12-Month Period	Prior 12-Month Period
	Dec 2023	Dec 2022
Average Days	167	174
Selected Cases	96	73
Average Days - Change vs. Selected Period		-7
Percentage of Selected Cases Meeting the Objective	93%	87%

-4%

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time between hearings to review a foster care plan.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate time between hearings to review a foster care plan.
4. "Hearings to Review New Foster Care Plan" is the number of hearings held to review a new foster care plan after disapproval of an earlier filed foster care plan. This number will also include hearings held after a petition for foster care review hearing or a petition for permanency planning hearing is denied, dismissed, or withdrawn.
5. An average month is 30.4 days (365/12).

# Court Performance Measures for Child Dependency Cases

## Time to Subsequent Permanency Hearings

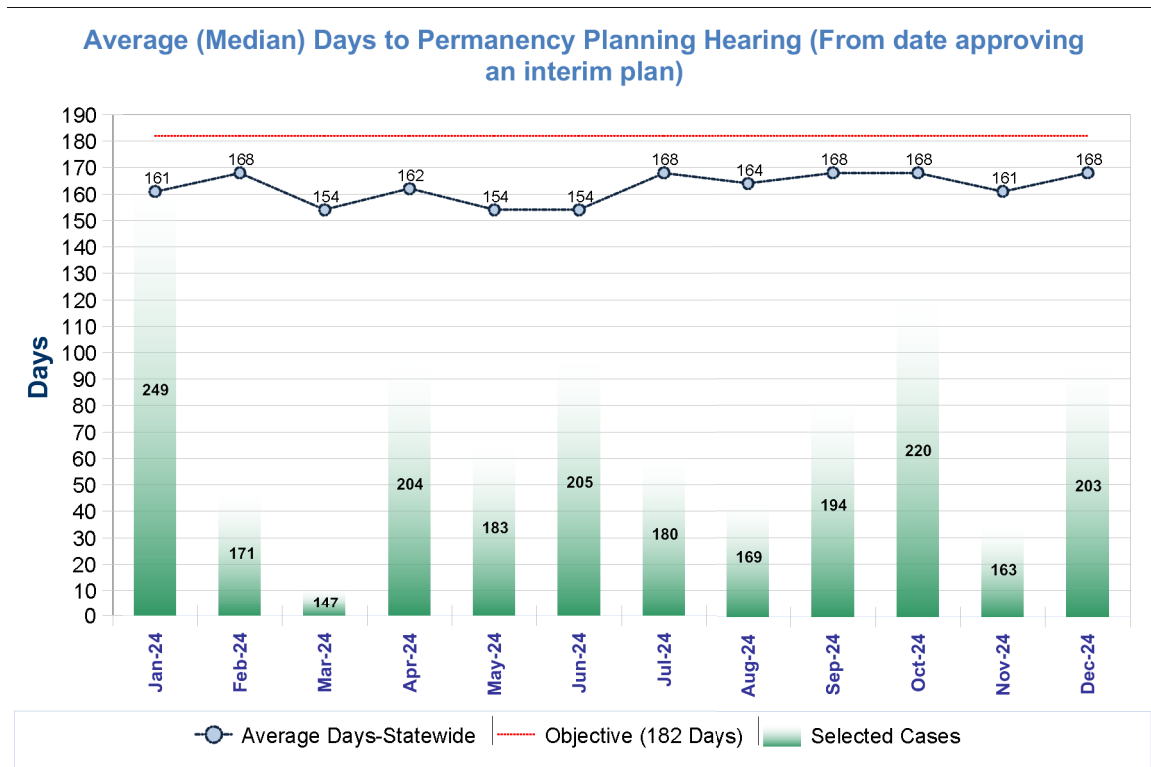
Reporting Period: Jan 2024 to Dec 2024

**Purpose:** This measure indicates the average length of time occurring between hearings to approve a foster care plan. The Virginia Code provides that review hearings be held:

1. To determine that the permanent goal approved through an interim plan is accomplished. Va. Code § 16.1-282.1.
2. To review, annually, the foster care plan for a child who remains in the custody of the department of social services and (i) on whose behalf a petition to terminate parental rights has been granted, filed, or ordered to be filed (ii) who is placed in permanent foster care, or (iii) who is age 16 or older and for whom the plan is independent living. Va. Code § 16.1-282.2.
3. To review a foster care plan for a child with an approved goal of another planned permanent living arrangement (APPLA). Va. Code § 16.1-282.1 A2

**Objective:**

1. A permanency planning hearing is held not later than 6 months (182 days) after approving an interim plan.
2. A foster care review hearing is held at least every 12 months (365 days) to review the foster care plan for a child who remains in the custody of the department of social services.
3. A hearing to review a child’s placement in APPLA is held not later than 6 months (182 days) after approving the goal of APPLA.



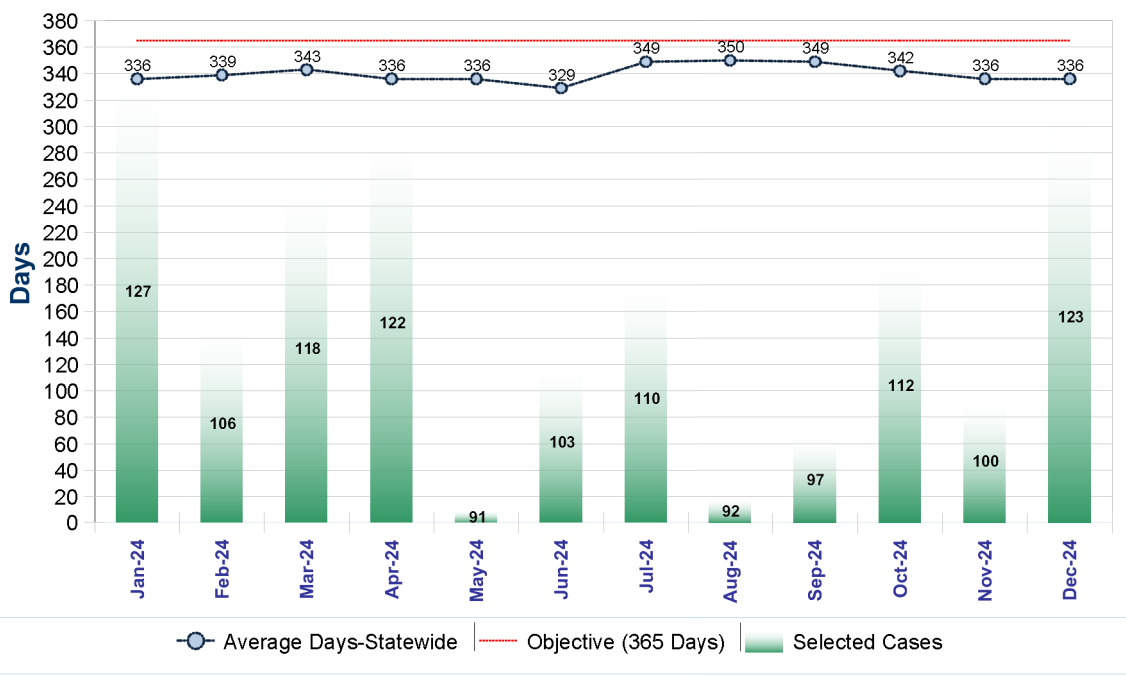
Statewide	Selected 12-Month Period		Prior 12-Month Period
	Dec 2024		Dec 2023
Average Days	162		167
Cases with Missing/Invalid Data	59		52
Hearings to Review New Foster Care Plan	171		161
Selected Cases	2,288		2,238
Average Days - Change vs. Selected Period			-5
			-2.9%

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time between hearings to review a foster care plan.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate time between hearings to review a foster care plan.
4. "Hearings to Review New Foster Care Plan" is the number of hearings held to review a new foster care plan after disapproval of an earlier filed foster care plan. This number will also include hearings held after a petition for foster care review hearing or a petition for permanency planning hearing is denied, dismissed, or withdrawn.
5. An average month is 30.4 days (365/12).

- 
- Meets Objective
  - Does not meet objective

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time between hearings to review a foster care plan.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate time between hearings to review a foster care plan.
4. "Hearings to Review New Foster Care Plan" is the number of hearings held to review a new foster care plan after disapproval of an earlier filed foster care plan. This number will also include hearings held after a petition for foster care review hearing or a petition for permanency planning hearing is denied, dismissed, or withdrawn.
5. An average month is 30.4 days (365/12).

### Average (Median) Days to Annual Foster Care Review (From date approving the foster care plan for a child who remains in the custody of local agency )

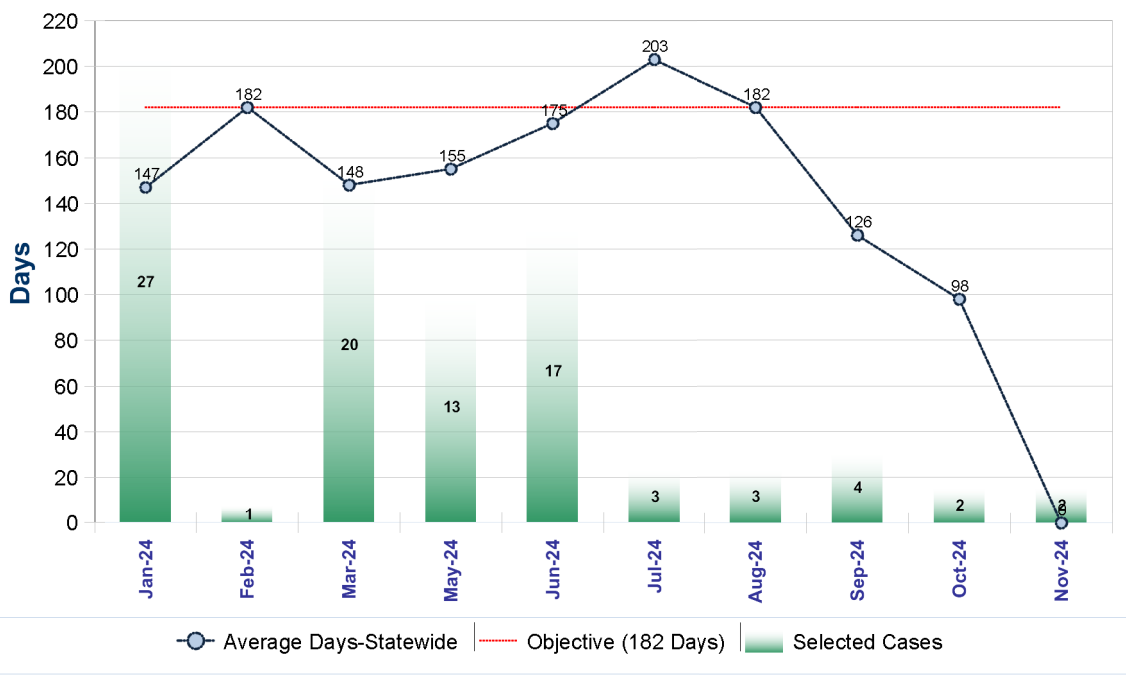


Statewide	Selected 12-Month Period	Prior 12-Month Period
	Dec 2024	Dec 2023
Average Days	336	345
Cases with Missing/Invalid Data	43	23
Hearings to Review New Foster Care Plan	2	5
Selected Cases	1,301	1,176
Average Days - Change vs. Selected Period		-9
Percentage of Selected Cases Meeting the Objective	90%	88%

■ Meets Objective  
■ Does not meet objective

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time between hearings to review a foster care plan.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate time between hearings to review a foster care plan.
4. "Hearings to Review New Foster Care Plan" is the number of hearings held to review a new foster care plan after disapproval of an earlier filed foster care plan. This number will also include hearings held after a petition for foster care review hearing or a petition for permanency planning hearing is denied, dismissed, or withdrawn.
5. An average month is 30.4 days (365/12).

**Average (Median) Days to Review Placement in Another Planned Permanent Living Arrangement (APPLA) (From date approving APPLA goal)**



Statewide	Selected 12-Month Period	Prior 12-Month Period
	Dec 2024	Dec 2023
Average Days	155	167
Selected Cases	92	96
Average Days - Change vs. Selected Period		-12
Percentage of Selected Cases Meeting the Objective	91%	93%

-7.1%

- Meets Objective
- Does not meet objective

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time between hearings to review a foster care plan.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate time between hearings to review a foster care plan.
4. "Hearings to Review New Foster Care Plan" is the number of hearings held to review a new foster care plan after disapproval of an earlier filed foster care plan. This number will also include hearings held after a petition for foster care review hearing or a petition for permanency planning hearing is denied, dismissed, or withdrawn.
5. An average month is 30.4 days (365/12).



Instructions for completing the Summary of Decision Not to File for TPR

When a child has been in foster care for 15 out of the last 22 months, the agency must file for termination of parental rights, unless an exception exists. Per the 2020 Acts of Assembly Chapter 934, agencies are required to provide to their regional practice consultant a clear description of the reasons why they have not filed for TPR and the reasonable efforts made regarding reunification or placement of the child with a relative. *This is a notification of the decision to not file for TPR and is not an approval process.* The regional consultant will review the information provided by the agency and if applicable, provide the agency with any comments or concerns.

Within **5 business days of the agency's decision not to file for TPR**, the agency must submit the Summary of Decision Not to File for TPR to their regional permanency practice consultant. This can be sent to the consultant via an encrypted email. Both the worker and supervisor must sign this form (physically or electronically). If you are having difficulty sending your form, please contact your regional practice consultant.

## SUMMARY OF DECISION TO NOT FILE FOR TERMINATION OF PARENTAL RIGHTS (TPR)

Child's Name: \_Click or tap here to enter text. \_\_\_\_\_ OASIS Client ID: \_Click or tap here to enter text.

OASIS Case No: \_Click or tap here to enter text. Custody Date: \_Click or tap here to enter text.

Child's Age: \_Click or tap here to enter text. Permanency Goal: Click or tap here to enter text.

What exception to the requirement to file for termination of parental rights exists? Include documentation. (See Service Plan Part B Cheat Sheet or Foster Care Guidance 16.2.6.5)

- Child is placed with a relative and/or a relative is pursuing custody through State Funded Kinship Subsidy and the child will be placed upon custody transfer
- Additional services are required that have not been offered or completed
- It's not in the child's best interest to terminate parental rights and a compelling reason exists

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Efforts to achieve permanency goal (include efforts to achieve reunification and relative placement, barriers, engagement of services, FPMs held, etc.):

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Summary of Decision to Not File for TPR (include how the agency came to the decision, family involvement in the decision, and what the agency's next steps are):

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FSS Signature

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Date

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Supervisor's Signature

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Date

State Use: Permanency Practice Consultant's Comments:

Click or tap here to enter text.

**Summary of Decision not to File for Termination of Parental Rights** (issued: 5/2/2024)<sup>1</sup>  
**Categories:** Family Services

The purpose of this broadcast is to remind the local departments of social services (LDSS) of the *Summary of Decision not to File for Termination of Parental Rights*. When a child has been in foster care for 15 out of the last 22 months, the LDSS must file for termination of parental rights (TPR), unless an exception exists. Currently, there are approximately 750 children that meet the criteria of having been in foster care for 15 of the last 22 months, but do not have a Petition of TPR Filed or exemption noted. If the child meets one of the exemptions below an exemption report should be filed.

The 2020 Acts of Assembly, Chapter 934 requires agencies to provide a clear description of the reasons why they have not filed for TPR, and the reasonable efforts made regarding reunification or placement of the child with a relative to their practice consultant.

The Summary of Decision not to File for TPR documents these mandated requirements.

The notification form, which outlines these instructions is located on Fusion.

The exceptions to the requirement to file for termination of parental rights, including examples of when each exception applies and factors to consider, are outlined in [section 16.2.6.5](#) of the Foster Care Guidance Manual.

They are as follows:

1. The child is being cared for by a relative and the relative is pursuing custody of the child and does not want to adopt.
2. The LDSS has not provided services to the parents deemed necessary for the safe return of the child.
3. TPR is not in the best interests of the child.

The law requires that the LDSS document a compelling reason explaining why TPR is not in the best interests of the child. The determinations regarding exceptions to filing for TPR should be made on a case-by-case basis with consideration given to the long-term implications that terminating parental rights has on the child taking into consideration the child's age and current relationship with biological family.

The decision not to file for termination of parental rights should be documented in OASIS as the contact type "TPR Exception Notification" so that the exception is documented and captured in Safe Measures. These exceptions are captured on the "TPR 15 Months" report in Safe Measures. This report displays children who remain in care with an exception noted. The LDSS should utilize this report to monitor exemption reports as it outlines upcoming, filed, and overdue reports.

For questions, please contact your regional permanency practice consultant.

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<sup>1</sup> كذا في تارخ ٢٠٢٤/٥/٢

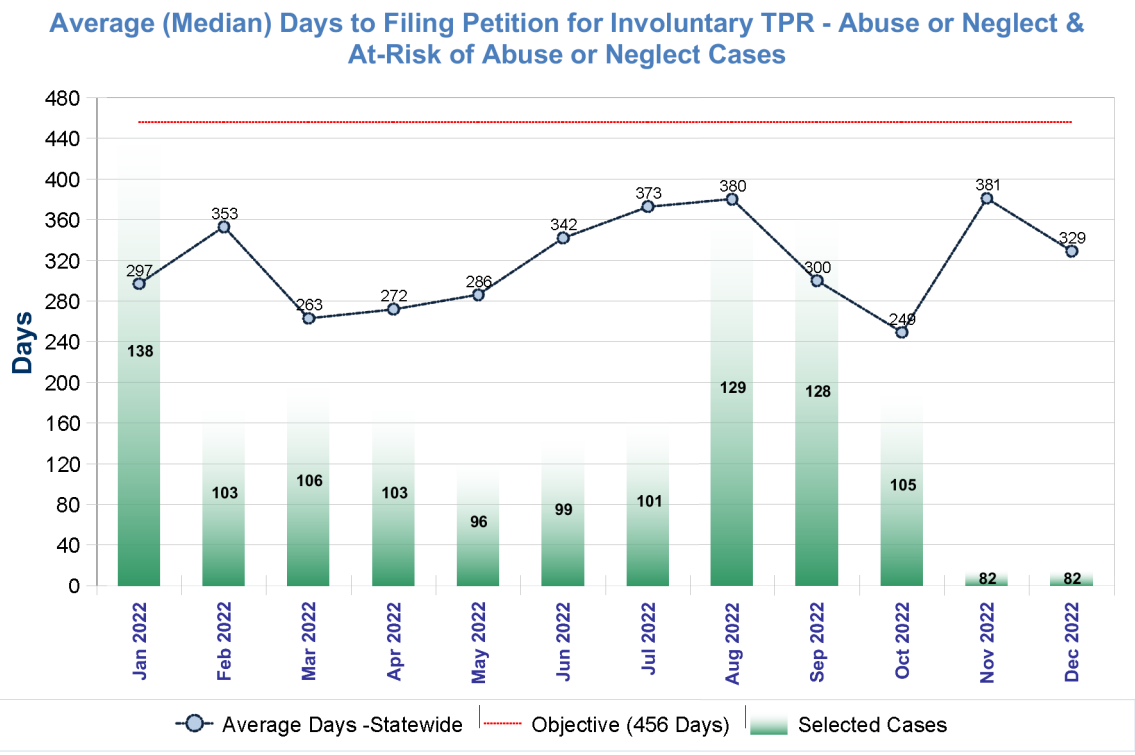
## Court Performance Measures for Child Dependency Cases

### Time to Filing of Petition for Involuntary Termination of Parental Rights

Reporting Period: Jan 2022 to Dec 2022

**Purpose:** This measure indicates how long a child is in foster care prior to the filing of a petition for termination of parental rights (TPR) in the J&DR district court. TPR is a critical stage in court processes because it permits a child, who cannot be returned home safely, to be adopted and, ultimately, achieve permanency. The Adoption and Safe Families Act (ASFA) and Virginia Code § 63.2-910.2 require that the child welfare agency file a petition to terminate parental rights in the case of a child who has been in foster care 15 of the most recent 22 months. Exceptions to this requirement include cases in which (1) the child is being cared for by a relative, (2) a compelling reason that such a petition is not in the best interest of the child has been documented in the foster care plan, or (3) the goal is reunification and the agency has not provided the family with the services documented in the foster care plan to support the child's safe return. (Note: Separate petitions to terminate parental rights must be filed for each parent, because the court may terminate the rights of one parent without affecting the rights of the other parent.)

**Objective:** A petition for involuntary termination of parental rights is filed not more than 15 months (456 days) after a child's entry into foster care.



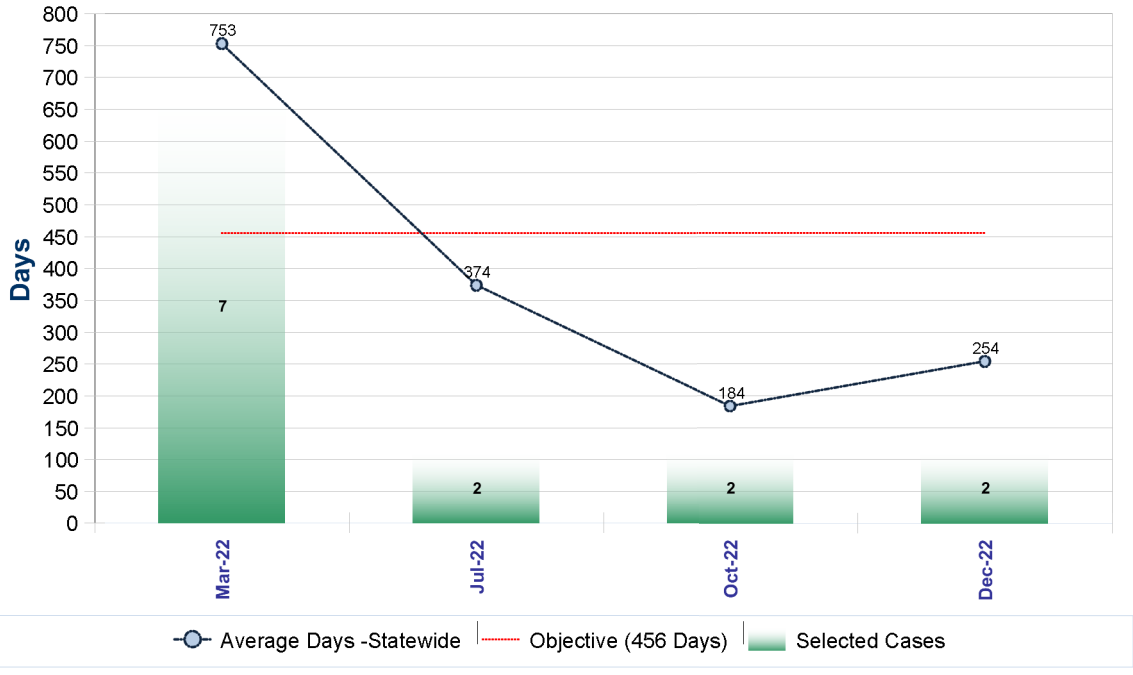
Statewide	Selected 12-Month Period		Prior 12-Month Period
	Dec 2022	Dec 2021	Dec 2021
Average Days	305	371	371
Cases with Missing/Invalid Data	407	570	570
Selected Cases	1,272	1,588	1,588
Average Days - Change vs. Selected Period	-66	-17.7%	-17.7%
Percentage of Selected Cases Meeting the Objective	77%	67%	67%

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time filing the petition for TPR.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate the time filing the petition for TPR.
4. A child is considered to have entered foster care on the earlier of (i) the date of a judicial finding that the child has been subjected to abuse or neglect, or (ii) the date that is 60 days after the date on which the child is removed from the home. See 42 U.S.C. 675(5)(F).
5. An average month is 30.4 days (365/12).

- Meets objective
- Does not meet objective

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time filing the petition for TPR.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate the time filing the petition for TPR.
4. A child is considered to have entered foster care on the earlier of (i) the date of a judicial finding that the child has been subjected to abuse or neglect, or (ii) the date that is 60 days after the date on which the child is removed from the home. See 42 U.S.C. 675(5)(F).
5. An average month is 30.4 days (365/12).

### Average (Median) Days to Filing Petition for Involuntary TPR - CHINS, CHINSup, Delinquency & Status Offense Cases



Statewide	Selected 12-Month Period	Prior 12-Month Period
	Dec 2022	Dec 2021
Average Days	374	560
Cases with Missing/Invalid Data	255	224
Selected Cases	13	19
Average Days - Change vs. Selected Period	-186	-33.2%
Percentage of Selected Cases Meeting the Objective	69%	26%

- Meets objective
- Does not meet objective

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time filing the petition for TPR.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate the time filing the petition for TPR.
4. A child is considered to have entered foster care on the earlier of (i) the date of a judicial finding that the child has been subjected to abuse or neglect, or (ii) the date that is 60 days after the date on which the child is removed from the home. See 42 U.S.C. 675(5)(F).
5. An average month is 30.4 days (365/12).

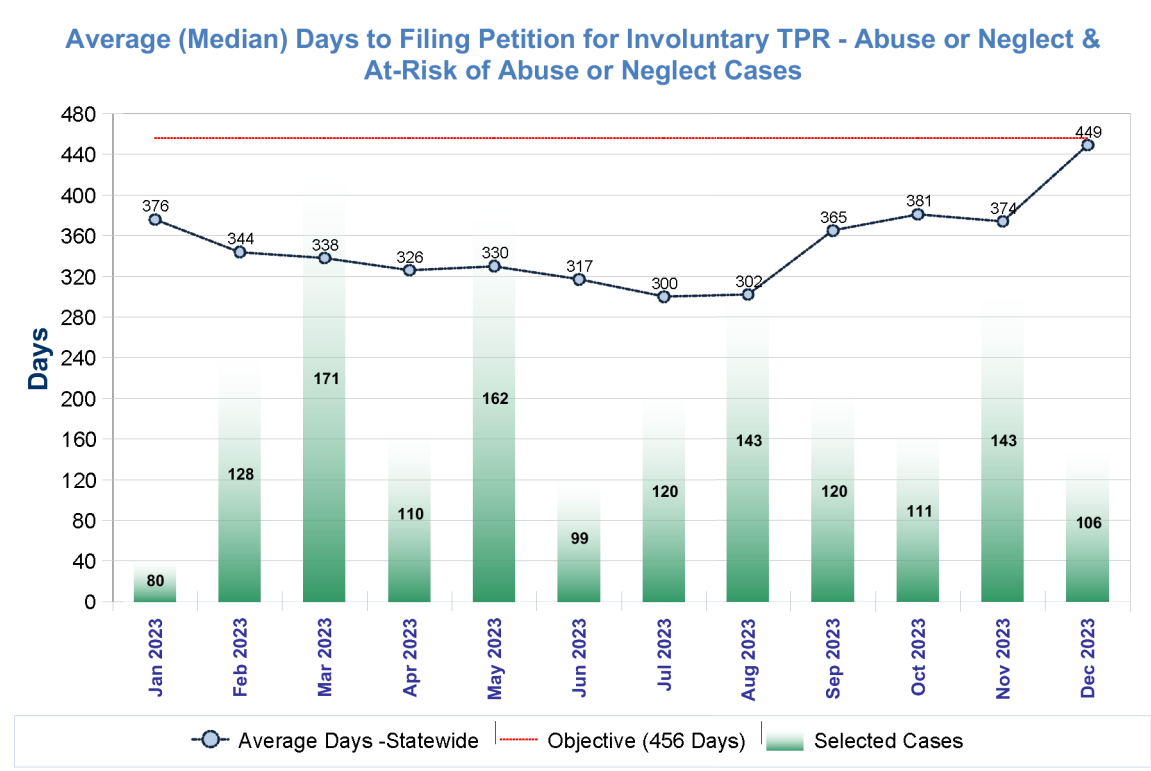
## Court Performance Measures for Child Dependency Cases

### Time to Filing of Petition for Involuntary Termination of Parental Rights

Reporting Period: Jan 2023 to Dec 2023

**Purpose:** This measure indicates how long a child is in foster care prior to the filing of a petition for termination of parental rights (TPR) in the J&DR district court. TPR is a critical stage in court processes because it permits a child, who cannot be returned home safely, to be adopted and, ultimately, achieve permanency. The Adoption and Safe Families Act (ASFA) and Virginia Code § 63.2-910.2 require that the child welfare agency file a petition to terminate parental rights in the case of a child who has been in foster care 15 of the most recent 22 months. Exceptions to this requirement include cases in which (1) the child is being cared for by a relative, (2) a compelling reason that such a petition is not in the best interest of the child has been documented in the foster care plan, or (3) the goal is reunification and the agency has not provided the family with the services documented in the foster care plan to support the child's safe return. (Note: Separate petitions to terminate parental rights must be filed for each parent, because the court may terminate the rights of one parent without affecting the rights of the other parent.)

**Objective:** A petition for involuntary termination of parental rights is filed not more than 15 months (456 days) after a child's entry into foster care.



Statewide	Selected 12-Month Period		Prior 12-Month Period
	Dec 2023	Dec 2022	Dec 2022
Average Days	354	305	305
Cases with Missing/Invalid Data	351	407	407
Selected Cases	1,493	1,272	1,272
Average Days - Change vs. Selected Period	49	16.1%	16.1%
Percentage of Selected Cases Meeting the Objective	72%	77%	77%

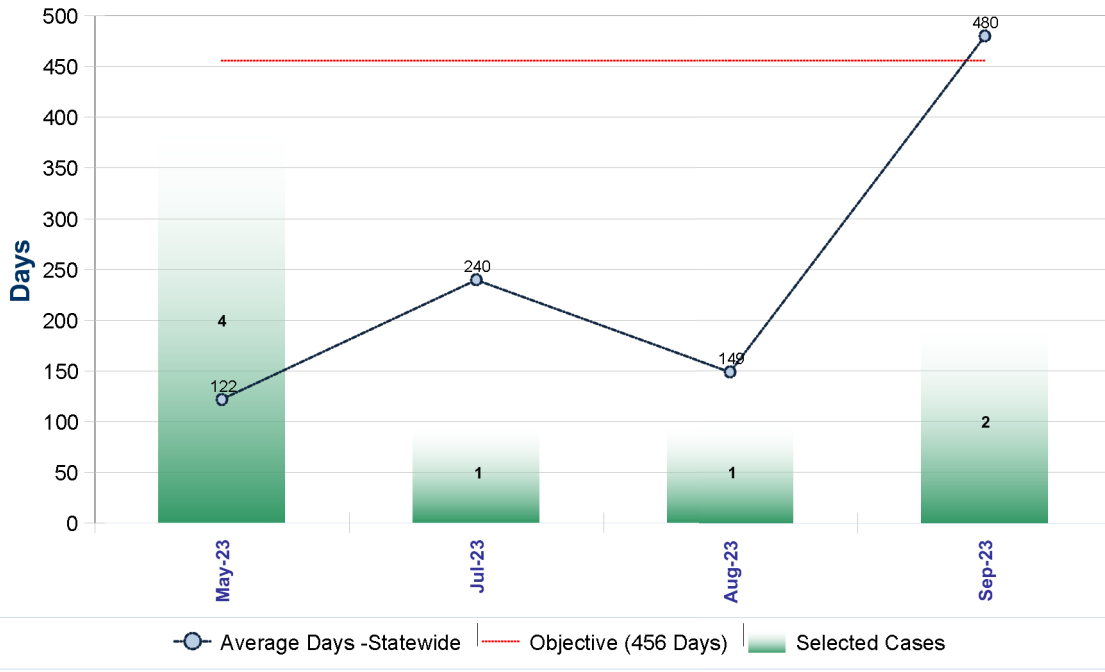
1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time filing the petition for TPR.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate the time filing the petition for TPR.
4. A child is considered to have entered foster care on the earlier of (i) the date of a judicial finding that the child has been subjected to abuse or neglect, or (ii) the date that is 60 days after the date on which the child is removed from the home. See 42 U.S.C. 675(5)(F).
5. An average month is 30.4 days (365/12).



- Meets objective
- Does not meet objective

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time filing the petition for TPR.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate the time filing the petition for TPR.
4. A child is considered to have entered foster care on the earlier of (i) the date of a judicial finding that the child has been subjected to abuse or neglect, or (ii) the date that is 60 days after the date on which the child is removed from the home. See 42 U.S.C. 675(5)(F).
5. An average month is 30.4 days (365/12).

### Average (Median) Days to Filing Petition for Involuntary TPR - CHINS, CHINSup, Delinquency & Status Offense Cases



Statewide	Selected 12-Month Period		Prior 12-Month Period	
	Dec 2023		Dec 2022	
Average Days	192		374	
Cases with Missing/Invalid Data	467		255	
Selected Cases	8		13	
Average Days - Change vs. Selected Period			-182	-48.6%
Percentage of Selected Cases Meeting the Objective	75%		69%	

- Meets objective
- Does not meet objective

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time filing the petition for TPR.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate the time filing the petition for TPR.
4. A child is considered to have entered foster care on the earlier of (i) the date of a judicial finding that the child has been subjected to abuse or neglect, or (ii) the date that is 60 days after the date on which the child is removed from the home. See 42 U.S.C. 675(5)(F).
5. An average month is 30.4 days (365/12).

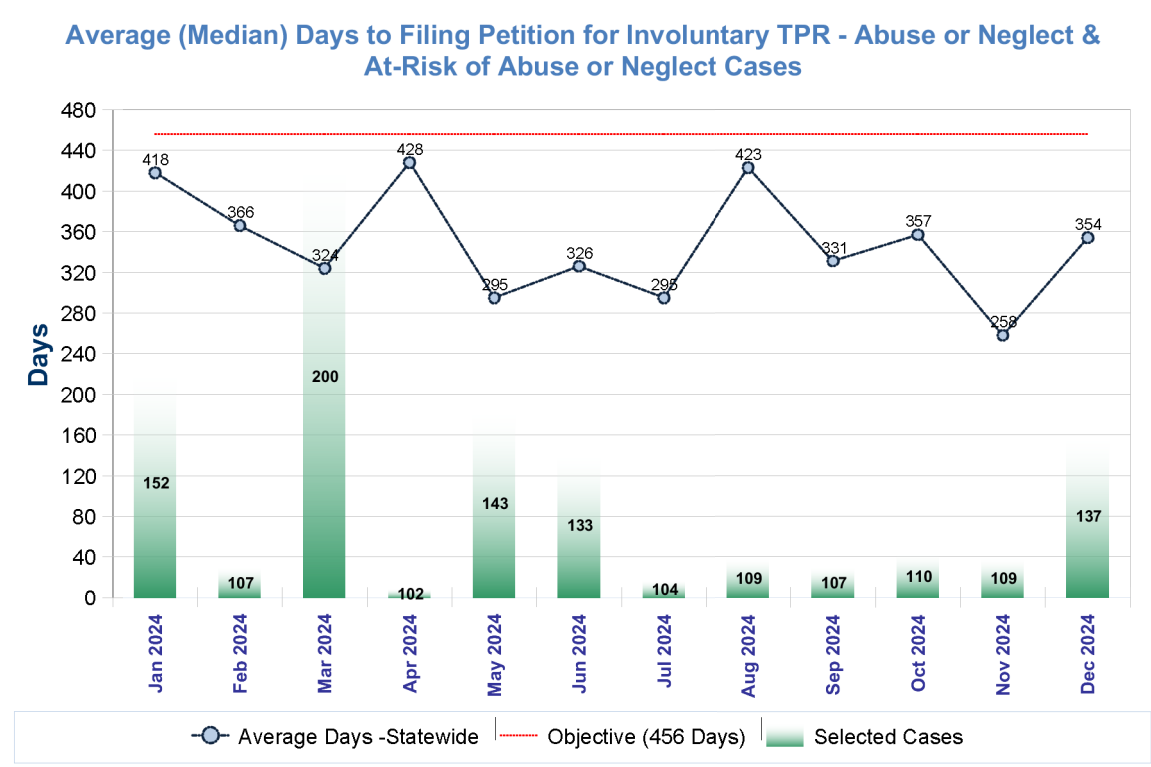
## Court Performance Measures for Child Dependency Cases

### Time to Filing of Petition for Involuntary Termination of Parental Rights

Reporting Period: Jan 2024 to Dec 2024

**Purpose:** This measure indicates how long a child is in foster care prior to the filing of a petition for termination of parental rights (TPR) in the J&DR district court. TPR is a critical stage in court processes because it permits a child, who cannot be returned home safely, to be adopted and, ultimately, achieve permanency. The Adoption and Safe Families Act (ASFA) and Virginia Code § 63.2-910.2 require that the child welfare agency file a petition to terminate parental rights in the case of a child who has been in foster care 15 of the most recent 22 months. Exceptions to this requirement include cases in which (1) the child is being cared for by a relative, (2) a compelling reason that such a petition is not in the best interest of the child has been documented in the foster care plan, or (3) the goal is reunification and the agency has not provided the family with the services documented in the foster care plan to support the child's safe return. (Note: Separate petitions to terminate parental rights must be filed for each parent, because the court may terminate the rights of one parent without affecting the rights of the other parent.)

**Objective:** A petition for involuntary termination of parental rights is filed not more than 15 months (456 days) after a child's entry into foster care.



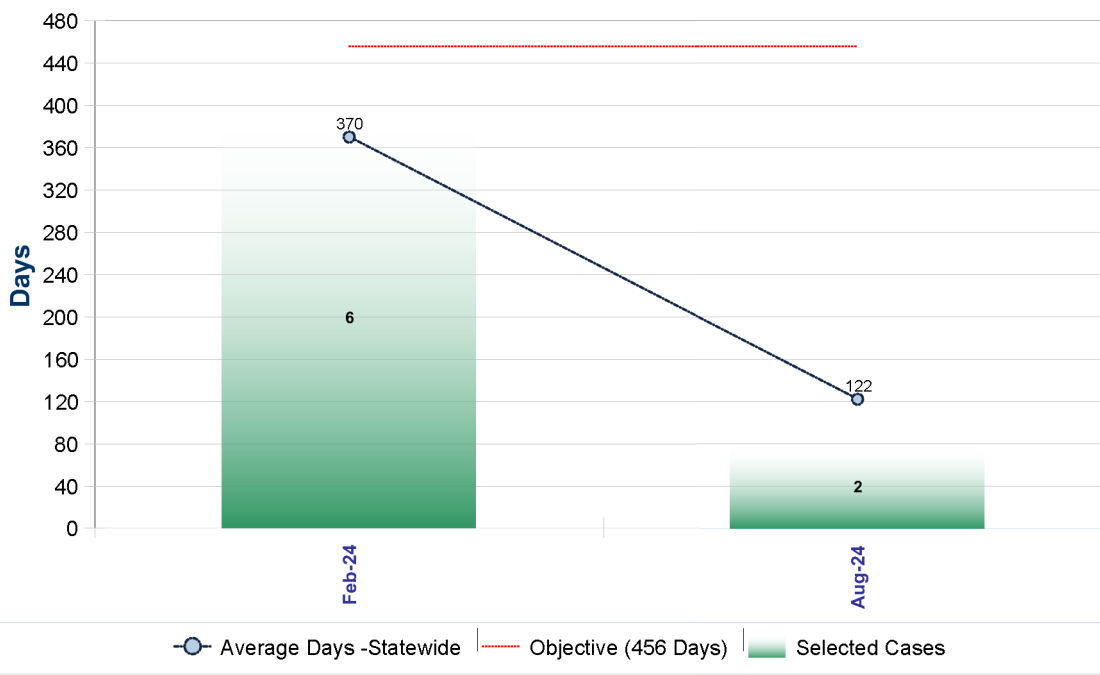
Statewide	Selected 12-Month Period		Prior 12-Month Period
	Dec 2024	Dec 2023	Dec 2023
Average Days	349	354	354
Cases with Missing/Invalid Data	507		351
Selected Cases	1,513		1,493
Average Days - Change vs. Selected Period			-5
Percentage of Selected Cases Meeting the Objective	69%		72%

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time filing the petition for TPR.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate the time filing the petition for TPR.
4. A child is considered to have entered foster care on the earlier of (i) the date of a judicial finding that the child has been subjected to abuse or neglect, or (ii) the date that is 60 days after the date on which the child is removed from the home. See 42 U.S.C. 675(5)(F).
5. An average month is 30.4 days (365/12).

- Meets objective
- Does not meet objective

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time filing the petition for TPR.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate the time filing the petition for TPR.
4. A child is considered to have entered foster care on the earlier of (i) the date of a judicial finding that the child has been subjected to abuse or neglect, or (ii) the date that is 60 days after the date on which the child is removed from the home. See 42 U.S.C. 675(5)(F).
5. An average month is 30.4 days (365/12).

### Average (Median) Days to Filing Petition for Involuntary TPR - CHINS, CHINSup, Delinquency & Status Offense Cases



Statewide	Selected 12-Month Period	Prior 12-Month Period
	Dec 2024	Dec 2023
Average Days	274	192
Cases with Missing/Invalid Data	129	467
Selected Cases	8	8
Average Days - Change vs. Selected Period	82	42.8%
Percentage of Selected Cases Meeting the Objective	75%	75%

- Meets objective
- Does not meet objective

1. The accuracy of the data provided is dependent upon information being accurately entered in the Juvenile Case Management System.
2. "Selected Cases" means the number of cases meeting the conditions established to calculate the time filing the petition for TPR.
3. "Cases with Missing/Invalid Data" means cases not meeting the conditions established to calculate the time filing the petition for TPR.
4. A child is considered to have entered foster care on the earlier of (i) the date of a judicial finding that the child has been subjected to abuse or neglect, or (ii) the date that is 60 days after the date on which the child is removed from the home. See 42 U.S.C. 675(5)(F).
5. An average month is 30.4 days (365/12).

**FOSTER CARE PLAN TRANSMITTAL**

Commonwealth of Virginia  
 Va. Code §§ 16.1-281, 16.1-282, 16.1-282.1, 16.1-282.2

Court Case No.: .....

Agency Case No.: .....

.....  
 SCHEDULED HEARING DATE AND TIME

**USING THIS FORM**

- This form is to be used as the cover sheet for all foster care plans sent to court.
- For internal use only in the Clerk's Office.
- Do not photocopy, share information from, or mail out this form.
- Attach DC-5500, ICWA AFFIDAVIT (INDIAN CHILD WELFARE ACT), if applicable.

To the ..... State Office ..... Juvenile and Domestic Relations District Court  
 CITY OR COUNTY

In re: ..... NAME OF CHILD ..... DATE OF BIRTH ..... [ ] Age 12 or older

..... CURRENT ADDRESS ..... CITY ..... STATE ..... ZIP CODE  
 PUBLIC OR PRIVATE CHILD-PLACING AGENCY

The ..... hereby submits:

- |   |   |
|---|---|
| <input type="checkbox"/> Initial foster care plan (§ 16.1-281)  | <input type="checkbox"/> Petition for initial permanency planning hearing (§ 16.1-282.1)  |
| <input type="checkbox"/> Petition for qualified residential treatment program (placement or continued placement) (§ 16.1-281 E) | <input type="checkbox"/> Petition for second permanency planning hearing (§ 16.1-282.1)   |
| <input type="checkbox"/> Petition for 4-month foster care review hearing (§ 16.1-282)   | <input type="checkbox"/> Petition for 6-month permanency planning hearing for child with goal of another planned permanent living arrangement (APPLA) (§ 16.1-282.1 A2) |
| <input type="checkbox"/> Petition for annual foster care review hearing (§ 16.1-282.2)  |   |
| <input type="checkbox"/> Petition for review of voluntary continuing services and support agreement (case plan)                 |   |

**INSTRUCTIONS**

- The following names and address are required by Virginia Code §§ 16.1-281, 16.1-282, 16.1-282.1, and 16.1-282.2.
- If the parent is incarcerated, provide the name and street address of the penal institution.
- If the parent's residual parental rights have been terminated, or if the parent is deceased, indicate this information on the line for that parent's street address.

*Do NOT mail a copy of this plan to a parent whose residual parental rights have been terminated.*

*If the child is age 12 or older, provide notice and a copy of this plan at the child's address listed above.*

NAME OF PARENT <input type="checkbox"/> Mother <input type="checkbox"/> Father			NAME OF PARENT <input type="checkbox"/> Mother <input type="checkbox"/> Father		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
FOSTER PARENT(S) / FACILITY NAME(S)			NAME OF PRIOR CUSTODIAN		
STREET ADDRESS			STREET ADDRESS		
No Selection -			-		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
RELATIVE(S) / PERSON DIRECTLY INTERESTED			PRE-ADOPTIVE PARENT(S)		
STREET ADDRESS			STREET ADDRESS		
No Selection -			No Selection -		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

**DSS #** .....

Court Case No.: .....

Agency Case No.: .....

Attorney for parent (name only) : .....  
 Mother  Father

Attorney for parent (name only) : .....  
 Mother  Father

Guardian *ad litem* for child (name only) : .....

Other attorneys (names only of other attorneys with person(s) represented) : .....

.....  
.....

Indian Tribe (for a child identified as an Indian child as defined in 25 U.S.C. § 1903(4)):

.....  
.....

Other : .....

.....  
.....

00/00/0000

DATE PREPARED

\_\_\_\_\_  
SIGNATURE

.....  
NAME OF CASEWORKER

Notice sent :

.....  
TELEPHONE NUMBER

\_\_\_\_\_  
CLERKS INITIALS

.....  
DATE

Appendix C-11 is available here:

[https://www.courts.state.va.us/static/courtadmin/aoc/cip/resources/asfa\\_brochure\\_web.pdf](https://www.courts.state.va.us/static/courtadmin/aoc/cip/resources/asfa_brochure_web.pdf)



## Foster Parent Bill of Rights

All foster parents, including kinship foster parents, have the following rights regarding collaboration, communication, access, and transparency:

1. To be regarded as the primary caregiver of a child placed in foster care and to be treated with dignity, respect, trust, value, and consideration, including the local department giving due consideration to the foster parent's family values, traditions, and beliefs;
2. To receive copies of all documents related to the foster parent, the foster parent's family, and ongoing services provided to the foster home;
3. To be considered part of the foster care team and to be able to contribute input regarding the child's permanency plan and receive copies of the plan;
4. To be provided all reasonably ascertainable background, medical, and psychological records of the child prior to placement, at the initial placement, or at any time during the placement of a child in foster care;
5. To be provided all information relevant to the child's foster care services as allowed by federal and state law;
6. To be notified of court hearings and scheduled meetings;
7. To be informed of decisions made by the court, local board, or licensed child-placing agency concerning the child's foster care services;
8. To be able to communicate, to the extent permitted under federal and state law, with professionals who work directly with the child in foster care, including therapists, physicians, and teachers;
9. To be informed in a timely manner of changes to the child's case plan or the termination of the child's placement;
10. To be afforded the same rights as outlined in the Foster Care Placement Agreement and the Code of Ethics and Mutual Responsibilities;
11. To be provided with approved or eligible reimbursements for costs associated with foster care services in a timely manner;
12. To be provided with a method to contact the local board or licensed child-placing agency for assistance 24 hours a day and seven days a week; and
13. To receive a timely response from the local department of social services regarding whether or not information may be provided to requests for information regarding the child's progress after leaving foster care.

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Foster Parent Signature

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Date

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Foster Parent Signature

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Date

## Foster Parent Dispute Resolution Process

Foster parents have a right to file a complaint regarding alleged violations of the regulations governing collaboration, communication, access, and transparency between the local boards, the licensed child-placing agencies, and the foster parents. (From Foster Care Guidance 17.11.1) When filing such a complaint, foster parents must follow the following steps:

1. The foster parent shall contact the service worker assigned to the foster home within 10 business days and provide a detailed description of the conduct constituting the alleged violation of the regulations governing collaboration, communication, access, and transparency between the local boards, the licensed child placing agencies, and the foster parents and attempt to resolve the dispute.
2. The service worker shall respond within five business days and explain any corrective action to be taken in response to the foster parent's complaint.
3. If the foster parent and service worker are unable to resolve the complaint informally, the foster parent may file a written complaint through the dispute resolution process with the local board's foster care supervisor or assigned designee.
  - The written complaint shall include a detailed description of the conduct constituting the alleged violation of the regulations governing collaboration, communication, access, and transparency between the local boards, the licensed child-placing agencies, and the foster parents and a copy of the service worker's response.
  - The written complaint shall be sent to the supervisor and must be received by the supervisor within 10 business days of the foster parent receiving the service worker's response.
4. The foster care supervisor or assigned designee shall respond to the complaint in writing within five business days setting forth all findings regarding the alleged violation and any corrective action taken.
5. If the foster parent disagrees with the findings or corrective actions proposed by the foster care supervisor or assigned designee, the foster parent may appeal the decision to the local director by filing a written notice of appeal.
  - The notice of appeal shall include a detailed description of the conduct constituting the alleged violation of the regulations governing collaboration, communication, access, and transparency between the local boards, the licensed child-placing agencies, and the foster parents and a copy of the foster care supervisor or assigned designee's findings or recommendations.
  - The notice of appeal shall be sent to the local director and must be received by the local director within 10 business days of the foster parent receiving the supervisor's response.
6. The local director shall hold a meeting between all parties within seven business days to gather any information necessary to determine (i) the validity of the alleged violation of the regulations governing collaboration, communication, access, and transparency between the local boards, the licensed child-placing agencies, and the foster parents and (ii) the appropriateness of any recommendations for corrective action made by the family services specialist and foster care supervisor or assigned designee.
7. A summary of the meeting shall be documented in writing by the service worker after approval by the foster care supervisor or assigned designee.
8. Following such meeting and documentation, the local director shall issue to all parties written findings and, when applicable, recommendations for corrective actions.

This dispute resolution process does not apply to a complaint related to the denial or failure of a local board to act upon an individual's claim for benefits. Complaints related to a claim for benefits shall be appealable pursuant to 42 USC § 671(a)(12) and 22VAC40-201-115.

## **Title IV-E Reports of Local Department of Social Services (LDSS) For Quarter Ending June 2024**

### **Introduction**

Over the past several years, the Department of Social Services, Division of Family Services has worked collaboratively with the Virginia League of Social Services Executives (the League) Administrative Committee and other stakeholders to implement procedures to improve the compliance and financial integrity of Virginia's state supervised, locally administered social services system (the System). A concerted effort began in 2012 to establish a flexible review procedure that would quickly identify errors on title IV-E cases but also validate the determination of all foster care cases. New Case reviews were fully implemented in July 2013 and Ongoing Case reviews were fully implemented in July 2014. The goal for all title IV-E errors is zero percent; however, to reach that ultimate goal, ongoing work is required to ensure that the training, technical support, and guidance are provided.

In meetings with local representatives, interest was expressed in making the findings of the reviews available to all Local Departments as a means of allowing Local Departments to learn from each other. This type of reporting is done by the Local Review Team and title IV-E review will be provided in similar methods. The IV-E Team will post the local review results on a quarterly basis indicating the findings, recommendations, and corrective action plans, if any, for reviews completed during the previous quarter.

A comprehensive posting will be provided that will include the overall findings by region per quarter as well as a breakdown of findings by agency within each region. The purpose of publishing the local review results is to promote continuous quality improvement related to understanding the complexity and application of federal and state requirements and to ensure financial integrity of the System. In addition, the publication of these findings will emphasize the significance that must be placed on ensuring title IV-E compliance. These results are published for the express purposes outlined above. By working these issues collaboratively with a focus on continuous improvement, the Department and the League anticipate results of local reviews will improve and the confidence of System stakeholders will be enhanced.

The Virginia Department of Social Services (VDSS) will undergo a federal title IV-E Foster Care Eligibility Review February 24-28, 2025. In this upcoming review, Virginia is allowed a 5% error rate and will have 80 cases reviewed, allowing for only a total of four errors. In September 2019, Virginia was the subject of a primary federal review. The results of the Federal title IV-E review indicated Virginia was in substantial compliance with federal regulations concerning the use of title IV-E funds for the foster care population. In addition, the financial liability for the identified areas of concern was minimal. The expectation of the Commonwealth for the 2025 review is that we will once again accomplish the goal of passing the federal review with minimal errors.

The QAA Teams administer Quarterly QA Reviews which consist of validating new foster care funding cases and ongoing reviews of title IV-E requirements. Validation of new foster care funding cases are designed to review recently opened foster care cases in local departments, within

approximately 90 days, to ensure appropriate eligibility determination. Ongoing reviews are designed to provide continuous quality control and support to the local agencies by reviewing all open IV-E cases, at least once each fiscal year, in all local departments that maintain a population of IV-E children. Effective July 1, 2021 VDSS implemented a plan to ensure the appropriate management of title IV-E funds following all state and federal requirements. The process provides a mechanism of shared accountability between VDSS and the LDSS. The **Title IV-E Shared Fiscal Accountability and Performance Management Plan and/or Corrective Action Plan** processes are triggered by the error percentages rates identified through a QAA title IV-E review.

### **Quarterly QA Reviews Results Fourth Quarter SFY 2024**

The results of the Quarterly QA Reviews on new foster care funding cases and ongoing reviews issued during the first quarter ending June 30, 2024, are shown on the following pages. These tables show a detailed breakdown of these errors by state, region, and agency.

**FY24 Fourth Quarter Title IV-E Error Rates**

There was a combined total of 970 new IV-E validation cases and ongoing IV-E cases reviewed during the fourth quarter of FY24 in the state. Of the cases reviewed, 937 did not have a federal error.

Fourth Quarter Statewide Regional Federal Errors per Category

Region	Removal Pursuant to a Court Order	Voluntary Placements	Valid Removals	Ongoing Judicial Activity	AFDC Eligibility	Age & Extended Title IV-E Foster Care Assistance	Placement in Licensed Foster Care Setting	Safety Requirements	Ineligible Payments	Total New Funding Cases Reviewed	Total Ongoing Cases Reviewed	# Cases Reviewed	Total Number of Errors	Total Number of Cases with a Federal Error	Federal Error %
Central	0	0	0	0	1	0	0	0	5	79	59	138	6	1	0.72%
Eastern	0	0	0	0	3	0	1	0	8	118	12	130	12	2	1.54%
Northern	0	0	0	1	2	0	1	1	3	117	144	261	8	5	1.92%
Piedmont	0	0	0	2	7	0	1	0	11	182	78	260	21	10	3.85%
Western	0	0	0	1	2	0	4	2	22	110	71	181	31	8	4.42%
Totals	0	0	0	4	15	0	7	3	49	606	364	970	78	26	
Total Error Rate	0.00%	0.00%	0.00%	0.41%	1.55%	0.00%	0.72%	0.31%	5.05%						2.68%

	0%-5% Error Rate
	5.01%-10% Error Rate
	10.01% and higher Error Rate
	No cases to review

## Fourth Quarter Central Regional Federal Errors per Category

Agency	Removal Pursuant to a Court Order	Voluntary Placements	Valid Removals	Ongoing Judicial Activity	AFDC Eligibility	Age & Extended Title IV-E Foster Care Assistance	Placement in Licensed Foster Care Setting	Safety Requirements	Ineligible Payments	Total New Funding Cases Reviewed	Total Ongoing Cases Reviewed	# Cases Reviewed	Total Number of Errors	Total Number of Cases with a Federal Error	Federal Error %
Amelia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Buckingham	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00%
Caroline	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Charles City	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Chesterfield-Colonial Heights	0	0	0	0	0	0	0	0	0	8	0	8	0	0	0.00%
Cumberland	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Essex	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Fluvanna	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00%
Goochland	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00%
Hanover	0	0	0	0	0	0	0	0	0	5	0	5	0	0	0.00%
Henrico	0	0	0	0	0	0	0	0	1	24	0	24	1	0	0.00%
Hopewell	0	0	0	0	1	0	0	0	0	7	0	7	1	1	14.29%
King & Queen	0	0	0	0	0	0	0	0	0	4	0	4	0	0	0.00%
King William	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Lancaster	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Lunenburg	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Middlesex	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
New Kent	0	0	0	0	0	0	0	0	0	0	3	3	0	0	0.00%
Northumberland	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Nottoway	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Petersburg	0	0	0	0	0	0	0	0	4	3	7	10	4	0	0.00%
Powhatan	0	0	0	0	0	0	0	0	0	2	0	2	0	0	0.00%
Prince Edward	0	0	0	0	0	0	0	0	0	0	3	3	0	0	0.00%
Richmond City	0	0	0	0	0	0	0	0	0	21	44	65	0	0	0.00%
Richmond County	0	0	0	0	0	0	0	0	0	0	2	2	0	0	0.00%
Westmoreland	0	0	0	0	0	0	0	0	0	2	0	2	0	0	0.00%
Totals	0	0	0	0	1	0	0	0	5	79	59	138	6	1	
Total Error Rate	0.00%	0.00%	0.00%	0.00%	0.72%	0.00%	0.00%	0.00%	3.62%						0.72%

## Fourth Quarter Eastern Regional Federal Errors per Category

Agency	Removal Pursuant to a Court Order	Voluntary Placements	Valid Removals	Ongoing Judicial Activity	AFDC Eligibility	Age & Extended Title IV-E Foster Care Assistance	Placement in Licensed Foster Care Setting	Safety Requirements	Ineligible Payments	Total New Funding Cases Reviewed	Total Ongoing Cases Reviewed	# Cases Reviewed	Total Number of Errors	Total Number of Cases with a Federal Error	Federal Error %
Accomack	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00%
Brunswick	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Chesapeake	0	0	0	0	0	0	0	0	0	6	0	6	0	0	0.00%
Dinwiddie	0	0	0	0	0	0	0	0	2	3	0	3	2	0	0.00%
Franklin City	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00%
Gloucester	0	0	0	0	0	0	0	0	0	3	0	3	0	0	0.00%
Greenville/Emporia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Hampton	0	0	0	0	0	0	0	0	0	6	0	6	0	0	0.00%
Isle of Wight	0	0	0	0	0	0	0	0	0	3	0	3	0	0	0.00%
James City County	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00%
Mathews	0	0	0	0	0	0	0	0	1	1	4	5	1	0	0.00%
Newport News	0	0	0	0	0	0	0	0	0	19	0	19	0	0	0.00%
Norfolk	0	0	0	0	1	0	1	0	1	35	0	35	3	2	5.71%
Northampton	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Portsmouth	0	0	0	0	2	0	0	0	0	2	0	2	2	0	0.00%
Prince George	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Southampton	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00%
Suffolk	0	0	0	0	0	0	0	0	1	6	0	6	1	0	0.00%
Surry	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0.00%
Sussex	0	0	0	0	0	0	0	0	0	3	0	3	0	0	0.00%
Virginia Beach	0	0	0	0	0	0	0	0	0	21	0	21	0	0	0.00%
Williamsburg	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
York-Poquoson	0	0	0	0	0	0	0	0	3	6	7	13	3	0	0.00%
Totals	0	0	0	0	3	0	1	0	8	118	12	130	12	2	
Total Error Rate	0.00%	0.00%	0.00%	0.00%	2.31%	0.00%	0.77%	0.00%	6.15%						1.54%

## Fourth Quarter Northern Regional Federal Errors per Category

Agency	Removal Pursuant to a Court Order	Voluntary Placements	Valid Removals	Ongoing Judicial Activity	AFDC Eligibility	Age & Extended Title IV-E Foster Care Assistance	Placement in Licensed Foster Care Setting	Safety Requirements	Ineligible Payments	Total New Funding Cases Reviewed	Total Ongoing Cases Reviewed	# Cases Reviewed	Total Number of Errors	Total Number of Cases with a Federal Error	Federal Error %
Alexandria	0	0	0	0	0	0	0	0	0	6	18	24	0	0	0.00%
Arlington	0	0	0	0	0	0	0	0	0	5	0	5	0	0	0.00%
Clarke	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00%
Culpeper	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00%
Fairfax	0	0	0	0	0	0	0	0	0	24	36	60	0	0	0.00%
Fauquier	0	0	0	0	0	0	0	0	0	3	0	3	0	0	0.00%
Frederick	0	0	0	0	0	0	0	0	0	5	17	22	0	0	0.00%
Fredericksburg	0	0	0	0	0	0	0	0	0	8	0	8	0	0	0.00%
Greene	0	0	0	0	0	0	0	0	0	3	0	3	0	0	0.00%
Harrisonburg Rockingham	0	0	0	1	1	0	1	0	1	20	30	50	4	3	6.00%
King George	0	0	0	0	0	0	0	0	0	2	0	2	0	0	0.00%
Loudoun	0	0	0	0	0	0	0	0	0	6	3	9	0	0	0.00%
Louisa	0	0	0	0	0	0	0	0	0	3	4	7	0	0	0.00%
Madison	0	0	0	0	0	0	0	0	0	0	3	3	0	0	0.00%
Manassas City	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00%
Manassas Park	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Orange	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00%
Page	0	0	0	0	0	0	0	0	0	3	0	3	0	0	0.00%
Prince William County	0	0	0	0	0	0	0	0	0	5	0	5	0	0	0.00%
Rappahannock	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00%
Shenandoah County	0	0	0	0	0	0	0	0	0	1	9	10	0	0	0.00%
Spotsylvania	0	0	0	0	0	0	0	0	0	4	0	4	0	0	0.00%
Stafford	0	0	0	0	1	0	0	1	0	3	13	16	2	2	12.50%
Warren	0	0	0	0	0	0	0	0	0	7	0	7	0	0	0.00%
Winchester	0	0	0	0	0	0	0	0	2	4	11	15	2	0	0.00%
Totals	0	0	0	1	2	0	1	1	3	117	144	261	8	5	
Total Error Rate	0.00%	0.00%	0.00%	0.38%	0.77%	0.00%	0.38%	0.38%	1.15%						1.92%



## Fourth Quarter Piedmont Regional Federal Errors per Category

Agency	Removal Pursuant to a Court Order	Voluntary Placements	Valid Removals	Ongoing Judicial Activity	AFDC Eligibility	Age & Extended Title IV-E Foster Care Assistance	Placement in Licensed Foster Care Setting	Safety Requirements	Ineligible Payments	Total New Funding Cases Reviewed	Total Ongoing Cases Reviewed	# Cases Reviewed	Total Number of Errors	Total Number of Cases with a Federal Error	Federal Error %
Albemarle	0	0	0	0	0	0	0	0	0	15	0	15	0	0	0.00%
Alleghany-Cov- CF	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00%
Amherst	0	0	0	0	0	0	0	0	0	3	0	3	0	0	0.00%
Appomattox	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00%
Bath	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Bedford County	0	0	0	0	0	0	0	0	0	9	0	9	0	0	0.00%
Botetourt	0	0	0	0	1	0	0	0	0	1	0	1	1	1	100.00%
Campbell	0	0	0	0	0	0	0	0	0	7	0	7	0	0	0.00%
Charlotte	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Charlottesville	0	0	0	0	0	0	0	0	0	16	0	16	0	0	0.00%
Craig	0	0	0	0	0	0	0	0	0	3	0	3	0	0	0.00%
Danville	0	0	0	1	2	0	1	0	4	6	17	23	8	4	17.39%
Franklin County	0	0	0	0	0	0	0	0	0	5	0	5	0	0	0.00%
Halifax	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00%
Henry/Martinsville	0	0	0	0	0	0	0	0	0	6	0	6	0	0	0.00%
Highland	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Lynchburg	0	0	0	0	0	0	0	0	2	29	31	60	2	0	0.00%
Mecklenburg	0	0	0	0	0	0	0	0	0	2	0	2	0	0	0.00%
Nelson	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00%
Pittsylvania	0	0	0	0	0	0	0	0	0	11	0	11	0	0	0.00%
Roanoke City	0	0	0	0	1	0	0	0	3	32	0	32	4	1	3.13%
Roanoke County	0	0	0	0	0	0	0	0	0	14	0	14	0	0	0.00%
Rockbridge-BV-LX	0	0	0	0	2	0	0	0	0	2	0	2	2	2	100.00%
Shenandoah Valley	0	0	0	1	1	0	0	0	2	17	30	47	4	2	4.26%
Totals	0	0	0	2	7	0	1	0	11	182	78	260	21	10	
Total Error Rate	0.00%	0.00%	0.00%	0.77%	2.69%	0.00%	0.38%	0.00%	4.23%						3.85%

## Fourth Quarter Western Regional Federal Errors per Category

Agency	Removal Pursuant to a Court Order	Voluntary Placements	Valid Removals	Ongoing Judicial Activity	AFDC Eligibility	Age & Extended Title IV-E Foster Care Assistance	Placement in Licensed Foster Care Setting	Safety Requirements	Ineligible Payments	Total New Funding Cases Reviewed	Total Ongoing Cases Reviewed	# Cases Reviewed	Total Number of Errors	Total Number of Cases with a Federal Error	Federal Error %
Bland	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00%
Bristol	0	0	0	0	0	0	0	0	0	3	0	3	0	0	0.00%
Buchanan	0	0	0	0	0	0	0	0	0	8	0	8	0	0	0.00%
Carroll	0	0	0	0	0	0	0	0	0	6	0	6	0	0	0.00%
Dickenson	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Floyd	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Galax	0	0	0	0	0	0	0	0	1	4	0	4	1	0	0.00%
Giles	0	0	0	0	0	0	0	0	0	3	0	3	0	0	0.00%
Grayson	0	0	0	0	0	0	1	0	0	8	9	17	1	1	5.88%
Lee	0	0	0	0	0	0	0	0	0	11	0	11	0	0	0.00%
Montgomery	0	0	0	0	0	0	0	0	1	3	7	10	1	0	0.00%
Norton	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Patrick	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00%
Pulaski	0	0	0	0	0	0	0	0	0	8	0	8	0	0	0.00%
Radford	0	0	0	0	1	0	0	0	0	2	0	2	1	1	50.00%
Russell	0	0	0	0	0	0	0	0	8	14	0	14	8	0	0.00%
Scott	0	0	0	0	0	0	0	0	0	3	0	3	0	0	0.00%
Smyth	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Tazewell	0	0	0	0	0	0	0	0	0	13	0	13	0	0	0.00%
Washington	0	0	0	1	0	0	3	2	8	10	55	65	14	6	9.23%
Wise	0	0	0	0	1	0	0	0	4	8	0	8	5	0	0.00%
Wythe	0	0	0	0	0	0	0	0	0	4	0	4	0	0	0.00%
Totals	0	0	0	1	2	0	4	2	22	110	71	181	31	8	
Total Error Rate	0.00%	0.00%	0.00%	0.55%	1.10%	0.00%	2.21%	1.10%	12.15%						4.42%

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### Division of Family Services (DFS) Priorities

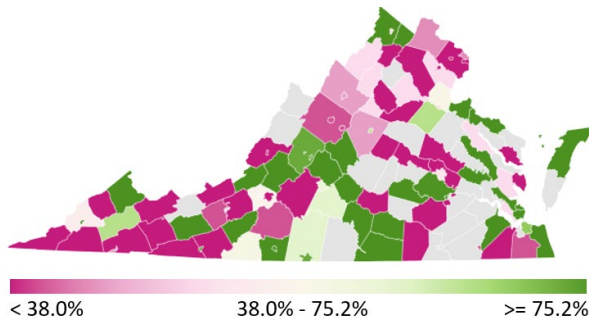
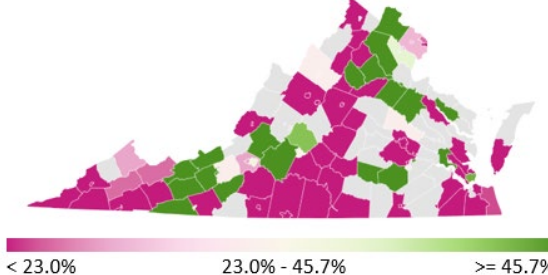
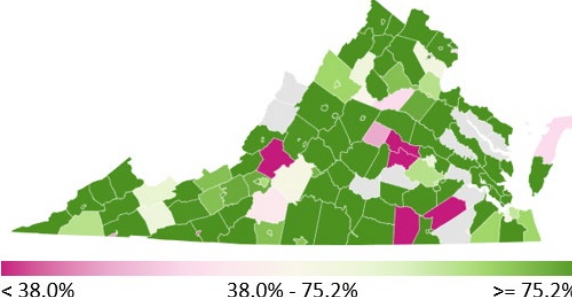
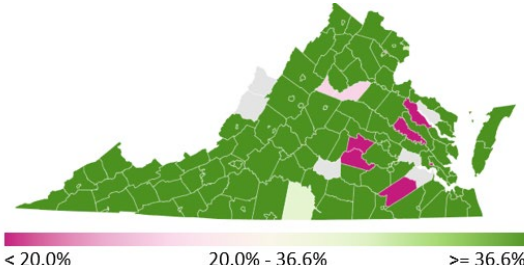
The Division of Family Services is committed to promoting the safety, stability, and well-being of Virginia’s children, families, and individuals. This is accomplished by continuously building excellence in all program areas including abuse and neglect prevention, adoption, foster care, child protective services, permanency planning, domestic violence prevention and intervention, and more. Our current priorities include increasing positive outcomes for the people we serve through Family Engagement, Kinship, and Fatherhood. The table below identifies data metrics in this report and KinFirstNow (KFN) Dashboard reports that directly relate to these priorities. Access and training guides for the KFN Dashboard can be accessed via the [Data Team Fusion Page](#). The DFS Data Team will continue to refine these measures through collaboration within the Division and Portfolio.

FAMILY ENGAGEMENT	KINSHIP	FATHERHOOD
<a href="#">CPS Referral Counts</a>	<a href="#">Alternate Living Arrangements</a>	<a href="#">KFN01: Discharged to Father/Paternal Relative, Other Relative or No Relationship Found</a>
<a href="#">Timeliness of First Contact with Victim</a>	<a href="#">First Placement for New Entries</a>	<a href="#">KFN03: Parental Information for Children (Alleged to be Victims, In-Home/Prevention, and Foster Care)</a>
<a href="#">Timeliness of Safety Decisions</a>	<a href="#">Kinship Placements</a>	<a href="#">KFN07: Family Partnership Meeting (FPM) Parental Participation</a>
<a href="#">Timeliness of Risk Assessment</a>	<a href="#">Discharges to Permanency</a>	
<a href="#">Referral Time to Close</a>	<a href="#">Parental Child Safety Placement Program</a>	
<a href="#">Recidivism</a>		
<a href="#">In Home Case Counts</a>		
<a href="#">High/Very High Referrals Open to Cases</a>		
<a href="#">Suite of Tools General Compliance</a>		
<a href="#">Service Plan Reviews</a>		
<a href="#">Case Client Contacts</a>		
<a href="#">Meetings for Concurrent Planning</a>		
<a href="#">Monthly Child Visits with Family Members</a>		
<a href="#">Monthly Contacts with Parents</a>		

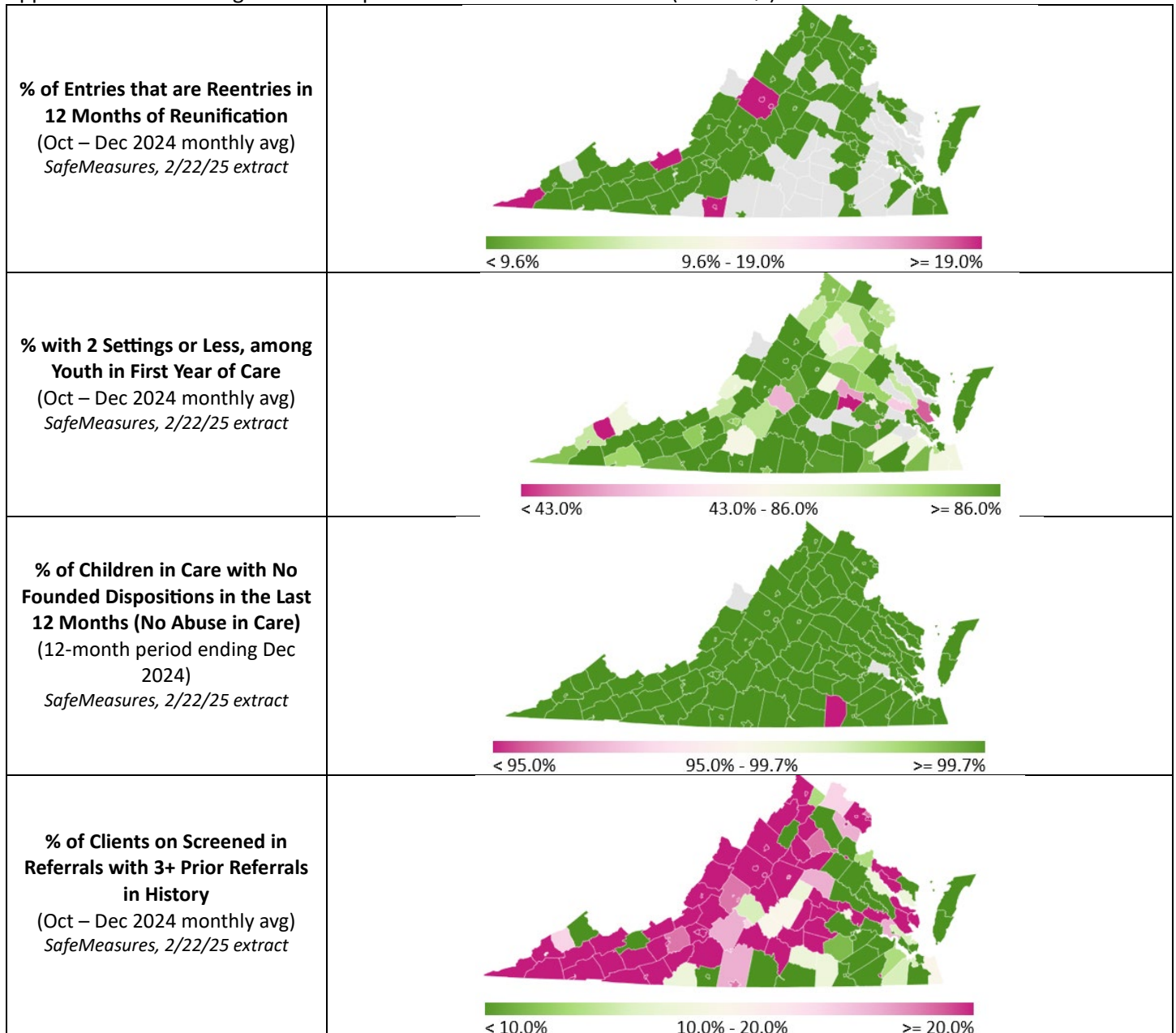
### SafeMeasures Scorecard Performance, SFY25 Q2

*These measures are meant to represent similar information to the CFSR Statewide Data Indicators. Once the report development is complete for Round 4 measures, they will be provided here.*

Appendix C-14: DFS Program Area Report: October - December 2024 (SFY25 Q2)

<p><b>% Discharges to Reunification within 12 Months</b>                  (12-month period ending Dec 2024)  <i>SafeMeasures, 2/22/25 extract</i></p>	
<p><b>% Discharges to Adoption within 24 Months</b>                  (12-month period ending Dec 2024)  <i>SafeMeasures, 2/22/25 extract</i></p>	
<p><b>% Length of Stay within 12 Months, Return Home Goal</b>                  (Oct – Dec 2024 monthly avg)  <i>SafeMeasures, 2/22/25 extract</i></p>	
<p><b>% Length of Stay within 24 Months, Adoption Goal</b>                  (Oct – Dec 2024 monthly avg)  <i>SafeMeasures, 2/22/25 extract</i></p>	

Appendix C-14: DFS Program Area Report: October - December 2024 (SFY25 Q2)

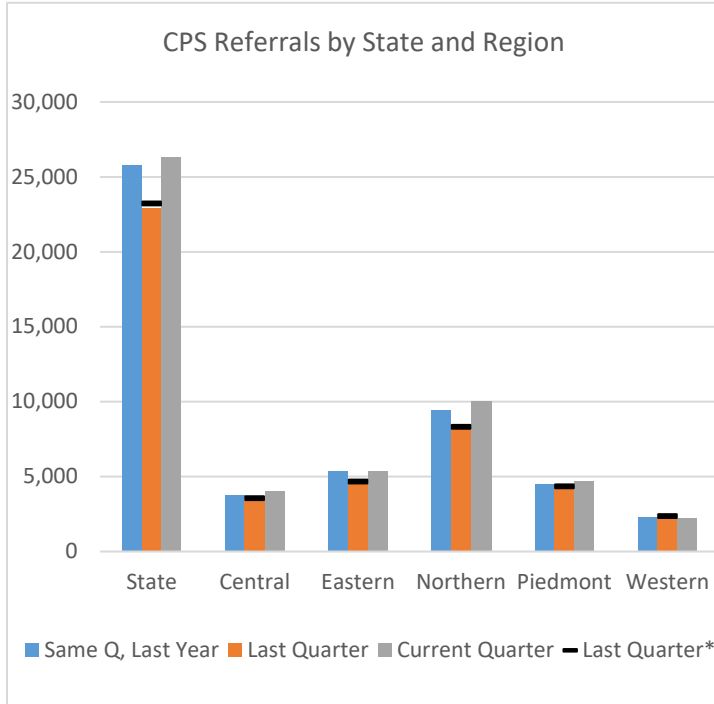


## PROTECTION PROGRAM

### CPS Referral Counts

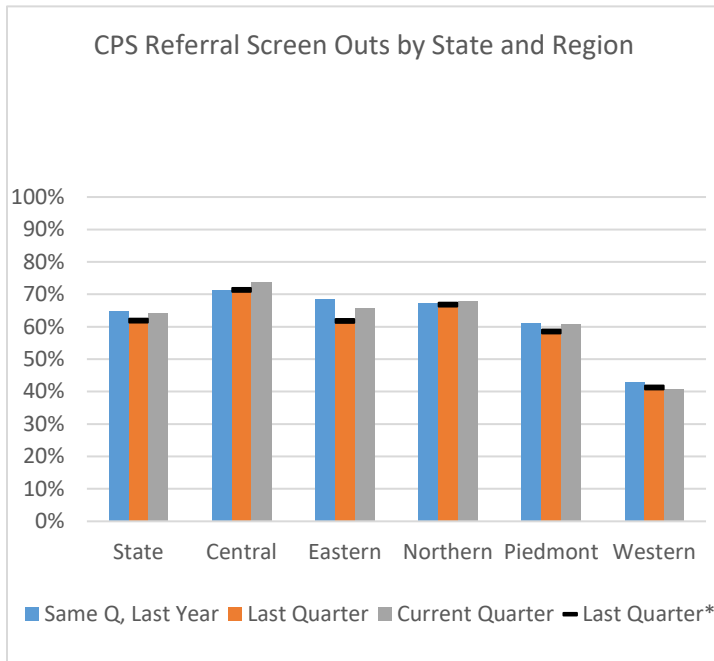
Source: VDSS Data Warehouse-OASIS data, as of 2/12/2025, \*data from previous report

- Referrals are up in Northern Region from last year, and down in Piedmont and Western.



Data Table: CPS Referrals by State and Region

	Q2 SFY 24	Q1 SFY 25	Q2 SFY 25	Percent Change Q1 SFY 25 to Q2 SFY 25	Percent Change Q2 SFY 24 to Q2 SFY 25
State	25,793	22,892	26,368	15%	2%
Central	3,771	3,504	4,058	-4%	2%
Eastern	5,340	4,589	5,353	-14%	1%
Northern	9,423	8,188	10,032	-13%	6%
Piedmont	4,503	4,273	4,671	0%	-5%
Western	2,309	2,338	2,254	-4%	-4%



Data Table: CPS Referral Screen outs by State and Region

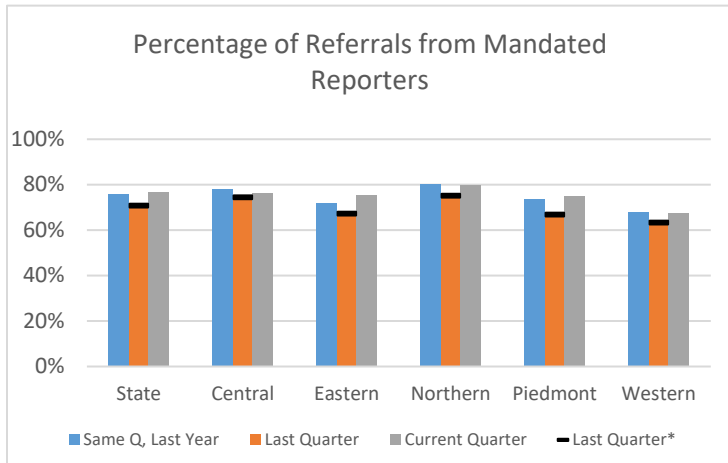
	Q2 SFY 24	Q1 SFY 25	Q2 SFY 25	Percent Difference Q1 SFY 25 to Q2 SFY 25	Percent Difference Q2 SFY 24 to Q2 SFY 25
State	65%	62%	64%	2%	-1%
Central	71%	71%	74%	2%	2%
Eastern	68%	62%	66%	4%	-3%
Northern	67%	67%	68%	1%	1%
Piedmont	61%	59%	61%	2%	0%
Western	43%	41%	41%	0%	-2%

## Appendix C-14: DFS Program Area Report: October - December 2024 (SFY25 Q2)

### Mandated Reporters and Portal Usage

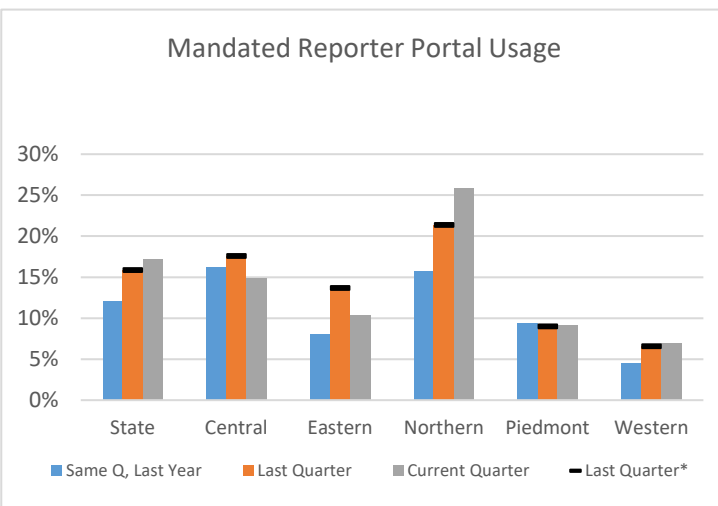
Source: SafeMeasures, Reporter Category, 2/11/2025 Extract; \*data from previous report

- Mandated Reporter portal usage is up in all regions from last year.



Data Table: Percentage of Referrals from Mandated Reporters

	Q2 SFY 24	Q1 SFY 25	Q2 SFY 25	Percent Difference Q1 SFY 25 to Q2 SFY 25	Percent Difference Q2 SFY 24 to Q2 SFY 25
State	75.8%	70.9%	76.7%	5.8%	0.9%
Central	78.4%	74.5%	76.2%	0.2%	4.3%
Eastern	71.9%	67.4%	75.7%	-3.9%	3.5%
Northern	80.3%	75.2%	79.9%	-3.4%	1.8%
Piedmont	73.6%	67.0%	75.1%	-2.8%	-0.4%
Western	68.1%	63.4%	67.8%	-2.9%	2.7%



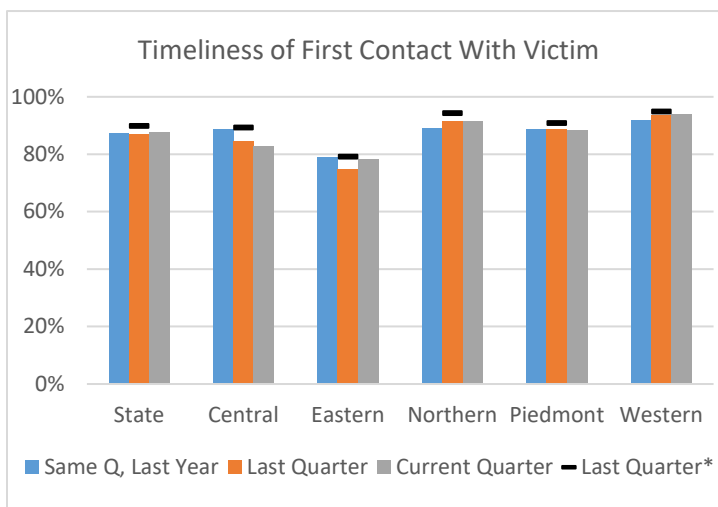
Data Table: Mandated Reporter Portal Usage Rate

	Q2 SFY 24	Q1 SFY 25	Q2 SFY 25	Percent Difference Q1 SFY 25 to Q2 SFY 25	Percent Difference Q2 SFY 24 to Q2 SFY 25
State	12.0%	15.9%	17.2%	1.3%	5.2%
Central	16.2%	17.6%	14.9%	0.2%	4.3%
Eastern	8.0%	13.7%	10.4%	3.40%	7.80%
Northern	15.7%	21.4%	25.9%	-0.20%	7.50%
Piedmont	9.4%	9.0%	9.1%	0.30%	2.50%
Western	4.5%	6.6%	6.9%	1.50%	2.50%

### Timeliness of First Contact with Victim

Source: SafeMeasures, CFSR Timeliness of First Contact with Victim, 2/11/2025; \*data from previous report

- Statewide, TFCV rates are close to what they were last year.



Data Table: Timeliness of First Contact with Victim

	Q2 SFY 24	Q1 SFY 25	Q2 SFY 25	Percent Difference Q1 SFY 25 to Q2 SFY 25	Percent Difference Q2 SFY 24 to Q2 SFY 25
State	87.4%	86.8%	87.5%	0.6%	0.1%
Central	88.7%	84.3%	82.7%	-1.6%	-6.0%
Eastern	79.0%	74.7%	78.2%	3.5%	-0.8%
Northern	88.9%	91.4%	91.3%	-0.2%	2.4%
Piedmont	88.7%	88.7%	88.3%	-0.4%	-0.4%
Western	91.9%	93.3%	93.7%	0.4%	1.8%



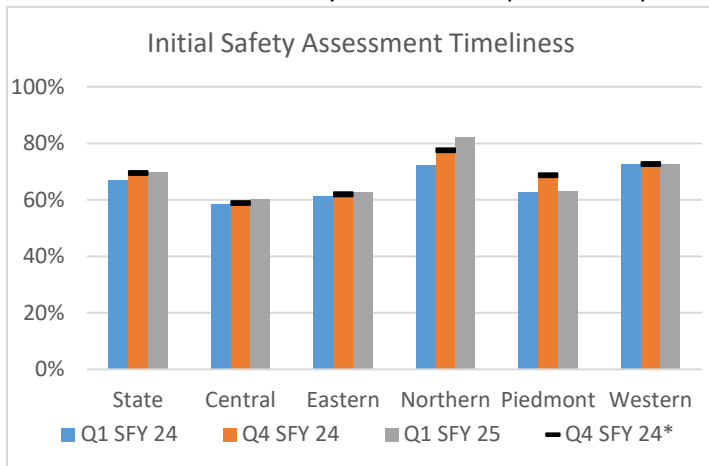
## Appendix C-14: DFS Program Area Report: October - December 2024 (SFY25 Q2)

### Timeliness of Safety Decisions<sup>+</sup>

Source: SafeMeasures, Initial Safety Assessment Timeliness (Excluding Safety Assessment Before 1<sup>st</sup> Contact) 2/11/2025 Extract; \*data from previous report

<sup>+</sup> Due to documentation delays, Safety Decision Timeliness is pulled a quarter behind the rest of the report.

- Timeliness of Safety Decisions is up from the previous year statewide and in all regions.



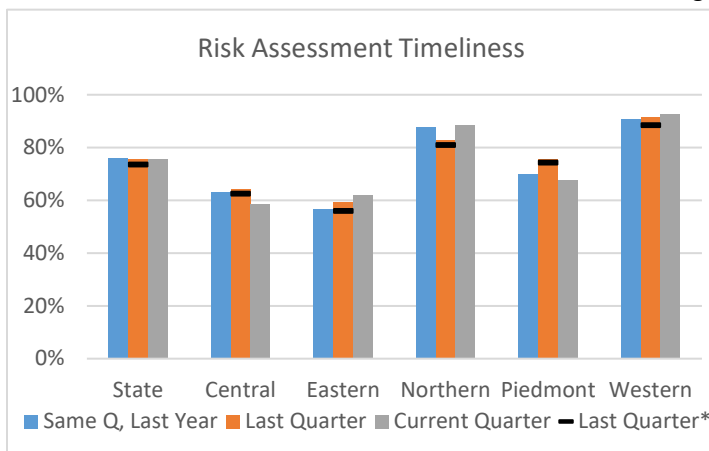
Data Table: Initial Safety Assessment Timeliness<sup>+</sup>

	Q1 SFY 24	Q4 SFY 24	Q1 SFY 25	Percent Difference Q4 SFY 24 to Q1 SFY 25	Percent Difference Q1 SFY 24 to Q1 SFY 25
State	66.8%	70.1%	69.9%	-0.18%	3.08%
Central	58.4%	59.4%	60.2%	0.84%	1.83%
Eastern	61.4%	63.1%	62.8%	-0.24%	1.45%
Northern	72.4%	77.8%	82.3%	4.54%	9.92%
Piedmont	62.9%	69.3%	63.1%	-6.26%	0.19%
Western	72.7%	72.7%	72.5%	-0.19%	-0.16%

### Timeliness Of Risk Assessment

Source: SafeMeasures, Risk Assessment Timeliness and Initial Risk Level, 2/11/2025 Extract; \*data from previous report

- Risk Assessment Timeliness is down statewide, with significant drops in Eastern.



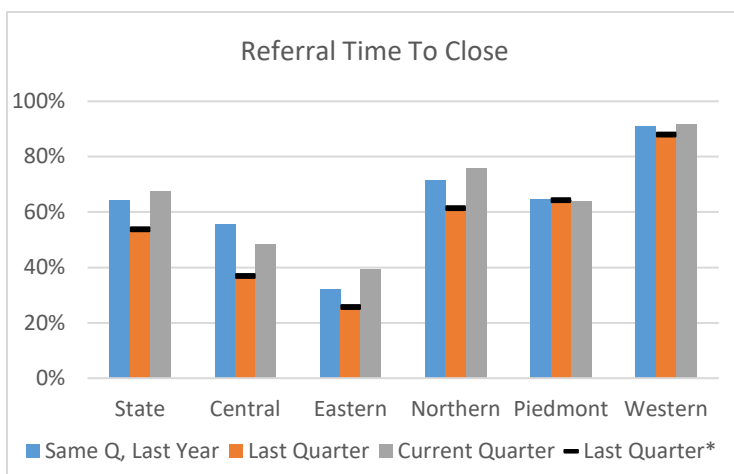
Data Table: Timeliness of Risk Assessment

	Q2 SFY 24	Q1 SFY 25	Q2 SFY 25	Percent Difference Q1 SFY 25 to Q2 SFY 25	Percent Difference Q2 SFY 24 to Q2 SFY 25
State	72.8%	77.4%	68.2%	-4.6%	-4.6%
Central	61.3%	61.9%	54.5%	-6.8%	-6.8%
Eastern	58.8%	65.0%	48.3%	-10.5%	-10.5%
Northern	80.1%	89.5%	81.3%	1.2%	1.2%
Piedmont	67.3%	68.0%	62.3%	-5.0%	-5.0%
Western	90.7%	93.7%	83.4%	-7.3%	-7.3%

### Referral Time to Close

Source: SafeMeasures, Referral Time to Close, Compliance View 2/11/2025 Extract; \*data from previous quarter

- Timely referral closure is up significantly from last quarter and up slightly from last year.



Data Table: % of Referrals Closed Before Due Date

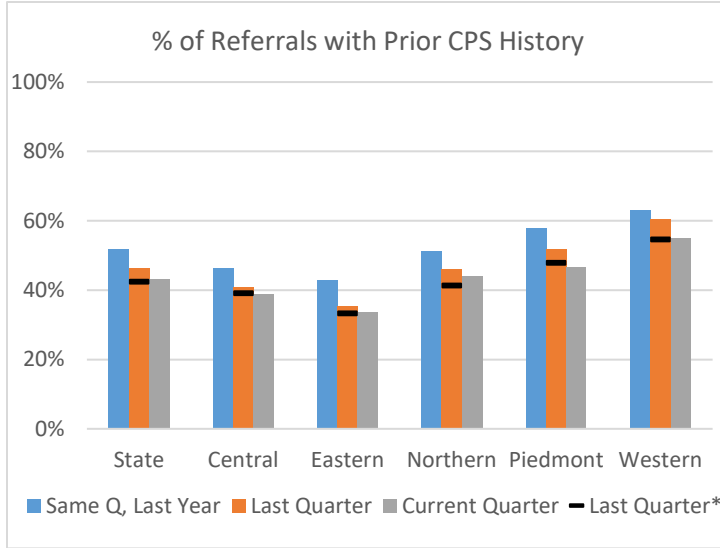
	Q2 SFY 24	Q1 SFY 25	Q2 SFY 25	Percent Difference Q1 SFY 25 to Q2 SFY 25	Percent Difference Q2 SFY 24 to Q2 SFY 25
State	64.3%	53.8%	67.3%	13.5%	3.0%
Central	55.6%	36.9%	48.3%	11.4%	-7.3%
Eastern	32.1%	25.7%	39.5%	13.8%	7.4%
Northern	71.5%	61.5%	75.8%	14.3%	4.3%
Piedmont	64.5%	64.3%	63.8%	-0.5%	-0.7%
Western	90.9%	88.0%	91.6%	3.6%	0.7%

Appendix C-14: DFS Program Area Report: October - December 2024 (SFY25 Q2)

Recidivism

Source: SafeMeasures, Referral Recidivism, 2/11/2025 Extract; \*data from previous report

- Referral Recidivism is down from last quarter and last year.



Data Table: % of Referrals with Prior CPS History

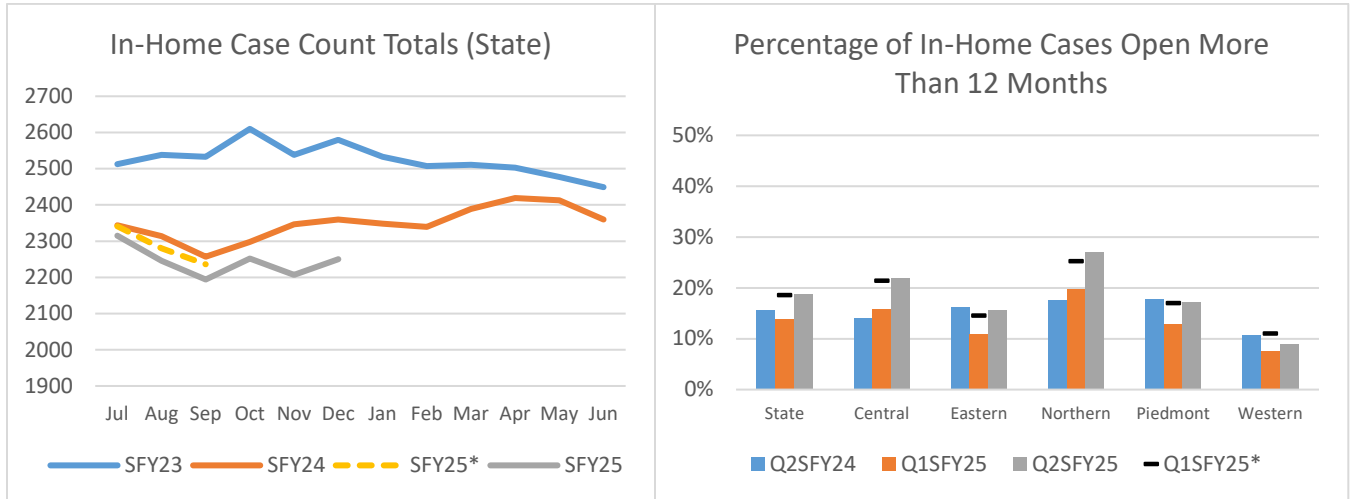
	Q2 SFY 24	Q1 SFY 25	Q2 SFY 25	Percent Difference Q1 SFY 25 to Q2 SFY 25	Percent Difference Q2 SFY 24 to Q2 SFY 25
State	51.7%	46.3%	43.2%	-3.0%	-8.5%
Central	46.2%	40.7%	38.8%	-1.9%	-7.4%
Eastern	42.7%	35.3%	33.7%	-1.6%	-9.0%
Northern	51.1%	46.0%	44.0%	-2.0%	-7.1%
Piedmont	57.8%	51.7%	46.7%	-5.1%	-11.1%
Western	63.1%	60.5%	54.9%	-5.6%	-8.3%

## IN-HOME SERVICES AND PREVENTION

### In-Home Data: Case Counts and Case Time Open

Source: SafeMeasures Case Type Time Open (2/3/25 extract); includes case types In-Home and Dual: In-Home and Foster Care \*data from previous report

- In-Home Case Counts decreased by 60 cases from the previous quarter. All regions except Central witnessed negative movement in case counts compared to the last quarter; Central increased by 3 cases from the previous quarter.
- The percent of In-Home Cases opened longer than 1 year increased by about 4.9% overall from last quarter when comparing to the repull of the data. When compared to the same quarter last year the proportion of cases open longer than a year increased by roughly 3%. Repulling the data shows that overall, this metric initially is higher when compared to the repull in the next quarter.



Data Table: Count of Distinct In-Home Cases

Data Table: Percentage Open More Than 12 Months

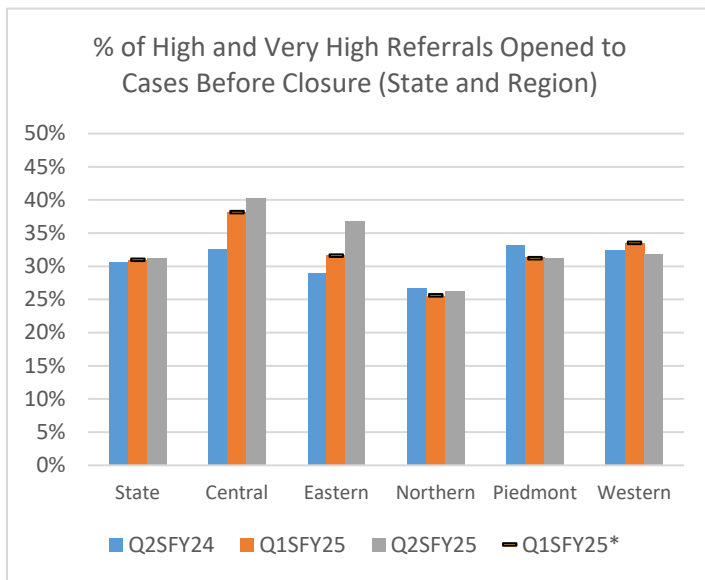
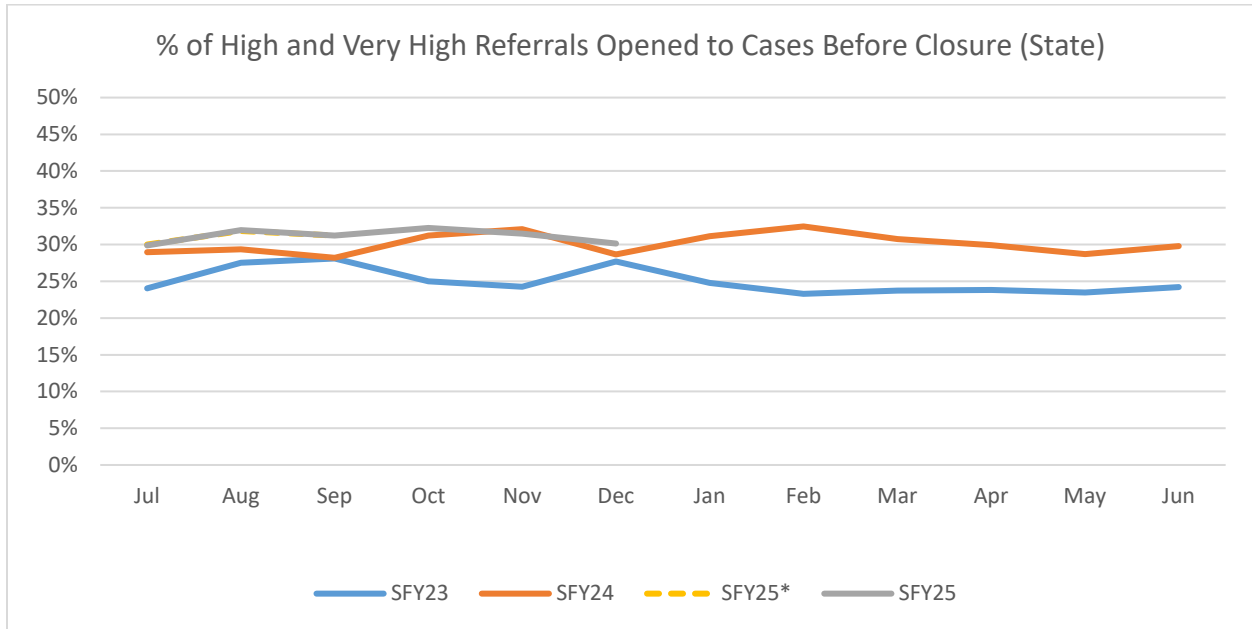
	Q2 SFY25	Difference from Q1 SFY25	Difference from Q2 SFY24		Q2 SFY25	% Difference Q1 SFY 25 to Q2 SFY 25	% Difference Q2 SFY 24 to Q2 SFY 25
<b>State</b>	2,777	-60	-85	<b>State</b>	18.8%	4.9%	3.1%
<b>Central</b>	355	2	3	<b>Central</b>	21.9%	6.2%	7.9%
<b>Eastern</b>	410	-1	-3	<b>Eastern</b>	15.5%	4.7%	-0.7%
<b>Northern</b>	734	-11	-27	<b>Northern</b>	27.0%	7.1%	9.3%
<b>Piedmont</b>	741	-53	-32	<b>Piedmont</b>	17.2%	4.3%	-0.6%
<b>Western</b>	540	4	-30	<b>Western</b>	9.0%	1.4%	-1.7%

## Appendix C-14: DFS Program Area Report: October - December 2024 (SFY25 Q2)

### High and Very High Referrals Opened to Cases before Closure

Source: SafeMeasures Referrals Opened to a Case Before Closure (2/4/25 extract) \*data from previous report

- The rate of case opening in high and very high referrals increased by 0.3% from the previous quarter; all regions except Piedmont and Western experienced an increase in this metric compared to the last quarter. The greatest absolute change in this metric was attributed to Eastern, at 5.2%. Interestingly, the greatest absolute change when compared to the same quarter of the last year was also attributed to Eastern, at 7.9%.



Data Table: % of High/Very High Opened to Cases

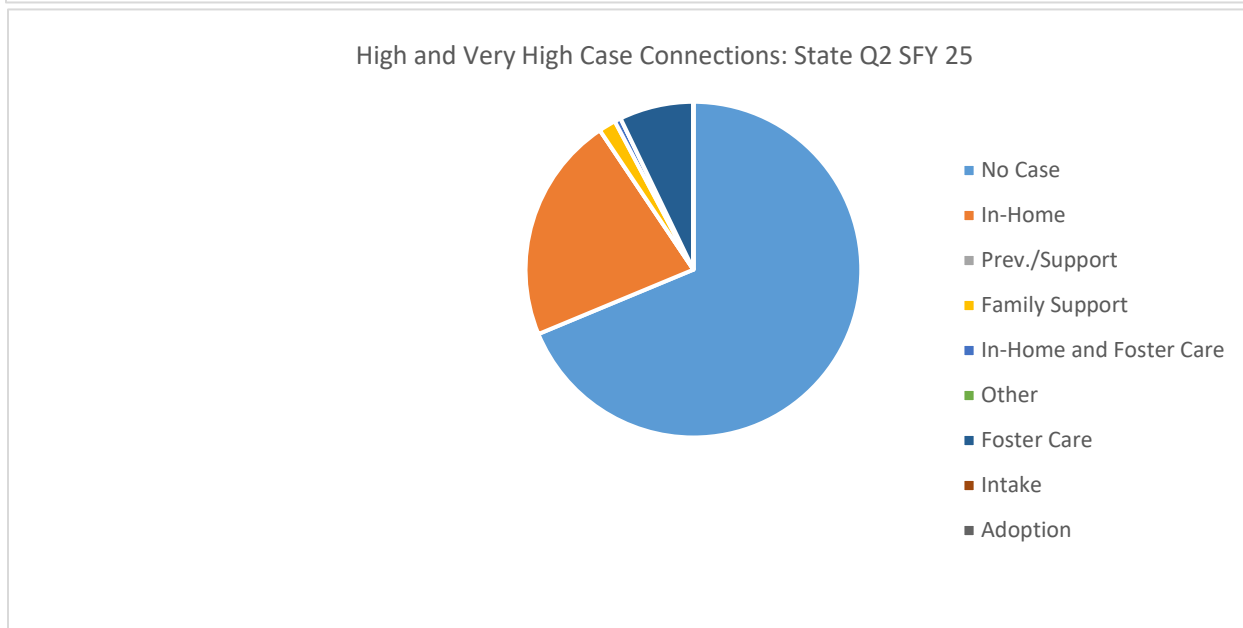
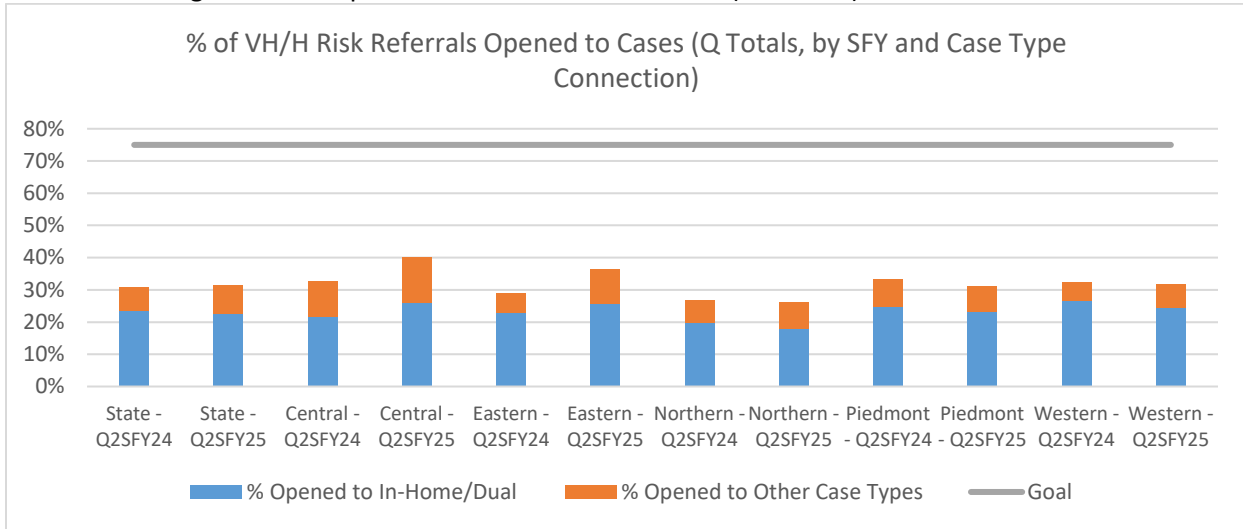
	Q2 SFY25	Percent Difference Q1 SFY 25 to Q2 SFY 25	Percent Difference Q2 SFY 24 to Q2 SFY 25
State	31.3%	0.3%	0.6%
Central	40.3%	2.1%	7.7%
Eastern	36.8%	5.2%	7.9%
Northern	26.3%	0.8%	-0.4%
Piedmont	31.3%	-0.1%	-2.0%
Western	31.8%	-1.8%	-0.6%

### High and Very High Referrals Openings to In-Home Cases

Source: SafeMeasures Referrals Opened to a Case Before Closure (2/4/25 extract)

- Statewide, In-Home case openings from high and very high referrals decreased by 0.3% from last quarter. Regionally, the smallest absolute difference from the previous quarter was Western at -0.7% while the greatest absolute difference was Western at 3.6%.

Appendix C-14: DFS Program Area Report: October - December 2024 (SFY25 Q2)



No Case	In-Home	Prev./Support	Family Support	In-Home and Foster Care	Other	Foster Care	Intake	Adoption
1453	462	0	35	13	0	151	0	0
68.7%	21.8%	0%	1.6%	0.6%	0%	7.1%	0%	0%

Data Table: Percentage of High and Very High Risk Referrals Opened to an In-Home/Dual Case Before Closure

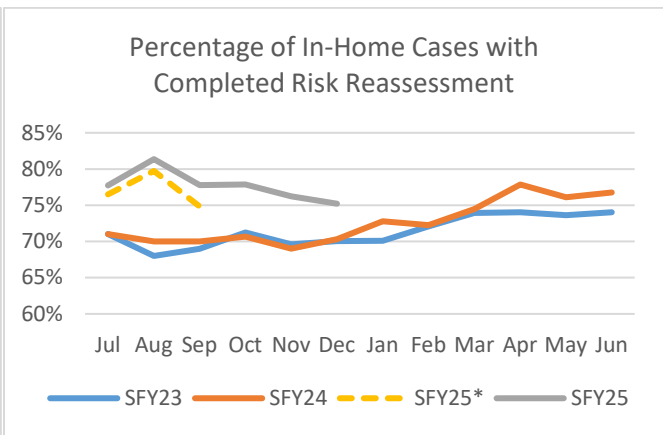
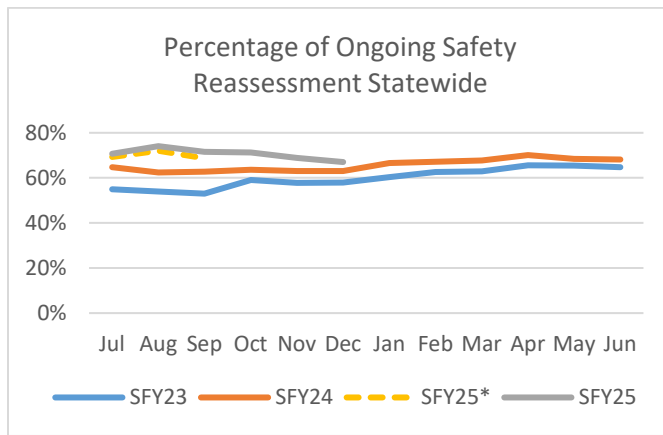
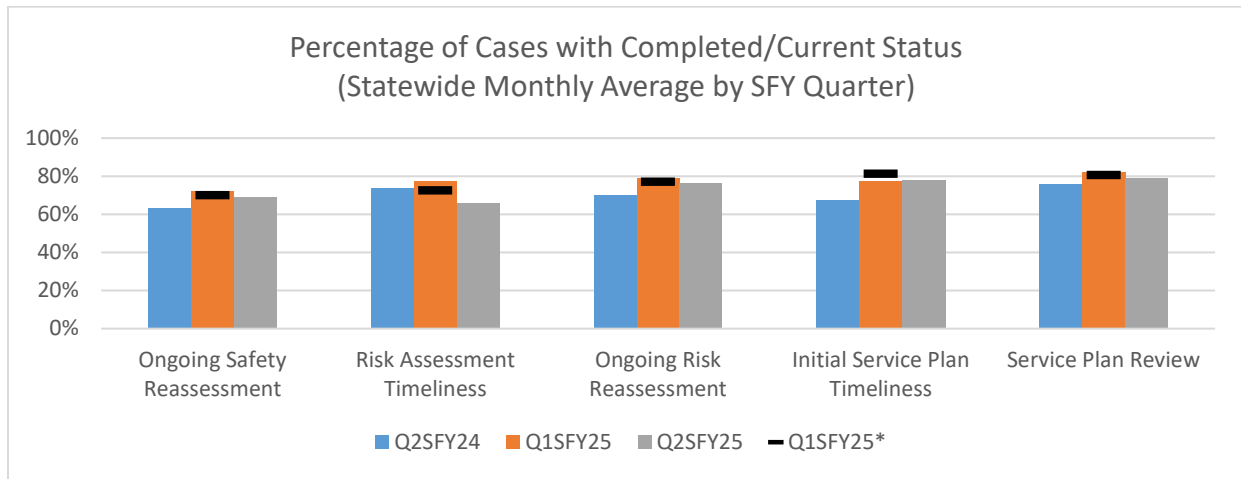
	Q2 SFY25 Totals	Percent Difference Q41SFY 25 to Q2 SFY 25	Percent Difference Q2 SFY 24 to Q2 SFY 25
<b>State</b>	22.5%	-0.3%	-1.0%
<b>Central</b>	26.0%	1.3%	4.3%
<b>Eastern</b>	25.6%	3.6%	2.8%
<b>Northern</b>	17.8%	-1.2%	-2.1%
<b>Piedmont</b>	23.2%	-1.0%	-1.6%
<b>Western</b>	24.5%	-0.7%	-2.2%

## Appendix C-14: DFS Program Area Report: October - December 2024 (SFY25 Q2)

### Suite of Tools General Compliance

Source: SafeMeasures Safety Assessment Timeliness, Ongoing Safety Assessment Status [In-Home Cases] and Risk Assessment Timeliness 2/5/25 to 2/6/25 extract, compliance view) \*data from previous report

- All SDM (Structured Decision Making) measures, except for Initial Service Plan Timeliness decreased in the first quarter of the state fiscal year when compared to the previous quarter.



Data Table: Percentage of Safety Reassessments and Risk Assessments Completion

Ongoing Safety Reassessment	Q2 SFY 25	Percent Difference Q1 SFY 25 to Q2 SFY 25	Percent Difference Q2 SFY 24 to Q2 SFY 25		Ongoing Risk Assessment	Q2 SFY 25	Percent Difference Q1 SFY 25 to Q2 SFY 25	Percent Difference Q2 SFY 24 to Q2 SFY 25
<b>State</b>	69.1%	-3.1%	5.8%		<b>State</b>	76.4%	-2.5%	6.4%
<b>Central</b>	63.1%	-5.2%	-3.1%		<b>Central</b>	67.4%	-6.2%	-7.9%
<b>Eastern</b>	79.2%	-1.4%	5.7%		<b>Eastern</b>	88.1%	0.1%	11.7%
<b>Northern</b>	69.3%	-5.7%	4.5%		<b>Northern</b>	76.2%	-3.4%	3.8%
<b>Piedmont</b>	67.4%	1.7%	15.9%		<b>Piedmont</b>	73.5%	0.2%	16.5%
<b>Western</b>	67.0%	-6.9%	-1.0%		<b>Western</b>	77.4%	-6.3%	-0.1%

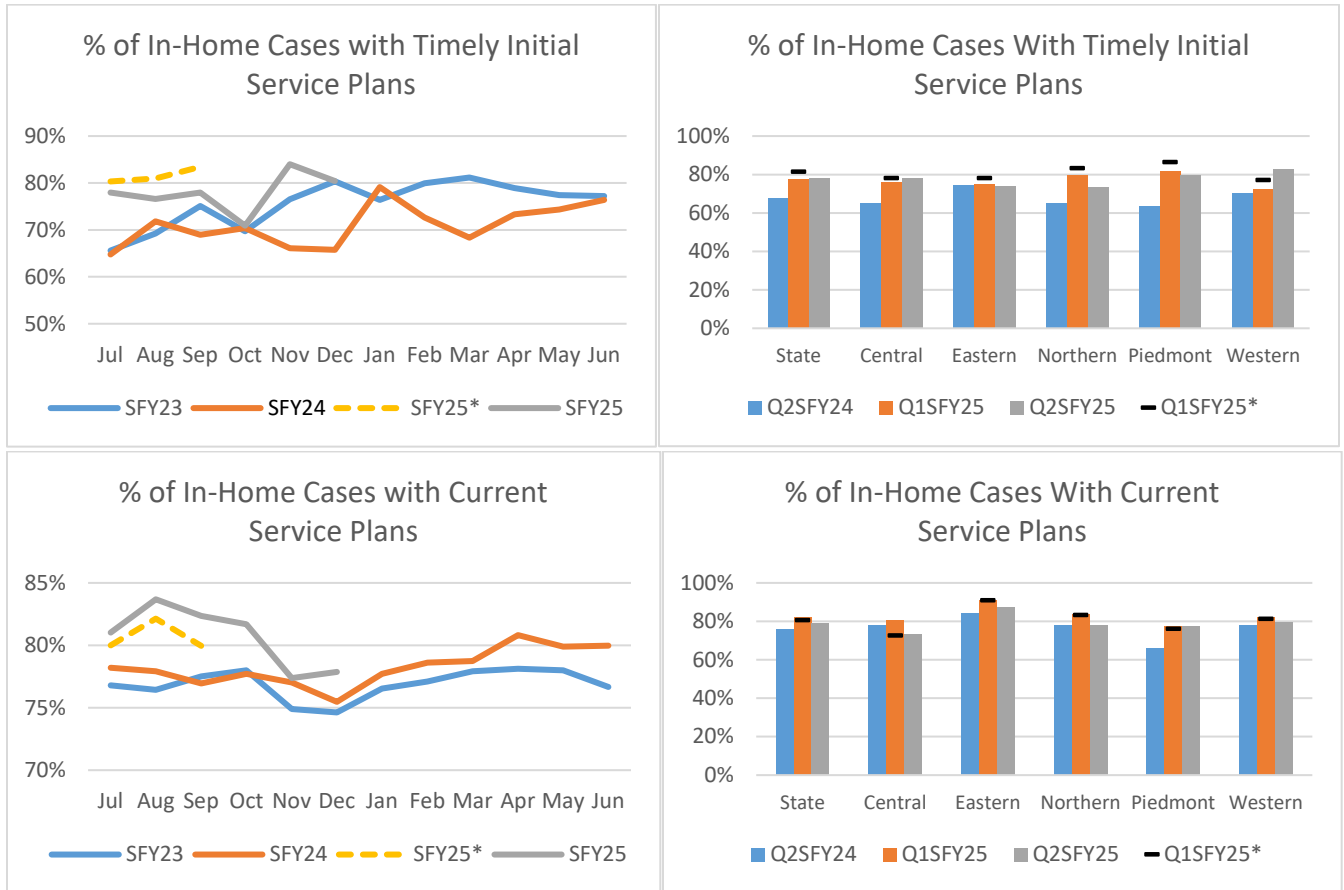
### Timely Initial Service Plans and Current Service Plan Reviews

Source: SafeMeasures In-Home Initial Service Plan Timeliness In-Home Service Plan Status 2/6/25 extract, compliance view) \*data from previous report

- For cases with case types of In-Home: Ongoing Services and Dual: In-Home and Foster Care, an initial service plan must be completed within 30 days of the case type start date.
- Statewide, there was an increase of less than 1 percent (0.6%) in the timeliness of initial service plans; Western experienced a sizeable increase (10.6%) when compared to the last quarter. Repulling the data showed that the actual values for Q1 SFY25 were higher than expected for several regions.

Appendix C-14: DFS Program Area Report: October - December 2024 (SFY25 Q2)

- The proportion of In-Home Cases with Current Service declined by 3.4% from the previous quarter when examined as a state. All regions witnessed this decline with the lone exception of Piedmont, where the difference from last quarter was roughly zero percent.



Data Table: Initial Service Plan Timeliness and Current Service Plan Status

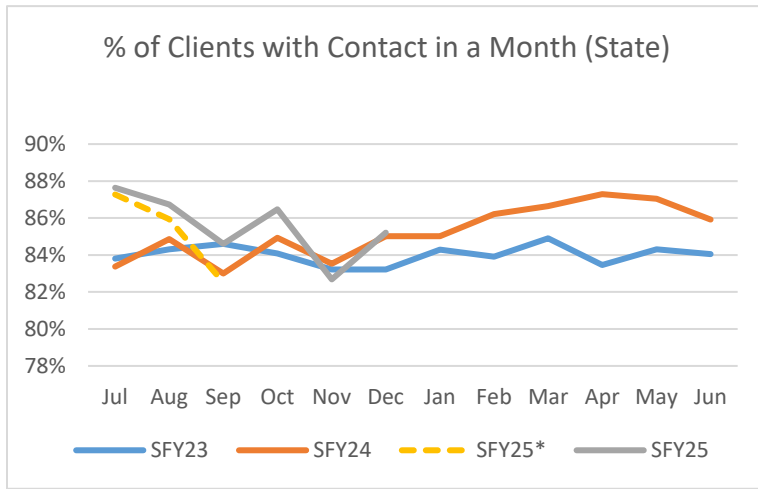
Initial Service Plan Timeliness	Q2 SFY 25	Percent Difference Q1 SFY 25 to Q2 SFY 25	Percent Difference Q2 SFY 24 to Q2 SFY 25		Current Service Plan Status	Q2 SFY 25	Percent Difference Q1 SFY 25 to Q2 SFY 25	Percent Difference Q2 SFY 24 to Q2 SFY 25
State	77.9%	0.4%	10.4%		State	79.0%	-3.4%	3.3%
Central	78.2%	2.3%	13.0%		Central	73.3%	-7.2%	-4.9%
Eastern	73.7%	-1.3%	-0.5%		Eastern	87.2%	-3.6%	3.2%
Northern	73.5%	-6.2%	8.3%		Northern	77.8%	-6.0%	-0.3%
Piedmont	79.7%	-2.0%	16.1%		Piedmont	77.5%	0.0%	11.5%
Western	83.0%	10.6%	12.5%		Western	79.7%	-2.3%	1.8%

## Appendix C-14: DFS Program Area Report: October - December 2024 (SFY25 Q2)

### Engagements: Case Client Contacts

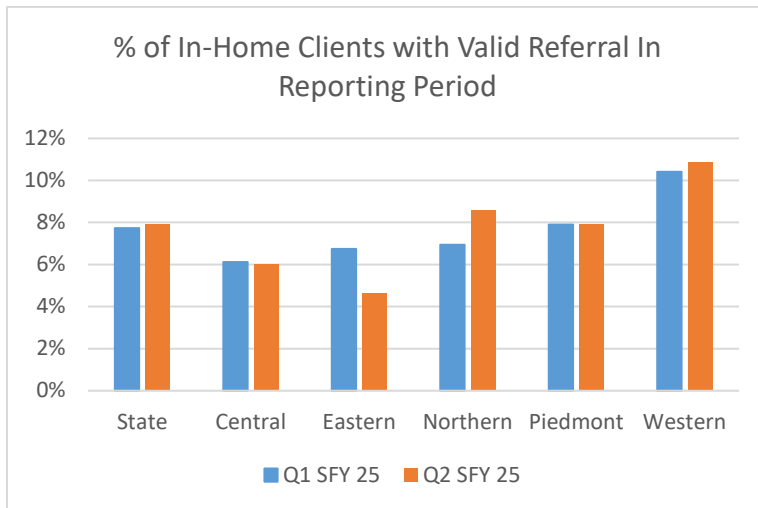
Source: SafeMeasures In-Home Case Contacts (2/10/25 extract, compliance view) and ROASIS (2/11/25 extract) \*data from previous report

- Case Contacts have continued to remain above 80% for the past several state fiscal quarters. However, the numbers experienced a slight decline from the previous quarter. Only Piedmont saw their proportion of required contacts increase.



Data Table: Percentage of Clients with Contact in Quarter

	Q2 SFY 25	Percent Difference Q1 SFY 25 to Q2 SFY 25	Percent Difference Q2 SFY 24 to Q2 SFY 25
<b>State</b>	84.8%	-1.5%	0.3%
<b>Central</b>	80.6%	-2.7%	-6.9%
<b>Eastern</b>	91.1%	-3.6%	0.0%
<b>Northern</b>	82.7%	-2.1%	-5.0%
<b>Piedmont</b>	86.2%	0.8%	11.1%
<b>Western</b>	83.4%	-1.7%	-1.4%



Data Table: % of Clients with Valid Referral in Quarter

	Q2 SFY25	% Diff Q1 SFY25 to Q2 SFY25
<b>State</b>	7.9%	0.2%
<b>Central</b>	6.0%	-0.1%
<b>Eastern</b>	4.6%	-2.2%
<b>Northern</b>	8.6%	1.7%
<b>Piedmont</b>	7.9%	0.0%
<b>Western</b>	10.9%	0.5%

### Race and Ethnicity of In-Home Services Population

Source: SafeMeasures In-Home Case Contacts (2/12/2025 extract, compliance view)

Data Table: Population of Clients by Race

Race	Percent (%)
American Indian/Alaskan Native	0.1%
Asian	0.9%
Black	24.2%
Declined	0.3%
Multi-Race	5.9%
Native Hawaiian/Pacific Islander	0.2%
Unable to Determine	<0.1%
Unknown	6.0%
White	62.5%

Data Table: Population of Clients by Ethnicity

Ethnicity	Percent (%)
Declined	0.1%
Hispanic	0.9%
Not Hispanic	24.2%
Unable to Determine	0.3%
Unknown-Abandonment	5.9%

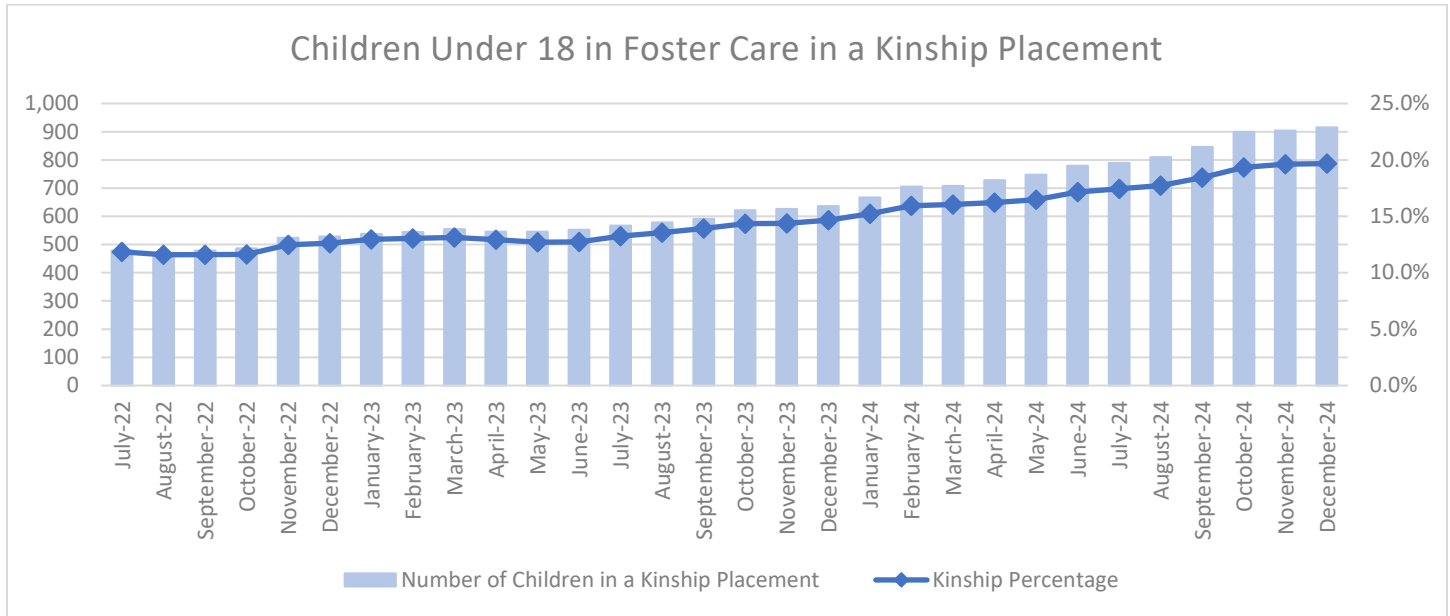


## DFS Objective and Key Results (OKRs)

The data below is from the Division of Family Services Objective and Key Results (OKRs) that are reported each month. The data is a point-in-time measure pulled on Thursday of the second full week of the month for the most recently completed month (i.e. January data will be pulled in February). The data in the OKRs is not updated after the initial pull, more recent data for some of the OKR measures is included in the respective program areas in this report.

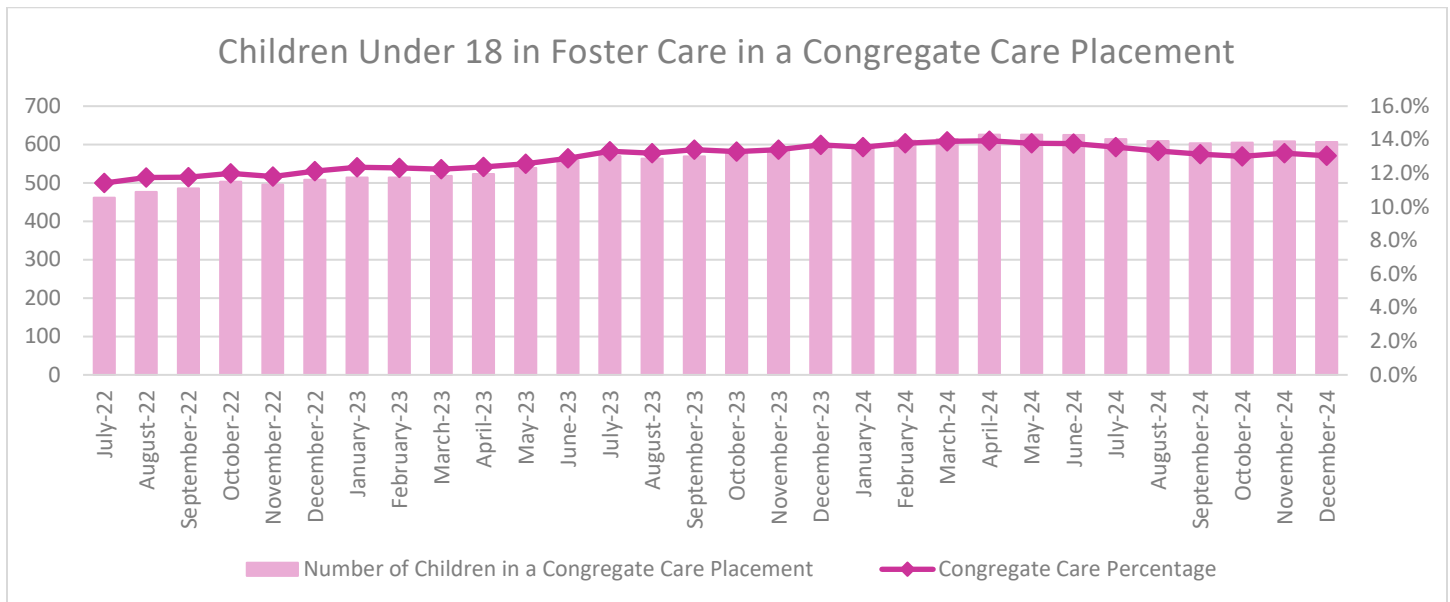
### Children under 18 in foster care in a Kinship Placement

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.



### Children under 18 in foster care in a Congregate Care Placement

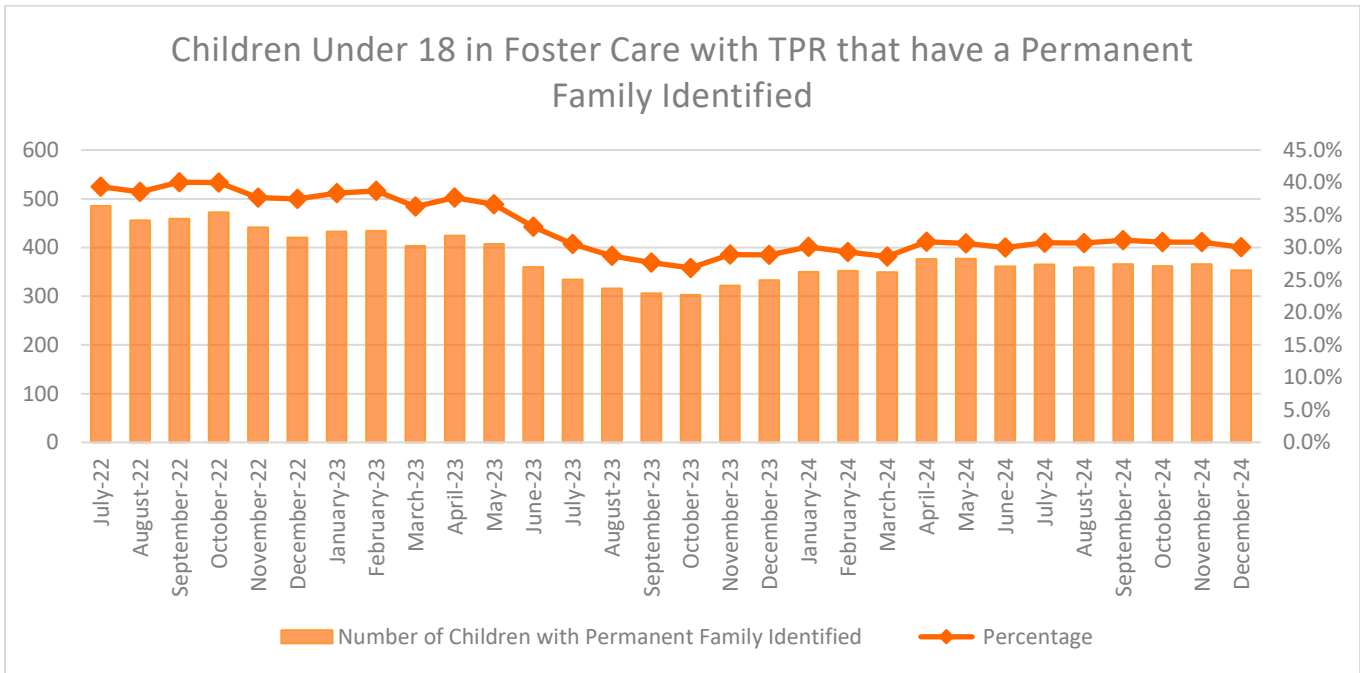
Source: SafeMeasures - Care Types (Subset: Children Under 18, Case Type: Foster Care, In-Home and Foster Care). Congregate care includes Group Homes, Residential (CRF), QRTP, Pregnant/Parenting Youth Program, and Family Based Substance Abuse Treatment. Placement is based on most recent placement at the 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.



Appendix C-14: DFS Program Area Report: October - December 2024 (SFY25 Q2)

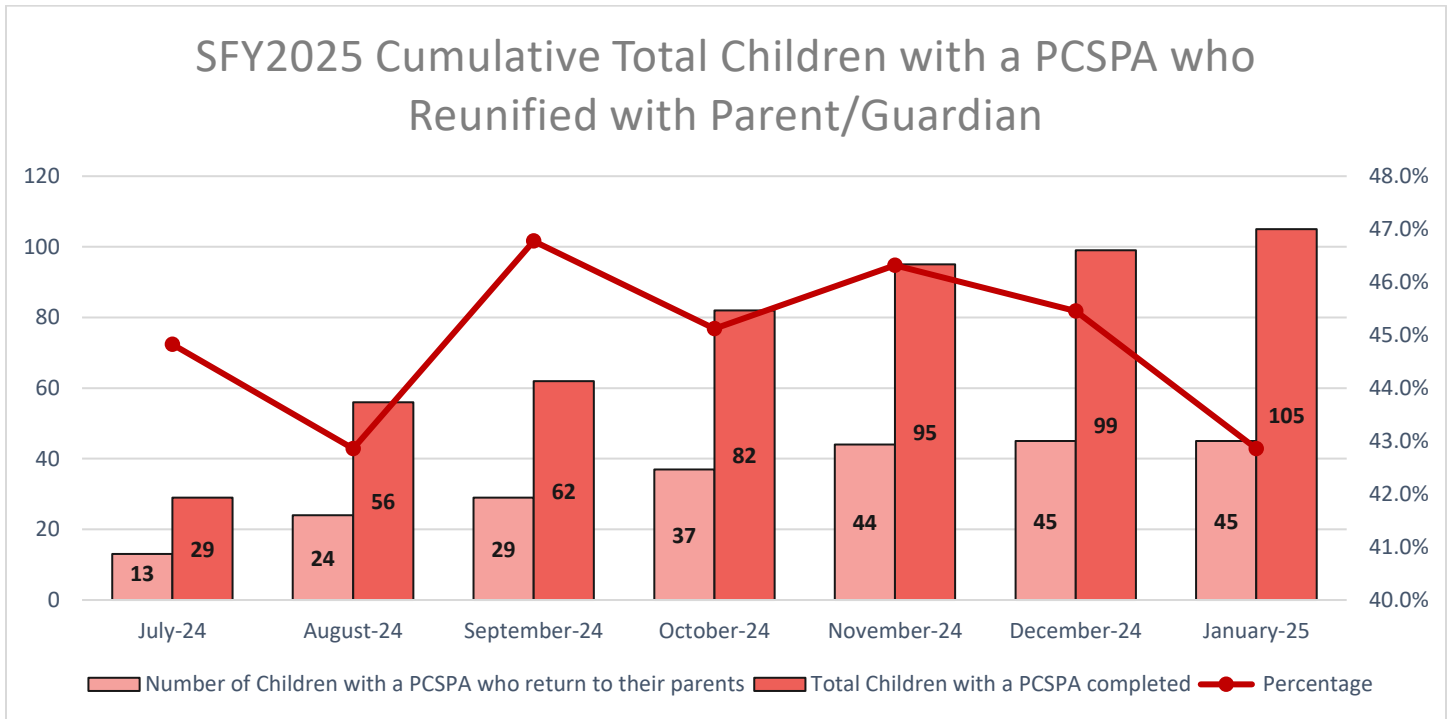
Children with Goal of Adoption and TPR Achieved with a Permanent Family Identified

Source: TPR achieved and adoptive family identified: SafeMeasures TPR Status (Subset 0-17 years old; extract dates: data is typically pulled on Thursday of the second full week of the month). TPR achieved includes the categories TPR Ordered: Non-Adoptive, TPR Ordered: Pre-Adoptive, and Adoption Non-Finalized. The status of TPR Ordered: Pre-Adoptive and Adoption Non-Finalized indicate an adoptive family is identified. Percent is calculated by the sum of children with an adoptive family identified with TPR divided by sum of children that achieved TPR.



Children with a Parental Child Safety Placement Agreement (PCSPA) who return to their parents

Source: OASIS Note: This data is a cumulative number of children with a PCSPA in SFY25 (July 2024 - June 2025). Each monthly update will include the new total number of children with a PCSPA that reunified and total children with a PCSPA that ended since the start of SFY25. The data is as of the extract date for the month and is not updated after the initial pull.



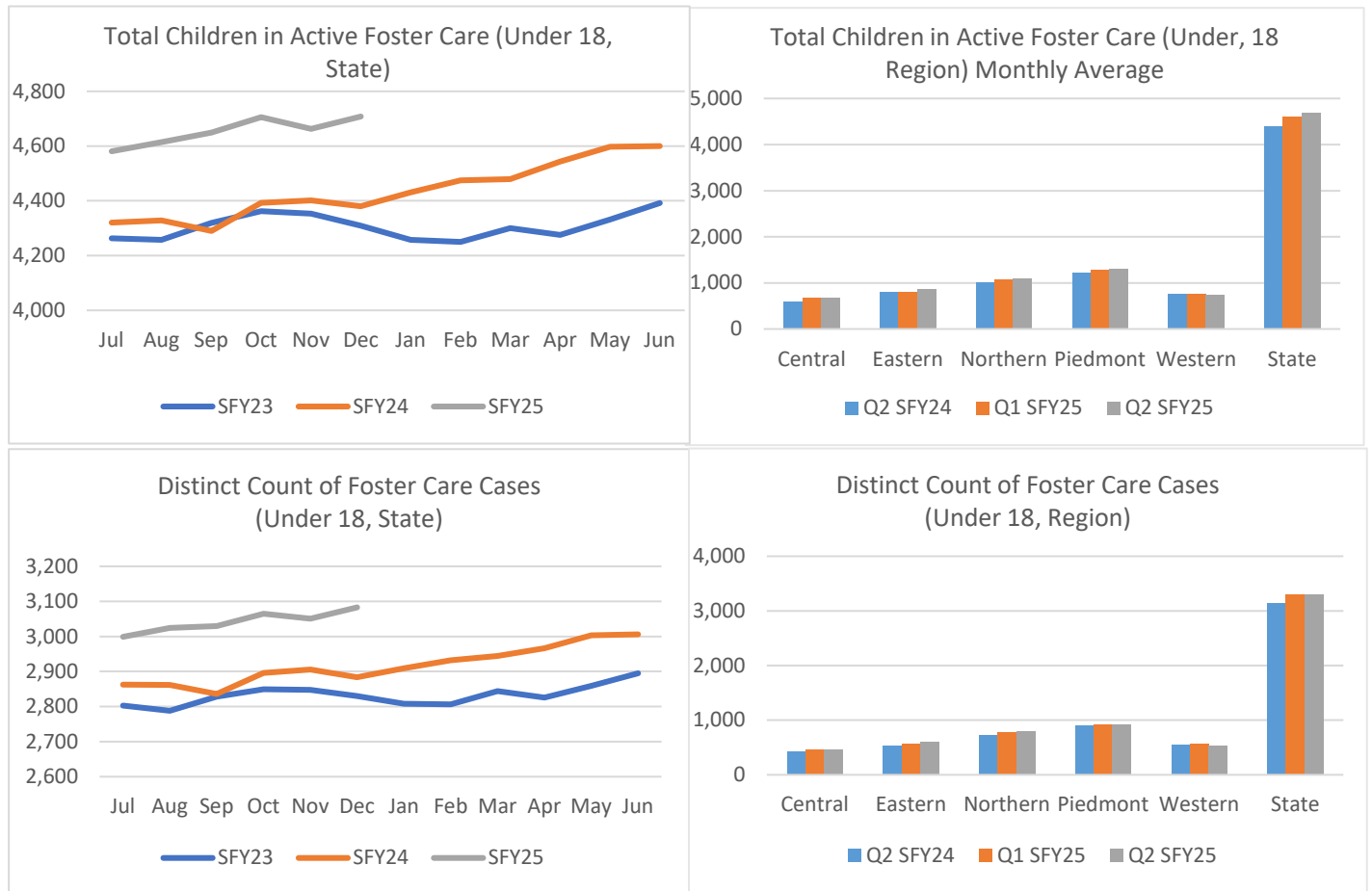
## PERMANENCY PROGRAM

The data in this section is updated as of the refresh or extract date and may differ from the data in the OKRs.

### Number of Children Under 18 in Foster Care

Source: Kin First Now Power BI Dashboard (KFN05, refresh 2/10/2025). Total children reflect the number of children under 18 in foster care during the month. The count of distinct foster care cases reflects the number of unique Case IDs in the time period (case types included: Foster Care and Dual (In-Home and Foster Care)).

- In Q2 SFY25, there were more children under 18 in foster care compared to the same months in the previous year.
- Foster care case counts (including Foster Care and Dual In-Home Foster Care case types) increased from the previous quarter.
- The Western region saw a decrease in total children in care and foster care cases this quarter compared to last quarter.



Data Table: Total Children Under 18 in Care and Count of Foster Care Cases

Monthly Average Total Children in Care Under 18	Q2 SFY25 Average	Change from Q2 SFY25 to Q1 SFY25	Change from Q2 SFY25 to Q2 SFY24	Distinct Count of Foster Care Cases	Q2 SFY25 Total	Change from Q2 SFY25 to Q1 SFY25	Change from Q2 SFY25 to Q2 SFY24
Central	676	7	76	Central	463	1	40
Eastern	870	60	71	Eastern	596	37	65
Northern	1,096	14	87	Northern	791	7	66
Piedmont	1,301	20	84	Piedmont	919	1	13
Western	749	-24	-18	Western	540	-32	-14
State	4,692	77	301	State	3,309	14	170

### New Entries into Foster Care

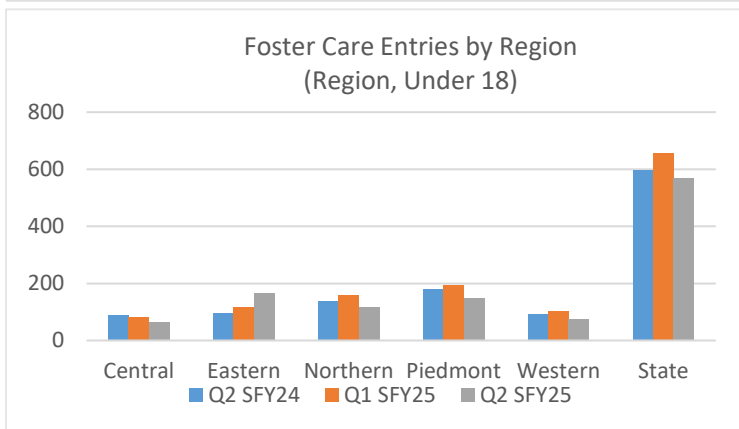
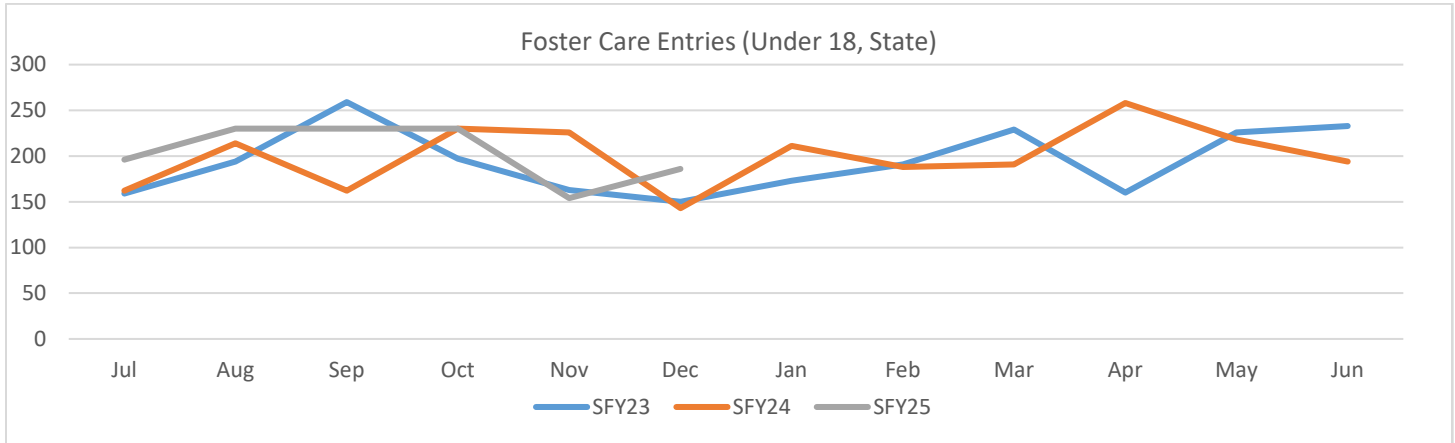
Sources: Kin First Now Power BI Dashboard (KFN06, OASIS 2/10/2025 refresh). Entries reflect the count of children with removal dates in the month reported. Percentage first placed in congregate care is calculated by children first placed in congregate care (includes group home, residential (CRF), QRTF, and Pregnant/Parenting Youth Program) divided by the total number of

**Appendix C-14: DFS Program Area Report: October - December 2024 (SFY25 Q2)**

children who entered during the same time. Percentage first placed in kinship is calculated by children first placed in a kinship placement (includes relative and fictive kin placements) divided by the total number of children who entered during the same time.

**Number of New Entries**

- Foster care entries under 18 decreased this quarter when compared to the previous quarter.
- Only the Eastern region saw an increase in foster care entries this quarter when compared to the previous quarter.

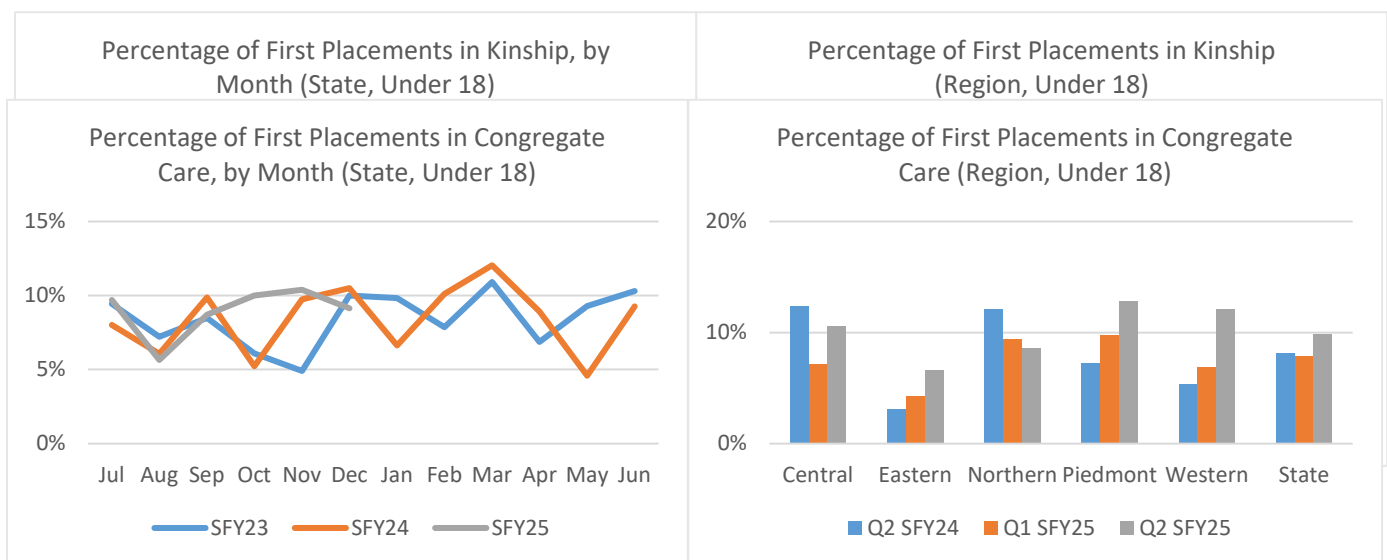


**Data Table: Monthly Entries Under 18**

	Q2 SFY25 Totals	Change from Q2 SFY25 to Q1 SFY25	Change from Q2 SFY25 to Q2 SFY24
<b>Central</b>	66	-18	-23
<b>Eastern</b>	166	50	69
<b>Northern</b>	116	-43	-24
<b>Piedmont</b>	148	-47	-32
<b>Western</b>	74	-28	-19
<b>State</b>	570	-86	-29

**First Placement for New Entries into Foster Care**

- The percentage of children first placed in a kinship placement is higher this quarter when compared to the previous quarter and the same quarter last year. This quarter 20.9% of new entries were first placed in a kinship placement.



- The percentage of children first placed in congregate care is slightly higher this quarter when compared to the previous quarter. This quarter 9.8% of new entries were first placed in a congregate care placement.

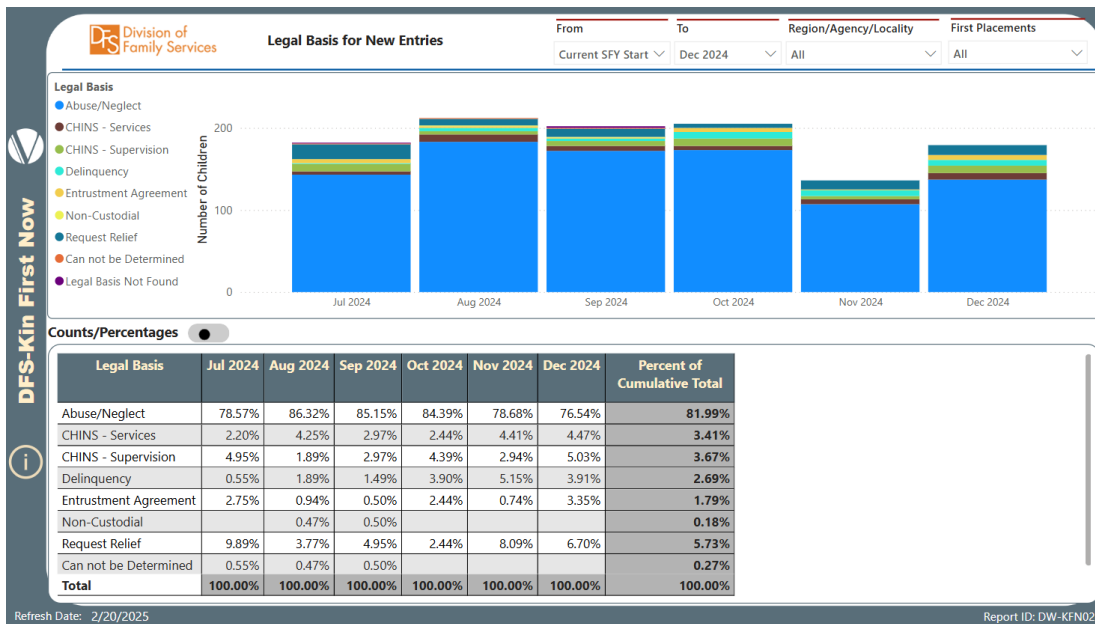
Appendix C-14: DFS Program Area Report: October - December 2024 (SFY25 Q2)

Data Table: First Placement for New Entries into Foster Care

First Placement - Congregate Care	Q2 SFY25	% Diff Q2 SFY25 to Q1 SFY25	% Diff Q2 SFY25 to Q2 SFY24		First Placement - Kinship	Q2 SFY25	% Diff Q2 SFY25 to Q1 SFY25	% Diff Q2 SFY25 to Q2 SFY24
Central	10.61%	3.46%	-1.75%		Central	27.27%	-8.44%	19.41%
Eastern	6.63%	2.32%	3.53%		Eastern	22.29%	11.08%	8.89%
Northern	8.62%	-0.81%	-3.52%		Northern	17.24%	0.26%	7.96%
Piedmont	12.84%	3.09%	5.62%		Piedmont	21.62%	-4.53%	7.18%
Western	12.16%	5.30%	6.79%		Western	16.22%	1.51%	-3.14%
State	9.82%	1.90%	1.64%		State	20.88%	0.15%	8.02%

Legal Basis for New Entries into Foster Care

- In Q1 SFY25, abuse/neglect was the most common legal basis for children first placed in a kinship placement and children first placed in congregate care.



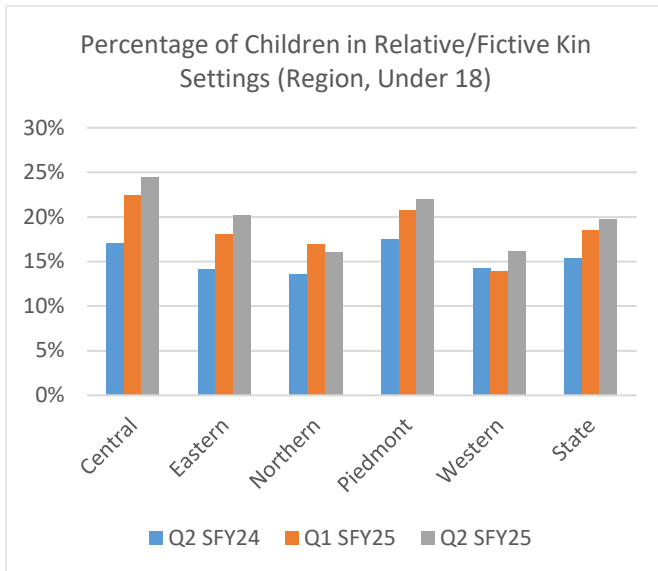
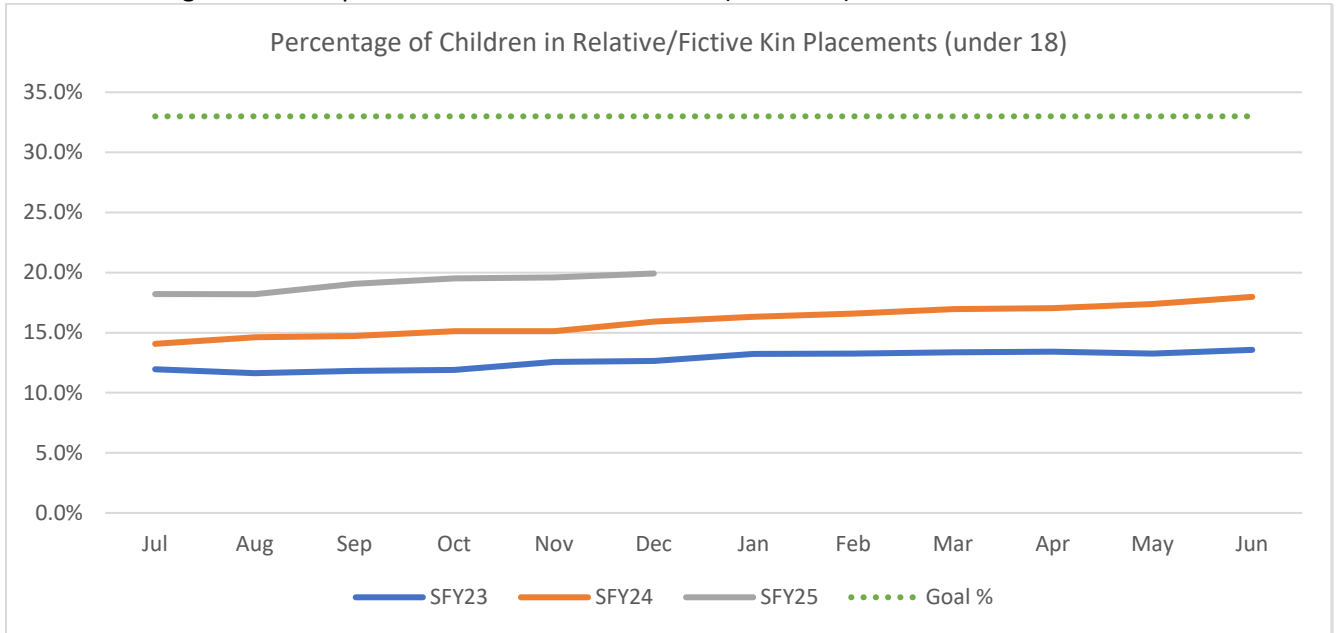
Placements for Children Under 18

Relative/Fictive Kin Placement Settings

Source: Kin First Now Power BI Dashboard (KFN05, refresh 2/10/2025). Percentage was calculated by dividing number of children in relative/fictive kin placements by total children in care during the report month(s). Relative/Fictive Kin placements include the following care types: LCPA Foster Home, Fictive Kin; LCPA Foster Home, Relative; LDSS Foster Home, Fictive Kin; LDSS Foster Home, Relative.

- Overall, the percentage of children in a kinship placement during the month this quarter increased when compared to the previous quarter and same quarter last year.
- The Eastern Region saw the largest increase this quarter when compared to the previous quarter.

Appendix C-14: DFS Program Area Report: October - December 2024 (SFY25 Q2)



Data Table: Children under 18 in Foster Care Placed in Relative/Fictive Kin Setting

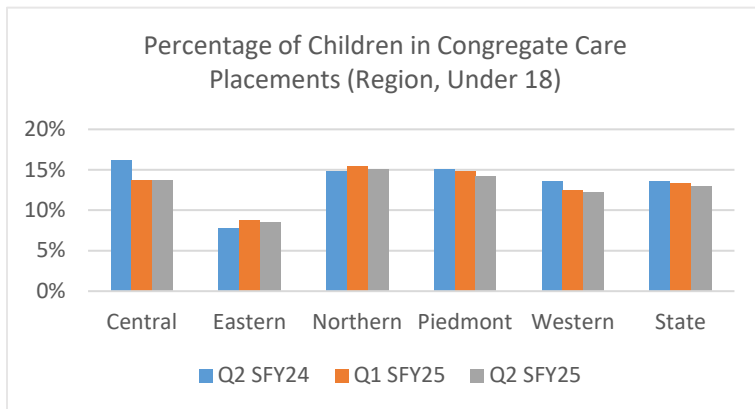
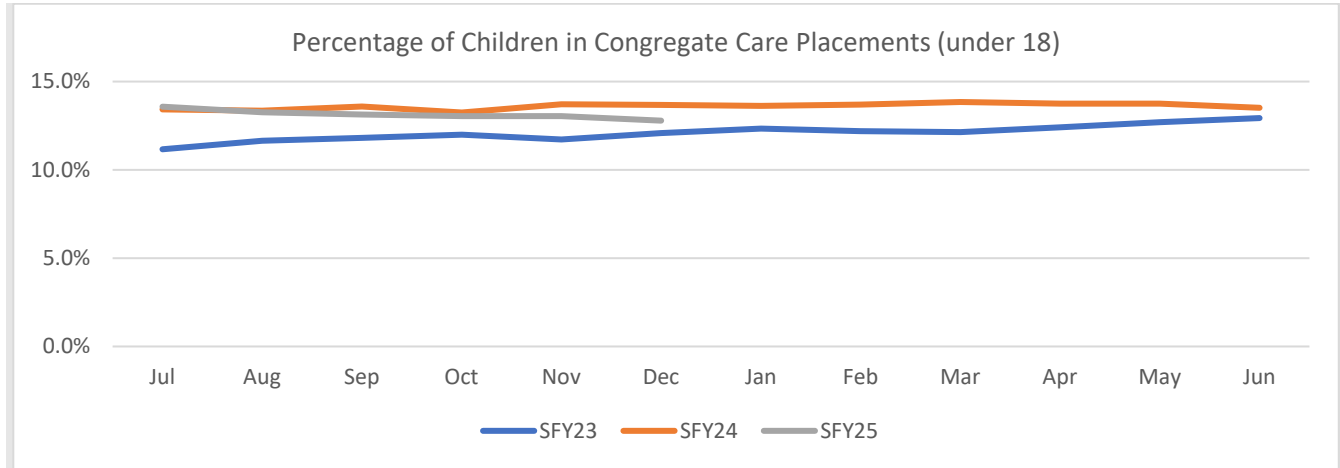
	Q2 SFY25 Avg	% Diff from Q2 SFY25 to Q1 SFY25	% Diff from Q2 SFY25 to Q2 SFY24
<b>Central</b>	24.4%	2.04%	7.39%
<b>Eastern</b>	20.2%	2.17%	6.08%
<b>Northern</b>	16.0%	-0.89%	2.38%
<b>Piedmont</b>	22.0%	1.21%	4.48%
<b>Western</b>	16.1%	2.14%	1.82%
<b>State</b>	19.7%	1.19%	4.30%

## Appendix C-14: DFS Program Area Report: October - December 2024 (SFY25 Q2)

### Congregate Care Placement Settings

Source: Kin First Now Power BI Dashboard (KFN05, refresh 2/10/2025). Percentage calculated by dividing number of children in congregate care by all other children in care during that time period. Congregate Care includes the following care types: Group Home, Residential (CRF), Q RTP, and Pregnant/Parenting Youth Program.

- The percentage of children in congregate care slightly decreased this quarter when compared to the previous quarter and the same quarter last year.
- The Northern region had the highest percentage of children placed in congregate care and the Eastern had the lowest.



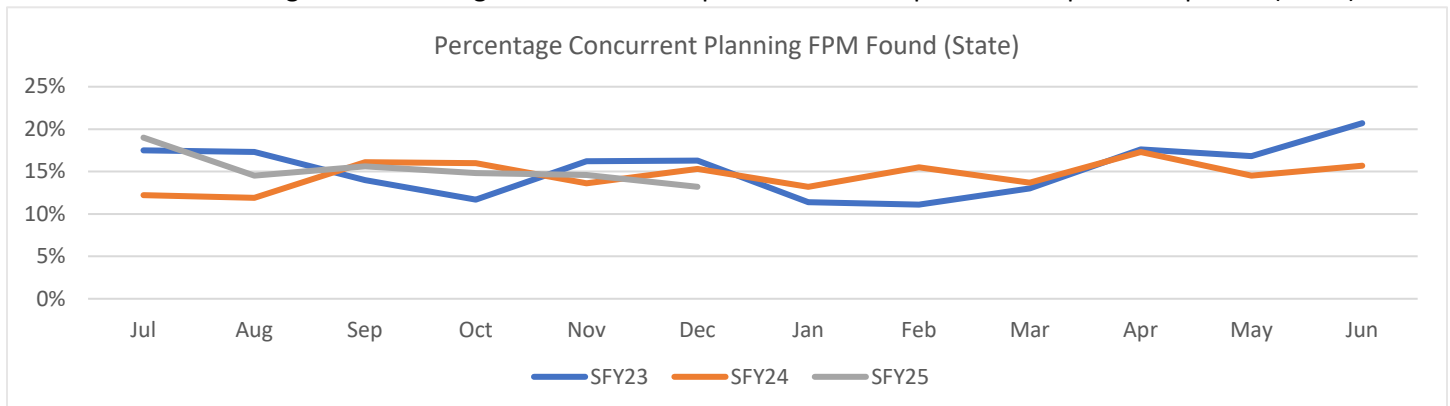
Data Table: Children under 18 in Foster Care Placed in Congregate Care Placements

	Q2 SFY25 Avg	% Diff from Q2 SFY25 to Q1 SFY25	% Diff from Q2 SFY25 to Q2 SFY24
<b>Central</b>	13.7%	-0.09%	-2.51%
<b>Eastern</b>	8.5%	-0.18%	0.82%
<b>Northern</b>	15.0%	-0.41%	0.19%
<b>Piedmont</b>	14.2%	-0.56%	-0.79%
<b>Western</b>	12.2%	-0.18%	-1.31%
<b>State</b>	13.0%	-0.37%	-0.59%

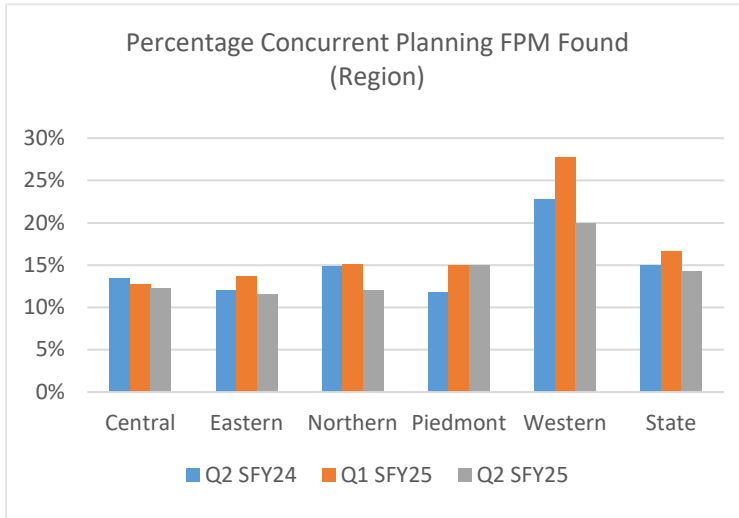
### Family Partnership Meetings for Concurrent Planning

Source: SafeMeasures Case FPMs for Concurrent Planning (2/17/2025 extract) which addresses the foster care review and permanency planning hearing only. This does not include information on the first court review.

- The percentage of FPMs for concurrent planning decreased this quarter when compared to the previous quarter and when compared to the same quarter last year.
- The Western region saw the largest decrease this quarter when compared to the previous quarter (-7.7%).



Appendix C-14: DFS Program Area Report: October - December 2024 (SFY25 Q2)



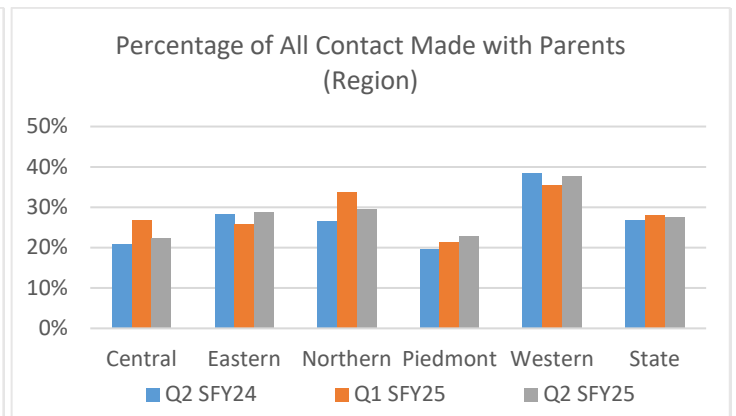
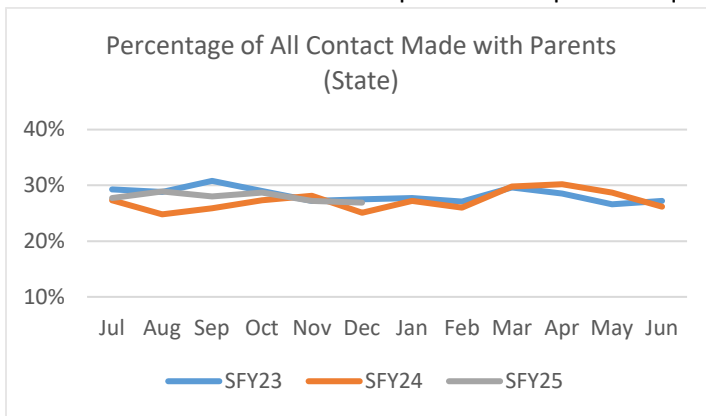
Data Table: Percentage Concurrent Planning FPM Found

	Q2 SFY25 Monthly Avg	% Diff from Q2 SFY25 to Q1 SFY25	% Diff from Q2 SFY25 to Q2 SFY24
<b>Central</b>	12.24%	-0.50%	-1.25%
<b>Eastern</b>	11.59%	-2.08%	-0.41%
<b>Northern</b>	12.03%	-3.04%	-2.84%
<b>Piedmont</b>	15.01%	0.11%	3.28%
<b>Western</b>	20.00%	-7.70%	-2.77%
<b>State</b>	14.18%	-2.40%	-0.79%

Monthly Child Visits with Family Members

Source: SafeMeasures Monthly Client Visits with Family Members (2/17/2025 extract, under 18, compliance view; \*data from previous report)

- The percentage of all contact made with parents decreased this quarter when compared to previous quarter and increased compared to the same quarter last year.
- The Eastern, Piedmont, and Western regions increased when compared to the previous quarter. Central and Northern decreased compared to the previous quarter.



Data Table: Child Monthly Visits with Family Members & Worker Visits with Parent(s)

Percentage of Monthly Client Visits with Family Members

	Q2 SFY25 Monthly Avg	% Diff from Q2 SFY25 to Q1 SFY25	% Diff from Q2 SFY25 to Q2 SFY24
<b>Central</b>	27.79%	-5.85%	-6.34%
<b>Eastern</b>	29.77%	-3.17%	-4.79%
<b>Northern</b>	37.60%	-4.45%	-7.91%
<b>Piedmont</b>	37.06%	-0.53%	-0.90%
<b>Western</b>	38.91%	-8.41%	-9.37%
<b>State</b>	34.59%	-4.01%	-5.82%

Percentage of All Contact Made with Parents (Children with Reunification Goal)

	Q2 SFY25 Monthly Avg	% Diff from Q2 SFY25 to Q1 SFY25	% Diff from Q2 SFY25 to Q2 SFY24
<b>Central</b>	22.27%	-4.60%	1.32%
<b>Eastern</b>	28.69%	2.96%	0.48%
<b>Northern</b>	29.58%	-4.33%	3.01%
<b>Piedmont</b>	22.83%	1.52%	3.24%
<b>Western</b>	37.61%	2.20%	-0.85%
<b>State</b>	27.60%	-0.60%	0.80%

- The average monthly client visits with family members occurring this quarter was 36.2%. Every region saw a decrease from last quarter; with Central having the smallest decrease.

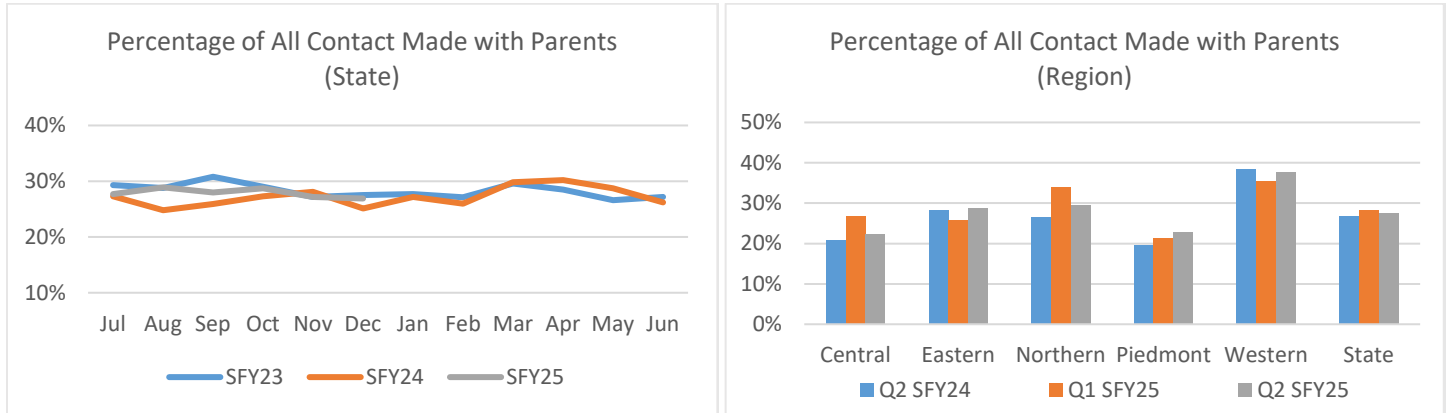


Appendix C-14: DFS Program Area Report: October - December 2024 (SFY25 Q2)

Monthly Contacts with Parents (Children with Reunification Goal)

Source: SafeMeasures Contacts with Parents (2/17/2025 extract, compliance view, under 18)

- The percentage of all contact made with parents decreased this quarter when compared to previous quarter and increased compared to the same quarter last year.
- The Eastern, Piedmont, and Western regions increased when compared to the previous quarter. Central and Northern decreased compared to the previous quarter.



**Data Table: Child Monthly Visits with Family Members & Worker Visits with Parent(s)**

Percentage of Monthly Client Visits with Family Members

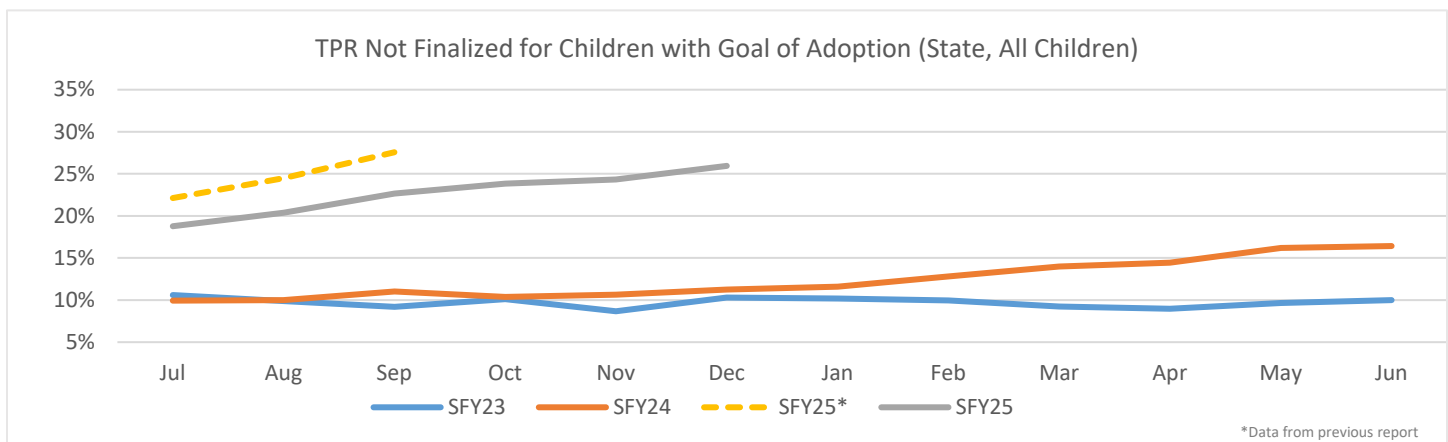
Percentage of All Contact Made with Parents (Children with Reunification Goal)

	Q2 SFY25 Monthly Avg	% Diff from Q2 SFY25 to Q1 SFY25	% Diff from Q2 SFY25 to Q2 SFY24		Q2 SFY25 Monthly Avg	% Diff from Q2 SFY25 to Q1 SFY25	% Diff from Q2 SFY25 to Q2 SFY24
<b>Central</b>	27.79%	-5.85%	-6.34%	<b>Central</b>	22.27%	-4.60%	1.32%
<b>Eastern</b>	29.77%	-3.17%	-4.79%	<b>Eastern</b>	28.69%	2.96%	0.48%
<b>Northern</b>	37.60%	-4.45%	-7.91%	<b>Northern</b>	29.58%	-4.33%	3.01%
<b>Piedmont</b>	37.06%	-0.53%	-0.90%	<b>Piedmont</b>	22.83%	1.52%	3.24%
<b>Western</b>	38.91%	-8.41%	-9.37%	<b>Western</b>	37.61%	2.20%	-0.85%
<b>State</b>	34.59%	-4.01%	-5.82%	<b>State</b>	27.60%	-0.60%	0.80%

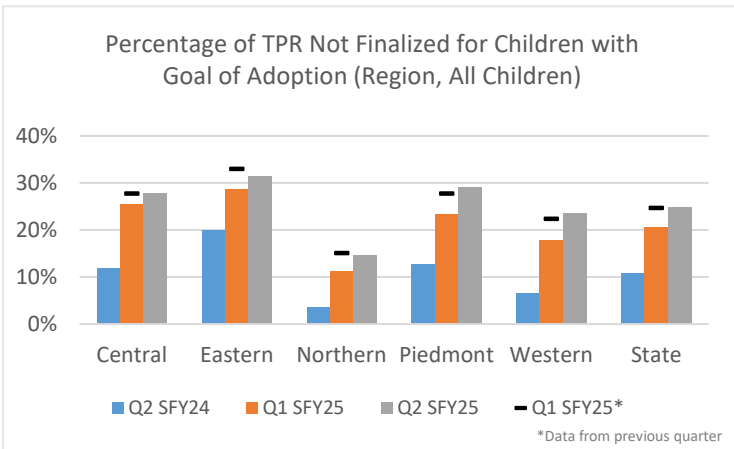
Goal of Adoption and TPR Status

Source: TPR Not Finalized: SafeMeasures TPR Status (2/10/2025 extract; \*Data from previous quarter). TPR not finalized includes the categories TPR not filed, TPR Filed: Not Ordered, TPR Ordered: with appeal, TPR denied/overturn, and parent missing from TPR.

- The percentage of children with a goal of adoption that do not have their TPR finalized increased every month in the current quarter. The Eastern region had the highest percentage of children with TPR not finalized this quarter.



Appendix C-14: DFS Program Area Report: October - December 2024 (SFY25 Q2)



**Data Table:** Percentage of TPR Not Filed for Children with Adoption Goal

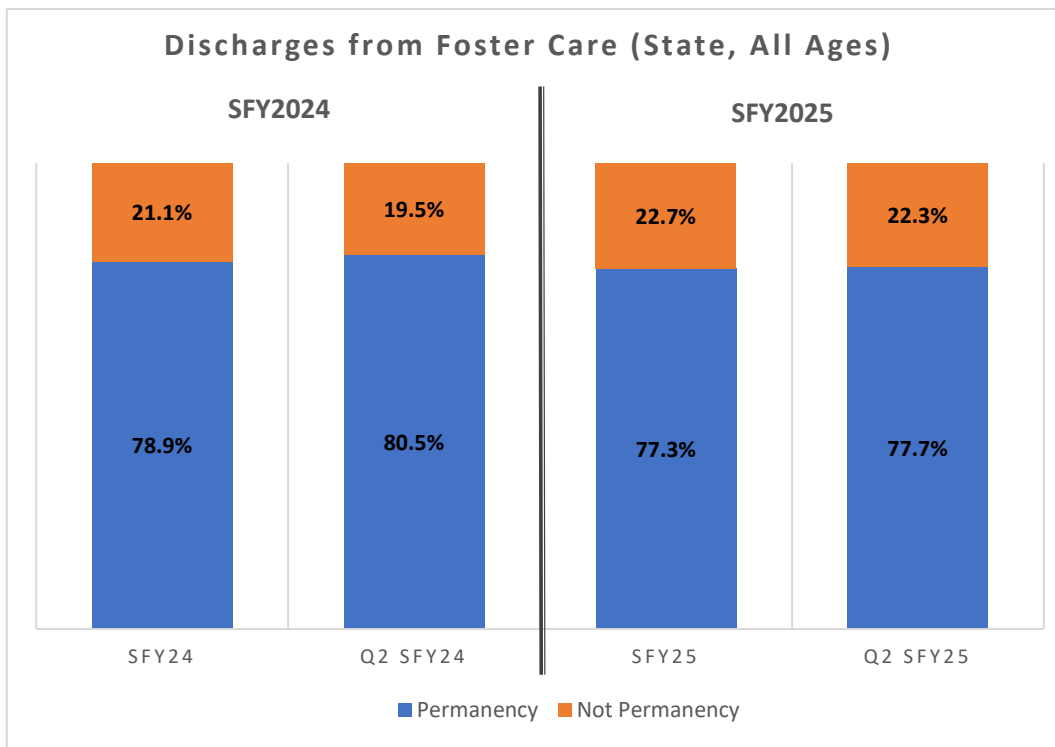
	Q2 SFY25 Monthly Avg	% Diff from Q2 SFY25 to Q1 SFY25	% Diff from Q2 SFY24 to Q2 SFY24
<b>Central</b>	27.8%	2.4%	15.9%
<b>Eastern</b>	31.3%	2.7%	11.4%
<b>Northern</b>	14.5%	3.3%	11.0%
<b>Piedmont</b>	29.1%	5.9%	16.5%
<b>Western</b>	23.6%	5.8%	17.1%
<b>State</b>	24.7%	4.1%	13.9%

Discharges from Foster Care

Source: SafeMeasures Scorecard – Discharges to Permanency (2/10/2025 extract). Data reflects the count discharged during the respective month and year determined by the discharge date. This report pulls the most recent discharge if the youth discharged more than once in the year.

Discharges to Permanency

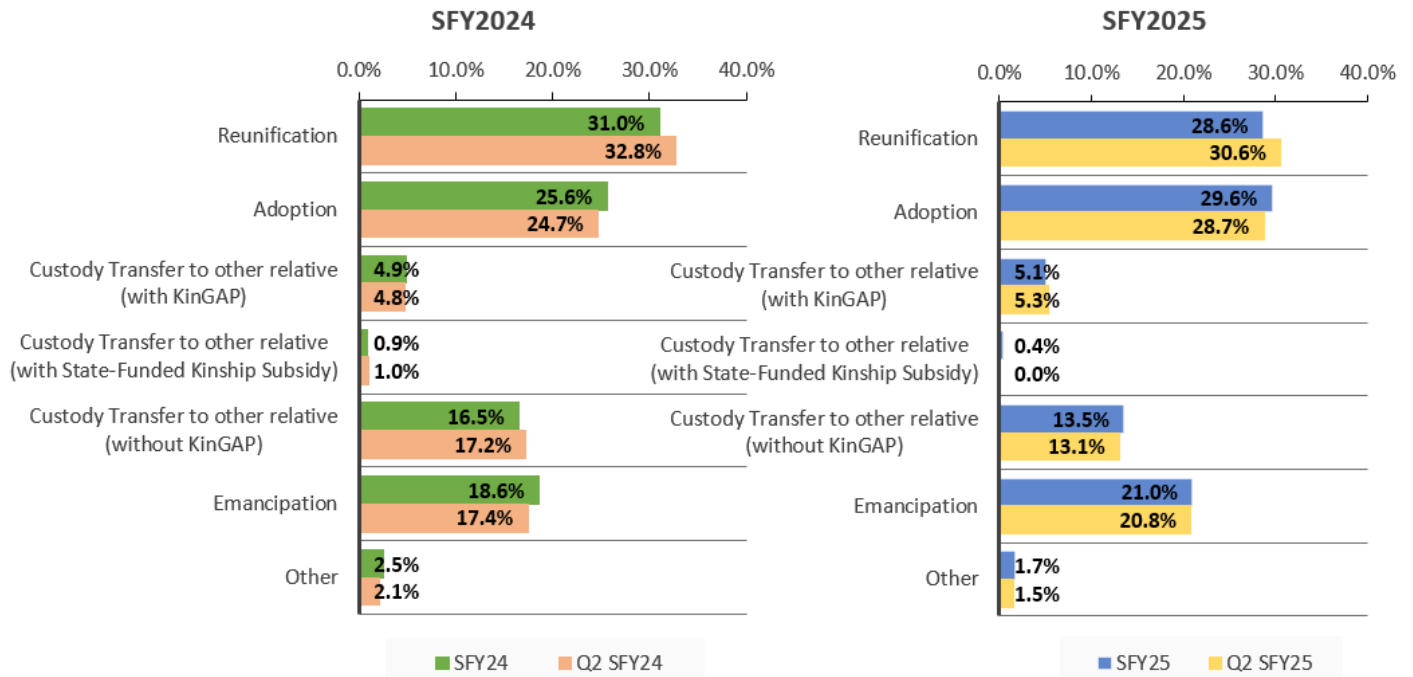
- In Q2 SFY25, 77.7% of children discharged to permanency, which is lower than the percentage of children that discharged to permanency in Q2 SFY24 (80.5%).



Appendix C-14: DFS Program Area Report: October - December 2024 (SFY25 Q2)

- So far in SFY25, 57 children discharged with KinGAP (29 in Q2 SFY25) and 5 with State-Funded Kinship Subsidy (0 in Q2 SFY25). In SFY24, 107 children discharged with KinGAP and 19 with State-Funded Kinship Subsidy.
- In Q2 SFY25, 20.8% of children discharged from foster care were due to emancipation (113 youth). In SFY24, 18.6% of children discharged from foster care were due to emancipation (408 youth).

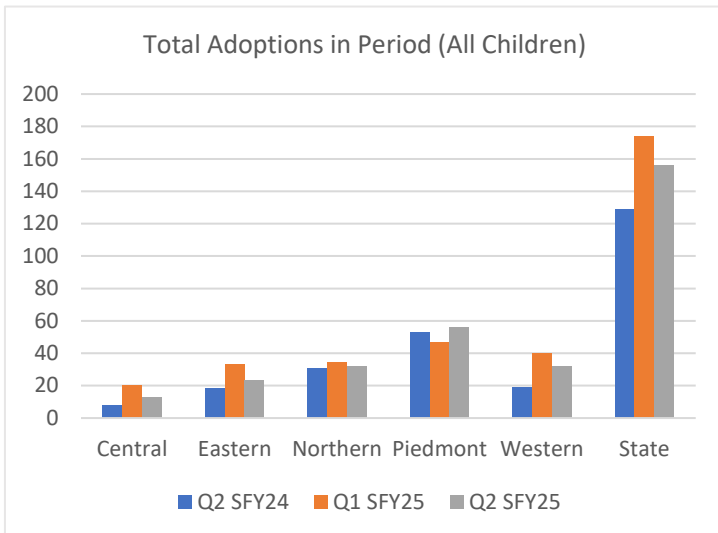
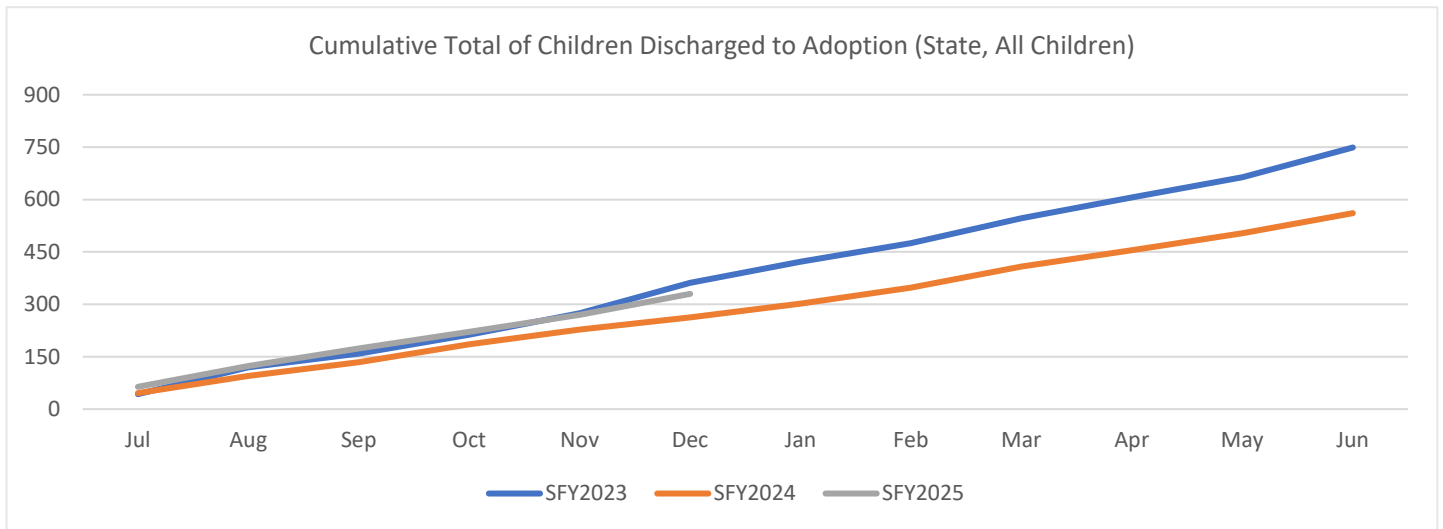
Discharges from Foster Care by Reason (State, All Ages)



Appendix C-14: DFS Program Area Report: October - December 2024 (SFY25 Q2)

Adoption Totals

- This quarter had less adoptions when compared to the previous quarter. The total number of adoptions in the first two quarters of SFY25 is higher than the first two quarters of SFY24.



Data Table: Total Adoptions in Period  
Number of Children Discharged to Adoption

	Q2 SFY25	Percent Change Q1 SFY25 to Q2 SFY25	Percent Change Q2 SFY24 to Q2 SFY25
<b>Central</b>	13	-35%	63%
<b>Eastern</b>	23	-30%	28%
<b>Northern</b>	32	-6%	3%
<b>Piedmont</b>	56	19%	6%
<b>Western</b>	32	-20%	68%
<b>State</b>	156	-10%	21%

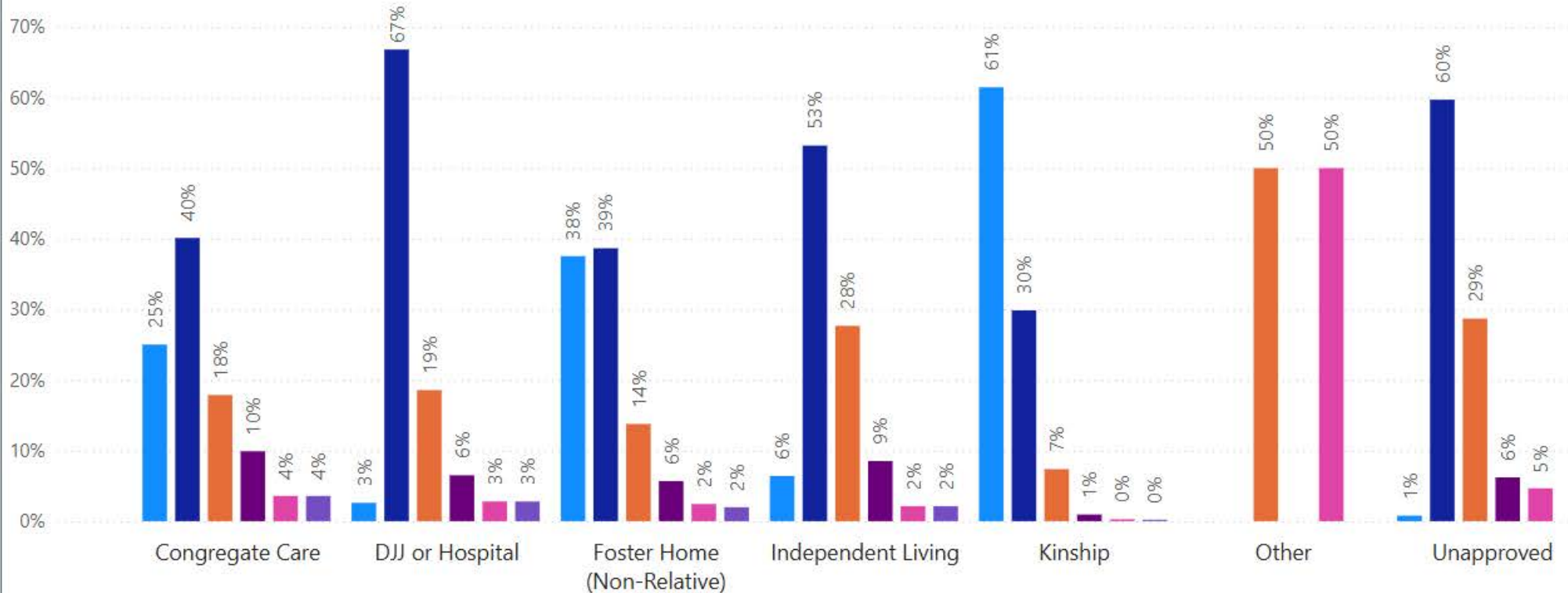
Time in Care

Overall FC First Placement

Placement Moves

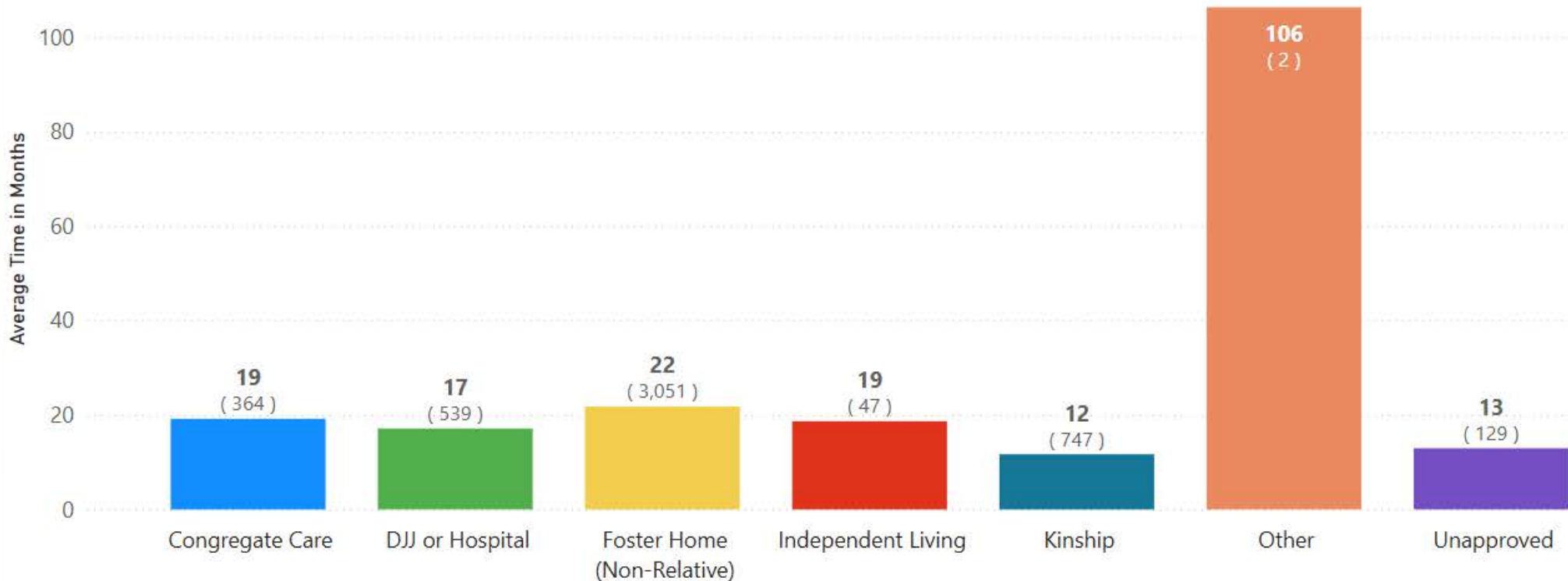
Number of Placement moves by First Placement Location

Number of Placements ● 1 Placement ● 2 - 3 Placements ● 4 - 6 Placements ● 7 - 10 Placements ● 11 - 15 Placements ● 16+ Placements



Time in Care Overall FC First Placement Placement Moves

Average Total Time in Care by First Placement Category in Months

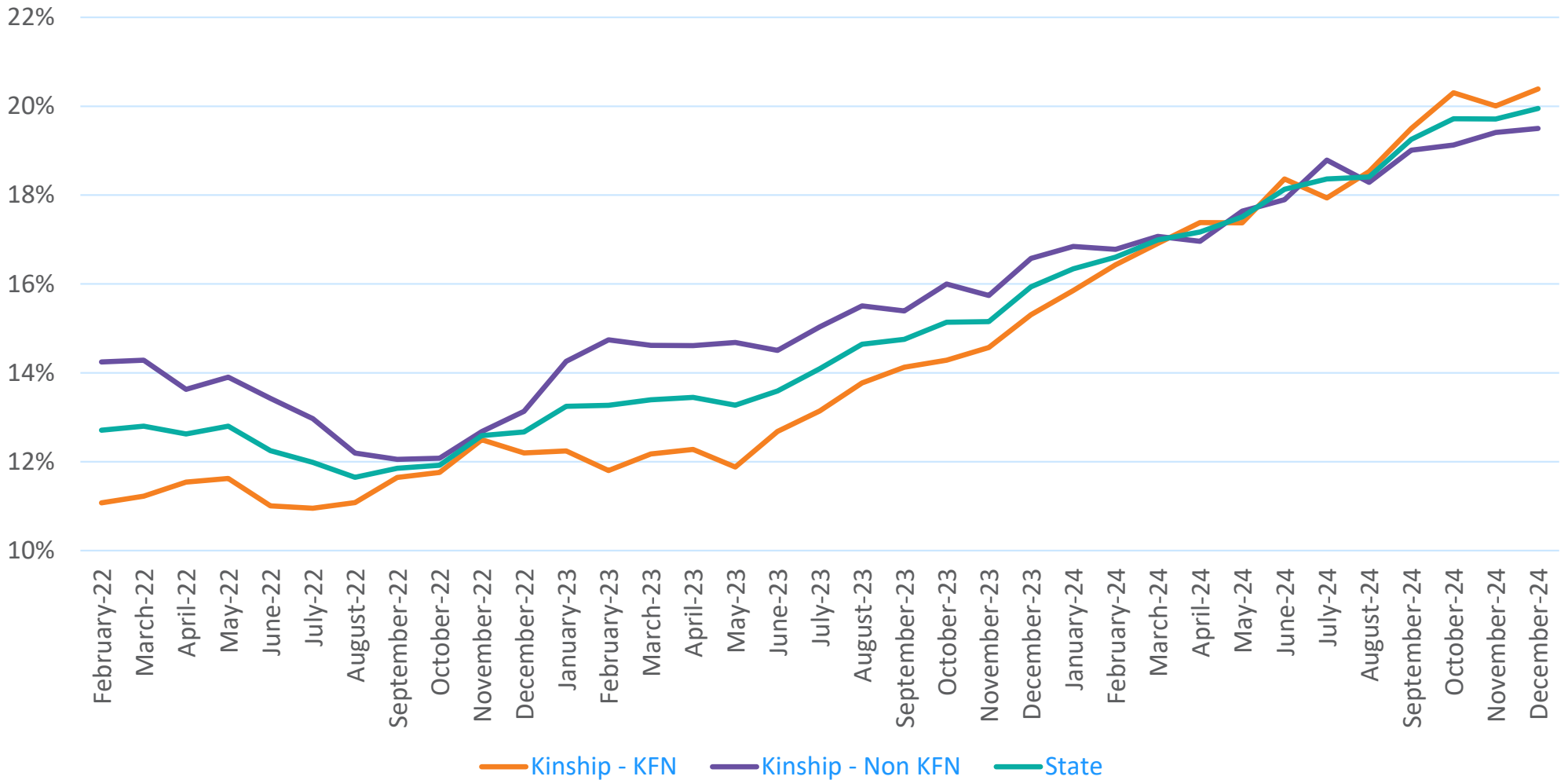


Note: Total Children is displayed in parenthesis.



# Kinship Placements – Children Under 18 in Foster Care

Kinship Percentage for Children in Foster Care (Under 18) in KFN and Non KFN Agencies

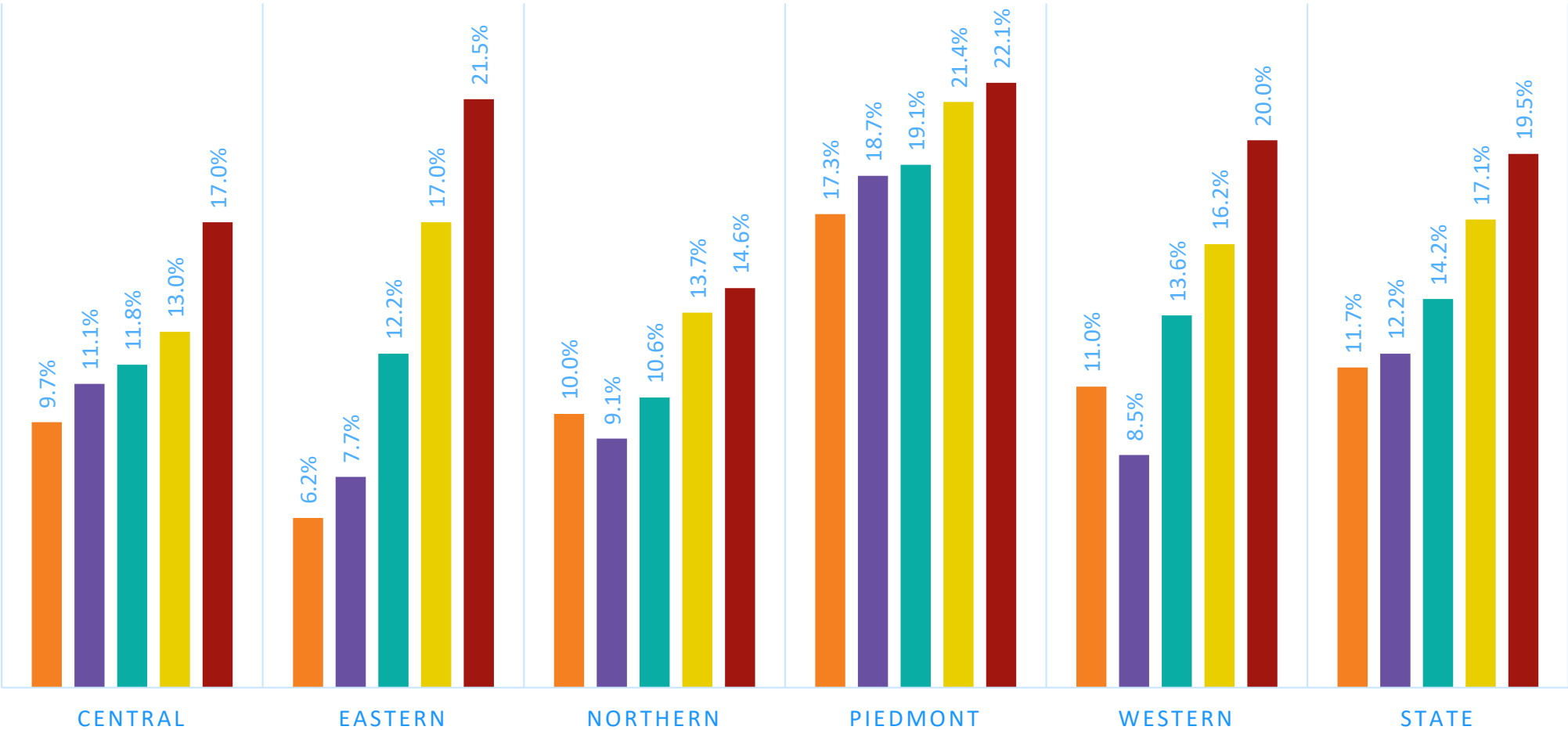


Source: Kin First Now Power BI Dashboard (KFN05, refresh 3/27/2025). KFN includes the first 19 agencies.

# Kinship Placements – Children Under 18 in Foster Care

## KINSHIP PLACEMENTS FOR CHILDREN UNDER 18 IN FOSTER CARE

■ July - December 2022  
 ■ January - June 2023  
 ■ July - December 2023  
 ■ January - June 2024  
 ■ July - December 2024



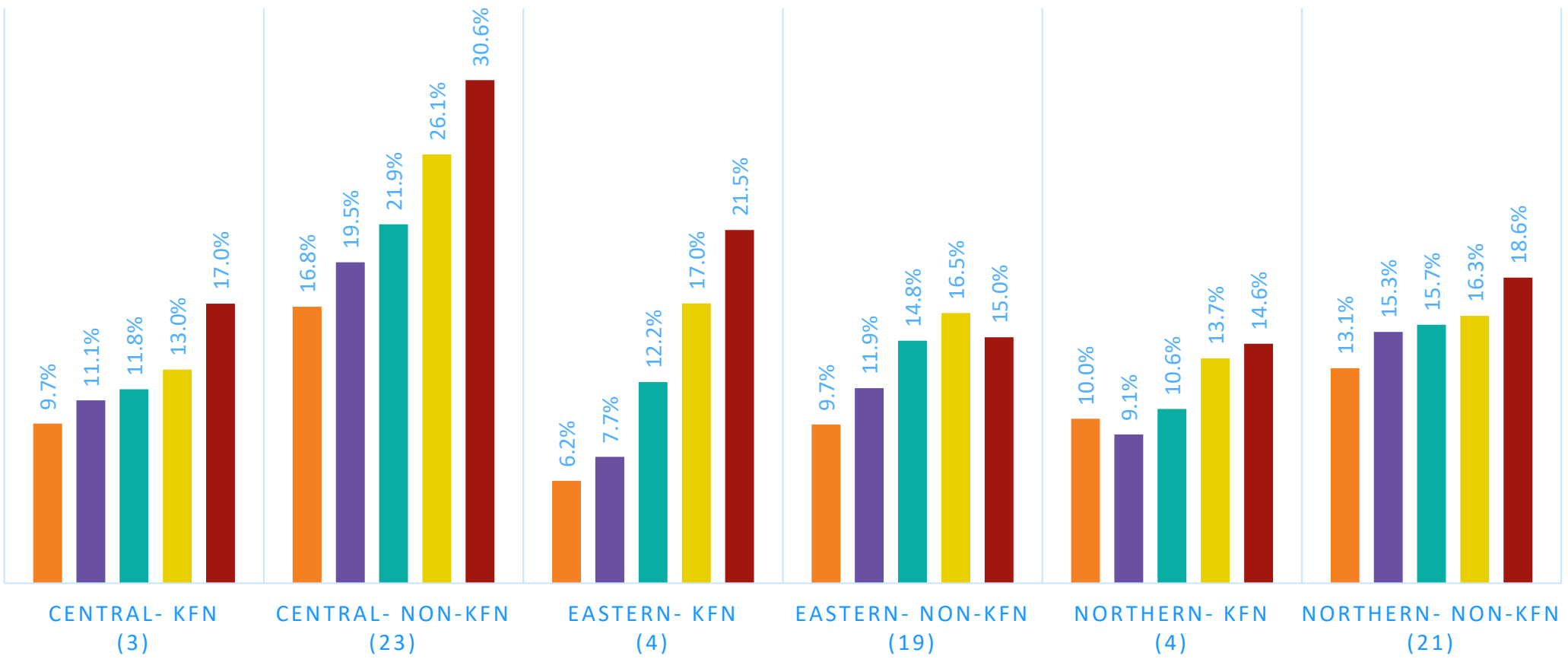
Source: Kin First Now Power BI Dashboard (KFN05, refresh 3/27/2025). Kinship percentage was calculated by the average number of children in a kinship placement during the six months divided by the average number of children under 18 in foster care during the six months.



# Kinship – Central, Eastern, & Northern Regions

## KINSHIP PLACEMENTS FOR CHILDREN UNDER 18 IN FOSTER CARE COMPARING KFN

■ July - December 2022   
 ■ January - June 2023   
 ■ July - December 2023   
 ■ January - June 2024   
 ■ July - December 2024



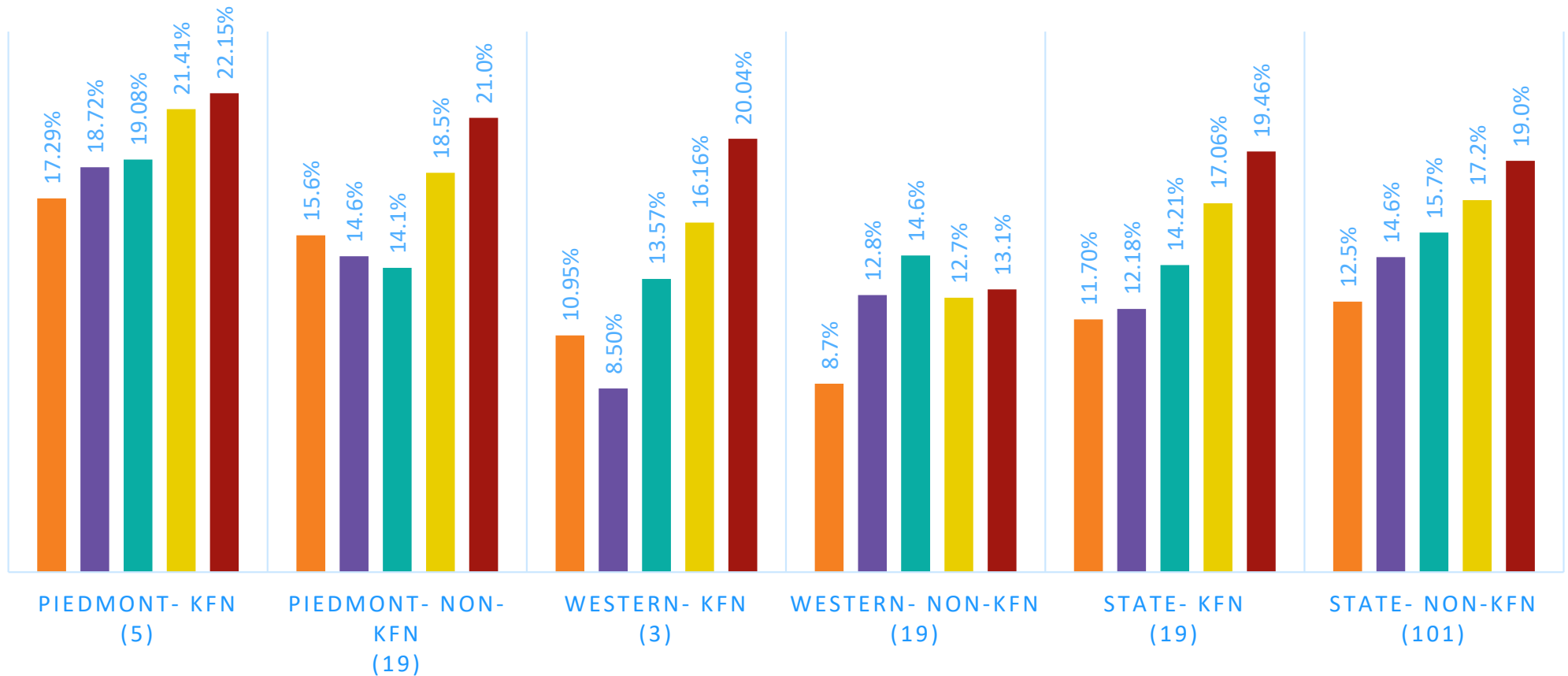
The number of Local Department of Social Services is listed in parenthesis

Source: Kin First Now Power BI Dashboard (KFN05, refresh 3/27/2025). Kinship percentage was calculated by the average number of children in a kinship placement during the six months divided by the average number of children under 18 in foster care during the six months. KFN includes the first 19 agencies.

# Kinship – Piedmont, Western, and Statewide

## KINSHIP PLACEMENTS FOR CHILDREN UNDER 18 IN FOSTER CARE - COMPARING KFN

■ July - December 2022   
 ■ January - June 2023   
 ■ July - December 2023   
 ■ January - June 2024   
 ■ July - December 2024



The number of Local Department of Social Services is listed in parenthesis

Source: Kin First Now Power BI Dashboard (KFN05, refresh 3/27/2025). Kinship percentage was calculated by the average number of children in a kinship placement during the six months divided by the average number of children under 18 in foster care during the six months. KFN includes the first 19 agencies.

### Calendar Year 2022-2024 Family Services Instructor Led Course Completion

<b>Courses: Instructor-led (ILT) and Virtual Instructor-led (VILT) W=Webinar</b>	<b>2024 Events</b>	<b>2024 Completions</b>	<b>2024 Average</b>	<b>2023 Events</b>	<b>2023 Completions</b>	<b>2023 Average</b>	<b>2022 Events</b>	<b>2022 Completions</b>	<b>2022 Average</b>
CWS1000W: In-Home Services New Worker Guidance Training	10	238	22	11	232	21	15	339	23
CWS1021W: The Effects of Abuse and Neglect on Child and Adolescent Development	20	459	23	11	447	41	21	405	27
CWS1031W: Separation and Loss Issues in Human Services Practice	12	258	18	13	255	19	15	246	16
CWS1041W: Legal Principles in Child Welfare	11	294	30	10	269	27	12	315	21
CWS1061W: Family Centered Assessment in Child Welfare	17	373	20	21	478	23	19	381	25
CWS1071W: Family Centered Case Planning in Child Welfare	18	324	20	19	342	18	18	290	19
CWS1305W: The Helping Interview: Engaging Adults for Assessment and Problem-Solving	19	434	22	18	424	23	20	397	26
CWS2000.1W: Child Protective Services (CPS) New Worker	9	274	29	12	385	32	13	330	22
CWS2010W: In-Home Services Skills	9	171	21	6	100	17	11	193	13
CWS2011W: Intake, Assessment, and Investigation in Child Protective Services	10	250	21	13	302	23	12	232	15
CWS2020W: On Call for Non-CPS Workers	7	133	19	8	149	19	9	134	9

CWS2021W: Child Sexual Abuse	12	239	21	10	244	24	12	199	13
CWS2031W: Sexual Abuse Investigations	9	209	23	9	158	18	10	144	10
CWS2041: Child Fatality Investigations	5	48	10	8	200	25			
CWS2141W: Out of Family Investigations	9	192	21				9	218	15
CWS3000.1W: Foster Care New Worker Training	9	207	20	12	253	21	13	233	16
CWS3010W: Adoption New Worker Training	9	193	23	8	159	20	11	208	14
CWS3015W: Adoption Assistance	8	132	19	10	89	9	6	101	7
CWS3021W: Promoting Birth and Foster Parent Partnerships	6	92	17	6	83	14	9	132	9
CWS3041W: Working with Children in Placement	5	78	16	6	92	15	9	132	9
CWS3061W: Permanency Planning with Teens	6	92	15	5	50	10	8	106	7
CWS3071W: Concurrent Permanency Planning	11	216	20	9	177	20	10	200	13
CWS3081W: Promoting Family Reunification	5	94	16	7	97	13	10	143	10
CWS4015: Trauma-informed Child Welfare Practice: Identification and Intervention (Classroom)	29	384	14	27	322	12	15	157	10
CWS4020: Engaging Families and Building Trust-Based Relationships (Classroom)	30	391	14	26	289	11	12	158	11
CWS4026W: Title IV-E New Worker Training (Virtual Instructor Led (VIL))	4	94	24						



### Calendar Year 2022-2024 Family Services Online Course Completions

Course Title	CY 2024 Completions	CY 2023 Completions	CY 2022 Completions
VDSS - COMPASS9001E: COMPASS Mobile Application Overview	68		
VDSS - COMPASS9002E: COMPASS Mobile - iPad Basics	85		
VDSS - COMPASS9006E: COMPASS Portal Navigation Overview	68		
VDSS - CWSE1002: Exploring Child Welfare (Module 1)			
VDSS - CWSE1002: Exploring Child Welfare (Module 2)	736	489	656
VDSS - CWSE1002: Exploring Child Welfare (Module 3)	726	478	647
VDSS - CWSE1002: Exploring Child Welfare (Module 4)	715	477	637
VDSS - CWSE1006: Reasonable Candidacy (Candidacy Determination)	258	179	250
VDSS - CWSE1041: Legal Principles in Child Welfare	408	306	385
VDSS - CWSE1050: VEMAT Rater Training (Module 1)	172	92	100
VDSS - CWSE1050: VEMAT Rater Training (Module 2)	158	88	92
VDSS - CWSE1050: VEMAT Rater Training (Module 3)	158	85	89
VDSS - CWSE1050: VEMAT Rater Training (Module 4)	152		85
VDSS - CWSE1050: VEMAT Rater Training (Module 5)	149	81	67
VDSS - CWSE1500CPS: Navigating the Child Welfare Automated System (OASIS) – CPS (Module 1: Introduction)	477	383	489
VDSS - CWSE1500CPS: Navigating the Child Welfare Automated System (OASIS) - CPS (Module 2: Intake)	492	402	50
VDSS - CWSE1500CPS: Navigating the Child Welfare Automated System (OASIS) - CPS (Module 3: Search and Merge)	463	361	457
VDSS - CWSE1500CPS: Navigating the Child Welfare Automated System (OASIS) - CPS (Module 4: CPS Investigations and Family Assessments)	450	365	444
VDSS - CWSE1500FC: Navigating the Child Welfare Automated System (OASIS) - Foster Care (Module 1: Introduction)	310	209	300
VDSS - CWSE1500FC: Navigating the Child Welfare Automated System (OASIS) - Foster Care (Module 2: Opening a Foster Care Case)	309	200	243
VDSS - CWSE1500FC: Navigating the Child Welfare Automated System (OASIS) - Foster Care (Module 3: Search and Merge)	309	200	239
VDSS - CWSE1500FC: Navigating the Child Welfare Automated System (OASIS) - Foster Care (Module 4: Documenting Placements and Funding)	283	199	219

VDSS - CWSE1500FC: Navigating the Child Welfare Automated System (OASIS) - Foster Care (Module 5: Legal Documentation and Service Planning)	286	194	210
VDSS - CWSE1500FC: Navigating the Child Welfare Automated System (OASIS) - Foster Care (Module 6: Termination of Parental Rights and Preparation for Adoption)	279	192	201
VDSS - CWSE1500FC: Navigating the Child Welfare Automated System (OASIS) - Foster Care (Module 7: Special Circumstances and Case Closure)	278	184	199
VDSS - CWSE1500IH: Navigating the Child Welfare Automated System (OASIS) – Prevention	68		
VDSS - CWSE1510: Structured Decision Making In Virginia (Module 1: Introduction and Intake)	480	366	487
VDSS - CWSE1510: Structured Decision Making In Virginia (Module 2: Safety Assessment)	485	373	467
VDSS - CWSE1510: Structured Decision Making In Virginia (Module 3: Risk Assessment)	473	372	449
VDSS - CWSE1510: Structured Decision Making In Virginia (Module 4: Family Strengths and Needs Assessment)	444	341	440
VDSS - CWSE1510: Structured Decision Making In Virginia (Module 5: Risk Re-assessment)	467	353	433
VDSS - CWSE1515: Introduction and Intake (Module 1)	310	214	237
VDSS - CWSE1515: Safety Assessment (Module 2)	296	210	224
VDSS - CWSE2001R: CPS Refresher (Module 1: Staying Informed - Essential Child Protective Services Updates)	110		
VDSS - CWSE2001R: CPS Refresher (Module 2: Your Initial Safety-Focused Response)	93		
VDSS - CWSE2001R: CPS Refresher (Module 3: Navigating Unique Situations, Assessing Risk, and Making Disposition)	71		
VDSS - CWSE2005R: Optimal Practice (Module 1: Screening Decisions)	467		
VDSS - CWSE2005R: Optimal Practice (Module 2: Difference Between TFCV and FMC)	404		
VDSS - CWSE2005R: Optimal Practice (Module 4: Critical Thinking Skills)	383		
VDSS - CWSE2005R: Optimal Practice (Module 5: Documentation to support case opening decisions in high/very high-risk referrals)	326		
VDSS - CWSE2020: On Call for Non-CPS Workers	242	185	189
VDSS - CWSE2021: Child Sexual Abuse Dynamics	305	235	268
VDSS - CWSE2021W: TOL Exercise A	82		
VDSS - CWSE2021W: TOL Exercise B	54		
VDSS - CWSE2021W: TOL Exercise C	69		
VDSS - CWSE2090: Injury Identification in Child Welfare		225	285

VDSS - CWSE2141: Introduction to Out of Family Investigation	230	205	220
VDSS - CWSE3010VLL: Adoption Proficiency Module	9		
VDSS - CWSE3015: Adoption Assistance Screening Tool	46	38	165
VDSS - CWSE3020 Educational Stability for Children and Youth in Foster Care	29	3	22
VDSS - CWSE3030: Normalcy for Youth in Foster Care	288	152	222
VDSS - CWSE3040: Introduction to Virginia and Neighboring Tennessee Border Agreements	13	11	2
VDSS - CWSE3042: Interstate Compact on the Placement of Children (ICPC)	48	49	71
VDSS - CWSE3091: Transition Planning for Youth in Foster Care (Module 1)	41	2	28
VDSS - CWSE3091: Transition Planning for Youth in Foster Care (Module 2)	39	3	28
VDSS - CWSE3091: Transition Planning for Youth in Foster Care (Module 3)	32	4	30
VDSS - CWSE3091: Transition Planning for Youth in Foster Care (Module 4)	35	4	24
VDSS - CWSE3091: Transition Planning for Youth in Foster Care (Module 5)	32	4	22
VDSS - CWSE4000: Identifying Sex Trafficking in Child Welfare	453	343	405
VDSS - CWSE4015: Introduction to Trauma-Informed Child Welfare Practice	404	254	440
VDSS - CWSE4025: AFDC Relatedness (Module 3)	125	50	174
VDSS - CWSE4025: Annual Judicial Reviews (Module 5)	125	40	128
VDSS - CWSE4025: Determining initial Title IV-E eligibility (Module 2)	150	55	163
VDSS - CWSE4025: Getting started in Title IV-E (Module 1)	192	78	192
VDSS - CWSE4025: Payment Accuracy (Module 6)	124	40	129
VDSS - CWSE4025: Placement and Licensing (Module 4)	123	44	141
VDSS - CWSE4030: Introduction to Family Partnership Meetings	254	146	190
VDSS - CWSE4050: Psychotropic Medications and the Child Welfare System	382	272	338
VDSS - CWSE4051 Psychotropic Medication Consenter	53	48	78
VDSS - CWSE4060: Family Search and Engagement	688	524	543
VDSS - CWSE5000: Preventing Premature Case Closure in In-Home Services	172	132	233
VDSS - CWSE5010: Advocating for Child and Adolescent Mental Health Services	212		
VDSS - CWSE5011: Case Documentation	609	465	628
VDSS - CWSE5020: Introduction to the Indian Child Welfare Act (ICWA)	62	107	170
VDSS - CWSE5025: Engagement of Native American Families	54		



VDSS - CWSE5501: Substance Abuse (Module 1)	309	204	259
VDSS - CWSE5501: Substance Abuse (Module 2)	304	201	246
VDSS - CWSE5501: Substance Abuse (Module 3)	295	191	268
VDSS - CWSE5501: Substance Abuse (Module 4)	298	187	230
VDSS - CWSE5692: Mandated Reporters: Recognizing and Reporting Child Abuse and Neglect	1000	552	886
VDSS - CWSE6000: State Hotline	19	22	3
VDSS - CWSE6010: Working with Families of Substance Exposed Infants Module 1	409	300	307
VDSS - CWSE6010: Working with Families of Substance Exposed Infants Module 2	371	258	273
VDSS - CWSE7000: Family First in Virginia (Module 1: Overview of Family First)	269	198	322
VDSS - CWSE7000: Family First in Virginia (Module 2: Opening an In-Home Services Case: First 30 Days)	262	184	300
VDSS - CWSE7000: Family First in Virginia (Module 3: Service Planning for In-Home Services)	265	116	264
VDSS - CWSE7000: Family First in Virginia (Module 4: Monitoring the Delivery of In-Home Services)	232	151	243
VDSS - CWSE7000: Family First in Virginia (Module 5: Goal Achievement and Case Closure)	212	128	228
VDSS - FSWEB1000: Psychotropic Medications and Issues in Foster Care	26	31	24
VDSS - FSWEB1001: Getting Started With Coaching	14	12	17
VDSS - FSWEB1003: The Journey to Practice Enhancement	30	10	1
VDSS - FSWEB1004: Diversion Data Reporting Tool Pilot Project	1	1	3
VDSS - FSWEB1005: Fostering Futures Transmittal Training	9	7	10
VDSS - FSWEB1006: Investigating Financial Exploitation	20		14
VDSS - FSWEB1007: July CPS Transmittal 273 Training	4		
VDSS - FSWEB1009: The Role of CPS in Supporting Fatality Review Teams	3	4	4
VDSS - FSWEB1010: Child Protective Services Appeals Training	50	36	37
VDSS - FSWEB1011: Using the Practice Profiles Assessment Toolkit	16	8	3
VDSS - FSWEB1012: CPS Regulations Revised 2017	10	5	12
VDSS - FSWEB1013: The Coaching Conversation	19	11	15
VDSS - FSWEB1014: Foster Care Guidance June 2017 Transmittal #274 Training	3		
VDSS - FSWEB1015: Educational Stability for Children in Foster Care	13	13	8
VDSS - FSWEB1016: Virginia Children's Services Practice Model Implementation Study	6	4	3

VDSS - FSWEB1017: Prevention Guidance Transmittal Training 2018	9		
VDSS - FSWEB1018: Virginia's Title IV-E Child Welfare Stipend Program New Student Orientation	4	3	3
VDSS - FSWEB1019: Case Documentation in Child Welfare	70	60	92
VDSS - FSWEB1020: APS Case Documentation	84	24	58
VDSS - FSWEB1021: Overview of the JLARC Improving Virginia's Foster Care System Report	4	2	0
VDSS - FSWEB1022: Promoting Safe and Stable Families Program (PSSF)	12	12	13
VDSS - FSWEB1023: OASIS 4.4	33		
VDSS - FSWEB1024: Substance Exposed Infant Decision Tree Tool	30	20	31
VDSS - FSWEB1025: CPS Transmittal Training	13		
VDSS - FSWEB1026: This Is Trauma Informed FPM Facilitation: Fidelity to the Model	336	143	192
VDSS - FSWEB1027: Swift and Savvy Actions to Improve Safety Outcomes	78	16	27
VDSS - FSWEB1028: It's All Relative – Supporting Kinship Care	44	25	61
VDSS - FSWEB1029: Quality Visits and Visitation	32	18	30
VDSS - FSWEB1030: Supervision of Trauma Informed Practice	23	11	19
VDSS - FSWEB1031: PIP Virtual Data Workshop #1	5		
VDSS - FSWEB1032: CPS Guidance Transmittal #281 Training 2019	2		
VDSS - FSWEB1033: Foster Care Guidance Transmittal Training 2019	12		
VDSS - FSWEB1034: Adoption Transmittal Training 2019	5		
VDSS - FSWEB1035: Resource, Foster and Adoptive Home Approval	18	16	16
VDSS - FSWEB1036: Domestic Violence Decision Tree Tool	32	28	43
VDSS - FSWEB1037: Welcome to the Leadership Institute	9	6	10
VDSS - FSWEB1038: Using Data to Improve Practice & Performance	3		2
VDSS - FSWEB1039: How to Develop and Conduct a Webinar Using GoToWebinar and GoToMeeting	1		5
VDSS - FSWEB1040: Promoting Safe and Stable Families (PSSF)	7	8	20
VDSS - FSWEB1041: 2020 CPS Guidance Transmittal Training	3		
VDSS - FSWEB1042: 2020 Foster Care and Adoption Guidance Transmittal Training	5		
VDSS - FSWEB1043: Revised SDM Intake Tool	11	9	12

VDSS - FSWEB1044: Practice Foundations Guidance and Family Engagement	406		
VDSS - FSWEB1044: Practice Foundations Guidance and Engagement	72	286	144
VDSS - FSWEB1045: In-Home Services Kick Off Directors Meeting	1	1	4
VDSS - FSWEB1047: Creating a Kin-First Culture - The Value of Kinship Care	35	21	59
VDSS - FSWEB1048: Creating a Kin-First Culture: How to Maintain Family Connections and Work with Kin	35	21	35
VDSS - FSWEB1049: Creating a Kin-First Culture: Making Informed Choices: Kinship Placement and Permanency Options	32	10	44
VDSS - FSWEB1050: Resource Family Transmittal Training	14	5	16
VDSS - FSWEB1051: In-Home Support Webinar: Are you a random decision maker?	11	5	18
VDSS - FSWEB1052: COMPASS Portal Training for Title IV-E Reviews	26		
VDSS - FSWEB1053: In-Home - What Do You Need to Know?	51	49	106
VDSS - FSWEB1054: In-Home - Collective Assessment and Planning	42	17	88
VDSS - FSWEB1055: In-Home – Assessment Driven Service Delivery	36	37	73
VDSS - FSWEB1056: In-Home - Behavior-Based Safety Goal Attainment	35	33	77
VDSS - FSWEB1057: In-Home: Engaging Relatives for Assessment and Planning	44	34	90
VDSS - FSWEB1058: In-Home: Engaging Fathers in Assessment and Planning	41	36	84
VDSS - FSWEB1059: In-Home Guidance Transmittal Training	21	21	73
VDSS - FSWEB1061: Foster Parent Bill of Rights and Dispute Process and Resource Family Training	9	7	32
VDSS - FSWEB1062: Child Fatality Decision Tree Tool	10	9	28
VDSS - FSWEB1064: July 2021 Category A: Family First, Foster Care and Title IV-E Transmittal Training	9		
VDSS - FSWEB1064: July 2021 Category B: Legislative and Practice Changes Foster Care Guidance Transmittal Training	6		
VDSS - FSWEB1065: January 2022 Foster Care Guidance Transmittal Training: Section 10 & State-Funded Kinship Subsidy	5		
VDSS - FSWEB1068: Kinship Notification Webinar	6		
VDSS - FSWEB1069: Discovery In-Service Training Recorded Webinar	2		
VDSS - FSWEB1072: Barrier Crime Determination Guide Webinar	26		

VDSS - FSWEB1073: Kinship Resource Family Approval Refresher	17		
VDSS - FSWEB1074: New Non-relative Mutual Family Assessment Template Overview	1		
VDSS - FSWEB1075: Kinship MFA Template Training	12		
VDSS - GAME4000: Engagement in Action	14	8	4
VDSS - MICRO3007: Introduction to ICAL	20		
VDSS - MICRO5001: The Safety Process: A Holistic Approach to Safety Planning	3		
VDSS - SUPE5710W: Coaching Overview	4	3	21
Total			

**LDSS Child Welfare Survey Results – Item 26**

I completed the training courses required [within the following timeframes]

Within 3 weeks:

Survey Year	Yes	No	NA	Total
2025	548 (79%)	63 (9%)	79 (11%)	690
2024	203 (77%)	28 (11%)	33 (13%)	264
2023	232 (76%)	40 (13%)	35 (11%)	307
Total	983 (78%)	131 (10%)	147 (12%)	1261

Within 3 months:

Survey Year	Yes	No	Total
2025	562 (90%)	61 (10%)	623
2024	192 (86%)	31 (14%)	223
2023	228 (83%)	47 (17%)	275
Total	982 (88%)	139 (12%)	1121

Within 6 months:

Survey Year	Yes	No	Total
2025	533 (89%)	69 (11%)	602
2024	177 (83%)	37 (17%)	214
2023	205 (78%)	57 (22%)	262
Total	915 (85 %)	163 (15%)	1078

Within 12 months:

Survey Year	Yes	No	Total
2025	464 (83%)	97 (17%)	561
2024	166 (80%)	41 (20%)	207
2023	177 (71%)	72 (29%)	249
Total	807 (79%)	210 (21%)	1017

Within 24 months:

Survey Year	Yes	No	Total
2025	419 (81%)	96 (19%)	515
2024	153 (79%)	40 (21%)	193
2023	148 (65%)	79 (35%)	227
Total	720 (77%)	215 (23%)	935

When were you first assigned sole responsibility for cases?

Survey Year	Within the first week	Within the first month	Within the first 3 months	After 3 months	Total
2025	98 (15%)	182 (28%)	244 (38%)	122 (19%)	646
2024	36 (15%)	71 (29%)	92 (37%)	47 (19%)	246
2023	46 (16%)	99 (34%)	108 (37%)	39 (13%)	292
Total	180 (15%)	352 (30%)	444 (38%)	208 (16%)	1184

If you have already completed required training, do you believe you gained the skills and knowledge needed to perform your job functions?

Survey Year	Yes	Somewhat	No	Total
2025	348 (56%)	233 (38%)	36 (6%)	617
2024	113 (48%)	108 (46%)	14 (6%)	235
2023	132 (47%)	132 (47%)	17 (6%)	281
Total	593 (52%)	473 (42%)	67 (6%)	1133

My supervisor encouraged me to attend required trainings.

Survey Year	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Total
2025	429 (65%)	160 (24%)	54 (8%)	12 (2%)	2 (<1%)	657
2024	145 (57%)	81 (32%)	24 (9%)	3 (1%)	1 (<1%)	254
2023	178 (61%)	78 (27%)	30 (10%)	4 (1%)	2 (1%)	292
Total	752 (63%)	319 (27%)	108 (9%)	19 (2%)	5 (<1%)	1203

My supervisor followed up with me on Transfer of Learning activities related to required trainings.

Survey Year	Always	Most of the time	Sometimes	Rarely	Never	Total
2025	219 (34%)	155 (24%)	97 (15%)	74 (11%)	105 (16%)	650
2024	76 (30%)	50 (20%)	48 (19%)	26 (10%)	51 (20%)	251
2023	77 (26%)	75 (26%)	52 (18%)	35 (12%)	52 (18%)	291
Total	s	280 (23%)	197 (17%)	135 (11%)	208 (17%)	1192

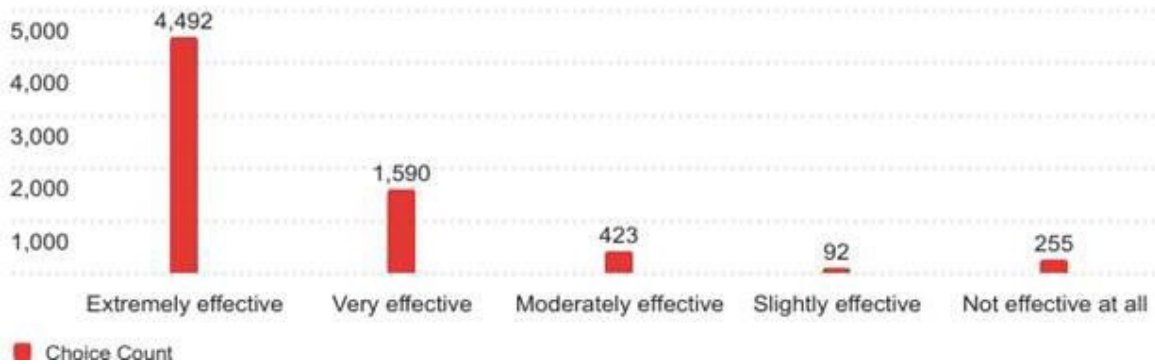
**Additional Evaluation Data Points**

*Calendar Year 2024*

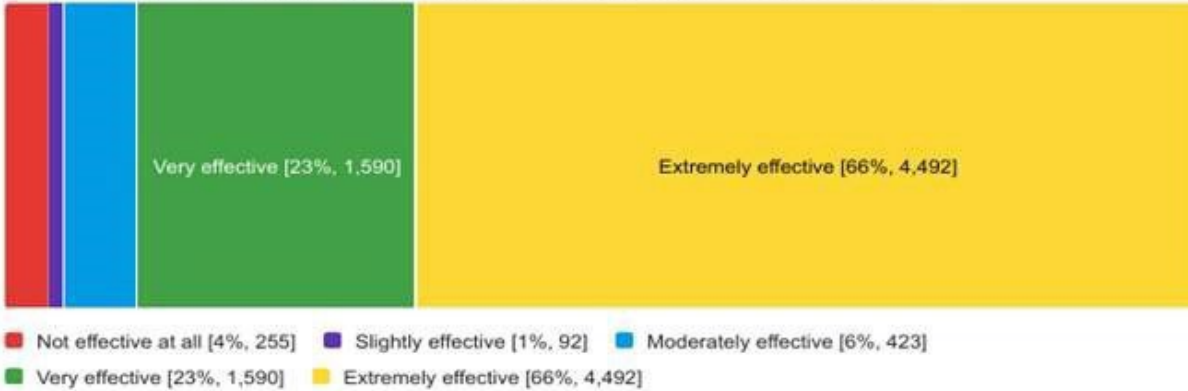
The following analysis of seven key data points were selected for reporting during this timeframe:

**How would you rate the delivery skills of this trainer?**

**Q17 - How would you rate the delivery skills of this trainer**

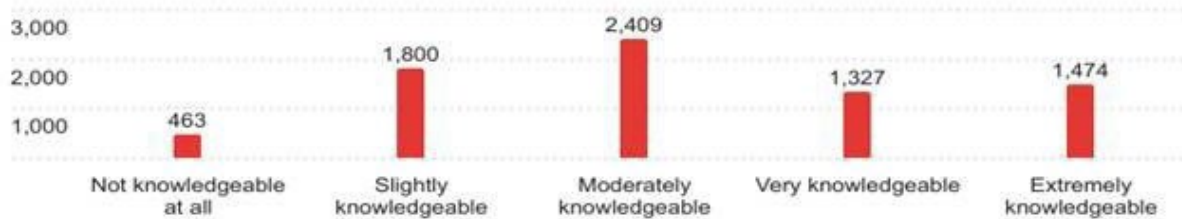


**Q17 - How would you rate the delivery skills of this trainer**

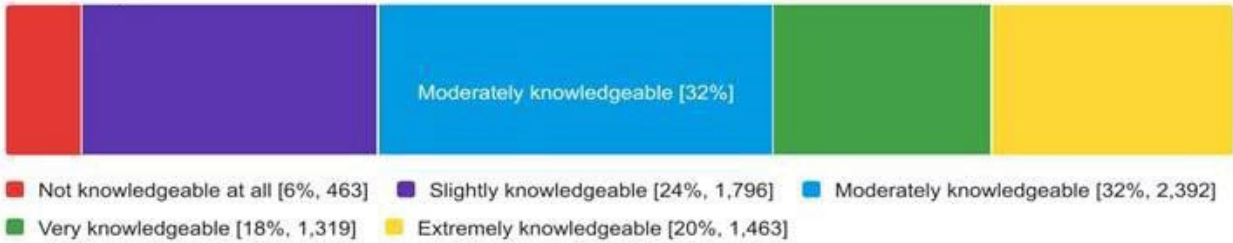


**Please rate your knowledge of the course prior to the training:**

**Q8 - Please rate your knowledge of the course subject prior to the training.**

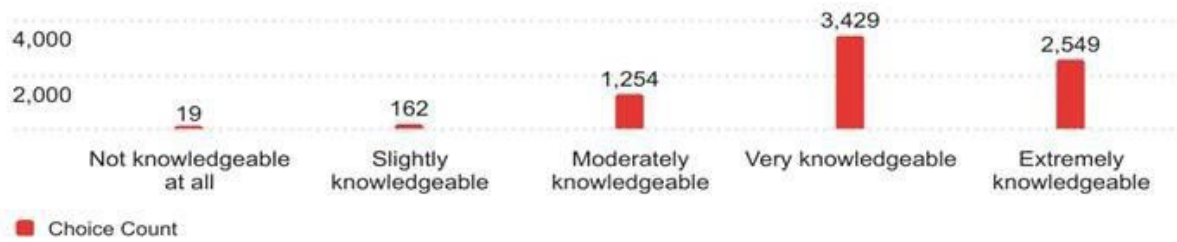


Q8 - Please rate your knowledge of the course subject prior to the training.



Please rate your knowledge of the course subject after the training

Q9 - Please rate your knowledge of the course subject after the training.



Q9 - Please rate your knowledge of the course subject after the training.

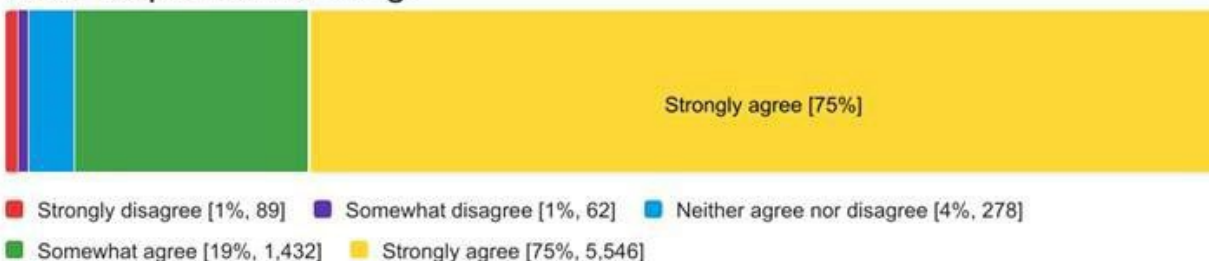


The course materials, resources, and handouts in this course were helpful for learning

Q10 - The course materials, resources, and handouts in this course were helpful for learning.



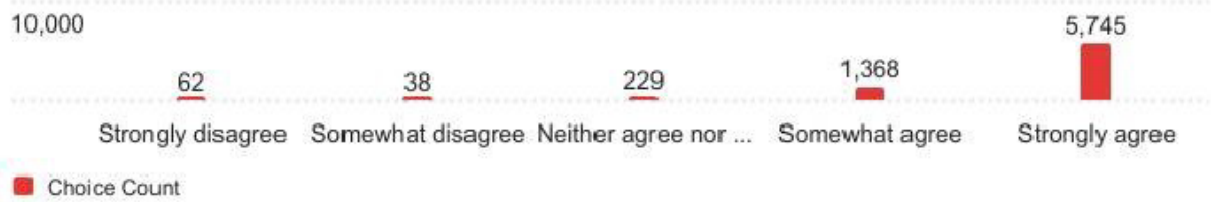
Q10 - The course materials, resources, and handouts in this course were helpful for learning.



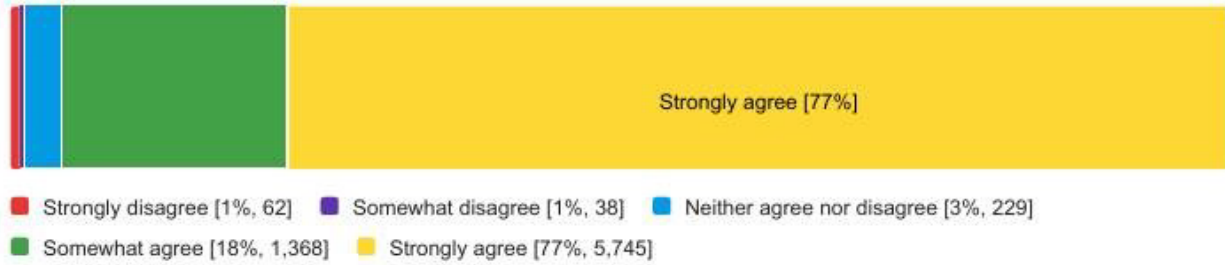


**The course content will improve my ability to perform my responsibilities.**

Q12 - The course content will improve my ability to perform my responsibilities.

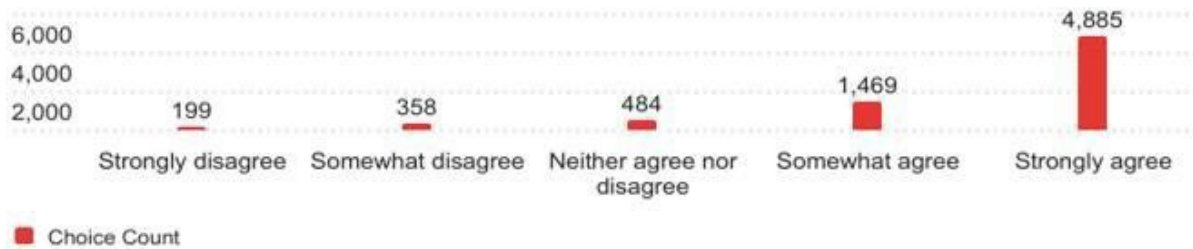


Q12 - The course content will improve my ability to perform my responsibilities.

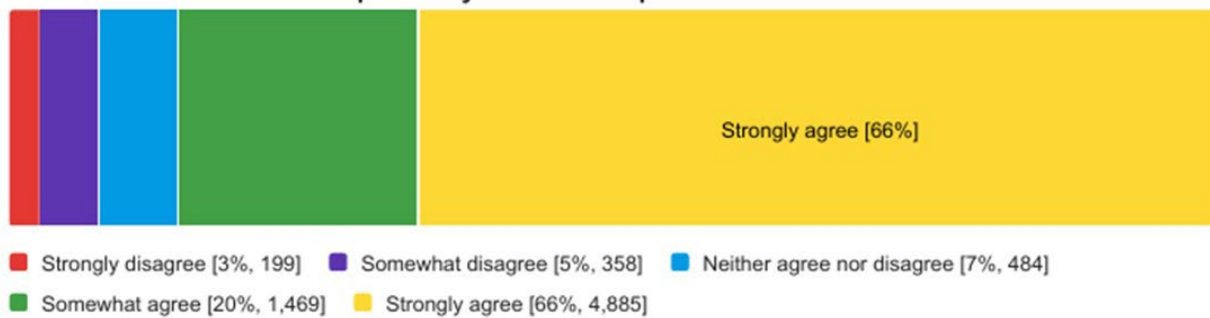


**I was not disrupted by other responsibilities**

Q18 - I was not disrupted by other responsibilities.



Q18 - I was not disrupted by other responsibilities.

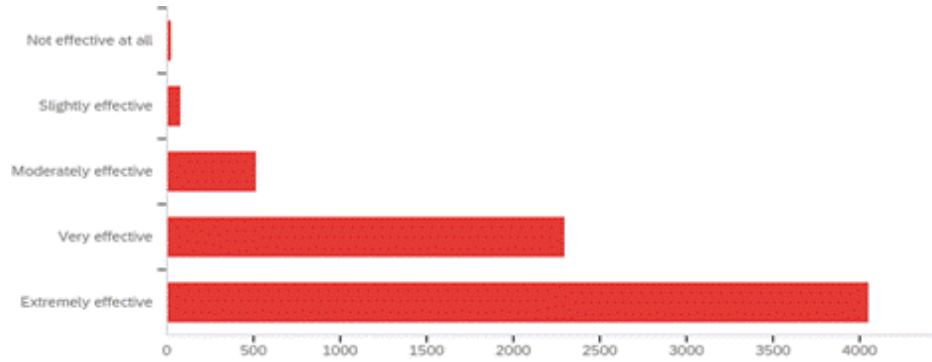


Calendar Year 2023

The following analysis of seven key data points were selected for reporting during this timeframe:

**How would you rate the delivery skills of this trainer?**

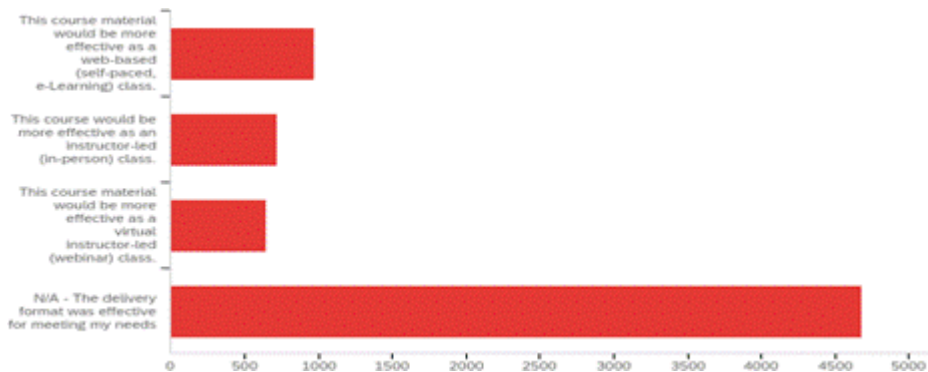
Appendix C-19: Additional Course Evaluation Data



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	How would you rate the delivery skills of this trainer?	1.00	5.00	4.48	0.71	0.50	6977

#	Answer	%	Count
1	Not effective at all	0.27%	19
2	Slightly effective	1.13%	79
3	Moderately effective	7.41%	517
4	Very effective	33.02%	2304
5	Extremely effective	58.16%	4058
	Total	100%	6977

**Consider the format of this course (webinar or in-person). In what ways might this course benefit from a different delivery format?**

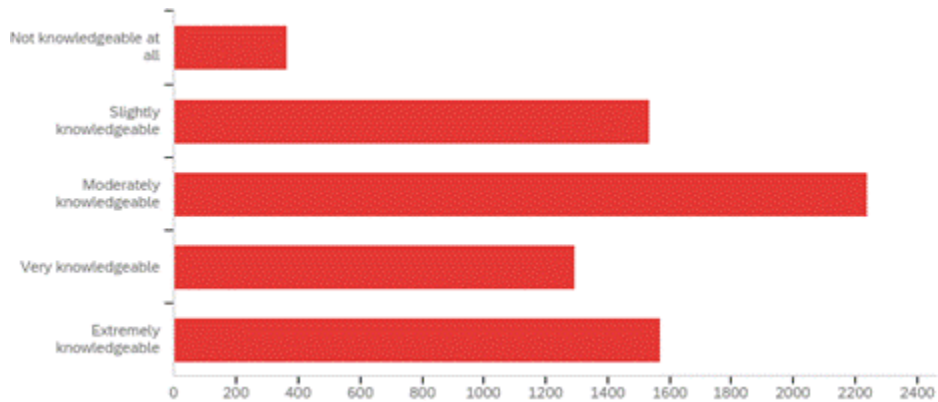


Appendix C-19: Additional Course Evaluation Data

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Consider the format of this course (webinar or in-person). In what ways might this course benefit from a different delivery format?:	1.00	4.00	3.29	1.11	1.24	7008

#	Answer	%	Count
1	This course material would be more effective as a web-based (self-paced, e-Learning) class.	13.81%	968
2	This course would be more effective as an instructor-led (in-person) class.	10.20%	715
3	This course material would be more effective as a virtual instructor-led (webinar) class.	9.20%	645
4	N/A - The delivery format was effective for meeting my needs	66.78%	4680
	Total	100%	7008

**Please rate your knowledge of this subject prior to the training:**



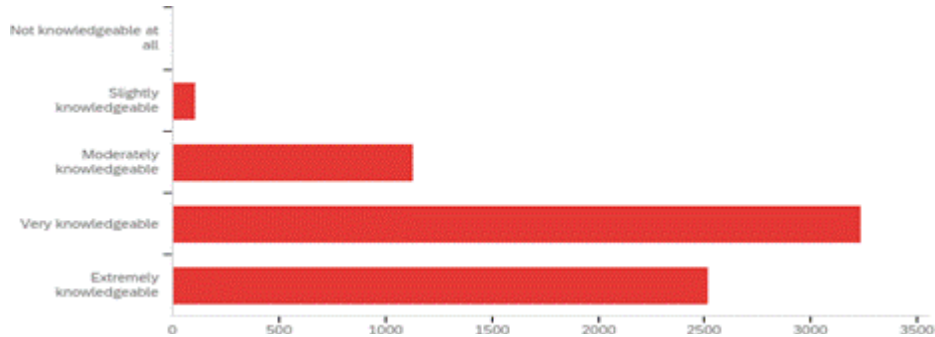
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Please rate your knowledge of this subject prior to the training:	1.00	5.00	3.31	1.19	1.41	7010

#	Answer	%	Count
1	Not knowledgeable at all	5.19%	364
2	Slightly knowledgeable	21.91%	1536
3	Moderately knowledgeable	31.97%	2241

Appendix C-19: Additional Course Evaluation Data

4	Very knowledgeable	18.49%	1296
5	Extremely knowledgeable	22.44%	1573
	Total	100%	7010

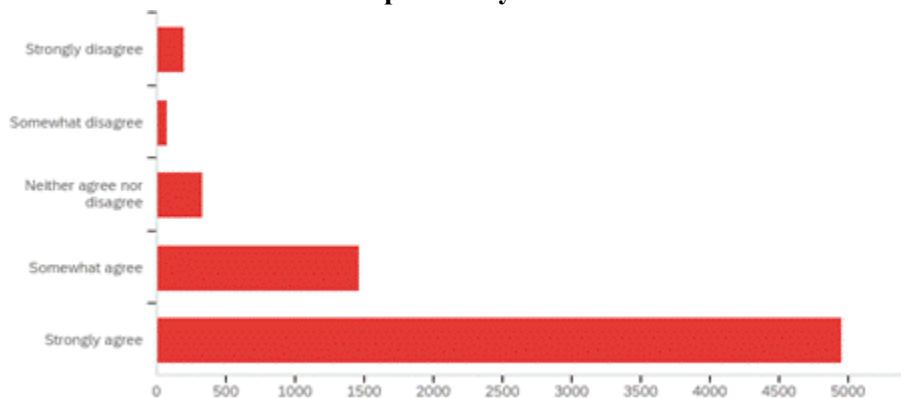
**Please rate your knowledge of the subject after the training**



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Please rate your knowledge of the subject after the training	1.00	5.00	4.17	0.75	0.56	6994

#	Answer	%	Count
1	Not knowledgeable at all	0.09%	6
2	Slightly knowledgeable	1.47%	103
3	Moderately knowledgeable	16.11%	1127
4	Very knowledgeable	46.31%	3239
5	Extremely knowledgeable	36.02%	2519
	Total	100%	6994

**The course materials, resources, and handouts in this course were helpful for my learning or will be helpful in my work:**

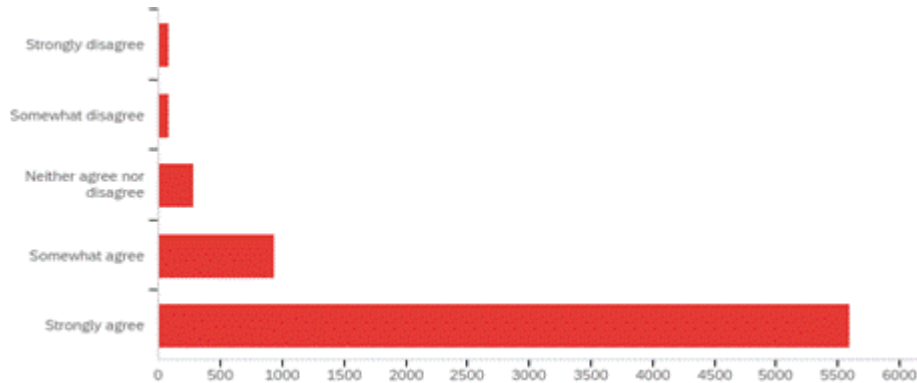


Appendix C-19: Additional Course Evaluation Data

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The course materials, resources, and handouts in this course were helpful for my learning or will be helpful in my work.	1.00	5.00	4.56	0.85	0.73	7004

#	Answer	%	Count
1	Strongly disagree	2.74%	192
2	Somewhat disagree	0.99%	69
3	Neither agree nor disagree	4.73%	331
4	Somewhat agree	20.87%	1462
5	Strongly agree	70.67%	4950
	Total	100%	7004

**My supervisor supported my ability to focus on training, and I was not disrupted by other responsibilities:**



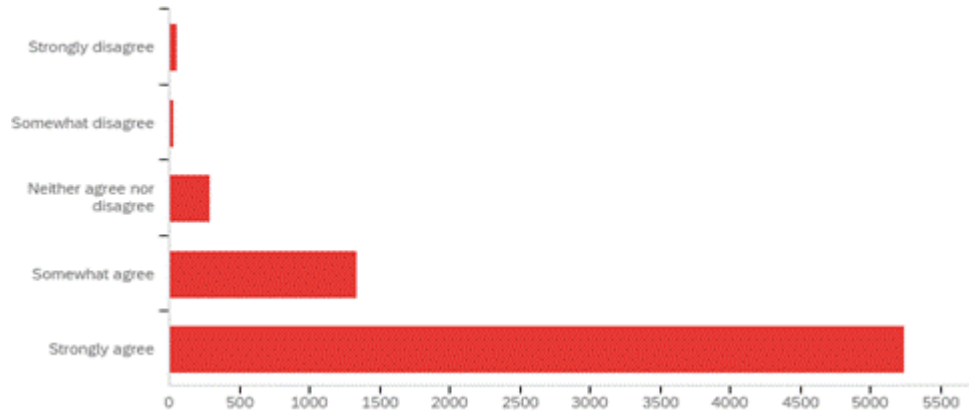
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	My supervisor supported my ability to focus on training, and I was not disrupted by other responsibilities.	1.00	5.00	4.70	0.71	0.50	6980

#	Answer	%	Count
1	Strongly disagree	1.13%	79

Appendix C-19: Additional Course Evaluation Data

2	Somewhat disagree	1.17%	82
3	Neither agree nor disagree	4.13%	288
4	Somewhat agree	13.37%	933
5	Strongly agree	80.20%	5598
	Total	100%	6980

**The course content will improve my practice and ability to perform my responsibilities.**



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The course content will improve my practice and ability to perform my responsibilities.	1.00	5.00	4.68	0.64	0.42	6947

#	Answer	%	Count
1	Strongly disagree	0.76%	53
2	Somewhat disagree	0.43%	30
3	Neither agree nor disagree	4.09%	284
4	Somewhat agree	19.23%	1336
5	Strongly agree	75.49%	5244
	Total	100%	6947

## June 2025 CWAC Breakout Room Results

### **Breakout Room 1: Foster Parent Training (LDSS/LCPA)**

**Question 1: What are some areas of strength in current foster parent training? What are some areas that may need improvement?**

- Emphasis that our Foster Parents are part of professional team. VDSS Families and child placing agencies training has become more trauma informed for families. Private and local all of the different transitions between private and local agencies. PRIDE new generations, 5-6 in person competency and online classes. Pre-services Traditions of caring (Kinship) 6 mos. Craft coordinators each region has an agency to utilize. Strength for VA.
- Needs to be more focused on understanding developmental behaviors, forget that these kids don't come from normal middle class background. What is teenager behavior. Kids can get stuck in different developmental stages. Trauma informed. Why we are doing the things we are regarding educational stability. We do here push back from our parents. VA is working on transitioning our curriculum. NTDC will be our new curriculum. Intersectionality across child welfare system. Normalizing behavior for kids. Ongoing foster parents need repetition. Here is how you apply it. Stronger training to case manager how to support parents doing this work. To not be judgmental about parents who are not succeeding. How to prepare case managers to carry those cases forward.
- Parents who are not getting the kids immediately need reminders. Using newer Foster parents to pair with veteran Foster parents for mentoring.

**Question 2: How do you currently monitor training completion for foster parents? When barriers arise with completion of training, what are some ways you or your agency supports timely training completion?**

- On the local level you have to have one dedicated person to stay on top of all that is going on. Keeping families motivated to complete training. Becomes difficult to monitor that. Keeping up with missed sessions and make ups for foster parent trainings. Flexibility to accommodate all types of learners.

**Question 3: Youth with lived experience indicated that while foster parents appeared well-trained in some mental health areas (handling depression or suicidal ideations) there were needs in other mental health areas (like mislabeling behaviors as defiant). What are your experiences in foster parent training on mental health and what are some areas for growth?**

- There are so many different mental health diagnosis, broad stroke. Not pathologizing every behavior as a mental health diagnosis. Feeling like trying to be all things to all people is a lot. There is only so much you can do to prepare the parents for this child. There is always a need behind every behavior. What is the motivation? Trauma informed piece is as robust as possible. Trying to dig deeper about what is going on.

**Question 4: Both youth and parents with lived experience shared feedback around improving communication. What are some ways training currently supports communication skills of the foster parents and what are some ideas to enhance communication (between the foster parent and youth and between the foster parent and parent)?**

- Great opportunity for people to speak up and be heard, everyone should have a voice. Communication is complex but there are lots of avenues with technology. Plug for

FPM's. Good conversation between bio parent and foster parent. Magic happens at FPM's!

### **Questions for Breakout Room 2 - Training for LDSS Staff - Initial Training**

**Question 1: What are some of the elements that led to success in timely completion of either your initial training or your staff's?**

- Trainings are offered frequently that supports ongoing hiring, schedule is out way ahead of time. Before someone's hired have schedule and sign up employees prior to being hired. Sign out new person's schedule. Distractions were minimized with no cell phones. Everyone is so distracted and is a barrier with cell phones. Everything is a priority now, can't leave office to sit through or do in office training without putting out 10 fires. Hinders them from learning- everything is a priority- supervisor/staff won't leave them alone- phone is ringing.
- It is helpful when training is a priority. Agency makes it a priority
- Staff accessible, reduce stimuli, adequate training to cover who needs it and schedule out in a timely manner.
- Go to training and have something to tie to the case or work- shadowing or observing to make it ingrained as an adult learner. TOL transfer of learning were useful. As a supervisor, shadowing was such a huge help to new workers.
- Shadowing put season workers with new workers for the TOL. Having seasoned Supervisors is a barrier
- Pair new staff with more experienced staff for teaching/learning
- **Question 2: What have been the impacts of case assignment on new staff's completion of initial training? What is the usual practice at your agency of when workers are assigned cases?**
- CPS/In-Home/Foster Care complete the four day policy training before being primary. Others fit in when they can. Caseworker and training but up against them before it fills up. (Fairfax)
- Usually, they will need to complete New Worker Training first before being assigned a case
- Assignment is critical. If too early, there is a risk of staff exits. Leads to ongoing vacancy rates
- Agencies have no foster care workers- going out in the field without the training. This is a problem for smaller agencies, but this has occurred at larger agencies as well.
- As an in-house training liaison and giving them the logistics of our agency, sometimes but very sporadic and only if they are seasoned workers will they receive a new case or inherited case. (Norfolk)

**Question 3: In child welfare surveys over the past 3 years, about 50% of LDSS staff respondents believe they have gained the skills and knowledge needed. Where do you think some of the gaps are?**

- Transfer of learning is critical and hear from lot of agencies they don't have time to do the training while there. Get back to office and putting out fires, don't have the connecting piece of putting training to practice- this is lacking. Practice those learned skills in real time is needed.
- Effective recruitment on the front end. Gaps when there is vacancy after vacancy.



- Supervisors are case carrying- which means they can't provide supervision- pattern of you can't hire workers which means it falls on supervisor, can't staff cases, no one talking through the issues, everyone is overwhelmed and then leaving.
- And this is self report of knowledge? There is no verification that they actually learned the material. I have had workers tell me they know all about subjects and then I ask them questions and it is clear they do not know.
- Do those surveys ask for what knowledge and skills staff feel they have not developed? Sadie can you answer
- Supervisors themselves not having direct experience to be able to give advice
- I think there are challenges with complex family situations where there are multiple factors such as substance abuse, DV, MH, cultural differences, language issues, lack of basic resources, multi-family issues, etc..
- Communication skills - having hard discussions, engagement skills, etc. is lacking, need training
- Lack of training for Supervisor to learn how to be good leaders
- Solid family service specialists does not necessarily drill down to solid supervisors.
- Workers can text hard conversation but cannot do it in person- missing basic communication skills
- Are we incorporating simulation into our initial training so there are opportunities to practice those difficult conversations?
- Simulation is key just like they do for law enforcement. Provide insight to workers of what they may be faced with. For example, egg cartons but no chickens.
- I'm hearing we need the bodies, and maybe experience & dedication is lacking or not there and I agree real world vs. textbook is a factor
- Hidden in Plain Sight has been a huge each year at the Prevention Conference. We've even had them at our PAC meetings

**Question 4: Training on improving communication between caseworker and youth and caseworker and parents was identified by lived experience groups as an area of potential improvement. What are some ideas for areas of growth in this area?**

- No substitution for simulation or real life practice-compared to real life.
- Not teaching basic communication skills.
- Asking workers to speak up and eye contact, speaking like a child as a worker and in mid-twenties- sounded like a child. Can't put them through MI- as it won't help the problem. Need to get to the core of things- work they do vs. interview can vary.
- Trainings on Critical and Independent Thinking Skills are a necessity
- Is there a way to use Lived Experts to provide simulation calls with new workers?
- There is something to be said -- medical schools have training around bedside manner
- Drill down to genuine engagement.
- Hotline added customer service component within the training include deescalate, add basic customer service helps them take better reports and more information.
- We had a safety training at one point that did that. I am not sure what happened to that
- GEN1206- I understand that it is in the process of being revised.
- Training in foster care from an attorney- how not to violate parents' rights- on regular rotation- not only one time

**Questions for Breakout Room 3 – Training for LDSS Staff – Ongoing**

**Question 1: How well do you think completion of the ongoing training requirement is monitored? (on local or state levels) What are the ways you monitor your staff's completion of the annual training requirement?**

- Charlottesville- don't know how it's measured on the state level but locally monitored through annual evaluations. Would be better to catch it on the front end before 1 year date.
- Henrico- Supervisors turn in with annual performance evaluations- there seem to be more trainings offered to staff in the last few years than before. For more seasoned staff, look at conferences and trainings from private providers. Also use virtual trainings.

**Question 2: What types of training do you or your staff complete in order to complete the ongoing training requirement?**

- Henrico- For more seasoned staff, look at conferences and trainings from private providers. Also use virtual trainings.
- Charlottesville- Intentionally schedule Professional Development Mtgs once a month for 1-1.5 hours- latest and greatest topics- or those requested by staff- provide MSW & LCSW training as well
- VDSS Regional- Kinship Symposium upcoming in September
- State- last week I attended the American Public Human Services Association Human Services Summit. There were at least three to four LDSS represented at the conference. I am sure the conference counted as annual training opportunity. Also, if LDSS are members of CWLA, they also have training opportunities.

**Question 3: What are some strengths in the training offerings for ongoing training?**

- Henrico- Leadership/Supervisory Trainings-
- Charlottesville- VDSS Micro Learnings & Refreshers, Transmittals-
- VDSS- Training Academy is coming soon- maybe in the next year- to provide supervisor specific training for programs-

**Question 4: What are some areas of opportunities or some gaps in what is offered for ongoing training?**

- LCPA- do they have a list of trainings offered?
- Henrico- VLC is okay, but if it could set up a whole list of trainings available by topic area, it would be better than having to search
- Regional- Trainings that allow for Practice of Skills like the Motivational Interviewing Training.
- Benefit of In Person trainings- being recorded and having it played back so you can see your errors and strengths.
- People need training for Counseling and Empathy topics that they may not have received in College if they are a Criminal Justice or English major for example.
- use 5 minute youtube videos- this is the TikTok generation
- Also use Online 5 hour Suicide Prevention Training for Child Welfare Staff dealing with Youth

**Breakout Room 4: Training for Residential Staff/LCPA Case Managers**

**Question 1: What are the training requirements for providers at your agency/facility? (Start with discussion of initial training)**

- Cumberland offers very detailed orientation on child abuse, de-escalation, mandated reporting, etc. Continue to add training every year and enhance to include new topics and focus areas.

**Question 2: What are the requirements for ongoing training? How is it provided, are there specialized trainings based on needs or is it standardized for continuing education? Is it offered in house or do you hire guest speakers?**

- Follow up questions: Training virtual/in person? Are trainings repeated on a schedule?
- Collaborative problem solving approach throughout all training
- Mostly in house training
- Everything is repeated yearly – hitting similar points that were trained in orientation in smaller amounts – this is also updated with new material or what’s “trending” in risk factors (such as youth finding new ways to harm themselves, e.g. Tide Pod challenges and similar)

**Question 3: How is training completion monitored? (at an agency level and at a licensing level)**

- UMFS - training records are kept in electronic records in training system for some – grant access to licensing auditors to selected files
- HealthStream monitoring – people can only see trainings required of their subordinates
- At Cumberland, everything is still paper
- CQI and Risk Management is in charge of this – monitoring and tracking
- *Many folks in this breakout group were not involved in the training side of their organization, some were high level directors of public facing/marketing departments etc. that haven't done front line training in over ten years*

**Question 4: In what ways do the training courses provide the knowledge and skills to staff to carry out their duties in regards to the children placed in their facility or homes?**

- Modifying trainings to include the most up to date information
- Trying to be innovative as possible, use adult training principles, design thinking, different delivery strategies – all very program specific (AKA generations of caring as an evidence based approach for TFC department)
- Everyone gets trauma and professionalism training, but really trying to go beyond that, try to stay a step ahead of upcoming information
- Question 5: What are some gaps or areas of opportunity where staff training could improve?
- Being trained alongside what LDSS is being trained on (e.g. the kinship navigators)
- More collaborative training across different types of orgs and providers
- Providers feel like they are the last to know (goes state, local, then trickles down to “us” - the LCPAs)

## Checklist for Initial Provider Approval

Based on 22VAC40-211

Agency: \_\_\_\_\_

Type of Provider Approval:  Dual  Respite Only ICPC # (if applicable): \_\_\_\_\_

Applicant A: \_\_\_\_\_

Applicant B: \_\_\_\_\_

Other adult caregivers in the home: \_\_\_\_\_

### Background Checks:

Adoption reminder: Approval must be maintained until finalization and federal criminal checks completed within 18 months of finalization

### Requirements to initiate placement in a kinship foster home:

Names of All Adult Household Members	VA State Police Name Check	VA State Police Name Check	OASIS Search	Search
	Requested date	Results date	Requested date	Results date

Date of Physical Home Environment Checklist: \_\_\_\_\_

Has a kinship foster parent waiver been submitted?  Yes  No  N/A Date kinship waiver expires: \_\_\_\_\_

### Requirements for ALL foster home approvals:

Names of All Adult Household Members	Federal Fingerprint Criminal Record Check	Federal Fingerprint Criminal Record Check	VA Central Registry & CPS from Other States	VA Central Registry & CPS from Other States	DMV Check For Caregivers & Household members	DMV Check For Caregivers & Household members	Sworn Statement
	Requested date	Results date	Requested date	Results date	Requested date	Results date	Date signed

### TB Information:

Names of All Household Members	TB Screen Date	TB Test Date	Results

### Physical Exam Information:

Names (For Adult Caregivers Only)	Physical Exam Date	Results

### Checklist for Initial Provider Approval

Based on 22VAC40-211

Yes (Date Verified)	No (Notes or action taken)	Requirement <i>Check "Yes" or "No" or mark "N/A" for each item</i>
<b>Documentation</b>		
		Applicant A is at least the age of 18
		Applicant B is at least the age of 18
		Applicant A has reviewed and signed the Confidentiality Agreement
		Applicant B has reviewed and signed the Confidentiality Agreement
		Applicant A has reviewed and signed the <i>Discipline Agreement (formerly Corporal Punishment Agreement)</i>
		Applicant B has reviewed and signed the <i>Discipline Agreement (formerly Corporal Punishment Agreement)</i>
		Applicant A has reviewed (and signed, if a child is placed) the Code of Ethics
		Applicant B has reviewed (and signed, if a child is placed) the Code of Ethics
		<i>Applicant A has reviewed and signed the Foster Parent Bill of Rights &amp; Dispute Process</i>
		<i>Applicant B has reviewed and signed the Foster Parent Bill of Rights &amp; Dispute Process</i>
		Three face-to-face interviews have been conducted (Dates: _____, _____, _____)
		Financial/Employment History verified <i>(Not required for respite provider)</i> .
		Pre-Service Training Completed for Applicant A
		Pre-Service Training Completed for Applicant B
		<i>Mandated Reporter Training for Applicant A</i>
		<i>Mandated Reporter Training for Applicant B</i>
		Marriage certificate of Applicant A <i>(visually verify if applicable)</i>
		Marriage certificate of Applicant B <i>(visually verify if applicable)</i>
		Divorce decree of Applicant A <i>(visually verify if applicable)</i>
		Divorce decree of Applicant B <i>(visually verify if applicable)</i>

### Checklist for Initial Provider Approval

Based on 22VAC40-211

Yes (Date Verified)	No (Notes or action taken)	Requirement <i>Check "Yes" or "No" or mark "N/A" for each item</i>
		Has a non-safety waiver been requested and paperwork submitted to Regional Office for approval
		Has the applicant previously applied to or was approved, denied, and or closed by any other local department or licensed child-placing agency?
		If answer to previous question is yes, has the provider signed a request to release information?
		<i>The Physical Home Environment Checklist was completed and the home meets standards of approval.</i>

#### Non-required Criteria Suggested to Review with Provider:

Discussed	Criteria
	Challenging behaviors as communication and meeting a child in care's needs
	Keeping family connections for children/youth in care
	Foster families as a support and not a substitute
	Dangers of smoking (second-hand smoke) in a closed environment with child.
	Safekeeping of age-restricted substances and over-the-counter medications.
	Safekeeping of car keys.
	Carbon monoxide detector/testing.
	Making childcare arrangements.

Completed by: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Projected Date for Re-Approval (3 years): \_\_\_\_\_

## **Appendix C-22**

Appendix C-22 is available on the Office of Children’s Services website at <https://www.csa.virginia.gov/OCSReports/Reports/UtilizationReport.aspx>

To generate the reports provided in Appendix C-22, make the following selections for each fiscal year 2022-2024:

Report Type: SPT-MT by all Localities

Fiscal Year: Select a Fiscal Year from 2022-2024

YTD: Select No

Report Filter 1: All

Report Filter 2: MT 1 - LDSS Foster Care Prevention, MT 2 - DSS Non-Custodial Foster Care Agreement, MT 3 - DSS Entrustment/Custody – Abuse/Neglect, MT 4 - Child in Need of Services (CHINS) – Community-based Services, MT 5 - Child in Need of Services (CHINS) – CSA Parental Agreement, MT 6 - DSS Entrustment/Custody – Court Ordered for CHINS, MT 7 - DSS Entrustment/Custody – Court Ordered for Truancy, MT 8 - DSS Entrustment/Custody – Court Ordered for Delinquency, MT 12 - Kinship Guardianship

## **Appendix C-23**

Appendix C-23 is available on the Office of Children’s Services website at [https://www.csa.virginia.gov/content/doc/CSA\\_Time\\_to\\_Service\\_Survey\\_FY2023.pdf](https://www.csa.virginia.gov/content/doc/CSA_Time_to_Service_Survey_FY2023.pdf)

## **Appendix C-24**

Appendix C-24 is available on the Office of Children’s Services website at [https://www.csa.virginia.gov/content/doc/Treatment\\_Foster\\_Care\\_Services\\_Under\\_the\\_Childrens\\_Services\\_Act\\_2024.pdf](https://www.csa.virginia.gov/content/doc/Treatment_Foster_Care_Services_Under_the_Childrens_Services_Act_2024.pdf)

**LDSS Child Welfare Survey Results - Item 29**

There are appropriate services in my community to address family needs.

Survey Year	Yes	Some	No	Total
2025	144 (23%)	425 (67%)	67 (11%)	636
2024	47 (19%)	159 (64%)	41 (17%)	247
2023	49 (17%)	189 (67%)	46 (16%)	284
Total	240 (21%)	773 (66%)	154 (13%)	1167

There are appropriate services in my community to address children’s needs.

Survey Year	Yes	Some	No	Total
2025	159 (25%)	424 (67%)	52 (8%)	635
2024	46 (19%)	165 (67%)	36 (15%)	247
2023	47 (16%)	194 (68%)	44 (15%)	285
Total	252 (22%)	783 (67%)	132 (11%)	1167

There are appropriate services in my community to keep children safely in their homes.

Survey Year	Yes	Some	No	Total
2025	168 (26%)	422 (66%)	45 (7%)	635
2024	47 (19%)	172 (70%)	26 (11%)	245
2023	64 (23%)	194 (68%)	26 (9%)	284
Total	279 (24%)	788 (68%)	97 (8%)	1164

There are appropriate services in my community to help children achieve permanency.

Survey Year	Yes	Some	No	Total
2025	162 (26%)	398 (65%)	56 (9%)	616
2024	46 (20%)	151 (66%)	32 (14%)	229
2023	54 (20%)	189 (69%)	30 (11%)	273
Total	262 (23%)	738 (66%)	118 (11%)	1118

There are appropriate services in my community to help children to return home if they are in foster care.

Survey Year	Yes	Some	No	Total
2025	166 (27%)	404 (66%)	40 (7%)	610
2024	50 (22%)	145 (64%)	31 (14%)	226
2023	56 (21%)	181 (68%)	31 (12%)	268
Total	272 (25%)	730 (66%)	102 (9%)	1104



**CWAC Feedback Session: 4/16/2025**

During April's CWAC meeting, CWAC members were broken into smaller groups to dig deeper into some of the areas of functioning around service array and resource development and individualization of services. Listed below are the notes from these breakout sessions along with the facilitator prompts.

**Breakout Room: Services that assess the strengths and needs of children and families and determine other service needs**

**1. What are the services available in Virginia in this breakout room category?**

- Parental psychological evaluations are completed on all parents to tailor services to the needs of parents. These are used for in-home and family preservation. Attachment evaluations can also be completed. (Richmond area) One concern expressed is that the psychological evaluations used by many LDSS do very poor parenting evaluations, very cookie-cutter, often by the same provider, and sometimes cut-and-paste jobs. I spoke to a psychologist who does good evals, and he said he even reported some of these evaluators for not doing the kinds of assessments that should be done. The good evaluators insist upon seeing the parent multiple times, and seeing the parent with the child. These are expensive, which is why I'm guessing these evaluators are not used more often.
- Children also have psychological evaluations sometimes. Trauma evaluation are also available but very lengthy and multi-visit process. Can take months to get results.
- Efforts are made to gather prior evaluations to limit duplication of efforts. Use to have more providers to do psychological evaluations. Sometimes its helpful to have a youth in counseling services first and then complete an evaluation. (Charlottesville)

**2. What are the differences in service availability and accessibility for populations across localities, particularly for those within the state that experience poorer outcomes?**

- Central Virginia may have some advantages with more services compared to rural areas in Virginia. Charlottesville may also be resource rich, but after COVID providers have longer waitlists. Still struggling in the area of assessment and service provision.

**3. Are there waitlists for these services?**

- Absolutely have waitlists for psychological evaluations. Even though there are resources, have instances waiting up to six months for evaluations. Since COVID, waitlists have been longer and business has picked up. Waitlists often several months long.

The impact of waitlists on service provisions. If there's already a known diagnosis or substance abuse issue, can still go ahead and connect to relevant services. The Parenting psychological can be informative to hone in on areas of need. It does slow things down waiting on evaluations and recommendations. Focus on obvious next step while waiting on further information.

For Charlottesville, waitlists can be 1-2 months for some services, but substance abuse services can sometimes be quicker. It can delay service planning and progressing towards goals and increase length of stay in foster care.

**4. Are there any gaps in these services?**

- Having more opportunities for trauma assessments would be helpful. Important to understand impact of prior traumas. One of the groups that has been important for clients but not available is DBT (Dialectical Behavioral Therapy- helps people manage emotions and navigate relationships/parenting) groups for Borderline Personality Disorder. Delays have impacted timeline on case. (Henrico)
- Might have different areas of gaps-have psychological assessments available

but not specific parenting assessments. DBT not available in Charlottesville.

**5. Thinking about the last three years, what are some areas we've seen improvement in services in this area?**

- Improvement in Evidence Based Providers. But only have one EBT option in Charlottesville area—one provider for MST (Multi Systemic Therapy—for older youth).
- More in Richmond area than maybe in Charlottesville, but not many EB services. Might depend on MCO to find providers.  
Family First Prevention Act-PCIT, FFT (Richmond)
- MST, Family Check Up (Children's Home Society)-Charlottesville
- When QRTP was implemented, funding was approved for staff in residential to be trained in IV-E reimbursable services. Suggested to ask for funds in Governors Budget to ask for training funding for providers.
- Prevention program is working on EBT providers to present on services in regional roundtables. Eastern region has an array of opportunities. The challenge is reaching areas without any services.

**Topic: Services that address the needs of families and individual children to create a safe home environment –**

**1. What are the services available in Virginia in this breakout room category?**

- example of fixing locks on doors, providing cleaning services
- In-home services
- Parenting classes/services
- Substance use services
- Mental Health Services
  - Counseling
- Support for relatives outside of foster care
  - Keeping children with extended family members
- Supports that agency's are putting in place. (Asked by Jen)
  - No answer
- Heating and Cooling Assistance
- Post Adoption Services

**2. What are the differences in service availability and accessibility for populations across localities, particularly for those within the state that experience poorer outcomes?**

- Housing and food support
  - Refugee populations may have less access to affordable housing along with other potential populations
- Transportation
  - Unmet needs that led to children and families not being able to participate in services
- Funding and Staffing
  - Funding is different from agency to agency
- Language
  - Can create barriers in accessing services and/or the timeliness of services
    - Impacts the effectiveness of the service delivery if the child/family has to wait a substantial length of time
- FAPT

- FAPT times do not meet as frequently in certain localities
  - Telehealth, Internet
    - Rural areas internet is spotty or not available at all
- 3. Are there waitlists for these services? How long are waitlists? Do waitlists vary by area or region?**
  - Waitlist Length
    - There are areas in which waitlist are much longer than others
    - 6-10 months wait to provide a youth with counseling services
    - It could be a month before FAPT is able to meet and another 6-10 months for the service to being
    - Shortage of doctors and long waitlist for medical/health care
  - Court Waitlist
    - Concerns of having to wait for protective order or other pertinent hearing to take place
- 4. Are there any gaps in these services?**
  - **Where are the areas of opportunity?**
    - Housing
    - Medical Care
      - Shortage of doctors
      - Extended waits for appointments
    - Lack of resources and supports in community
      - Leading to children entering care
    - Clinical evaluations
      - Then the implementation of follow up services
    - School challenges
      - Children being homebound
        - Leads to safety issues within the home with increased aggression
        - Additional financial stressors if the parent must stay at home
        - Parents may not know how to access services
    - Limited utilization of Evidence Based Practices/Services
      - Ensuring that workers are knowledgeable about what Evidence Based Practices/Services
    - Workforce turnover
      - Often causes gaps in services and the types of services use
    - VDSS Looking to expand to provide Post KinGap Services
    - Post Adoption Services
      - Do families know how to access these services when needed
- 5. Thinking about the last three years, what are some areas we've seen improvement in services in this area?**
  - Providing services/funding to kin/relatives
    - Increase in funding allocation
  - Family First Funding
    - Could led to possible reduction of youth coming into care
  - Parental Child Safety Placement Program
  - Kinship Navigators
  - Use of Family Check Up (Evidenced Based Practices/Services)

- More availability of Evidence Based Practices/Services
  - More service providers
  - Available in more areas
- A shift in child welfare culture
  - Kinship
  - Services offered to children and families

**Break out session: Services that help children in foster and adoptive placements achieve permanency**

**1. What are the services that are available in Virginia to help support permanency?**

Support for family of origin, parent support partner or parent aide, parent coach, mental health skill builder, parental capacity, third provider help with family time, supervised visitation, family therapy

Relatives getting custody: Kinship navigators, TFC agencies, respite with relatives, funding programs, VDSS contract programs, family therapy services

Adoptions: ATPC contractors and resource directory, TFC providers, special services payments, if they meet criteria, family Therapies, recruitments, placement, post adoptions needs, post adoption specific services

- 2. What are the availabilities for services across localities?** Transportation is a large area of need, one locality: CSB is in south end of county with no public transportation, families knowledge of what is available. Trust factor didn't like the initial report, so leery to disclose further. Even with new providers and vendors and sticking to it. Rural areas, no choice of array of services, quality is not there, or large wait lists. Different languages: can be limited in services, even more bi-lingual workers could be beneficial. Transcription services, helping with the LDSS money for that service. Competition of services with close localities in regard to services. Limited programs depending on diagnosis and access. Having quality trauma, multicultural and LGBTQ informed providers. Providers not knowing how to deal with behaviors and more information in de-escalation. Mileage, population, incarcerated individuals and access to services, parents outside of the state.
- 3. Waitlist for these services?** Qualified psychotropic medications are hard to find psychiatrist to prescribe, so PCP are prescribing, sometimes this leads to over prescription. Someone who knows how to navigate this process. Quality, who can give children what they need, help with reunification, therapy, court. High needs, consistency of providers with reports. Even in big cities, wait list is long too. Insurance some providers don't take their MCO. Medicaid MCO needs to be uniform, which now they will be! Displaced kids, High Acuity kids, emergency shelters are non- existence, A and D are not likely to take our kids and very limited respite.
- 4. Are there any gaps in these services?** Gap survey, that can inform the community at large, where are the holes in services. Jurisdictions can be more informed about this. Opportunities? What services are needed; can we bring these here. Needs assessment for the community, one step at a times. Similar to how Anthem is partnering with VDSS. How could we partner up, what does the data say? Social determinacy of health, to fully serve the community. Care managers are always willing to help support to find those in network providers. List of providers that Anthem can use. So, Anthem can get a service list. How do credential these providers? We always try to make sure, check the Dept. of Health to make sure you are getting the best provider possible.
- 5. Thinking about the last three years, what are some areas we've seen improvement in**

**services in this area?** Where an agency sits, rural, urban, could vesiculate and change, more services geared towards older your, quality, fostering futures since 2016, Mental health access providers, acute unit. VCU children's hospital, only foster care patients. Mental health needs met. Parent coaching services have increased, visitation increases, supporting reunification efforts. Post adoption services: maintained. Mental health assessments are more accessible. Project Bravo, 2021 new evidence-based services partial hospitalizations, community, Family Functional Therapy, Mobile crisis, community stabilizing.

**Individualization of services:**

**How are services individualized to meet the unique needs of children and families served by the agency?**

Services are tailored through a comprehensive assessment process that evaluates each family's strengths, challenges, cultural background, and goals. Caseworkers develop individualized service plans in collaboration with families, ensuring support is responsive to their specific needs — whether that's access to mental health care, housing assistance, parenting classes, or trauma-informed care. Flexibility and client voice are central to our approach.

**2. What are the unique needs of our populations?**

Our populations include families facing poverty, housing instability, substance use issues, domestic violence, and intergenerational trauma. We also serve a growing number of non- English speaking families, kinship caregivers, and children with emotional or behavioral health needs. Recognizing these dynamics, we focus on culturally competent and trauma- informed practices to better support them.

**3. How are the services in Virginia/your community responsive to disability or special needs of children and families?**

Virginia DSS collaborates with schools, early intervention services (like Part C), and local Community Services Boards (CSBs) to support children and families with disabilities. We offer case management that includes connections to occupational therapy, speech therapy, or in-home supports. Caseworkers receive training on the IDEA Act and the rights of individuals with disabilities to ensure services align with federal and state guidelines.

**4. How are services in Virginia/your community responsive to these unique needs?** Our community works to address these needs through partnerships — with local nonprofits, health departments, faith-based organizations, and mental health providers. We prioritize wraparound services and a family-centered approach, and we utilize flexible funding sources to address immediate needs like food, housing, and transportation. Language access services and culturally responsive programming help ensure equity in service delivery.

**5. How are services individualized for families of diverse populations?**

Diversity is respected through intentional practices: translation and interpretation services are available for non-English speakers; staff receive regular training on cultural humility; and we involve cultural liaisons when possible. We also tailor family support plans to respect different family structures, values, and traditions. For example, we work closely with kinship families and ensure services reflect their unique caregiving role.

**Appendix C-27: CSA Services by Expenditures, Child Counts, and Locality Counts (FYs 2022-2024) By Region**

**Foster Care**

<b>Services by Region</b>	<b>Distinct Child Count</b>	<b>Total Net Expenditures</b>	<b>Locality Count</b>
<b>Central</b>			
Acute Psychiatric Hospitalization	2	\$88,655.00	2
Applied Behavior Analysis	3	\$23,744.00	2
Assessment/Evaluation	174	\$696,545.08	22
Case Support	61	\$687,480.54	10
Crisis Stabilization	3	\$10,213.90	3
Family Support Services	492	\$3,436,822.24	16
Independent Living Services	369	\$13,559,953.81	24
Individualized Support Services	254	\$2,255,459.68	15
Intensive Care Coordination	27	\$145,685.59	7
Intensive Care Coordination Family Support Partner	12	\$205,363.13	2
Intensive In-Home Services	6	\$18,227.40	5
Maintenance – Basic	1,572	\$7,254,646.84	25
Maintenance – Child Care Assistance	243	\$1,179,471.74	11
Maintenance – Clothing Supplement	1,118	\$362,122.25	23
Maintenance – Enhanced	1,055	\$6,210,593.73	24
Maintenance – Independent Living	99	\$512,384.53	20
Maintenance – Transportation	237	\$1,966,688.61	8
Material Support	105	\$107,834.49	8
Mental Health Skills Building	4	\$10,919.00	3
Mentoring	355	\$2,133,615.53	19
Other	171	\$691,443.55	20
Outpatient Services	159	\$803,165.30	13
Private Foster Care Support, Supervision and Administration	941	\$24,052,981.53	25
Private Residential School	18	\$355,943.72	9
Residential Case Management	106	\$972,867.38	13
Residential Daily Supervision	167	\$2,631,549.27	15
Residential Education	295	\$5,921,926.53	23
Residential Medical Counseling	23	\$156,005.74	8
Residential Room and Board	370	\$9,964,321.93	21
Residential Supplemental Therapies	87	\$757,663.93	16
Respite	6	\$7,457.62	3
Special Education Related Services	10	\$49,355.71	5
Sponsored Residential Home Services	3	\$93,612.80	2
Therapeutic Day Treatment for Children and Adolescents	4	\$86,636.18	3
Transportation	136	\$1,232,986.79	14
Treatment Foster Care Case Management	112	\$1,129,284.73	13
<b>Eastern</b>			
Acute Psychiatric Hospitalization	5	\$229,632.26	3
Applied Behavior Analysis	4	\$60,750.00	1
Assessment/Evaluation	261	\$851,961.92	20
Case Support	51	\$369,780.99	9
Cognitive Behavioral Therapy (CBT)	1	\$520.00	1
Crisis Intervention	3	\$2,605.10	2
Crisis Stabilization	8	\$41,933.58	7
Family Support Services	639	\$4,196,782.22	14

Appendix C-27: CSA Services by Expenditures, Child Counts, and Locality Counts By Region

Independent Living Services	325	\$11,474,201.41	21
Individualized Support Services	224	\$1,794,738.20	15
Intensive Care Coordination	9	\$59,114.45	3
Intensive Care Coordination Family Support Partner	8	\$14,780.96	2
Intensive In-Home Services	4	\$17,991.16	3
KinGap – Basic Maintenance	1	\$547.00	1
Maintenance – Basic	2,210	\$8,060,555.33	23
Maintenance – Child Care Assistance	473	\$2,072,000.03	18
Maintenance – Clothing Supplement	1,522	\$489,645.73	21
Maintenance – Enhanced	1,680	\$9,706,146.93	22
Maintenance – Independent Living	141	\$936,391.12	15
Maintenance – Transportation	13	\$40,564.93	4
Material Support	61	\$119,595.23	11
Mental Health Case Management	2	\$8,800.00	1
Mental Health Skills Building	1	\$6,370.00	1
Mentoring	204	\$1,029,290.70	18
Other	237	\$460,056.10	15
Outpatient Services	245	\$456,160.49	12
Parent Child Interaction Therapy (PCIT)	10	\$4,375.00	2
Private Foster Care Support, Supervision and Administration	1,421	\$31,928,772.30	19
Private Residential School	5	\$88,311.07	5
Residential Case Management	13	\$111,347.40	7
Residential Daily Supervision	113	\$2,006,744.55	16
Residential Education	176	\$3,493,026.16	19
Residential Medical Counseling	5	\$39,599.20	4
Residential Room and Board	299	\$6,698,219.82	19
Residential Supplemental Therapies	54	\$905,181.81	8
Respite	191	\$146,743.06	4
Special Education Related Services	8	\$17,522.00	4
Sponsored Residential Home Services	5	\$140,867.58	3
Substance Abuse Case Management	2	\$10,158.45	2
Therapeutic Day Treatment for Children and Adolescents	4	\$11,702.06	4
Transportation	163	\$396,987.40	13
Treatment Foster Care Case Management	141	\$1,135,913.31	15
<b>Northern</b>			
Acute Psychiatric Hospitalization	11	\$186,625.88	6
Applied Behavior Analysis	13	\$108,201.66	7
Assessment/Evaluation	546	\$1,588,183.54	25
Brief Strategic Family Therapy	1	\$387.00	1
Case Support	121	\$893,928.26	18
Crisis Intervention	2	\$5,232.83	2
Crisis Stabilization	18	\$143,310.99	7
Family Check-Up	1	\$569.00	1
Family Partnership Facilitation	361	\$395,019.75	4
Family Support Services	1,192	\$8,203,809.00	25
Functional Family Therapy (FFT)	4	\$11,305.66	3
Independent Living Services	498	\$18,390,600.95	25
Individualized Support Services	577	\$6,766,099.67	20
Intensive Care Coordination	45	\$173,412.47	10
Intensive Care Coordination Family Support Partner	9	\$33,585.45	5
Intensive In-Home Services	10	\$63,154.50	4
KinGap – Basic Maintenance	3	\$2,050.00	1
Maintenance – Basic	2,780	\$15,083,549.10	26

Appendix C-27: CSA Services by Expenditures, Child Counts, and Locality Counts By Region

Maintenance – Child Care Assistance	658	\$3,539,574.00	23
Maintenance – Clothing Supplement	2,069	\$691,838.91	26
Maintenance – Enhanced	2,026	\$11,716,395.38	26
Maintenance – Independent Living	228	\$1,970,909.60	25
Maintenance – Transportation	173	\$657,358.22	12
Material Support	102	\$85,257.25	9
Mental Health Case Management	8	\$23,070.00	2
Mental Health Skills Building	13	\$12,004.00	5
Mentoring	518	\$2,926,504.52	26
Other	752	\$3,105,770.65	23
Outpatient Services	826	\$2,161,856.52	25
Parent Child Interaction Therapy (PCIT)	4	\$2,265.00	2
Private Foster Care Support, Supervision and Administration	1,301	\$29,769,919.96	25
Private Residential School	28	\$528,739.47	13
Residential Case Management	91	\$494,583.59	21
Residential Daily Supervision	247	\$4,857,374.38	25
Residential Education	357	\$7,490,829.68	25
Residential Medical Counseling	38	\$226,149.24	16
Residential Room and Board	522	\$15,778,430.87	26
Residential Supplemental Therapies	138	\$2,025,794.70	23
Respite	116	\$71,876.10	10
Special Education Related Services	34	\$464,793.39	10
Sponsored Residential Home Services	12	\$350,467.55	4
Substance Abuse Case Management	56	\$195,216.24	8
Therapeutic Day Treatment for Children and Adolescents	16	\$156,210.01	6
Transportation	825	\$6,362,265.37	18
Treatment Foster Care Case Management	378	\$2,636,322.81	20
Utilization Review	195	\$417,017.00	6
<b>Piedmont</b>			
Acute Psychiatric Hospitalization	8	\$734,808.93	4
Applied Behavior Analysis	2	\$27,885.00	1
Assessment/Evaluation	441	\$1,414,179.78	29
Brief Strategic Family Therapy	1	\$1,575.00	1
Case Support	55	\$126,821.37	14
Cognitive Behavioral Therapy (CBT)	2	\$1,655.00	2
Crisis Stabilization	3	\$34,714.40	2
Family Check-Up	2	\$215.00	1
Family Partnership Facilitation	20	\$9,166.50	6
Family Support Services	928	\$7,880,806.32	24
Functional Family Therapy (FFT)	4	\$28,512.00	2
Independent Living Services	472	\$15,952,200.87	27
Individualized Support Services	387	\$3,168,278.96	24
Intensive Care Coordination	132	\$783,028.26	11
Intensive Care Coordination Family Support Partner	22	\$43,830.50	3
Intensive In-Home Services	2	\$5,500.86	2
Maintenance – Basic	3,171	\$13,351,620.34	29
Maintenance – Child Care Assistance	727	\$2,537,393.31	21
Maintenance – Clothing Supplement	2,328	\$720,620.69	30
Maintenance – Enhanced	2,361	\$15,195,443.09	29
Maintenance – Independent Living	228	\$1,142,154.45	26
Maintenance – Transportation	30	\$66,593.66	8
Material Support	281	\$303,776.33	13
Mental Health Case Management	6	\$15,497.42	2



Appendix C-27: CSA Services by Expenditures, Child Counts, and Locality Counts By Region

Mental Health Skills Building	4	\$10,646.00	4
Mentoring	531	\$2,495,678.41	26
Other	401	\$529,055.44	20
Outpatient Services	940	\$2,700,579.92	23
Parent Child Interaction Therapy (PCIT)	1	\$1,375.00	1
Private Foster Care Support, Supervision and Administration	2,390	\$56,237,391.38	29
Private Residential School	23	\$303,703.36	10
Residential Case Management	66	\$703,465.28	20
Residential Daily Supervision	176	\$2,660,268.36	28
Residential Education	523	\$11,984,968.43	28
Residential Medical Counseling	40	\$305,443.06	16
Residential Room and Board	663	\$20,656,435.57	29
Residential Supplemental Therapies	80	\$857,261.59	21
Respite	11	\$6,495.00	2
Special Education Related Services	20	\$259,868.73	9
Sponsored Residential Home Services	5	\$163,427.11	4
Substance Abuse Case Management	14	\$7,915.44	7
Therapeutic Day Treatment for Children and Adolescents	22	\$75,920.94	6
Transportation	240	\$271,475.65	17
Treatment Foster Care Case Management	244	\$441,760.78	23
Utilization Review	318	\$256,800.00	3
<b>Western</b>			
Acute Psychiatric Hospitalization	3	\$101,025.00	1
Applied Behavior Analysis	4	\$10,945.00	3
Assessment/Evaluation	404	\$900,970.40	21
Case Support	96	\$124,036.56	9
Cognitive Behavioral Therapy (CBT)	2	\$1,890.00	1
Crisis Intervention	2	\$1,845.97	1
Crisis Stabilization	2	\$3,171.85	2
Family Partnership Facilitation	1	\$1,150.00	1
Family Support Services	475	\$2,045,984.52	19
Functional Family Therapy (FFT)	2	\$4,720.55	1
Independent Living Services	182	\$5,542,009.13	21
Individualized Support Services	236	\$918,642.88	19
Intensive Care Coordination	50	\$206,029.31	9
Intensive Care Coordination Family Support Partner	3	\$4,207.50	2
Intensive In-Home Services	5	\$25,444.50	4
KinGap – Basic Maintenance	2	\$2,022.03	1
Maintenance – Basic	1,898	\$7,291,334.82	22
Maintenance – Child Care Assistance	187	\$507,180.04	17
Maintenance – Clothing Supplement	1,351	\$435,190.45	21
Maintenance – Enhanced	1,264	\$6,922,809.18	21
Maintenance – Independent Living	149	\$755,455.21	20
Maintenance – Transportation	18	\$22,506.92	7
Material Support	62	\$43,028.76	11
Mental Health Case Management	2	\$2,968.71	2
Mental Health Skills Building	11	\$53,899.24	4
Mentoring	235	\$980,939.30	20
Other	201	\$223,571.67	17
Outpatient Services	115	\$326,349.55	17
Parent Child Interaction Therapy (PCIT)	1	\$248.00	1
Private Foster Care Support, Supervision and Administration	1,557	\$35,256,691.66	21
Private Residential School	39	\$755,356.22	10

Appendix C-27: CSA Services by Expenditures, Child Counts, and Locality Counts By Region

Residential Case Management	100	\$484,452.52	18
Residential Daily Supervision	154	\$1,977,302.54	20
Residential Education	328	\$6,831,956.91	21
Residential Medical Counseling	26	\$146,846.94	10
Residential Room and Board	408	\$11,362,845.23	22
Residential Supplemental Therapies	61	\$731,097.38	16
Respite	4	\$3,451.69	3
Special Education Related Services	18	\$250,705.91	4
Sponsored Residential Home Services	5	\$45,463.63	4
Substance Abuse Case Management	7	\$10,138.97	4
Therapeutic Day Treatment for Children and Adolescents	2	\$7,305.00	2
Transportation	85	\$109,484.13	14
Treatment Foster Care Case Management	179	\$1,394,655.39	17
Utilization Review	1	\$4,440.00	1
<b>Grand Total</b>	<b>65,926</b>	<b>\$581,485,821.59</b>	<b>130</b>

**In-Home**

Services by Region	Distinct Child Count	Total Net Expenditures	Locality Count
<b>Central</b>			
Assessment/Evaluation	58	\$121,441.28	23
Case Support	17	\$34,337.07	6
Cognitive Behavioral Therapy (CBT)	1	\$1,300.00	1
Family Support Services	241	\$1,332,154.30	36
Functional Family Therapy (FFT)	2	\$8,949.00	2
Independent Living Services	1	\$3,900.00	1
Individualized Support Services	24	\$300,629.50	10
Intensive Care Coordination	12	\$81,617.55	10
Intensive Care Coordination Family Support Partner	1	\$78.75	1
Intensive In-Home Services	12	\$65,809.63	9
Maintenance – Clothing Supplement	4	\$1,168.76	3
Material Support	8	\$21,329.83	6
Mental Health Case Management	1	\$2,400.00	1
Mental Health Skills Building	2	\$2,380.00	1
Mentoring	222	\$1,133,116.83	28
Other	23	\$58,742.25	9
Outpatient Services	45	\$233,152.59	14
Transportation	2	\$3,723.76	2
<b>Eastern</b>			
Applied Behavior Analysis	1	\$170.00	1
Assessment/Evaluation	129	\$265,935.35	17
Case Support	3	\$3,550.04	3
Crisis Intervention	1	\$2,252.88	1
Crisis Stabilization	1	\$896.88	1
Family Support Services	684	\$5,124,066.31	22
Independent Living Services	6	\$25,672.00	3
Individualized Support Services	385	\$2,930,531.05	10
Intensive Care Coordination	5	\$13,293.44	4
Intensive Care Coordination Family Support Partner	2	\$2,280.83	2
Intensive In-Home Services	23	\$134,360.27	8
Maintenance – Clothing Supplement	12	\$3,158.49	9
Material Support	59	\$75,078.54	8

Appendix C-27: CSA Services by Expenditures, Child Counts, and Locality Counts By Region

Mental Health Case Management	36	\$89,134.15	6
Mental Health Skills Building	1	\$1,925.00	1
Mentoring	248	\$1,361,158.49	18
Multisystemic Therapy (MST)	1	\$6,872.01	1
Other	8	\$81,052.26	6
Outpatient Services	123	\$136,397.92	12
Parent Child Interaction Therapy (PCIT)	1	\$310.04	1
Respite	218	\$214,351.86	4
Substance Abuse Case Management	3	\$5,170.00	3
Transportation	20	\$16,171.40	7
Utilization Review	15	\$31,000.00	3
<b>Northern</b>			
Applied Behavior Analysis	13	\$137,530.85	7
Assessment/Evaluation	334	\$605,421.20	47
Case Support	148	\$266,452.97	19
Cognitive Behavioral Therapy (CBT)	2	\$2,025.00	2
Crisis Intervention	20	\$74,550.00	7
Crisis Stabilization	20	\$77,755.44	9
Family Partnership Facilitation	262	\$168,937.68	4
Family Support Services	1,187	\$5,428,028.54	56
Functional Family Therapy (FFT)	18	\$64,048.36	10
Independent Living Services	11	\$47,905.39	7
Individualized Support Services	214	\$756,793.92	27
Intensive Care Coordination	42	\$257,823.99	17
Intensive Care Coordination Family Support Partner	34	\$87,679.55	10
Intensive In-Home Services	6	\$116,695.69	4
Maintenance – Clothing Supplement	28	\$8,036.68	14
Material Support	39	\$26,680.89	12
Mental Health Case Management	8	\$25,245.00	5
Mental Health Skills Building	11	\$11,263.50	8
Mentoring	697	\$4,002,888.36	52
Multisystemic Therapy (MST)	8	\$59,770.14	6
Other	67	\$143,122.28	23
Outpatient Services	573	\$1,168,230.20	53
Respite	27	\$18,527.54	11
Substance Abuse Case Management	62	\$314,211.69	18
Transportation	108	\$132,205.29	14
Utilization Review	14	\$8,580.00	4
<b>Piedmont</b>			
Assessment/Evaluation	157	\$348,602.18	34
Case Support	37	\$49,787.05	15
Family Partnership Facilitation	56	\$16,580.00	5
Family Support Services	572	\$2,920,755.25	55
Functional Family Therapy (FFT)	17	\$73,446.00	10
Independent Living Services	18	\$40,032.75	8
Individualized Support Services	101	\$253,743.72	20
Intensive Care Coordination	108	\$504,336.32	24
Intensive Care Coordination Family Support Partner	45	\$77,920.50	9
Intensive In-Home Services	6	\$22,574.50	6
Maintenance – Clothing Supplement	5	\$1,271.59	4
Material Support	419	\$1,024,604.93	15
Mental Health Case Management	4	\$3,388.63	4
Mental Health Skills Building	5	\$13,540.40	5

Appendix C-27: CSA Services by Expenditures, Child Counts, and Locality Counts By Region

Mentoring	329	\$1,563,617.04	45
Multisystemic Therapy (MST)	2	\$3,293.00	2
Other	21	\$8,428.10	8
Outpatient Services	403	\$980,960.64	39
Parent Child Interaction Therapy (PCIT)	1	\$607.00	1
Respite	19	\$16,629.16	8
Substance Abuse Case Management	16	\$5,210.14	5
Therapeutic Day Treatment for Children and Adolescents	2	\$1,100.47	2
Transportation	123	\$32,990.90	14
Utilization Review	37	\$25,500.00	8
<b>Western</b>			
Assessment/Evaluation	220	\$348,471.45	43
Case Support	24	\$39,410.08	8
Crisis Stabilization	8	\$39,797.50	3
Family Support Services	575	\$1,969,478.62	43
Functional Family Therapy (FFT)	3	\$9,031.76	3
Independent Living Services	1	\$16,572.50	1
Individualized Support Services	92	\$412,025.75	18
Intensive Care Coordination	140	\$395,982.50	19
Intensive Care Coordination Family Support Partner	13	\$36,298.75	4
Intensive In-Home Services	4	\$8,263.14	4
Maintenance – Clothing Supplement	5	\$1,275.80	4
Material Support	12	\$7,119.67	9
Mental Health Case Management	2	\$2,310.00	2
Mental Health Skills Building	3	\$4,918.00	2
Mentoring	191	\$594,879.10	37
Multisystemic Therapy (MST)	2	\$5,104.00	2
Other	6	\$9,261.15	4
Outpatient Services	109	\$322,833.48	24
Respite	2	\$8,550.00	2
Substance Abuse Case Management	12	\$25,085.00	4
Therapeutic Day Treatment for Children and Adolescents	2	\$3,255.12	1
Transportation	8	\$6,873.75	4
<b>Grand Total</b>	<b>10,551</b>	<b>\$40,197,147.85</b>	<b>1347</b>

# Foster Care Monthly Worker Visit Checklist

	Worker Responsibilities	Sample questions to ask the foster parent:	Sample questions to ask the child/youth:
<b>Safety</b>	<p><b>Assess child/youth’s safety and risk (including identification of safety threats, vulnerabilities, and protective capacities) by considering the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Does the child/youth appear safe and comfortable in the place of residence?</li> <li><input type="checkbox"/> Does the child/youth appear to be free of any physical injuries/or bruising? If not then formal action is required.</li> <li><input type="checkbox"/> Observe what is happening in the home.</li> <li><input type="checkbox"/> Observe the child/youth’s bedroom.</li> <li><input type="checkbox"/> Identify any concerns, changing circumstances, and challenges.</li> </ul> <p>Ensure there is one on one time with the foster parent and with the child/youth to provide ample opportunity to discuss any concerns privately.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Does the child/or youth appear safe and comfortable in your home?</li> <li><input type="checkbox"/> Who provides supervision to the child/youth when you are not home?</li> <li><input type="checkbox"/> Do you know who the child/youth’s friends are?</li> <li><input type="checkbox"/> Do you have any concerns/challenges with the youth’s use of social media?</li> <li><input type="checkbox"/> Has the child/youth fallen, gotten hurt/injured since the last worker visit?</li> <li><input type="checkbox"/> How does the child/youth get to/from school and/or work?</li> </ul> <p>Does the child/youth know what to do if there is an emergency?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Do you feel safe/comfortable in the foster home?</li> <li><input type="checkbox"/> Who watches you when the foster parents are not home? How do you feel when you are with this person?</li> <li><input type="checkbox"/> Do you visit friends or have friends visit you here?</li> <li><input type="checkbox"/> Have you fallen, gotten hurt/injured since the last worker visit?</li> <li><input type="checkbox"/> How do you get to/from school and/or work?</li> </ul> <p>Do you know what to do if there is an emergency?</p>
<b>Permanency</b>	<p><b>Assess progress toward permanency and child/youth’s readiness by considering the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The child/youth’s and placement provider’s understanding of the permanency plan using the foster care plan and case documents.</li> <li><input type="checkbox"/> Case goals, progress toward goals since the last visit, and actions needed—in language that all participants including the youth can understand.</li> <li><input type="checkbox"/> Upcoming court dates, FPM/TDM, Child Family Team Meetings, FAPT.</li> <li><input type="checkbox"/> Changes in primary/secondary FC goals.</li> <li><input type="checkbox"/> Child/youth concerns or questions regarding the foster care plan and permanency plan.</li> <li><input type="checkbox"/> Changes in academic progress, behavioral issues, suspension, BID/IEP meetings.</li> <li><input type="checkbox"/> Changes in community service/probationary issues.</li> <li><input type="checkbox"/> Changes in visitation with birth family, prior custodian, siblings, and other significant relationships.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> What are the goals for this child/youth and their family? How to you feel about them?</li> <li><input type="checkbox"/> How are the visits between the child/youth and their family?</li> <li><input type="checkbox"/> Does the child/youth have the opportunity to see other members of the family (siblings, grandparents, etc.)?</li> <li><input type="checkbox"/> Do you have any questions about the permanency goal or concurrent goal and what that means for this family?</li> <li><input type="checkbox"/> What is it like for this child/youth at school? Are there any challenges that you need to share?</li> <li><input type="checkbox"/> Do you understand the purpose of any upcoming meetings (FPM, TDM, child and family team meeting, FAPT) or court dates?</li> </ul> <p>What are the things that you need to support this child/youth achieving permanency?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> How are the visits with your family? What do you do during visits?</li> <li><input type="checkbox"/> What contact do you have with your family outside of visitation?</li> <li><input type="checkbox"/> Do you see other members of your family (siblings, grandparents, etc.)?</li> <li><input type="checkbox"/> If everything is the way you want it be, what would it look like and how can we help you get there?</li> <li><input type="checkbox"/> Do you have any questions about your permanency goal or concurrent goal and what that means for you and your family?</li> <li><input type="checkbox"/> What is it like at your school? Are there any challenges that you would like to share with me?</li> </ul> <p>Do you understand the purpose of any upcoming meetings (FPM, TDM, child and family team meeting, FAPT) or court dates? Who would you like to invite to support you during these meetings?</p>

# Foster Care Monthly Worker Visit Checklist

	Worker Responsibilities	Sample questions to ask the foster parent:	Sample questions to ask the child/youth:
Well-Being	<p><b>Assess the child/youth's well-being by considering the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Changes in child's behavior, loss/gain of privileges, activity level, eating habits, sleep patterns.</li> <li><input type="checkbox"/> Changes in interactions between child/youth and placement provider.</li> <li><input type="checkbox"/> Changes in physical/health/nutrition requiring medical attention.</li> <li><input type="checkbox"/> Changes and responses to prescribed medication/or over the counter medication.</li> <li><input type="checkbox"/> Changes in mental health/psychiatric hospitalizations.</li> <li><input type="checkbox"/> Extracurricular, enrichment, cultural, and social activities for the month (Normalcy).</li> </ul> <p style="text-align: center;">Changes in monthly allowance.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> What has it been like to care for this child/youth?</li> <li><input type="checkbox"/> What has been the effect on your family having this child/youth placed in your home?</li> <li><input type="checkbox"/> What are the services the child/youth is receiving and what do you think and feel about those services?</li> <li><input type="checkbox"/> What activities does the child/youth like to do? What opportunities have been provided since the last worker visit (normalcy)?</li> <li><input type="checkbox"/> What are the things that you need to support your continued care of this child/youth?</li> <li><input type="checkbox"/> Have there been any changes in the child/youth's behavior, loss/gain of privileges, activity level, eating habits, sleep patterns?</li> <li><input type="checkbox"/> Are there any cultural considerations that you need assistance with?</li> <li><input type="checkbox"/> Have there been any changes in the physical/health/nutrition requiring medical attention?</li> <li><input type="checkbox"/> Have there been any changes in medications (prescription or over the counter)?</li> <li><input type="checkbox"/> Have there been any changes in the child/youth's mental health including hospitalizations?</li> </ul> <p>Is the youth receiving a monthly allowance? Does the youth have opportunities to practice managing money? How does the youth get money needed for social, recreational, or extracurricular activities?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> What is it like to live here?</li> <li><input type="checkbox"/> Who else lives here with you and what is that like?</li> <li><input type="checkbox"/> How do you feel about the caregivers? How do you think they feel about you?</li> <li><input type="checkbox"/> Are you able to be yourself (ie-sexual orientation, gender identity, gender expression)?</li> <li><input type="checkbox"/> Are there things that you can and can't do while living here?</li> <li><input type="checkbox"/> What are the rules here and what happens when you break a rule?</li> <li><input type="checkbox"/> Who can you talk to if you get angry or upset about something?</li> <li><input type="checkbox"/> If you need to get in touch with me, do you know how to do that? How?</li> <li><input type="checkbox"/> What do you like to do for fun? Do you have opportunities to do those things (normalcy)?</li> <li><input type="checkbox"/> Have you been to the doctor/dentist or seen a counselor since my last visit?</li> <li><input type="checkbox"/> Are you taking medication? Do you know what the medication is for?</li> </ul> <p style="text-align: center;">Do you receive a monthly allowance?</p>

## Foster Care Monthly Worker Checklist Instructions

The Foster Care Monthly Worker Visit Checklist can be used when the LDSS is completing monthly worker visits in the child/youth's place of residence. (See Foster Care guidance 17.7.1.) The focus of the worker visits should be on the child/youth's safety, progress to permanency, and well-being. This checklist replaces the Home Visitation Guidance tool previously posted on Fusion and now is comprised of three components: worker responsibilities, sample questions to ask foster parents, and sample questions to ask the child/youth. The assigned worker is not required to ask every question under each component as not every practice item applies to each case (age, developmental level). This checklist can be used as a general outline to help the field with developing quality contacts, strengthening case documentation, supporting the use of transcription services, and improving outcomes for children and families.

**Missing/Runaway Youth in Foster Care**  
**Actions to be Taken by Family Services Specialist**  
*As per VDSS Child and Family Services Manual, Chapter E. Foster Care, Section 17.13*

Action	Timeframe	Date Completed
<b>Upon Learning Child/Youth Is Missing Or Runaway:</b>		
Notify local law enforcement (verbal) Provide information and report special circumstances (VDSS Foster Care Guidance, Section 17.13.1) Make a note of who you reported to this information to and the name of the assigned law enforcement investigator.	<b>Immediately</b>	
Request <b>Amber Alert</b> when making report to law enforcement <b>IF</b> worker believes child unwillingly left foster home or was removed by unauthorized person  Request law enforcement to enter information about child into <b>FBI's NCIC</b> database	<b>Immediately</b>	
Once a report is filed with law enforcement, contact the NCMEC at 1- 800-843-5678.	<b>Immediately</b>	
Notify parents (verbally) (unless parents cannot be found or have had parental rights terminated)  Make a note of parent(s) names and date notified.	<b>Immediately</b>	
Notify child's/youth's guardian ad litem (verbal)  Make a note of name(s) and date notified.	<b>Immediately</b>	
Notify any/all of the following: Family members Service providers Names/organizations: Other appropriate persons Names/relationships:  Make a note of name(s), organizations, and date notified.	<b>Within 24 hours</b>	
Document youth's missing status in the AWOL screen in OASIS.	<b>Immediately but no later than 24 hours</b>	
Notify local law enforcement (written report)  Make a note of name and address used.	<b>Within 48 hours</b>	

**Reminder: All activities undertaken to locate children and youth missing from foster care should be clearly and completely documented in OASIS, including report numbers received from the police and NCMEC.**

Action	Timeframe	Date Completed
<b>Continued Efforts To Locate:</b>		
Utilize National Center for Missing and Exploited Children's (NCMEC) checklist of actions <a href="http://www.missingkids.com/en_US/publications/NC198.pdf">http://www.missingkids.com/en_US/publications/NC198.pdf</a>	Ongoing	
Attempt to track the child's/youth's activities via Facebook or other social media	Ongoing	
Work with police or NCMEC to obtain access to restricted information		
Case staffing with supervisor	Monthly	
Report all information about possible location of missing child/youth to supervisor to assess most appropriate course of action	Immediately Ongoing	
Maintain contact with law enforcement, GAL, birth parents, family members, relatives, former caregivers, service providers, and other parties as appropriate	Ongoing	
Make a note of name(s) and date notified for each time contacted.		
Action	Timeframe	Date Completed
<b>When Missing Child/Youth Returns:</b>		
Notify law enforcement	Immediately (but no later than 24 hours after worker is notified of return) Within 1 hour if placed on Amber Alert	
Make a note of who you reported to:		
Notify parents and GAL	As soon as possible after worker is notified	
Make a note of names(s) and dates.		
Action	Timeframe	Date Completed
<b>When Missing Child/Youth Returns:</b>		
Notify other parties	Within 24 hours (but no later than 48 hours) of return	
Make a note of names(s) and dates.		
Discussing Runaway Episode with youth. Discussion Prompts: <ul style="list-style-type: none"> <li>Are you ok? Do you need any supports, services, medical attention?</li> <li>What do you need right now to feel safe?</li> <li>Is there anything I can do to make it easier to stay?</li> <li>Tell me in your own words what happened.</li> <li>Was there anything that would have changed your mind to keep from running? What did you hope to happen when you left?</li> <li>Did you have a plan on how to take care of yourself and did it work out?</li> <li>What made you decide to return? What are your plans for the future?</li> <li>What do you want to see happen in the next 3 months?</li> </ul>	As soon as possible upon youth's return	
Screening for Human Trafficking* (Section 12.5.1) If yes, Notification to Law Enforcement & document in OASIS.		



Other Outcome/Resolutions:		
i.e. Youth aged out while missing  Make a note of outcome/resolution and date		

**Reminder: All activities undertaken to locate children and youth missing from foster care should be clearly and completely documented in OASIS, including report numbers received from the police and NCMEC.**

\*This process does not apply to LCPA homes. Lending and borrowing may only occur between two LDSS.

**Borrowing LDSS:** the LDSS that places a child in their custody with another LDSS's approved resource family

**Lending LDSS:** the LDSS that holds the approval of a resource family

**Borrowing LDSS Process:**

1. Develop a relationship and initiate a conversation about your LDSS's need for a resource family with the potential Lending LDSS where you hope to place the child to check for available placement options.
2. Provide full disclosure to Lending LDSS regarding the child (behavioral, mental, emotional, etc.) as appropriate.
3. Discuss which family best meets the needs of the child with Lending LDSS. Staff the needs of the child and ensure alignment with the resource family competencies.
4. Ask for a copy of the MFA to ensure that the match is compatible and that the family will be able to meet the needs of the child.
5. Confirm the re-approval date and request verification from the lending LDSS. Ask for a copy of the COA to ensure that the home is fully approved.
6. Reach out to the approved resource family after reaching agreement with Lending LDSS.
7. Discuss coordination of the placement with the resource family.
  - a. What will be the date of the placement?
  - b. Who will be making the placement?
8. What services and support will be offered to this resource family for this child/youth?
9. The Borrowing LDSS would select this home from the data resource pool and assign it to their locality, and then update the child's placement screen accordingly.
10. If there are concerns, talk to the lending LDSS EARLY, do not wait.
11. Call the lending LDSS as a professional courtesy when/if you would like to use the home again.

**DON'T's**

- Search OASIS to locate homes to call directly
- Put the resource family in the middle
- Make additional placements with a borrowed resource family without the consent of the lending LDSS

**Lending LDSS Process:**

1. Educate your resource families about your collaborating/lending policy beginning in pre-service.
2. Ensure that requirements of the home remain in compliance and fully approved.
3. Discuss a Release of Information (ROI) form with the resource parent. Share a copy of the signed ROI with the Borrowing LDSS giving permission to release the following information:
  - a. Pre-Service Training Certificate
  - b. Mutual Family Assessment
  - c. Certificate of Approval
  - d. Checklist for Initial Provider Approval/Checklist for Re-Approval
4. Talk with the resource parents to explain what their responsibility would be if they accept a placement from another LDSS.
  - a. The financial support for resource parents may differ with each locality depending on how/if they implement VEMAT.
  - b. Communication lines and expectations during this collaboration with another LDSS

- c. The resource parents cannot accept additional placements from Borrowing LDSS without a discussion between the Lending LDSS and the Borrowing LDSS.
  - d. The resource parents should notify the Lending LDSS and the Borrowing LDSS about concerns or changes in the placement.
5. Unless determined otherwise by the two LDSS, the OASIS requirements are to be kept current by the Lending LDSS.
  6. Consider keeping a roster/ledger of the homes that have been “loaned” out and to which LDSS. The roster/ledger should include the # of children placed because this would impact space availability.

**Topics to Discuss between Lending and Borrowing LDSS prior to Collaboration:**

1. Transparency regarding any issues/concerns that are fact-based (not opinions) and connected to the core competencies from PRIDE regarding the resource family. Be transparent with the borrowing LDSS about any issues/concerns that may have transpired during the family’s time with your LDSS. Refrain from malicious talk or personal opinions, but rather keep this conversation professional and centered on clear information. Provide full disclosure regarding the family.
2. How will each LDSS navigate issues if any arise with the other LDSS? Address concerns early as they develop.
3. Clarity that this collaboration is for a single episode of placement for the child/ren discussed. Any additional placements or different children require additional discussions and requests to borrow.
4. Discuss the financial support of resource parents to explain that rates may differ with each LDSS depending on how/if they implement VEMAT. Discuss other support and communication expectations for the family and from the borrowing LDSS.
5. What on-going services and in-service training will be in place from the lending LDSS? What related on-going services/training are expected or available, if any, from the borrowing LDSS?
6. Who is responsible for documenting the in-person Quarterly Monitoring Visits with resource family?
  - a. Is medication safely stored away?
  - b. Are chemicals safely stored away?
  - c. Are weapons and ammunition separated, locked, and stored safely away?
  - d. Are there any changes (new/returning adult household members) to the household composition requiring an addendum or consideration by borrowing LDSS?
7. During the quarterly monitoring visit, an assessment of the following should occur:
  - a. Information obtained for the quarterly monitoring visit is sent (encrypted) to the LDSS who is responsible for maintaining this information in OASIS. The information is copy and pasted in the case contacts of the resource record so that the quarterly contact is sufficiently documented.
  - b. If the lending LDSS does not have a child(ren) in their custody placed in the home, then phone contact can suffice for the quarterly monitoring visit.