

**VIRGINIA’S FIVE YEAR STATE PLAN FOR CHILD AND
FAMILY SERVICES**

2025-2029

SUBMITTED TO THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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FREQUENT ACRONYMS

AART	Adoption Assistance Review Team
ACA	Affordable Care Act
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
ALA	Alternate Living Arrangement
AR	Alternative Response
ANI	Area Needing Improvement
APSR	Annual Progress Services Report
AREVA	Adoption Resource Exchange of Virginia
ARRIS	Adoption Resource and Research Information System
ATCP	Adoption Through Collaborative Partnerships
BPI	Business Process Improvement
BSFT	Brief Systemic Family Therapy
CAC	Child Advocacy Center
CANS	Child and Adolescent Needs and Strengths
CACVA	Child Advocacy Centers of Virginia
CAPE	Center for Advancing Policy on Employment for Youth
CAPTA	Child Abuse Prevention and Treatment Act
CASA	Court Appointed Special Advocate
CBCAP	Community-Based Child Abuse Prevention
CC	Congregate Care
CCC	Commonwealth Coordinated Care
CCWIS	Comprehensive Child Welfare Information System
CDIP	Child Death Investigation Protocol
CEP-Va	Center for Evidence-based Partnerships in Virginia
Chafee	John H. Chafee Foster Care Program for Successful Transition to Adulthood Program
CIP	Court Improvement Program
CFCIP	Chafee Foster Care Independence Program
CFRO	Child Fatality Review Teams

CFSP	Child and Family Service Plan
CFSR	Child and Family Services Review
CFTM	Child and Family Team Meetings
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
CRA	Credit Reporting Agency
CRAFFT	Consortium for Resource, Adoptive, and Foster Family Training
CRF	Children’s Residential Facility
CRILAY	Central Region Independent Living Advocates for Youth
CRS	Central Registry System
CSA	Comprehensive Services Act for At-Risk Youth and Families
CSB	Community Services Boards
CWEEAP	Child Welfare Employee Education Assistance Program
CWSP	Child Welfare Stipend Program
DARS	Department for Aging and Rehabilitative Services
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
DMV	Department of Motor Vehicles
DOE	Virginia Department of Education
DOI	Diversity, Opportunity, and Inclusion
DOLP	Division of Licensing Programs
DR	Differential Response
EBP	Evidence-Based Programs
EIV	Early Impact Virginia

ESSA	Every Student Succeeds Act
ETV	Education and Training Vouchers
FA	Family Assessment
FACES	Virginia's Foster, Adoptive, and Kinship Parent Association
FACT	Family and Children's Trust Fund
FAPT	Family Assessment and Planning Teams
FFH	Fast Families Highway
FFP	Federal Financial Participation
FFPSA	Family First Prevention Services Act
FFT	Functional Family Therapy
FFY	Federal Fiscal Year
FMLA	Family and Medical Leave Act
FPM	Family Partnership Meetings
FRC	Family Resource Center
FSS	Family Services Specialist
FVPSA	Family Violence Prevention and Services Act
FYI	Foster Youth to Independence
HCD	Human Centered Design
HPAC	Health Plan Advisory Committee
HRL	Housing Resource Line
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
ILP	Independent Living Program
IM	Information Memorandum
IRB	Institutional Review Board
KinGAP	Kinship Guardianship Assistance Program
LASER	Locally Automated System for Expenditure Reimbursement
LDSS	Local Departments of Social Services

LES	Local Engagement and Support
LIHEAP	Low-Income Heating and Energy Assistance Program
LPCA	Licensed Child Placing Agency
LS	Licensing Specialist
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
MRP	Mandated Reporter Portal
NAGA	Needs Assessment and Gaps Analysis
NCANDS	National Child Abuse and Neglect Data Systems
NCIC	National Crime Information Center
NCMEC	National Center for Missing and Exploited Children
NCWWI	National Child Welfare Workforce Institute
NEICE	National Electronic Interstate Compact Enterprise
NFSN	National Family Support Network
NG	New Generation
NICWA	National Indian Child Welfare Association
NPCS	National Partnership for Child Safety
NRC	National Recourse Center
NSHA	National Safe Haven Alliance
NYTD	National Youth in Transition Database
OASIS	Online Automated Services Information System
OBI	Office of Background Information
OCME	Office of the Chief Medical Examiner
OCS	Office of Comprehensive Services for At-Risk Youth and Families
OKR	Objectives and Key Results
ONA	Office of New Americans
ORP	Office of Research and Planning

OSRI	Onsite Review Instrument
PAC	Practice Advisory Committee
PAT	Permanency Assessment Tool
PCIT	Parent-Child Interaction Therapy
PDC	Professional Development Committee
PHA	Public Housing Authority
PIP	Program Improvement Plan
PPG	Promising Practices Guide
PRIDE	Parent Resources for Information, Development, and Education
PRT	Permanency Roundtable
PSA	Public Service Announcement
PSSF	Promoting Safe and Stable Families
PUR	Period Under Review
PYD	Positive Youth Development
QSR	Quality Service Review
RAMP	Ready to Achieve Mentoring Program
RFP	Request for Proposals
RSP	Risk Standardized Performance
RTC	Required Training Console
QAA	Quality Assurance and Accountability
SDM	Structured Decision-Making
SDV	Sexual and Domestic Violence
SEC	State Executive Council
SEI	Substance Exposed Infant
SFY	State Fiscal Year
SME	Subject Matter Expert
SNAP	Supplemental Nutrition Assistance Program
SPEAKOUT	Strong Positive Educated Advocates Keen on Understanding the Truth
SPR	Standard Payment Record
SrM	Sub-Recipient Monitoring
SSA	Social Security Administration
SSEAC	State Special Education Advisory Committee
SSI	Supplemental Security Income
SSN	Social Security Number

STI	State Testing Identification
SUPPORT	Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment
SWDI	State Wide Data Indicators
TANF	Temporary Assistance for Needy Families
TAP	Transportation Assistance Program
TAPP	Transportation Assistance Pilot Program
TFA	Teaching Family Association
TFSC	Thriving Families Safer Children Initiative
TICN	Trauma Informed Community Network
TIWD	Trauma Informed Workforce Development
TOC	Traditions of Caring
TOL	Transfer of Learning
TPR	Termination of Parental Rights
WIOA	Workforce Innovation and Opportunity Act
VBFR	Virginia Birth Father Registry
VCWOR	Virginia Child Welfare Outcome Reports
VDAP	Virginia Driving Assistance Program
VDH	Virginia Department of Health
VEMAT	Virginia Enhanced Maintenance Assessment Tool
VLC	Virginia Learning Center
VLDS	Virginia Longitudinal Data System
VLSSE	Virginia League of Social Services Executives
VDSS	Virginia Department of Social Services
VOCA	Victims of Crime Act
VRT	Virginia Repertory Theatre
YWA	Youth Welfare Approach

EXECUTIVE SUMMARY

The Virginia Department of Social Services (VDSS) has a mission to design and deliver high-quality human services that help Virginians achieve safety, independence, and overall well-being. The Division of Family Services (DFS) within VDSS is responsible for administering the child welfare program throughout Virginia and drafting the five-year Child and Family Services Plan (CFSP). VDSS is a state supervised, locally administered system, with 120 Local Departments of Social Services (LDSS) that are responsible for the day-to-day child welfare operations.

VDSS has accomplished multiple goals since the development of the 2020-2024 CFSP while learning lessons from implementation. This information has informed the development of the 2025-2029 CFSP. As VDSS continues to pursue the best outcomes for the children and families in Virginia, it has aligned its core focus with that of the Children's Bureau and its four priority areas to strengthen families. VDSS recognizes that marginalized populations often do not have access to quality services. VDSS plans to infuse diversity, inclusion, and opportunity throughout the continuum of services. Other critical areas to strengthen families in Virginia include kinship care (Kin First Now), fatherhood engagement, primary prevention (Community Pathways and Evolution), continuous quality improvement (CQI), workforce support, comprehensive child welfare information system (CCWIS) replacement, and high-quality legal representation. VDSS will track the outcomes of these priorities using CFSP measures of progress to ensure demonstrable change.

In developing the 2025-2029 CFSP, VDSS developed and implemented a 12-month strategic planning process. The process included a literature review, problem and root cause exploration and refinement, solutioning, developing and refining a strategic plan, and ensuring alignment within that plan. The strategic planning section of this report includes additional information about this process including the developing the strategic plan objectives, strategies, activities, alignments, timeframes, benchmarks, implementation supports, and measures of progress.

As the CFSP must align with the CFSR/PIP, VDSS used Round 3 CFSR/PIP information to guide the development of relevant strategies and activities. In anticipation of the round 4 CFSR/PIP, VDSS recognizes the need to add some priority strategies and activities to support the results of that process when it occurs. VDSS will update the CFSP as needed via the annual APSR submissions.

The CFSP also outlines priorities related to Titles IV-B and IV-E, and XX of the Social Security Act within Virginia. This includes populations at greatest risk of maltreatment, populations that experienced sex trafficking, and services for youth under the age of five. The CFSP describes its alignment with the recent Children's Bureau guidance that includes four primary areas that will reshape child welfare to focus on strengthening families.

The CFSP also describes the prevention, protection, and permanency efforts in detail, as well as work to engage older youth via Chafee funds and Virginia Tribes. Targeted plans for training, disasters, health care and oversight, and diligent recruitment are included in the appendices.

ORGANIZATIONAL STRUCTURE AND VISION

State Agency Administering the Program

VDSS is the state agency that administers the child welfare program, including all programs under Titles IV-B, IV-E, and XX of the Social Security Act. VDSS is part of the larger Virginia Social Services System (VSSS), which is a partnership of four key organizations responsible for the administration, supervision, and delivery of social services in Virginia:

- Virginia Department of Social Services,
- 120 Local Departments of Social Services (LDSS),
- Virginia League of Social Services Executives (VLSSE), which represents the 120 LDSS, and
- Virginia Community Action Partnership, an association of community action programs across the state.

Organizational Structure

Virginia is a state supervised and locally administered social services system. At the state level, VDSS includes the governor-appointed State Board of Social Services, which advises the commissioner, adopts regulations, establishes employee-training requirements and performance standards, and investigates institutions licensed by the department.

VDSS support areas include:

- Finance and general services,
- Organizational development,
- Information systems,
- Legislative affairs,
- Local Training and Development,
- Office of Trauma and Resilience,
- Operations, and
- Public Affairs.

VDSS program areas include:

- Benefits programs,
- Child care and early childhood development,
- Child support enforcement,
- Enterprise delivery systems,
- Family services,
- Community and Volunteer Services, and
- Licensing.

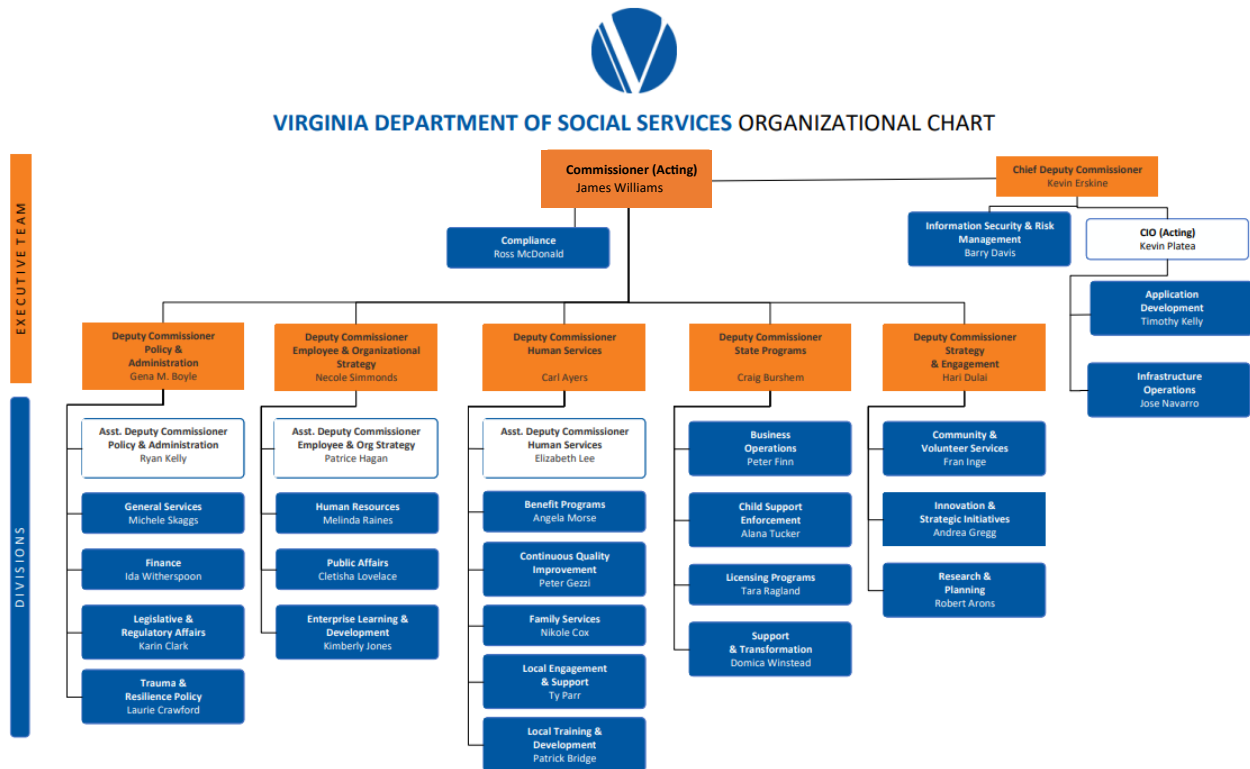
Five regional offices oversee community and local organizations, including:

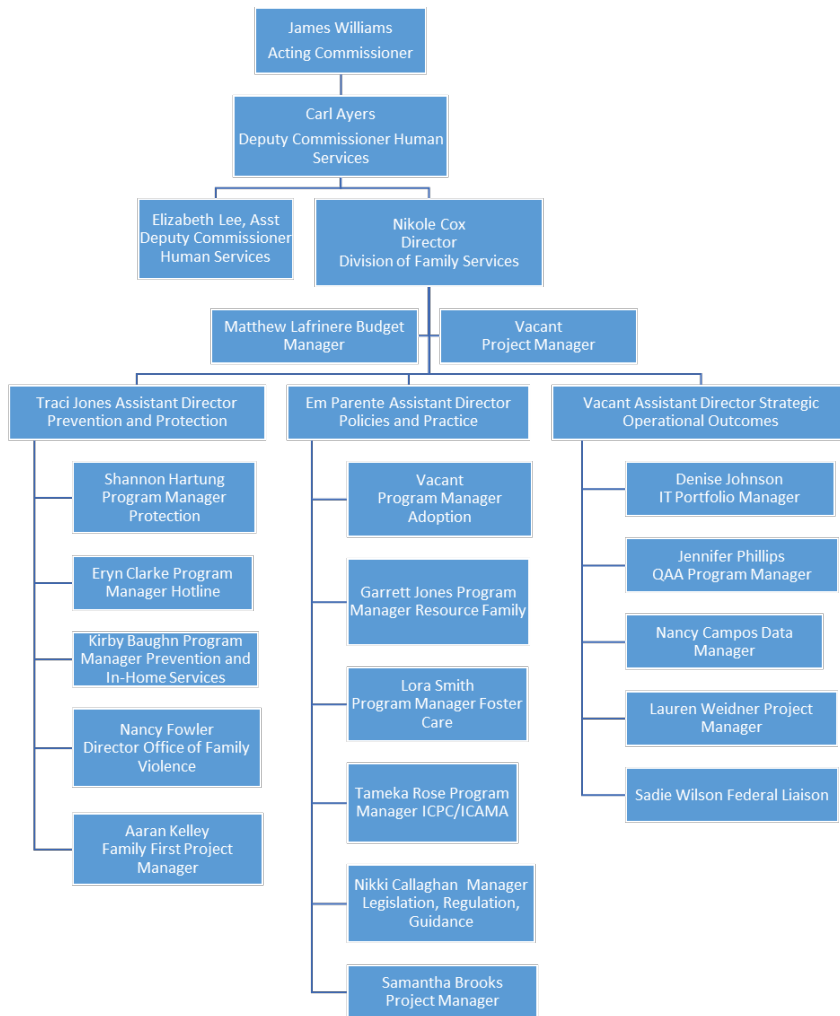
- Benefit programs,
- Child welfare services,
- 22 district offices for the Division of Child-Support Enforcement, and
- 8 field offices for the Division of Licensing program.

DFS oversees child welfare programs and promotes well-being, safety, and permanency for children, families, and individuals in Virginia. DFS provides supervision, development, and enhancement of child welfare policies, programs, and practice. DFS supplies guidance, training, technical assistance, and support to LDSS. It collaborates with state-level partners (including state agencies and community-based organizations) in the following program areas:

- Prevention (prevention services, safe and stable family services, domestic violence resources, and In-Home services),
- Child protective services (child abuse and neglect),
- Permanency (adoption, foster care, resource family, independent living, and interstate/inter-country placement of children),
- Quality assurance and accountability (Continuous Quality Improvement (CQI), title IV-E review, Child and Family Service Review (CFSR), and
- Legislation, regulations, and guidance.

VDSS and DFS leadership organizational charts follow.





Vision and Mission Statement

VDSS Vision Statement: A commonwealth in which individuals and families have access to adequate, affordable, and high-quality human/social services that enable them to be the best they can be.

VDSS Mission Statement: People helping people triumph over poverty, abuse, and neglect to shape strong futures for themselves, their families, and their communities.

Virginia Children’s Services Practice Model

The Virginia Children’s Services System Practice Model presents a vision for the services delivered by all child-serving agencies across Virginia, especially the Departments of Social Services, Juvenile Justice, Education, Behavioral Health and Developmental Services, and the Office of Comprehensive Services. The practice model is central to Virginia’s child welfare decision-making. It is present in all meetings and in every interaction with a child or family. Decisions based on the practice model are supported and championed.

Guided by this model, the VDSS process aims to continuously improve services for children and families. It is rooted in best practice and the most accurate, current data available, and places the safety and well-being of children and families at the center of the work. The basic tenets of the practice model are:

- We believe that all children and communities deserve to be safe.
- We believe in family-, child-, and youth-driven practice.
- We believe that children do best when raised in families.
- We believe that all children and youth need and deserve a permanent family.
- We believe in partnering with others to support child and family success in a system that is family-focused, child-centered, and community-based.
- We believe that how we do our work is as important as the work we do.

Alignment with Children’s Bureau Focus

In February 2024, the Administration for Children and Families, Children’s Bureau provided guidance (ACYF-CB-PI-24-02) for this CFSP. That guidance highlighted four primary areas that reshape child welfare to focus on strengthening families. These four areas align well with the areas of focus throughout this plan, as well as through the developed strategic plan.

The Children’s Bureau highlighted areas include:

- Prevent children from coming into foster care,
- Support kinship caregivers,
- Ensure youth leave care with strengthened relationships, holistic supports, and opportunities, and
- Invest in the child welfare workforce.

Preventing child abuse and foster care entry is a critical priority for VDSS (see the **Critical Priorities** section). While Virginia's foster care entry rates are lower than other states, VDSS still works to expand and improve prevention efforts. The prevention objective in the strategic plan includes four main strategies to support prevention efforts in Virginia:

- Expand primary, secondary, and tertiary prevention (**Prevention Strategy 1**).
- Strengthen engagement with families (**Prevention Strategy 2**) and evidence-based case management and service planning.
- Implement public health outreach campaigns that engage the community around prevention and help identify areas of opportunity, underserved populations, and service gaps (**Prevention Strategy 3**).
- Use data to identify additional areas of opportunity and ensure that all populations have access to prevention services in Virginia (**Prevention Strategy 4**).

Supporting kinship caregivers is another critical VDSS priority (see Kin First Now in the **Critical Priorities** section). Strategies and activities to support kinship caregivers are embedded throughout the protection, prevention, and permanency objectives in the strategic plan. VDSS is committed to increasing kinship foster care placements and kinship supports throughout the child welfare continuum. VDSS recognizes that children do best when they are with their families.

The high rate of youth aging out of foster care in Virginia is an ongoing need that VDSS will continue addressing through multiple permanency strategies and efforts focused on family engagement and kinship. VDSS has made efforts to strengthen family engagement and kinship support earlier in the continuum to prevent disruption of family connections and placements with strangers. VDSS has multiple activities and benchmarks (identified in **Permanency Strategy 3**) aimed at increasing services and supports to older youth, including using the Youth Welfare approach, promoting technology designed to help youth access resources and services, a driver’s license program, and uplifting the voices of lived experience in the work. VDSS also recognizes the importance of efforts to strengthen family engagement

and kinship support earlier in the continuum to prevent disruption of family connections and placements with strangers, which contribute to youth aging out of foster care.

Finally, VDSS will prioritize investing in the child welfare workforce through the **Operations Objective**. This objective is focused on strengthening and improving the Virginia child welfare workforce and CQI system to enhance and innovate practices that improve prevention, protection, and permanency outcomes. This objective prioritizes building, training, and retaining a workforce that supports the challenging positions required to carry out the child welfare system of care.

CRITICAL PRIORITIES

Continuous Quality Improvement (CQI)

Virginia recognizes that a robust CQI system is vital to improve services for children and families, ensure effective resource use, and achieve the desired outcomes. An effective CQI system integrates quantitative and qualitative measures into an integrated system that thoroughly captures data to properly inform policy and service provision at all levels. An effective system also builds out a comprehensive data plan that lets VDSS examine the many data sources and also identifies opportunities to incorporate the qualitative and quantitative aspects of the case review system (**Operations Strategy 3**). VDSS' approach is both data-driven and practice-informed.

At the core of VDSS's CQI system, VDSS examines data to identify and better understand areas of disparity and disproportionality. VDSS recognizes that marginalized populations often do not have access to quality services and the goal is to infuse the tenets of diversity, inclusion, and opportunity throughout the continuum of services. VDSS's strategic plan includes identifying and publishing data related to disparities and identifying areas of opportunity to target for additional activities or services (**Protection Strategy 3**). VDSS also plans to integrate disproportionality and disparity data and information into training protocols. All families should have the supports they need to be safe, well, and thrive.

Kin First Now

Kinship has been an ongoing focus for Virginia and was also a priority in the last CFSP. VDSS increased kinship placements for children in foster care from 6% in CY2019, as reported in the 2020 APSR, to 14% in CY2023. In alignment with Governor Glenn Youngkin's Administration, VDSS kept increasing kinship placements for children in foster care a key priority, aiming for 35% kinship placements by 2025. VDSS met with stakeholders to develop a LDSS intervention designed to increase kinship placements for children and youth in foster care and to support kinship care throughout the continuum. In October 2023, VDSS launched Kin First Now. A group of VDSS team members, representing different program areas and regional offices partnered to support selected LDSS develop a plan for enhancing the use of three existing practice elements that have helped other LDSS increase the rate of children in foster care placed with kinship families. Those three practice elements are:

1. Effective Family Partnership Meetings (FPM);
2. Collaborative, cross-unit staff meetings when considering the removal of children from their parents or current caregivers (an Out of Home Staffing); and
3. A Permanency Assessment Tool for all relative caregivers, whether kinship resource parents or alternate living arrangements.

While these practice elements currently exist in guidance and best practice, LDSS are not consistently using them. Kin First Now consists of an intensive two-day in person intervention at the selected LDSS supported by VDSS and LDSS preparation ahead of the in-person meeting and followed by ongoing coaching and support. Ahead of the in-person meeting, VDSS also provides LDSS staff with materials to re-familiarize themselves with the three practice elements. LDSS staff are also asked to complete a survey, “Rate your Kin First Agency”. Survey results, along with LDSS outcomes data, are reviewed with LDSS leadership ahead of the two-day in person intervention. The LDSS identify strengths and opportunities for their kinship practice based on the in-person session and then develop action plans that commit to addressing opportunities in their agency to improve kinship practice. VDSS provides eight weeks of targeted coaching to help agencies embed the practice elements in their way of work.

Kin First Now focuses on the largest agencies in Virginia. Even though Virginia has 120 localities, just 20 agencies represent approximately 53% of all youth in foster care. Partnering with the first cohort of 15 agencies and the remaining larger agencies to install a Kin First Now approach will affect the most children in Virginia. Kin First Now’s first cohort consisted of three LDSS from each of Virginia’s five regions, selected for the number of youth in foster care under age 18, current kinship percentage numbers, and LDSS capacity to participate. The LDSS in the first cohort were: Chesterfield- Colonial Heights, Richmond City, Hanover, Newport News, Norfolk, Chesapeake, Harrisonburg/Rockingham, Alexandria, Prince William, Franklin County, Lynchburg City, and Roanoke City, representing 36% of all youth in care under age 18 in July 2023. Planning for Cohort 2 is underway.

As Kin First Now affects the entire continuum, VDSS includes activities related to Kin First Now throughout the CFSP 2025-2029 strategic plan, particularly in **Protection Strategy 1, Prevention Strategy 2, and Permanency Strategy 1**.

Fatherhood Initiative

As the entire strategic plan demonstrates, VDSS is focused on promoting family engagement and empowering families to work together to overcome challenges, prevent family separation, and increase fatherhood engagement (**Protection Strategy 1, Prevention Strategy 2, Permanency Strategy 1**). VDSS will promote fatherhood engagement across the child welfare system. In conjunction with Kin First Now efforts, fatherhood efforts support LDSS by providing tools and resources to support and engage fathers throughout child welfare involvement.

The first step in these efforts was to understand where fatherhood engagement already stands in Virginia. VDSS gathered initial feedback from the Parent Advisory Council. VDSS Office of Research and Planning (ORP) also reviewed Fatherhood initiatives in other states, and ORP surveyed all LDSS to gather information about agency specific strategies, local/regional community resources, and community partnerships related to fatherhood engagement. The survey asked LDSS how VDSS could assist their Fatherhood engagement efforts. Survey respondents identified a variety of potential supports, including toolkits, operational guidance, training, funding for dedicated personnel and new programs, facilitating father-focused provider networks, and publishing father engagement data.

VDSS identified four focal areas where concrete resources and tools would help LDSS staff:

- A database of fatherhood supports and services throughout Virginia: VDSS will develop a comprehensive database of services and supports specific to fathers. The primary goal is to provide a father-specific resource guide for LDSS and other stakeholders. The secondary goal is

to identify areas of Virginia that do not have services and support for fathers and strategize how VDSS might help LDSS and their communities meet this need.

- Fatherhood toolkit: LDSS staff can quickly reference this guide, which includes resources, tools, tips, and strategies to help them foster meaningful connections and collaboration with fathers.
- Funding opportunities: VDSS will highlight existing funding opportunities to enhance fatherhood engagement such as Promoting Safe and Stable Families (PSSF). As funding is available, VDSS will create opportunities for LDSS to receive additional funds to support, enhance, or pilot projects or strategies related to engaging and/or supporting fathers.
- Communication plan: VDSS will develop a comprehensive communication plan that includes a webinar, social media posts, updates to FUSION (VDSS intranet site) and VDSS public internet site, meeting presentations, and a communication infrastructure for ongoing updates and resources related to fatherhood engagement.

VDSS identified data points that measure father involvement and engagement in child welfare cases to gather baseline data. The following data points were identified and are currently being measured:

Are fathers listed in OASIS?

- CPS Referrals- In FY2023, fathers were listed in 33.9% of referrals, compared to 47.6% of mothers.
- Foster Care cases- In FY2023, fathers were listed in 88.9% of referrals, compared to 97.6% of mothers.

Discharges from foster care to the father

In FY2023, 33.10% of children in foster care under 18 who were discharged to reunification were discharged to their fathers, compared to 66.90% who did not discharge to their fathers.

Rate of Familial Involvement in FPMs

In FY2023, 49.5% of FPMs included fathers and 15.2% included paternal family compared to 69.8% that included mothers and 28.8% that included maternal family.

Research continues to link a father's positive family involvement to improved child well-being.¹ When child welfare agencies successfully engage fathers in their children's cases, the agencies help create a connection that can improve children's outcomes.² The goal of VDSS's fatherhood efforts is to support LDSS by providing tools and resources to support and engage fathers throughout child welfare involvement in efforts to improve child well-being.

Primary Prevention

VDSS prioritizes primary and secondary prevention efforts upstream of child welfare involvement through Community Pathways and Evolution. Community Pathways will allow Virginia to use title IV-E Prevention Services funds to serve more families without formal child welfare cases. VDSS's initial implementation of Family First was designed as tertiary prevention, using Family First and title IV-E funds to prevent the removal of children from families already at the attention of the child welfare system. In the next phase of VDSS's Family First implementation, VDSS will expand the population of eligible

¹ Diniz, E., T. Brandao, L. Monteiro, and M. Veríssimo. "Father Involvement During Early Childhood: A Systematic Review of the Literature." *Journal of Family Theory and Review*, vol. 13, no. 1, 2021, pp. 77–99.

² Casey Family Programs (2024). What are some strategies for engaging fathers in child welfare? <https://www.casey.org/engaging-fathers-prevention/>

children and families by redefining and operationalizing Candidates for Foster Care to include families at risk of child welfare involvement. VDSS is partnering with other child and family serving state agencies, community providers, local agencies, advocates, individuals and families with lived experience, and other stakeholders to develop Community Pathways that will reduce child maltreatment and the need for child welfare involvement. Virginia envisions developing more than one pathway and using different evidence-based programs (EBPs) to meet the needs of as many families as possible. VDSS will develop these pathways simultaneously and implement them as they develop. VDSS began the early exploration phase of Community Pathways in 2023, identified an initial pathway in 2024, and aims for initial implementation by 2026. Community Pathways is part of the Strategic Plan, outlined in **Prevention Objective 1, Strategy 1**.

Evolution is VDSS's commitment to transform Virginia's child welfare system and the provision of services to families, using and promoting economic and concrete supports to help prevent child abuse and neglect. VDSS has a Benefit Programs Division (TANF, SNAP, child care, Medicaid determination, LIHEAP, etc.), the Local Training and Development (LTD) Division, the Local Engagement and Support (LES), and the Office of Continuous Quality Improvement (CQI). These divisions can partner within the Human Services Portfolio to think innovatively about family services. Evolution will focus on ways that Virginia's child welfare and benefits programs can better partner to serve families, as well as seeking ways to improve and expand the use of benefits programs that help prevent child welfare involvement.

Workforce: Training Reform

Focusing on workforce is a critical priority of the 2025-2029 CFSP strategic plan and reforming training is a major strategy. The Division of Local Training and Development (LTD) plans to establish a centralized training academy model to bring Virginia in line with best-in-class formats used by states with similar local/state relationships in social services, depending on funding allotted by the Virginia General Assembly. This reformed training system will strengthen VDSS's ability to provide safe, stable environments for children and families in Virginia by reducing workforce turnover and better preparing the workforce to work with children and families.

In Virginia, the current state training program is based on a legacy training system developed more than 30 years ago. Currently, newly hired child welfare services staff take between 15-20 instructor led virtual courses, two-to-three in-person courses, and up to eight eLearning courses, within the timeframes their programs require, over two years. They must also receive an additional 24 hours of annual continuing education beyond pre-service training. This system is not effectively preparing workers for child welfare casework. Many LDSS staff are forced to work cases before they are ready to do so, contributing to the LDSS FY2023 average turnover rate of 44 percent for newly hired Family Services Specialist (FSS) I.

Collaborating with the Virginia League of Social Services Executives (VLSSE), the LTD worked with representatives at all levels of staff from LDSS across Virginia in spring 2023 to determine an effective training academy framework. VDSS hopes to implement a cohort-based training academy model that uses in-person instruction, virtual instructor-led, eLearning, and simulation labs to better prepare staff for the difficult work of social services. The goal is to increase staff retention, provide more structured and consistent foundational training, and offer more professional development for seasoned staff. Most states favor the academy approach, as it allows for a shared, consistent foundational training experience and builds a support network for new staff from their very first day. An academy approach also lets its graduates easily move from one locality to support another.

Statewide Information Systems

Current Statewide Information Systems

Currently, VDSS relies heavily on several in-house legacy systems: Online Automated Services Information System (OASIS); the Comprehensive Permanency, Assessment, and Safety System (COMPASS) mobile application and portal; the Structured Decision Making (SDM) tool, the Adoption Resource and Research Information System (ARRIS); the Mandated Reporter Portal (MRP); the Central Registry System (CRS); the Virginia Enhanced Maintenance Assessment Tool (VEMAT); and Virginia’s Faster Families Highway.

System	Purpose	Interface
OASIS	Supports adoption, foster care, CPS intake, investigations, In-Home, independent living, foster/adoptive family provider management	SDM Intake, CRS, COMPASS Mobile, COMPASS Portal, MRP
COMPASS Mobile	Cloud-based mobile application that provides workers flexibility around when and where they complete their work. SDM tools (other than intake) are housed in COMPASS Mobile	OASIS
COMPASS Portal	A web-based version of the mobile application. Provides printing and audio upload capability plus access to in-application information for those who do not need the mobile application to complete frontline casework.	OASIS
SDM	Web-based assessment instrument to formalize child protective services intake, safety and risk assessment.	OASIS
ARRIS	Client-server application DFS staff use to track finalized adoptions and interstate placements	Stand-alone
MRP	Online, public-facing portal where mandated reporters can report suspected cases of abuse and neglect.	OASIS
CRS	A central registry of people who have ever been the subject of a founded complaint of child abuse or neglect in Virginia.	OASIS
VEMAT	Web-based application used by both VDSS and LDSS staff to assess a child’s level of need for additional daily support and supervision.	Stand-alone
Virginia’s Faster Families Highway	Online, public-facing portal that facilitates recruiting, training, and approving resource families for children in foster care. Manages inquiries from prospective foster	Stand-alone

	parents in a more efficient, geographically organized way.	
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VDSS also relies on external systems: the National Electronic Interstate Compact Enterprise (NEICE); eCare Vault; and SafeMeasures to assist in case management activities.

System	Purpose	Interface
NEICE	National electronic system for quickly and securely exchanging data and documents required by the Interstate Compact on the Placement of Children (ICPC) to place children across state lines.	Stand-alone
eCare Vault	A cloud-based security system for nationwide ICAMA forms stored nation-wide. Has a comprehensive range of cybersecurity and cloud-hosting services.	Stand-alone
SafeMeasures	A comprehensive internet-based reporting and quality improvement system that includes data analysis, report publishing, and hosting. Delivers reports using the interactive SafeMeasures reporting engine.	Stand-alone

OASIS: Case Management

OASIS is the primary application and system of record. It was a transfer solution from Oklahoma in 1997 and was customized to meet Virginia’s needs. At the time of initial implementation, OASIS supported only the Adoption and Foster Care programs. Since 2000, OASIS has also been used to support CPS intake and investigations, In-Home, Family Support, Independent Living, ICPC, and Resource Family.

OASIS interfaces with COMPASS|Mobile, COMPASS|Portal, the SDM intake tool, MRP, and CRS; ARRIS, VEMAT and the Faster Families Highway are stand-alone applications. COMPASS|Mobile is a cloud-based application accessible on an iPad. COMPASS|Portal is web based; users access via desktop or laptop computer. OASIS and COMPASS|Mobile-Portal exchange information in both directions. However, forms, documents, and photos are unable to be transmitted to OASIS due to limitations of the OASIS platform. Forms, documents, and photos are secured on the application in the cloud. VDSS uses the SDM tools based in the COMPASS|Mobile-Portal as an assessment instrument to formalize rules around safety and risk, and use the web based SDM Intake Tool as an assessment instrument to formalize CPS Intake. DFS staff use ARRIS, a client-server application, to track finalized adoptions and interstate placements. Information entered via the MRP transmits to OASIS. Hotline staff then route the referral to the appropriate LDSS. OASIS users can use CRS to search and determine if a person has ever been the subject of a founded complaint of child abuse or neglect in Virginia. VDSS and LDSS staff use VEMAT, a web-based application, to assess a child’s level of need for additional daily support and supervision. The Faster Families Highway is a new system that allows enhanced recruitment of resource families. These internal systems, along with the external systems previously listed, collectively help Virginia manage child welfare cases.

In November 2020, VDSS went live with a mandated-reporter online reporting system called VaCPS. The system lets mandated reporters report allegations of child abuse or neglect through an online website. This secure website minimizes wait times for mandated reporters and significantly reduces data entry for hotline staff, saving time and freeing them up for other calls. This technology helps mandated reporters and LDSS ensure the timely capture of information about children who may be at risk of abuse and/or neglect and increase validation of referrals that require LDSS action.

The Faster Families Highway is a statewide foster parent recruitment portal to serve Virginia five regions. In April 2022, VDSS went live with the Faster Families Highway, beginning the pilot program and then implementing statewide in September 2022. The portal gives all LDSS, regional and state staff access to a list of parents who have created profiles through the portal including the locality in which the parent resides, demographic information regarding the parent, and an assessment score of readiness for resource home approval. The portal provides local, regional, and state reporting including the number of families who have registered through the portal on a weekly, monthly and annual basis; the number of families advanced into the formal approval process; demographic information including race and ethnicity along with religious preference and the parents' preferences (age, race and gender) for children they will foster and/or adopt.

Existing legacy systems do not fully support all ACF federally prescribed requirements, nor do they effectively support an integrated business model. Proposed changes to the Adoption Foster Care Analysis Reporting System (AFCARS) fields required extensive changes to OASIS; these were expensive and difficult to implement. Deficiencies in these existing legacy systems make data collection inefficient and don't let staff manage payments to foster care providers.

OASIS is currently supported in PowerBuilder 12.6 Classic. Since the initial deployment, VDSS has enhanced the system by adding new functionality to meet changing needs. OASIS is built on obsolete technology, so it is rigid to modifications. VDSS currently employs three contracted PowerBuilder developers to maintain and update OASIS and ARRIS. A limited number of staff with required PowerBuilder skills means OASIS is difficult and expensive to maintain, enhance, and expand. The system does not have the capability to perform automatic updates and requires staff intervention to distribute updates. The existing maintenance costs significantly outweigh the estimated cost of replacement.

Although OASIS provides a foundation for automating of child welfare services and currently lets VDSS collect and maintain demographic characteristics, location, status, and goals for every child in foster care, it can't meet DFS operational requirements. OASIS and the other in-house applications require duplicate information entry and cumbersome data-entry processes. They lack the capability to effectively support programs, including financial management, electronic document management, mobile use, and interoperable functions. VDSS will use OASIS until a new CCWIS can be implemented (**Operations Strategy 1**).

COMPASS (CCWIS): Child Welfare Information System

VDSS's priority is to design and deliver a high-quality human services child welfare information system that helps Virginians achieve safety, independence, and overall well-being. Current in-house applications fall short of the agency's vision of integrated and coordinated child welfare services. In addressing this and other shortcomings posed by the existing applications, VDSS will acquire a system(s) that meets the ACF federally prescribed Comprehensive Child Welfare Information System (CCWIS) requirements, conforms to Virginia's enterprise architecture standards, and effectively aligns with practice requirements.

As part of a multi-year plan, VDSS will develop a CCWIS-compliant system. Once implemented, CCWIS will be fully compliant with state and federal requirements (**Operations Strategy 1**). It will also provide uniform and reliable information about children involved with VDSS and their families and support service delivery and all associated day-to-day case-management activities.

VDSS has invested significant time and resources in developing the potential CCWIS system's functional and non-functional requirements. These requirements reflect the needs and objectives identified by the department and its stakeholders. These needs and objectives will guide the replacement of the current legacy systems and better meet end-user needs. VDSS will replace the legacy systems hosted at VDSS with a new system called COMPASS.

To prepare the workforce for a modern child welfare information system, VDSS will follow a Human Centered Design approach (**Operations Strategy 1**) to review and update established workflows, prepare journey maps for system users and community stakeholders, identify pain points in current processes, and provide a roadmap to improve current processes. The outcomes of this process will help create a state-of-the-art child welfare information system, one built with the end user in mind. This project will follow human-centered design principles including understanding and engaging with end users and stakeholders and testing and revising processes based on their feedback.

In September 2021, VDSS asked for and received funding for CCWIS design, development, and implementation, as well as ongoing funding for staff to support this effort and for ongoing license costs. This funding lets VDSS build a full CCWIS within approximately three years from the date the project begins.

VDSS submitted a Multiple Operating Division (MultiOpDiv) APD on August 3, 2022. The APD was conditionally approved on September 21, 2022. The Children's Bureau requested an updated budget to include a quarterly cost breakdown and the addition of an acquisition summary. The updated MultiOpDiv APD was submitted on December 8, 2022, and final approval was granted on January 17, 2023. On August 15, 2023, VDSS submitted an as needed update to the MultiOpDiv APD to add costs for Human Centered Design (HCD) consultation services, to include business process improvement. That update was fully approved on August 31, 2023, along with the approval came instruction from ACF to modify VDSS's APD from a MultiOpDiv submission to a standard (ACF only) submission. The annual update was submitted as a standard APD on November 16, 2023, which was approved on December 13, 2023.

VDSS continues to work internally on design, development, and implementation (DDI) readiness and has established the following work groups (**Operations Strategy 1**):

- The Data Governance Council, which is required by the ACF as part of CCWIS development. It coordinates data cleanup, develops data controls, and ensures effective communication around CCWIS-related data.
- The CCWIS Advisory Group reviews requests and questions from users across program areas and provides feedback.
- The COMPASS|Mobile Navigator Team consists of front-line users who share updates about the current mobile solution. This team will work on CCWIS DDI and may be called on to assist in design sessions and user acceptance testing.

Other internal work surrounding DDI readiness includes continuing to gather requirements, user story development and elaboration, product team development, and procurement.

High Quality Legal Representation for All Parties in Child Welfare Proceedings

In January 2021, the Administration for Children and Families (ACF), part of the U.S. Department of Health and Human Services, published Informational Memorandum (IM) 1702 “High Quality Legal Representation for All Parties in Child Welfare Proceedings”. This memorandum focuses on the need for high quality legal representation for parents, children and youth, and child welfare agencies at all stages of child welfare proceedings. Along with the memorandum, ACF updated the child welfare policy manual to let title IV-E agencies claim title IV-E administrative costs for attorneys to provide legal representation for both a child in foster care and for the child’s parents to prepare for and participate in all stages of legal proceedings related to foster care.

Section 474(a)(3) of the Social Security Act and regulations at 45 CFR 1356.60(c) specify that Federal financial participation (FFP) is available at the rate of 50 percent for administrative expenditures necessary for the proper and efficient administration of the title IV-E plan. A title IV-E agency’s representation in judicial determinations is still an allowable administrative cost.

Federal title IV-E instruction lets the title IV-E agency claim title IV-E administrative costs for independent legal representation by an attorney for a parent of a child who is a candidate for title IV-E foster care or in foster care. This lets the attorney prepare for and participate in all stages of foster care legal proceedings, such as court hearings related to removal from the home. The policy change is meant to ensure that reasonable efforts are made to prevent removal, to finalize a permanency plan, and to keep parents and youth engaged and complying with case planning. The revision also allows for claiming of costs for paralegals, investigators, peer partners, or social workers that support an attorney providing legal representation.

In addition, ACF published a proposed rule in the Federal Register on September 28, 2023 (88 FR 66769) proposing changes to regulation to let a title IV-E agency claim federal financial participation for the administrative cost of an attorney providing legal representation in certain proceedings. VDSS submitted comments in support of the regulation and highlighted the need for funding to support full-service legal representation models.

The Code of Virginia requires appointment of counsel and guardian ad litem for a child in §16.1-266 A: “Prior to the hearing by the court of any case involving a child who is alleged to be abused or neglected or who is the subject of an entrustment agreement or a petition seeking termination of residual parental rights or who is otherwise before the court pursuant to subdivision A 4 of § 16.1-241 or § 63.2-1230, the court shall appoint a discreet and competent attorney-at-law as guardian ad litem to represent the child pursuant to § 16.1-266.1.” Subsection D of the same section instructs judges, clerks, or probation officers to inform parents or guardians of their right to counsel but does not require appointment of counsel. The adult has the opportunity to provide their own counsel or waive the right to counsel. If the adult is indigent, the court shall appoint an attorney to represent them.

The 2020 Virginia General Assembly session considered legislation that would increase the amount of money paid to court appointed counsel. Senate Bill 878 (Marsden) and House Bill 401 (Keam) let court-appointed counsel for parents in child welfare cases submit a waiver application for additional compensation of \$120 in district court cases and \$158 for cases appealed to the circuit court. Both bills were left in appropriations committees. During the 2022 General Assembly session, a group led by the Virginia Poverty Law Center proposed implementing a Parent Representation Center pilot program for the 18th and 30th Judicial Circuits (Alexandria, Norton, Wise County, Scott County, and Lee County).

This program would create two multi-disciplinary Parent Defender Offices, one based in the Legal Services of Northern Virginia, and one based in the Lonesome Pine Office of Youth and coordinated with the Southwest Virginia Legal Aide and the Commonwealth Attorney’s Office for Wise County. The pilot program was not included in the final budget.

These two multi-disciplinary law offices are based on similar interdisciplinary law offices in New York and Pennsylvania. They would include attorneys, a social worker, and administrative staff. These centers would claim title IV-E funds as reimbursement, in partnership with VDSS as the title IV-E agency. Program benefits would include greater parental involvement in child welfare cases, shorter stays in foster care, and potential cost savings. VDSS participated in several meetings with the Court Improvement Program (CIP) about the pilot program in 2020 and 2021 and had conversations with states that are implementing or have already implemented this type of program (Delaware, Maryland, Pennsylvania, and Washington).

The 2024 General Assembly introduced HB 893 (McClure). This bill incorporated recommendations developed by a workgroup led by the Office of the Children’s Ombudsman, which the 2023 General Assembly established. This legislation would require the Judicial Council of Virginia to adopt standards for the qualification and performance of parent/guardian attorneys in child dependency hearings. It would also set attorney compensation at no more than \$330 (or \$680 for parental rights termination cases). The legislation would also authorize the establishment of up to two multi-disciplinary law offices or programs for the purposes of representing parents or guardians in child dependency court hearings. For the bill to go into effect, the state’s budget would have to include an accompanying budget appropriation item. VDSS remains in communication with the Office of the Children’s Ombudsman to support pre-planning efforts in the event this legislation is enacted. VDSS is also exploring updating current IV-E claiming methodology in hopes of drawing down IV-E funds to fund parent attorneys. **Permanency Strategy 1** reflects efforts in this area.

COLLABORATIONS

VDSS believes that strong partnerships lead to better outcomes, as the practice model states, and that “how we do our work is as important as the work we do”. This holds true not only for direct service practice with children and families, but also for work done across agencies, stakeholder groups, and communities throughout Virginia. Collaboration is key to ensuring that everyone across Virginia who serves children and families share their passion and expertise to achieve the best possible outcomes.

The 2025-2029 CFSP document makes multiple references to engaging stakeholders, partners, youth, parents, and foster parents. VDSS collaborates with a myriad of state, local, and community partners to provide input on the system’s strengths and needs, integrate cross-disciplinary services, steer initiatives, implement policies and legislation, provide critical stakeholder feedback and general guidance in general, and ensure comprehensive, aligned efforts take place across the state. VDSS works with other internal divisions, state agencies, private and non-profit organizations to improve family services delivery.

Continual collaborative communication loops are critical to stakeholder partnerships and to providing appropriate, targeted services. VDSS designs and engages focus groups, distributes surveys, conducts interviews, collects and analyzes data, and gets regular feedback from a multitude of stakeholder meetings, workgroups, and multi-disciplinary projects. VDSS interfaces with many local, state, and national partners to ensure that feedback is gained from those with lived experience, Tribal partners,

LDSS, Child Welfare and Practice Advisory Committees, Virginia's Court Improvement Program (CIP), and a host of additional collaborators. Similarly, VDSS has partnered this year with numerous state agencies, non-profits, state and federal partners on aligned efforts to address the need for integrated, responsive, and comprehensive services for children and families across Virginia. VDSS intends to use data and data driven processes to build and maintain additional collaborative partnerships this year, striving towards better informed, recipient-driven to whole family well-being.

Continual Collaboration Communication Loops

Rather than collaboration as a one-time event, VDSS pursues continual collaborative communication loops as avenues for offering input and guidance. Many other state agencies intersect regularly with those involved with the child welfare system. VDSS recognizes the importance of working jointly with other state agencies to develop joint policies that positively affect children and families served by VDSS. This collaboration ensures that policies meet the agency needs, avoids duplication, and aligns when possible, and gives each agency an opportunity to provide input into both policy and practice.

As mentioned, Virginia has 120 LDSS, all locally administered. Although VDSS publishes the policies for each program, they are decided through collaboration. Each program works closely with an advisory committee composed of workers and supervisors from local departments. The advisory committees provide an avenue for VDSS to include LDSS in the decisions that ultimately affect their work. VDSS values the LDSS input recognizes that LDSS are the experts on their daily work. Without comprehensive input, VDSS decisions would not be nearly as effective.

VDSS's collaborative approach mirrors the approach LDSS take with local stakeholders and families through engagement. These approaches work with community stakeholders to find creative solutions that build on the strengths and needs of the organizations working together. VDSS and LDSS have shifted focus to include family voices throughout planning processes, including youth voices through the SPEAKOUT Group. VDSS and LDSS will continue finding opportunities to engage with parents and families engaged with the child welfare system.

VDSS will use these continual collaborative communication loops to gain feedback from families, children, youth, Tribes, courts, and other partners to review performance data, assess agency's strengths and needs, and monitor the implementation of the CFSP goals and strategies.

Lived Experience

In 2023, VDSS used multiple methods to engage birth parents, foster parents and youth using their lived experience to help guide planning for changes and supporting customer-centered policy and practice. Through SPEAKOUT (Strong Positive Educated Advocates Keen on Understanding the Truth), the state youth advisory board, and youth currently or recently in foster care engaged with VDSS. Informed by their experiences in Virginia's child welfare system, they helped determine the board's goals. During 2023, SPEAKOUT met each month to discuss state updates and choose the state or national activities in which they wanted to participate. VDSS continues to administer the Youth Exit Survey, getting ongoing feedback from youth exiting foster care (**Permanency Strategy 4.1**).

The DFS Parent Advisory Council began in September 2021 with a total of 11 birth parents from all five regions of the state. At the time of this report, eight of the original 11 members remain on the council and one new member has joined. Members are a diverse set of parents who have lived experience in a child protective services case, In-Home, and/or foster care, or adoption. The council meets at least once a

month. Individual members have also participated in activities of a particular interest to them. Currently, a DFS staff is a liaison between the council and DFS; and the Family Engagement and Resource Family Program Manager provides support as needed. Eventually a new position, the Lived Experience Project Manager, will take over leadership of this and future lived experience councils, supporting them in recruitment, retention, coaching, and leadership development.

In 2023, the council decided to consider adding new members from a region that already has representation, as they saw that recruiting new members is quite challenging. Council members now send out the monthly meeting agenda and take meeting minutes. Having this level of ownership and leadership is a huge milestone for the council.

This year the council received information and provided input on several initiatives across all program areas. They offered input on a permanency pilot program called Enhanced Treatment Foster Care, the relative and fictive kin recruitment contracts, the Faster Families Highway, FPMs, child fatalities, the Safe Sleep Initiative, and to the 2023 General Assembly. They also gave this CFSP input on several occasions, helping explore problems and envision solutions (see the **Strategic Planning** section). Council members spoke on panels about improving family engagement with technology, spoke to social work child welfare stipend students, and presented to the CPS Policy Advisory Committee. Council members also serve on the committee for the Thriving Families and Safer Children (TFSC) grant, and one member traveled to Arizona for a larger TFSC conference.

One major council accomplishment was the creation of an emergency binder template that included a public service announcement via VDSS's social media accounts. This was the council's first project that originated entirely from their own brainstorming and discussions. The council thought it was important that all parents be prepared for kin or fictive kin to care for their children in an emergency. The emergency binder template, available [here](#), provides a comprehensive checklist of items to consider. The council completed this project in partnership with VDSS's Public Affairs Division, and there are hopes for many similar projects to come.

Similarly, as the Community-Based Child Abuse Prevention (CBCAP) lead agency, VDSS is involved with all sectors engaged by CBCAP, which includes parent leadership within communities. CBCAP funding also supports Families' Forward Circle of Parents and the Virginia Parent Council which coordinate parental voices in planning and implementing family services that support child abuse prevention programming in Virginia. Feedback from the Virginia Parent Council, community-based projects, and parent leadership continues to support networks of coordinated child abuse prevention resources, as well as activities that strengthen families. Demographic information on the CBCAP populations served is included in the **CBCAP section**. This collaboration connects to **Prevention Strategy 3**, providing a collaborative environment in which community partners can better understand and address specific barriers to prevention services.

Local Departments of Social Services

As part of the VDSS system and functioning within the locally administered, state supervised structure, LDSS stakeholders are crucial partners in a multitude of state-driven initiatives. VDSS uses numerous stakeholder meetings to leverage feedback gained from LDSS directors, supervisors, and frontline workers. LDSS staff directly provide input and collaborate with VDSS in regular meetings, including quarterly directors' and supervisors' meetings held in each state region, the Virginia League of Social Services Executives (VLSSE) bi-annual conferences, quarterly board meetings, monthly sub-committee

meetings, and three local advisory committees comprised of LDSS staff who advise child welfare programs across the continuum. All these stakeholder meetings provide input throughout the year, which directly informs the development of the CFSP and annual APSR submissions. The VLSSE Professional Development Committee advises VDSS monthly on issues around workforce development, training, the CWSP and university partnerships, and other related topics. The VLSSE Child and Family Services Committee communicates feedback on policy and practice issues within service areas.

Tribal Consultation

VDSS uses quarterly roundtable meetings as the primary avenue for building and sustaining relationships between VDSS and the Tribes. VDSS participates in the NICWA (National Child Welfare Association) conferences and supports Tribal member participation. Tribal members share their conference experiences with other Tribal members during roundtable meetings. VDSS continues to work towards developing formal guidelines on ICWA (Indian Child Welfare Act) and cultural competencies, remaining committed to improving all staff members' cultural competence. Relationships that come from roundtable meetings, site visits and other child welfare focused committees are all opportunities for VDSS to learn more about Tribal cultures. These interactions will help VDSS identify any themes or problem areas in cultural competency training. VDSS provided an ICWA training for federally recognized Tribes in 2022 and is in the process of creating an engagement of native families training for 2024.

Court Improvement Program

VDSS Foster Care, Adoption, and QAA Program Managers are members and regular attendees of the CIP Advisory Board. CIP and VDSS partner to ensure that title IV-E requirements are adequately documented in court proceedings. They are collaborative partners with the CWAC and permanency sub-committee and provide updates and technical assistance to court partners, including judges and guardians ad litem. As part of CWAC, they were key partners in strategic planning for the 2025-2029 CFSP. The CIP meets bi-weekly with DFS staff, the Children's Bureau and contracted partners (JBS staff), and the representative from the Center for States to talk through questions or issues that have arisen.

As mentioned in the **Tribal Collaborations** section of this report, VDSS partnered with CIP (with the Tribes' approval) to participate in the ICWA training led by national subject matter expert, Jack Trope with Casey Family Program. Two CIP staff will attend the training with Virginia's federally recognized Tribal leaders in the autumn 2024 in Richmond, VA.

CIP staff regularly attend the Quarterly Roundtable meetings with Virginia's Tribes. In the December 2022 meeting, a CIP representative updated the Tribes on newly created ICWA court forms that went into effect in February 2023. VDSS and CIP representatives met to discuss these updates so VDSS could provide guidance to the field for the forms' application.

Child Welfare Advisory Committee (CWAC)

CWAC meets three times a year in the spring, summer, and fall. Virtual meetings have allowed for greater representation from across the state, as people who could not normally travel to the meeting have been able to attend. The CWAC agenda always includes collaborative work focused on meeting outcomes for Virginia's children and families. In 2023 CWAC meetings focused on CFSP strategic planning. CWAC members participated actively in problem analysis and solutioning as outlined in the **Strategic Planning** section. Additional topics covered in 2023 CWAC meetings included strategies and activities in the CFSP

2020-2024 plan. This was part of collaboration for the APSR, including Family First Prevention Services Act (FFPSA) and EBPs, Motivational Interviewing (MI), Kin First Now efforts, pilot programs designed to improve placement availability and stability, collaborations around child safety, protection, and fatality prevention, and updates regarding the Safe and Sound Taskforce. Meetings typically include breakout planning time to gather input from attendees. Feedback can include recommendations for policy changes, training strategies, and resources or tools. VDSS takes this feedback to the appropriate program areas and incorporate it as appropriate. VDSS will keep using this meeting over the next five years to support implementation of the CFSP strategies and activities as CWAC includes representation and participation from the courts, parent advisory committee, community partners, LDSS, and other state agencies.

Practice Advisory Groups

During 2023, VDSS continued to host quarterly practice advisory committee (PAC) groups for child welfare program areas, including Permanency, Prevention, and Protection PACSs. It solicited input and feedback from LDSS and stakeholders.

The Permanency PAC includes foster care, resource family, adoption, and Interstate Compact on the Placement of Children (ICPC) programs. The Permanency PAC met quarterly for five hours. Longer meeting times permitted more opportunities for smaller group breakouts. In 2023, PAC solicited feedback on Mutual Family Assessment (MFA) templates, Kinship Guardianship Assistance Program (KinGAP), and state-funded kinship subsidy and adoption assistance. The Permanency PAC developed program guidance, forms, job aids, and resources, and formed smaller work groups focused on program-specific topics. It solicited ideas for resources and events for themed months, i.e., National Foster Care and Adoption months. VDSS also updated the Permanency PAC on staff training, legislative changes, and a new resource family recruiting portal.

The Prevention and Protection PACs are comprised of local CPS, In-Home, and prevention supervisors and workers, plus VDSS program staff. Similar to the Permanency PAC, this committee has continued in a virtual format and participation has remained steady. The group provides input on the CAPTA (Child Abuse Prevention and Treatment) plan, legislative proposals, regulatory review, policy and guidance, and overall program direction. In 2023, committee members provided input on practice protocols related to drug testing, out-of-family investigations, child fatality investigations, Safe Haven Hotline, Motivational Interviewing, SDV Prevention Fund, relative maintenance payments, Guidance Overhaul Project, Safe Sleep, COMPASS/Mobile, State CPS and APS Hotline, Kin First Now Initiative, kinship navigation expansion, PSSF Community Needs Assessment, FFPSA, Executive Order 26 (EO26), screened-out referrals, opening services cases, fatherhood programs and initiatives, CAC funding, and in-home brochures.

Additional Collaborations

Community Based Child Abuse Prevention Grant

As the CBCAP grant lead agency, VDSS is involved with all sectors engaged by CBCAP, which addresses elements of **Prevention Strategy 1**. Funds awarded to Virginia through this grant support the development, operation, and expansion of community-based, prevention-focused program that work to prevent child abuse and neglect. VDSS collaborated with the interdisciplinary, public-private structure, including representatives from private and public sectors, parents, and service providers. They directed and supported networks of coordinated child abuse prevention resources, working to strengthen parents. CBCAP also partners with the Virginia Family and Children's Trust Fund Board, the Virginia Partnership

for People with Disabilities, DBHDS, VDH, DCJS, DJJ, Early Impact Virginia (under Families Forward umbrella), and other state and local public and private non-profit organizations.

Community Resource/Adoptive Family Training (CRAFFT)

VDSS is developing resource families by offering in-service trainings on the needs of older youth, sibling groups and medically fragile children through the Community Resource/Adoptive Family Training (CRAFFT) contract. Resource families learn about trauma-informed care and promoting resilience in addition to trainings on how to become foster parents and deal with issues that arise while taking care of children in foster care. (See more about collaborations with CRAFFT in **Item 28**)

Safe and Sound Task Force

Virginia's child welfare leaders focused on specific challenges around high-acuity youth in foster care. Efforts include strengthening Virginia's focus on kinship placements, expanding treatment foster care, working across systems and payors to increase access to high quality evidence-based mental health and other supportive services, fostering a trauma-informed culture throughout child welfare, adjusting provider rates, and the ongoing implementation of Family First. To address challenges, including placement disruptions and high-acuity youth in foster care sleeping in local offices or other unsuitable locations, Governor Youngkin launched the Safe and Sound Task Force on April 1, 2022. The Task force's vision is aligned with Virginia's vision for its child welfare system: children should grow up in safe, stable, and secure families that support their long-term well-being. Virginia agencies represented include VDSS, DBHDS, OCS, DMAS, and DJJ, private providers, nonprofit organizations, advocacy organizations, faith-based organizations, LDSS, and others comprise the task force membership.

The task force began with three goals: 1) ending youth sleeping in LDSS offices, hotels, or other unsuitable locations by identifying and securing safe placements for high-acuity displaced youth; 2) developing a reservoir of safe and appropriate placements for youth who may need them in the future; and 3) making systemic changes to Virginia's child welfare and other systems.

Task force strategies include clarifying roles and responsibilities among state and local agencies and assigning responsibility for actions; engaging directly with providers, managed care organizations, and Virginia's Behavioral Health Services Administrator (Magellan); coordinating various child-serving systems to address unmet needs; using high fidelity wraparound and other proven models to gain placements and services; ensuring the voice of the youth were represented in their placement goals; using creative problem-solving through a "What Would It Take?" system of care framework; and leveraging the authority of the Governor's Office.

Office of Children's Services for At Risk Youth and Families (OCS)/Children's Services Act (CSA)

Unique to Virginia, the Children's Services Act (CSA) is a single state pool of funds to support services for eligible youth and their families. In addition to DBHDS and DMAS, the OCS is the primary funding source of services for children, parents, and caregivers who are involved in the child welfare system. OCS has helped plan FFPSA and KinGAP implementation. OCS has also collaborated with VDSS around the implementation of state-funded kinship subsidy. OCS also ensures that children and families receiving title IV-E funded services also receive support from other sources, such as transportation, homemaker services, etc.

OCS, DBHDS, DMAS, DJJ and VDSS meet regularly to support the Center for Evidence-based Partnerships in Virginia (CEP-Va), a partnership developed from the Three Branch team to implement

FFPSA, based on the shared agency interest in developing capacity for EBPs in Virginia, ensuring EBP fidelity, and enhancing service provision across private and public sector community partners. (Additional information on CEP-Va follows) VDSS, OCS, and CEP-Va have a data sharing agreement to match clients, funding, and services for CQI and to build capacity and monitor fidelity.

OCS has been a strategic partner in developing permanency-related projects such as the Enhanced Treatment Foster Care Pilot Program and the Additional Daily Supervision (ADS) Workgroup. OCS has also assisted in designing and implementing a short-term, state-funded, Exceptional Circumstances Payment pilot program for foster parents.

Statewide Prevention Plan

VDSS led the development of a five-year plan to prevent child abuse and neglect, prompted by Budget Amendment [HB30](#) in Virginia's 2020 General Assembly Session. Submitted to the General Assembly in June 2021, the plan focused on primary prevention, using a trauma-informed and public health framework on abuse prevention. This focus on prevention presented an opportunity to better align prevention activities while also identifying opportunities for prevention services to positively influence child well-being, safety, and permanency. In developing this plan, VDSS collaborated with DBHDS, VDH, DOE, OCS, FACT, Families Forward Virginia, Voices for Virginia's Children, Virginia Poverty Law Center, and other state agencies and community stakeholders. VDSS will continue to work with stakeholders to implement the five-year plan as resources allow, ensuring the alignment and inclusion of CBCAP funding and priorities.

One of the five-year plan's first initiatives was the Thriving Families Safer Children's Initiative (TFSC). Families Forward, in partnership with VDSS, submitted an application and was subsequently selected to join with other states in the round 2 TFSC initiative. The multi-year initiative seeks to demonstrate that intentional, coordinated investment in a full continuum of prevention and robust community-based support networks will promote overall child and family well-being and other positive outcomes. The work focuses on creating and enhancing networks of community-based supports and aligning government resources to provide a full prevention continuum that strengthens community protective factors and parental protective capacities while mitigating associated risk factors. Virginia's TFSC plans incorporate some of the five-year plan's recommendations.

The TFSC is also developing Family Resource Center (FRC) demonstration sites across Virginia. These sites will use the National Family Support Network (NFSN) FRC model to strengthen family resiliency and reduce the likelihood of child abuse and neglect, advance support for underserved communities in prevention programs and speak to the complex issues that often contribute to families becoming involved in the child welfare system. The project will demonstrate a statewide significance with the implementation and evaluation of FRCs through integrating, cross-system approaches to developing comprehensive child and family well-being systems that are co-designed with families and communities. Sites demonstrate a process for incorporating primary prevention and public health approaches to improve overall community well-being consistent with the social and environmental determinants of health and to create the conditions necessary for all families to thrive. A new position, that of prevention director at the Prevention Department of Families Forward Virginia, will coordinate this effort, and two more positions have been funded to support FRC establishment. Families Forward Virginia has also hired a community engagement manager and a lived experience specialist.

Trauma Informed Community Networks

VDSS provides agency representation and participation at the Trauma Informed Community Network (TICN) in the greater Richmond area, as well as LDSS and VDSS representation on other regions' TICNs throughout the state. The group is composed of multi-disciplinary, cross-sector participants and enables VDSS's connection to multiple areas of community work involved with family and child welfare services. VDSS representatives attend quarterly group meetings and provide leadership on the Trauma Informed Workforce Development (TIWD) sub-committee, processing feedback from academic, private, and public partners in the central region on workforce and general child welfare topics.

University Partners

In partnership with five state universities, VDSS offers the Child Welfare Stipend Program (CWSP) and Child Welfare Employee Education Assistance Program (CWEEAP) throughout Virginia (**Operations Strategy 2**). VDSS continues to partner with George Mason University, Norfolk State University, Radford University, Virginia Commonwealth University, and plans to add Virginia State University for FY2025. Each university partner has established Regional Advisory Committees, which are composed of LDSS leadership, university child welfare faculty, state CWSP leadership, and community partners. Meetings convene quarterly to discuss child welfare workforce needs, learn how students and graduates are performing in the field, staff any barriers to programmatic or student success, and design curriculum and para-curricular activities, including topical seminars, case simulations, employment workshops, and other events. Additionally, VDSS works closely with the Professional Development Committee of the VLSSE, which serves as a state-level advisory group. Currently, in FY24~~5~~, VDSS partners with George Mason, Norfolk State, Radford, and Virginia Commonwealth Universities.

Center for Evidence-Based Partnerships in Virginia

VDSS began a partnership with CEP-Va in 2020. CEP-Va is a partnership between state agencies and Virginia higher education that supports implementing, evaluating, and sustaining EBPs across the state. The Governance Committee for CEP-Va includes DBHDS, DMAS, DJJ, DCJS, DSS, OCS, VDOE, DHP, and VDH. VDSS and CEP-Va conduct EBP fidelity monitoring, particularly for those in the Title IV-E Prevention Services Plan, and provide data from fidelity monitoring to use in the VDSS CQI process. VDSS and CEP-Va also identify needs and gaps in EBPs across the state and recommend additional EBP implementation. A capacity building agreement lets CEP-Va use VDSS funding to identify and train CSBs and community-based providers in the EBPs approved in the FFPSA Prevention Plan (Appendix B). CEP-Va creates an ongoing Needs Assessment and Gaps Analysis (NAGA) report. Item 29 and the Prevention section includes more information on the NAGA report recommendations and responses to them.

Virginia Department of Criminal Justice Services

The Department of Criminal Justice Services (DCJS) is a critical partner with VDSS on grant funded services for children and victims of domestic violence. In 2023, DCJS continued to provide Victims of Crime Act (VOCA) funding to VDSS to support Child Advocacy Centers (CACs). Nineteen CACs provide a multidisciplinary approach to serving victims of child abuse and neglect. A Multidisciplinary Team (MDT) at each center discusses the investigation, treatment, intervention, and prosecution of child abuse cases. VDSS collaborates with DCJS, the Children's Advocacy Centers of VA (CACVA – the statewide association of CACs), and the Southern Regional Chapter of the National Children's Alliance train MDTs in Virginia. VDSS and CACVA also work together to better integrate CACs with the state office and local social service departments. VOCA funds from DCJS provide financial support to local

domestic violence programs VDSS also funds. VDSS also participates in VSTOP meetings where state funders and stakeholders discuss funding priorities and service improvement in trauma-informed, domestic violence programming. VDSS partners with the State Trafficking Response Coordinator for the Commonwealth, who is based at DCJS, and provides annual, aggregate data on children and youth who are suspected victims or are victims of trafficking.

VOCA funding for CACs is at a reduced rate through FY2025; funding expires on July 1, 2025. The CACs will likely receive some funding from the governor's budget. The VDSS finance team is helping the CACs explore additional funding options.

Virginia Department of Education

The majority VDOE and VDSS collaboration has typically been directed at improving educational stability and outcomes of children in foster care. VDSS and VDOE continue collaborating to fulfill the requirements of a five-year grant that VDOE received to improve data visualization linking foster care and educational data via the Virginia Longitudinal Data System (VLDS). VDSS mandates the inclusion of the VDOE State Testing Identification (STI) in the child welfare information system. This lets VDSS and VDOE share aggregated educational data of students in foster care. Together, VDSS and VDOE team members deliver joint trainings focused on educational stability. Each department maintains two primary points of contact for LDSS and schools to reach out to for consultation. VDSS and VDOE model the collaboration that LDSS and local schools need to make joint best interest determinations by looping each other into all conversations and providing joint, agreed upon answers to difficult questions. VDSS and VDOE continue to collaborate with the enactment of Every Student Succeeds Act (ESSA) in December 2015 and joint publication of VDSS/VDOE guidance on ESSA in 2017. They largely provide technical assistance to local education agencies (LEAs/school divisions) and LDSS to meet ESSA requirements, collaboratively resolving school enrollment and stability issues and looping in OCS as necessary.

Virginia Department of Juvenile Justice

VDSS and the Virginia DJJ partner on initiatives, including re-entry guidance for youth in foster care and implementing FFPSA provisions, including EBP use. DJJ has continued to use Functional Family Therapy (FFT) and Multisystemic Therapy (MST) throughout Virginia to serve youth. DJJ has been an asset to VDSS throughout the implementation process, sharing resources and lessons, which made the implementation successful. LDSS can use DJJ providers of FFT and MST for children who are candidates for foster care by purchasing services through DJJ's existing contracts.

Virginia Department of Medical Assistance Services

Medicaid is the largest payer of behavioral health services for children in Virginia. VDSS coordinates with DBHDS and DMAS to implement Project Bravo, which promotes a robust array of outpatient services, integrated behavioral health services in primary care and schools, and intensive community and clinic-based supports that shift from a crisis-oriented approach towards prevention and early intervention. This redesign is integral to ensuring that children have access to high-quality, evidence-based, and trauma-informed services, regardless of funding source. DMAS also supports VDSS's implementation of FFPSA policy, particularly around determining responsibility in congregate care use and settings FFPSA specified. VDSS works with DMAS and Managed Care Organization (MCO) providers in the Transition Planning Action Group. This group works to strengthen communication pathways between VDSS, DMAS, MCO providers, LDSS, foster care providers and youth in care, with the goal of providing client-centered services to Medicaid eligible youth now and formerly in care.

Virginia's Kids Belong

Virginia's Kids Belong Regional Coalitions help recruit resource families and support kinship caregivers and child welfare workers. Virginia's Kids Belong "I Belong Project" (IBP) is a joint initiative with the diligent recruitment and adoption programs. Collaborating with regional resource family and permanency practice consultants, IBP coordinates pictures and videos of children whose parents have lost parental rights and who live in congregate care. Six IBP shoots took place throughout the state in close proximity to congregate care facilities where targeted children were placed. Permanency practice consultants worked with LDSS to identify the children eligible for video shoots and helped coordinate transportation to and from the shoot locations. Fifty-one children in need of adoptive families participated, resulting in 1,143 family inquiries during 2023.

STRATEGIC PLANNING

As VDSS began to develop the CFSP - especially the strategic plan portion of the CFSP - VDSS worked to create a process that was intentional, inclusive, transparent, data-driven, aligned with current initiatives and requirements, and focused on the strengths and needs of Virginia's child welfare system. The strategic planning occurred over twelve months and included stakeholders, local and state partners, and people with lived experience at every stage.

"For a strategic planning process such as the CFSP or a review process such as the CFSR, for example, partners should be engaged at all phases of the process from visioning and assessing functioning to planning for and implementing a change, evaluating and monitoring results, and revising the plan as needed. (National Child Welfare Resource Center for Organizational Improvement, 2004)"³

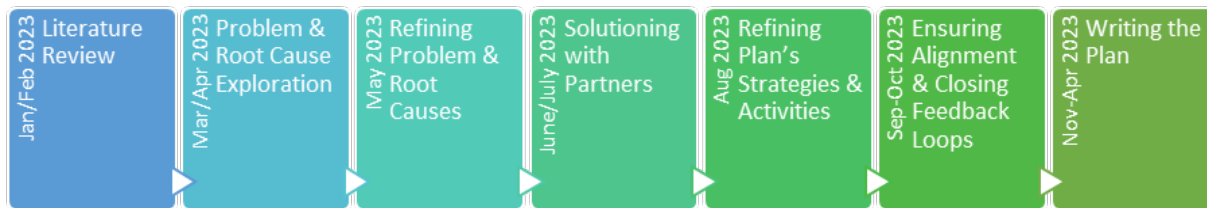
The strategic planning process used multiple resources, including tools from the Capacity Building Center for States (Center for States) implementation series. VDSS's priorities in creating the CFSP were:

- Aligning goals, strategies, and activities with existing priorities and recommendations;
- Ensuring that goals, strategies, and activities were aimed at the most pressing needs within Virginia's child welfare system; and
- Elevating the voices of families, children, and the community.

Virginia 2023-2024 CFSP Work Plan

³ Capacity Building Center for States. (2022). Strategic planning in child welfare: Strategies for meaningful youth, family, and other partner engagement. Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

National Child Welfare Resource Center for Organizational Improvement. (2004). Strategic planning for child welfare agencies. <http://muskie.usm.maine.edu/helpkids/rcpdfs/strat.plan.pdf>



CFSP Core Planning Team & Literature Review

VDSS began by convening a CFSP Core Planning Team whose members came from diverse programs across VDSS divisions: Prevention, Protection, Foster Care, Adoption, Resource Family, Benefit Programs, Data, and CQI teams. VDSS liaisons to CWAC, Tribes, and the Parent Advisory Council have also been part of the CFSP Core Planning Team. The Core Planning Team was primarily responsible for administratively overseeing the CFSP planning process. VDSS also used two existing teams to help lead the planning process: CWAC and the Parent Advisory Group. The CFSP Core Planning Team served as liaisons for their programs or divisions and assisted in:

- Revising the CFSP structural format;
- Collecting information and data for the literature review;
- Planning activities at state and stakeholder meetings for problem analysis and solutioning; and,
- Communicating of programmatic progress on the CFSP strategic plan.

VDSS initiated a literature review after convening the CFSP Core Planning Team to identify existing recommendations around child welfare from published reports, identify strengths and needs from state CFSR reviews, and review initiatives and priorities from state administration. This review helped analyze problems, identify potential solutions, and keep the work in alignment. Workforce issues (quality retention, recruitment, training, and supervision), CFSR areas needing improvement, and kinship were some of the themes the literature review identified.

Problem Analysis

Virginia's CFSR Round 4 review will not occur until after the 2025-2029 CFSP is submitted, so VDSS recognized that any strategic plan must be intentional about assessing problems in Virginia's child welfare system. VDSS wanted the strategic plan to align with items identified in the future CFSR round, as well as any potential program improvement plan. While state CFSR data provided some insight, VDSS wanted to ensure that the needs the CFSP targets reflect Virginia's child welfare system, highlighting areas of greatest importance to the community, children, and families.

VDSS began problem exploration with CWAC in March 2023. The **Collaborations** section includes more information about CWAC and Appendix A contains a list of CWAC members. The March 2023 CWAC meeting reviewed data from VDSS state CFSRs. CWAC facilitators used group engagement platforms for stakeholders to electronically submit identified problems in Virginia's child welfare system in a large group discussion session. Then groups split into breakout rooms and used the Five Whys⁴ to examine root causes and contributing factors for the problems identified in the literature review.

⁴ Capacity Building Center for States (2018). Change and Implementation in Practice: Problem Exploration Video Module 4. Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

VDSS met with the Parent Advisory Council in May 2023 (The **Collaborations section** includes more information on the Parent Advisory Council). In this meeting, the council reviewed the most common and highest priority problems CWAC identified. VDSS asked the council about their priority areas for improvement and to identify any gaps in CWAC's priorities. VDSS asked: *if VDSS could remedy one problem across the state over the next five years, what would make the biggest difference for children and families?*

A state VDSS team of more than 50 individuals from multiple divisions and disciplines met for a full-day workshop to work on the problems identified from the literature review, CWAC, the Parent Advisory Council, and the current administration's priorities. They separated into small groups, identified the highest priority items, and worked on Why Trees⁵ to determine root causes.

Solutioning

Based on the problem analysis provided by CWAC, the Parent Advisory Council, and the state team, VDSS began identifying solutions. To prioritize a hope-centered and trauma-informed® framework⁶, VDSS reconvened CWAC in July 2023, beginning with a group discussion about Virginia's strengths in child welfare. CWAC members then separated into breakout groups that focused on developing solutions for each prioritized problem. Each breakout group also identified resources needed, key partners, and ways to monitor the solution.

VDSS consulted with the Parent Advisory Council in August 2023. Participants in a large group discussion shared their solutions to each prioritized problem.

Using the information gathered from CWAC and the Parent Advisory Council, VDSS hosted two full-day workshops with the state team.

- The first workshop focused on identifying solutions to prioritized problems and organizing those solutions into objectives, strategies, and key activities. Groups received a copy of the 2020-2024 CFSP, state CFSR performance data, feedback from CWAC and the Parent Advisory Council, and a list of existing administration initiatives and priorities. After the first workshop, each group met virtually multiple times to continue building out objectives, strategies, and key activities.
- The second workshop focused on collaboration, data collection, monitoring, and capacity assessment. Attendees participated in:
 - CFSP speed dating: VDSS wanted program areas (Prevention, Protection, Permanency, and Operations) to be aware of each program's plans, aligning efforts along the child welfare continuum to prevent overlap or duplication between the four main program areas. Program area representatives met and shared their plans for feedback and alignment, switching until all programs had met with one another.
 - Measures of progress and points of contact: Programs met to identify measures of progress for strategies. They identified main points of contacts for each program internally to ensure ongoing accountability and communication as they implement and monitor the CFSP.

⁵ Capacity Building Center for States (2018). Change and Implementation in Practice: Problem Exploration Video Module 4. Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

⁶ Gwinn, C., & Hellman, C. (2019). Hope rising: How the science of hope can change your life. Morgan James Publishing.

- Timeline mapping: To identify resource needs and staffing capacity, programs mapped their activities to a timeline, giving them a visual representation of program needs and capacity at various points through the CFSP timeframe.

These meetings helped VDSS develop a draft of the 2025-2029 CFSP. VDSS shared the draft with CWAC and with the Virginia’s Tribes through the December tribal roundtable.

Implementation Monitoring and Feedback Loops

To implement the CFSP, VDSS developed several implementation and monitoring protocols:

- Quarterly data reporting and review,
- Internal leadership and team meetings to review current and upcoming planned interventions; and, and
- Tracking mechanisms to provide oversight and review of existing intervention and technical supports.

VDSS also supports feedback from multiple advisory groups and collaborations included in the **Collaborations section**. VDSS will use this feedback to assess the interventions’ effectiveness and adjust resources, target populations, and measures as needed.

Training and Technical Assistance

VDSS relied on multiple strategic planning resources from the Center for States⁷. VDSS received ongoing support in assessing systemic factor functioning through regular meetings in 2023 with the Children’s Bureau and Virginia’s CIP.

Alignment Process

Strategic Planning Alignment Key

CAPTA

⁷ Capacity Building Center for States. Strategic Planning in Child Welfare (Child Welfare Capacity Building Collaborative) <https://capacity.childwelfare.gov/states/topics/cqi/strategic-planning>
 Capacity Building Center for States (2022). Strategic planning in child welfare: Integrating efforts for systems improvement. Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. <https://capacity.childwelfare.gov/states/resources/strategic-planning-integrating-efforts>
 Capacity Building Center for States. (2019). Strategies for Authentic Integration of Family and Youth Voice in Child Welfare. Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. <https://capacity.childwelfare.gov/states/resources/strategies-for-authentic-integration-of-family-and-youth-voice-in-child-welfare>
 Capacity Building Center for States. (2022). Strategic planning in child welfare: Strategies for meaningful youth, family, and other partner engagement. Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.
 Capacity Building Center for States (2018). Change and Implementation in Practice: Problem Exploration Videos. Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. <https://capacity.childwelfare.gov/states/topics/cqi/change-implementation/problem-exploration/videos#videos>
 Capacity Building Center for States (2018). Change and Implementation in Practice: Intervention Selection and Design/Adaptation Videos. Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. <https://capacity.childwelfare.gov/states/topics/cqi/change-implementation/intervention-selection-design-adaptation/videos>
 Capacity Building Center for States (2018). Change and Implementation in Practice: Monitoring, Evaluating, and Applying Findings Videos. Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. <https://capacity.childwelfare.gov/states/topics/cqi/change-implementation/monitoring-evaluating/videos#videos>

The CAPTA plan is also a key influencer in developing the VDSS strategic plan, in that it outlines the need for prevention services in the field.

JLARC

In December 2018, the Virginia Joint Legislative Audit and Review Commission (JLARC) studied the foster care and adoption services VDSS and LDSS delivered. This report yielded 34 recommendations for improvement. Legislation implemented several, specifically the foster care omnibus bill in 2019 (SB1339) and legislation in 2020 (SB472). These recommendations are aligned in the 2020-2024 strategic plan and the current strategic plan.

FFPSA

FFPSA has been an ongoing priority for Virginia. VDSS's plan was approved and implemented in July 2021. The expansion of Virginia's FFPSA implementation is detailed in the 2025-2029 strategic plan, particularly in the work VDSS will complete in primary prevention and Community Pathways.

Office of the State Inspector General VDSS CPS, Performance Audit September 2022

In accordance with Code of Virginia § 2.2-309 [A](10), the Virginia Office of the State Inspector General (OSIG) can conduct performance audits of executive branch state agencies, including colleges and universities, to ensure state funds are spent as intended and to evaluate program efficiency and effectiveness. OSIG selected the VDSS for a performance audit of Child Protective Services in 2022. The audit had ten findings and made several recommendations, including replacing OASIS and annual training.

Objectives and Key Results (OKR)

Each year, VDSS and other state agencies receive OKRs from the Governor's administration. DFS and other divisions within VDSS develop division-specific OKRs to support progress towards the administration's OKRs.

Practice Profiles

As a result of a 2014 learning collaborative with 20 LDSS, Virginia operationalized the Children's Services Practice Model through the joint development of VDSS's practice profiles. The practice-profile rubric consists of 11 master skill sets across the child welfare continuum, from child protective services to permanency: advocating, assessing, collaborating, communicating, demonstrating cultural and diversity competence, documenting, engaging, evaluating, implementing, partnering, and planning. With an eye towards children's holistic well-being, the practice profiles have a trauma-informed lens. Each profile also contains skill subsets, including youth, family, and caregiver voices; critical thinking; respect for family privacy, information, and roles; and transparency, honesty, and ethics.

Virginia's Plan to Prevent Child Abuse & Neglect

In 2020, the General Assembly, through House Bill 30, directed VDSS, in partnership with numerous state agencies and non-governmental organizations, such as DBHDS, VDH, DOE, FACT, Families Forward Virginia, Voices for Virginia's Children, and the Virginia Poverty Law Center, to establish a five-year child abuse prevention plan. Creating this plan was a collaborative effort with numerous state agencies and non-governmental organizations such as DBHDS, VDH, DOE, FACT, Families Forward Virginia, Voices for Virginia's children, the Virginia Poverty Law Center, and 50 more representatives from 29 different organizations. The Virginia Child Abuse Prevention Plan incorporates strategic plans from statewide organizations that work to prevent child abuse and neglect, as well as incorporating the findings of the *Fiscal Map of Children's Supports in Virginia*. This map provides a detailed analysis of state investment in services for children and youth, including data from 152 funding streams from 17 agencies.

Virginia’s plan to prevent child abuse and neglect focuses on early prevention, also called primary prevention initiatives, which are available to all families. These initiatives promote family resiliency and can prevent child abuse from happening in the first place. The plan’s singular goal is that all families, youth, and children in Virginia are safe, healthy, and nurtured, and have equitable access to resources and opportunities to thrive in their communities.

Strategic Plan

Protection Objective
Provide protection to Virginia's children by focusing on family engagement to mitigate risk and safety concerns.

Protection Strategy 1.

Strategy	Activities	Alignments	Timeframes	Benchmarks	Implementation Supports
1.Enhance practice of family engagement to mitigate risk and safety concerns.	1.1 Install the strategies of Kin First Now.	CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15., OKR, CAPTA, FFPSA	2024-2029	<ul style="list-style-type: none"> •The first 15 Kin First Now agencies are implemented by June 2024. •Subsequent agencies will be implemented in 2025 and 2026. 	<ul style="list-style-type: none"> • Specific engagement training and coaching will be provided to LDSS staff. This training will be based on the practice profiles-training and coaching will be provided by Regional Practice Consultants, Program Staff, and Training Division. • Technical Assistance on implementation and practice will be provided by regional practice consultants and program staff on the Kin First Now, Fatherhood, and Practice Profiles initiatives. • VDSS CQI process will be utilized throughout the implementation process to monitor and evaluate progress through the development and installation of the Kin First Now, Fatherhood, and Practice Profile initiatives. Advance training in MI and integration of MI into protection practices for FSS’ and supervisors.
	1.2 Ensure structured meetings facilitated by a neutral moderator are held during critical decision points.	CFSR Items 1, 2, 3, 12, 13, 14, 15., OKR, CAPTA, FFPSA	2024-2029	<ul style="list-style-type: none"> •All regions develop Fatherhood plan by December 31, 2024. •Fatherhood strategies will be implemented by 2025. 	
	1.3 Install Fatherhood initiative across the five regions.	CFSR Items 1, 2, 3, 12, 13, 14, 15. OKR, CAPTA, FFPSA	2024-2029		

Protection Strategy 1. Measures of Progress

Year	Measure	Progress
2025	% annual change in FPM and CFTM use	Baseline will be established in 2025

	Annual increase in FPM use for high/very high-risk referrals	Baseline will be established in 2025
	Number of children in an ALA connected to a referral	See Prevention Strategy 2
	% of documented IH cases with a child in ALA	See Prevention Strategy 2
	Percent of kinship placements at time of entry into foster care	See Prevention Strategy 2
2026	5% annual increase in FPM use for high/very high-risk referrals	
	5% increase in number of children in an ALA connected to a referral	See Prevention Strategy 2
	5% increase of IH cases with child in ALA	See Prevention Strategy 2
	5% increase of kinship placements at time of entry into foster care	See Prevention Strategy 2
2027	5% annual increase in FPM use for high/very high-risk referrals	
	5% increase in number of children in an ALA connected to a referral	See Prevention Strategy 2
	5% increase of IH cases with child in ALA	See Prevention Strategy 2
	5% increase of kinship placements at time of entry into foster care	See Prevention Strategy 2
2028	5% annual increase in FPM use for high/very high-risk referrals	
	5% increase in number of children in an ALA connected to a referral	See Prevention Strategy 2
	5% increase of IH cases with child in ALA	See Prevention Strategy 2
	5% increase of kinship placements at time of entry into foster care	See Prevention Strategy 2
2029	5% annual increase in FPM use for high/very high-risk referrals	
	5% increase in number of children in an ALA connected to a referral	See Prevention Strategy 2
	5% increase of IH cases with child in ALA	See Prevention Strategy 2
	5% increase of kinship placements at time of entry into foster care	See Prevention Strategy 2

Protection Strategy 2.					
Strategy	Activities	Alignments	Timeframes	Benchmarks	Implementation Supports
2. Respond to reports of abuse and neglect with a timely consistent response.	2.1 Provide consistent, timely array of safety services to protect children.	CFSR Items 1, 2, 3, 12, 13, 14, 15., OKR, CAPTA, OSIG	2024-2029	<ul style="list-style-type: none"> • Increase timely face to face response with identified victim and increase use of individualized safety services early in the process. • Increase number of Human Trafficking 	<ul style="list-style-type: none"> • Regional practice consultants and program staff will continue to monitor and support the timely face to face response with identified victim and increase use of individualized safety services early in the process.
	2.2 Ensure a consistent response to all reports of child trafficking.	CAPTA	2024-2029	<ul style="list-style-type: none"> • Assessments completed and victims of sex trafficking identified by LDSS. • Decrease time between completion of call by State Hotline and contact with LDSS. 	<ul style="list-style-type: none"> • VDSS will seek input and consultation from Parent Council, PACs, Tribes, and CRPs to promote a consistent response to all reports of child trafficking by the child welfare system.
	2.3 Enhance and standardize the business process between State Hotline & LDSS to improve communication and coordination to ensure timely response to all reports of child abuse or neglect.	OSIG, CFSR Items 1, 2, 3, 12, 13, 14, 15.	2024-2029	<ul style="list-style-type: none"> • Increase utilization of VaCPS by mandated reporters. • The first 15 Kin First Now agencies are implemented by June 2024. • Subsequent Kin First Now agencies will be implemented in 2025 and 2026. • All regions develop Fatherhood plan by December 31, 2024. 	<ul style="list-style-type: none"> • VDSS will hire workforce manager to assist with the development and implementation of the State Hotline business process reengineering. • State Hotline and Training Division will develop an Intake eLearning to be utilized by LDSS on the receipt of reports of child abuse and neglect.
	2.4 Install the Safety Organized Practice Model.	CAPTA, OKR, FFPSA, CFSR Items 1, 2, 3, 12, 13, 14, 15	2025-2026	<ul style="list-style-type: none"> • Fatherhood will be implemented by 2025. 	<ul style="list-style-type: none"> • The Training Division will install the Safety Organized Practice model into all child welfare trainings.
	2.5 Promote a robust campaign to educate, inform, and	CAPTA, OKR, FFPSA, CFSR Items	2027-2029		<ul style="list-style-type: none"> • State Hotline and Protection program will partner with public affairs to develop and implement a campaign to educate, inform, and empower adults to protect children.

empower adults to protect children.	1, 2, 3, 12, 13, 14, 15		2024-2029	• VDSS will seek partnership to evaluate activities and will utilize a CQI process to monitor the development and installation of strategies.
2.6 Review guidelines for Safety Planning and ALAs to support LDSS in establishing permanency for children and families.	CAPTA, OKR, FFPSA, CFSR Items 1, 2, 3, 12, 13, 14, 15			

Protection Strategy 2. Measures of Progress		
Year	Measure	Progress
2025	Increase in CFSR items until targets are reached: Item 1: (Target 95%), Item 2 (Target 90%) Item 3 (Target 90%), Item 8 (Target 90%), Item 11 (Target 90%), Item 12 (Target 90%), Item 13 (Target 90%), Item 14 (Target 90%), Item 15 (Target 90%)	See Assessment of Current Performance
	# of service referrals and # of screens completed for victims of trafficking	Baseline will be established in 2025
	10% increase in Human Trafficking Assessments completed for appropriate referrals	Baseline will be established in 2025
	10% decrease annually in the amount of time between completion of call by State Hotline and contact with LDSS	Baseline will be established in 2025
	10% increase annually in the utilization of VaCPS by mandated reporters	Baseline will be established in 2025
	Complete 15 macro-level mandated reporter trainings	Baseline will be established in 2025
2026	5% increase in CFSR items until targets are reached: Item 1: (Target 95%), Item 2 (Target 90%) Item 3 (Target 90%), Item 8 (Target 90%), Item 11 (Target 90%), Item 12 (Target 90%), Item 13 (Target 90%), Item 14 (Target 90%), Item 15 (Target 90%).	
	# of service referrals and # of screens completed for victims of trafficking	
	10% increase annually in the number of Human Trafficking Assessments completed	
	10% decrease annually in the amount of time between completion of call by State Hotline and contact with LDSS	

	10% increase annually in the utilization of VaCPS by mandated reporters	
	Complete 15 macro-level mandated reporter trainings	
2027	5 increase in CFSR items until targets are reached: Item 1: (Target 95%), Item 2 (Target 90%) Item 3 (Target 90%), Item 8 (Target 90%), Item 11 (Target 90%), Item 12 (Target 90%), Item 13 (Target 90%), Item 14 (Target 90%), Item 15 (Target 90%).	
	# of service referrals and # of screens completed for victims of trafficking	
	10% increase annually in the number of Human Trafficking Assessments completed	
	10% decrease annually in the amount of time between completion of call by State Hotline and contact with LDSS	
	10% increase annually in the utilization of VaCPS by mandated reporters	
	Complete 15 macro-level mandated reporter trainings	
2028	5% increase in CFSR items until targets are reached: Item 1: (Target 95%), Item 2 (Target 90%) Item 3 (Target 90%), Item 8 (Target 90%), Item 11 (Target 90%), Item 12 (Target 90%), Item 13 (Target 90%), Item 14 (Target 90%), Item 15 (Target 90%).	
	# of service referrals and # of screens completed for victims of trafficking	
	10% increase annually in the number of Human Trafficking Assessments completed	
	10% decrease annually in the amount of time between completion of call by State Hotline and contact with LDSS	
	10% increase annually in the utilization of VaCPS by mandated reporters	
2029	5% increase in CFSR items until targets are reached: Item 1: (Target 95%), Item 2 (Target 90%) Item 3 (Target 90%), Item 8 (Target 90%), Item 11 (Target 90%), Item 12 (Target 90%), Item 13 (Target 90%), Item 14 (Target 90%), Item 15 (Target 90%).	
	# of service referrals and # of screens completed for victims of trafficking	
	10% increase annually in the number of Human Trafficking Assessments completed	
	10% decrease annually in the amount of time between completion of call by State Hotline and contact with LDSS	
	10% increase annually in the utilization of VaCPS by mandated reporters	

Protection Strategy 3					
Strategy	Activities	Alignments	Timeframes	Benchmarks	Implementation Supports
3. Examine data related to child maltreatment reports to identify and understand areas of opportunity to reduce disparities and disproportionality.	3.1 Identify available data and publish annual data; Create ongoing data process related to Diversity, Opportunity, and Inclusion (DOI).	CFSR Items 1, 2, 3, 12, 13, 14, 15., ICWA	2024-2029	<ul style="list-style-type: none"> • Identify data measures specific to areas of opportunity (disparity and disproportionality). • Publish data measures specific to areas of opportunity (disparity and disproportionality). 	<ul style="list-style-type: none"> • Ongoing training for staff on recognizing, understanding, and addressing disparity and disproportionality in child welfare practice. • Increase data support for the State Hotline. • Utilize the CQI process to enhance the operations of the State Hotline. • Enhance collaboration with the Prevention Program related to primary and secondary prevention interventions.
	3.2 Based on available data, identify strategies to address areas of opportunity (disparity and disproportionality).	CFSR Items 1, 2, 3, 12, 13, 14, 15, ICWA	2024-2029	<ul style="list-style-type: none"> • Review specific data measures to identify trends. 	
	3.3. Develop guidance on the development of a data plan that can be used to guide decision-making to enhance the operations of the State Hotline.	CFSR Items 1, 2, 3, 12, 13, 14, 15, ICWA	2024-2029	<ul style="list-style-type: none"> • Determine specific implementation strategies to address areas of opportunity (disparity and disproportionality). 	
	3.4 Through the development of a new CRP process and based on stakeholder feedback, implement strategies to address areas of opportunity.	CAPTA	2024-2029	<ul style="list-style-type: none"> • Completion of VDSS and LDSS staff training on recognizing, understanding, and addressing disparity and disproportionality in child welfare practice. • Identification of a new (third) (CRP). • Re-organization of the existing CRPs. 	

Protection Strategy 3. Measures of Progress		
Year	Measure	Progress
2025	Identification of specific 10 specific data measures specific to areas of opportunity (disparity and disproportionality) within the continuum of the Protection program	Baseline will be established in 2025
2026	Compile and publish an annual report on the identified data measures specific to areas of opportunity (disparity and disproportionality) within the continuum of the Protection program	
2027	Compile and publish an annual report on the identified data measures specific to areas of opportunity (disparity and disproportionality) within the continuum of the Protection program.	
	Identification of 3 data trends from published annual reports on the identified data measures specific to areas of opportunity (disparity and disproportionality) within the continuum of the Protection program.	
2028	Compile and publish an annual report on the identified data measures specific to areas of opportunity (disparity and disproportionality) within the continuum of the Protection program.	
	Develop 3 practice-strategies that address the 3 identified data trends from the published annual reports on the identified data measures specific to areas of opportunity (disparity and disproportionality) within the continuum of the Protection program.	
2029	Compile and publish an annual report on the identified data measures specific to areas of opportunity (disparity and disproportionality) within the continuum of the Protection program.	
	Make 3 changes to policy, regulation, legislation, or guidance in order to implement the 3 practice-strategies developed that address the 3 identified data trends from the	

	published annual reports on the identified data measures specific to areas of opportunity (disparity and disproportionality) within the continuum of the Protection program.	

Prevention Objective

Advance Virginia’s prevention program to strengthen and support children, youth, and families to ensure well-being, cultivate and recognize healthy community relationships.

Prevention Strategy 1.

Strategy	Activities	Alignments	Timeframes	Benchmarks	Implementation Supports
1. Increase access to primary, secondary, and tertiary prevention supports and services.	1.1 Develop and implement Community Pathways to utilize IV-E funding for primary and secondary prevention services that are evidence- and community-based.	FFPSA, OKR	2025-2029	<ul style="list-style-type: none"> • Ongoing data analysis and needs assessment to identify opportunities for Community Pathways. • Development of implementation plan for Community Pathways. • Community Pathways partners and stakeholders engaged in a regular cadence of meetings for ongoing development, implementation, and CQI. 	<ul style="list-style-type: none"> • Information from partner feedback and community needs assessments will be utilized to develop and execute plans for Community Pathways. • VDSS will continue to partner with the CEP-VA for capacity building, needs assessment and gaps analysis findings and recommendations, provider engagement, EBP provider registry and locator, provider training, fidelity monitoring, and evaluation.
	1.2 Partner with state agencies, local entities, and community and private providers to fund and deliver prevention services (Community	FFPSA, OKR, CFSR Items 2, 3, 4, 5, 6, 12, 13, 14, 15, Virginia Plan to Prevent Child Abuse and Neglect,	2025-2029	<ul style="list-style-type: none"> • Execute and manage contracts necessary for Community Pathways implementation. • Make EBPs available for 200+ candidates for foster care not otherwise involved in the child welfare system with title IV-E Prevention Services funding. 	

	Pathways, CBCAP, HHF, VOCA, PSSF, DVPS, SDVP, etc.)	Virginia's Plan for Home Visiting		<ul style="list-style-type: none"> • Trainings regularly delivered to providers to expand and sustain availability of EBPs. • All EBP providers receiving IV-E funds participate in fidelity monitoring. 	
	1.3 Expand utilization of EBPs by families participating in an In-Home Services case.	FFPSA, OKR, Virginia Plan to Prevent Child Abuse and Neglect, Virginia's Plan for Home Visiting	2025-2029	<ul style="list-style-type: none"> • Annual accounting of funding streams and resources for prevention programs and services. • 4-5 Kinship Navigator program outcomes developed with and collected by VDSS grant funded sites. 	
	1.4 Develop consistent and measurable outcomes for subrecipients of the Kinship Navigator grant funding.	FFPSA	2025-2029	<ul style="list-style-type: none"> • All VDSS funded partners providing SDV Prevention Initiatives will collect and report data on their programs. • NAGA Report submitted to VDSS by CEP-Va 	

Prevention Strategy 1. Measures of Progress		
Year	Measure	Progress
2025	# Meetings with internal and external partners and stakeholders for input, feedback, and collaboration	No baseline needed
	Increase in CFPSR items until targets are reached: Item 3 (Target 90%), Item 8 (Target 90%), Item 11 (Target 90%), Item 12 (Target 90%), Item 13 (Target 90%), Item 14 (Target 90%), Item 15 (Target 90%)	See Assessment of Current Performance

	Identify number of providers trained in EBPs that are listed on the IV-E Clearinghouse	Baseline will be established in 2025
	Submission of amendment to the IV-E Prevention Services Plan with Community Pathways to federal partners	No baseline needed
	# of EBP providers participating in fidelity monitoring for EBPs approved in the IV-E Prevention Plan	Baseline will be established in 2025
	Reduction of entry into foster care after an In-Home Services case	Baseline will be established in 2025
	Reduction of maltreatment recurrence after an In-Home Services case	Baseline will be established in 2025
	SDV prevention outputs and outcomes	
	# of SDV Prevention grants	Baseline will be established in 2025
	# of SDV training and technical assistance activities provided	Baseline will be established in 2025
2026	5% Increase in CFSR items until targets are reached: Item 3 (Target 90%), Item 8 (Target 90%), Item 11 (Target 90%), Item 12 (Target 90%), Item 13 (Target 90%), Item 14 (Target 90%), Item 15 (Target 90%).	
	# Meetings with internal and external partners and stakeholders for input, feedback, and collaboration.	
	% of executed contracts that are needed for approved Community Pathways implementation	
	Federal approval of amended IV-E Prevention Services Plan that includes at least one Community Pathway	
	# of IV-E trained/certified EBP providers	
	% of EBP providers receiving IV-E funds participating in fidelity monitoring	
	50 approved candidates for foster care through Community Pathways	
	% Increase in the number of In-Home cases that prevent entry into foster care after an In-Home Services case	
	% Reduction of maltreatment recurrence after an In-Home Services case	
	SDV prevention outputs and outcomes	
	# of SDV Prevention grants	
	# of SDV training and technical assistance activities provided	

2027	5% Increase in CFSR items until targets are reached: Item 3 (Target 90%), Item 8 (Target 90%), Item 11 (Target 90%), Item 12 (Target 90%), Item 13 (Target 90%), Item 14 (Target 90%), Item 15 (Target 90%).	
	# Meetings with internal and external partners and stakeholders for input, feedback, and collaboration.	
	% of executed contracts that are needed for approved Community Pathways implementation	
	# of IV-E trained/certified EBP providers	
	% of EBP providers receiving IV-E funds participating in fidelity monitoring	
	100 approved candidates for foster care through Community Pathways	
	% Reduction of entry into foster care after an In-Home Services case	
	% Reduction of maltreatment recurrence after an In-Home Services case	
	# of SDV Prevention grants	
	# of training and technical assistance activities provided	
2028	5% Increase in CFSR items until targets are reached: Item 3 (Target 90%), Item 8 (Target 90%), Item 11 (Target 90%), Item 12 (Target 90%), Item 13 (Target 90%), Item 14 (Target 90%), Item 15 (Target 90%).	
	# Meetings with internal and external partners and stakeholders for input, feedback, and collaboration.	
	% of executed contracts that are needed for approved Community Pathways implementation	
	# of trained/certified IV-E EBP providers	
	% of EBP providers receiving IV-E funds participating in fidelity monitoring	
	150 approved candidates for foster care through Community Pathways	
	Reduction of entry into foster care after an In-Home Services case	
	Reduction of maltreatment recurrence after an In-Home Services case	
	# of SDV Prevention grants	
	# of SDV training and technical assistance activities provided	

2029	5% Increase in CFSR items until targets are reached: Item 3 (Target 90%), Item 8 (Target 90%), Item 11 (Target 90%), Item 12 (Target 90%), Item 13 (Target 90%), Item 14 (Target 90%), Item 15 (Target 90%).	
	# Meetings with internal and external partners and stakeholders for input, feedback, and collaboration.	
	% of executed contracts that are needed for approved Community Pathways implementation	
	# of IV-E trained/certified EBP providers	
	% of EBP providers receiving IV-E funds participating in fidelity monitoring	
	200 approved candidates for foster care through Community Pathways	
	Reduction of entry into foster care after an In-Home Services case	
	Reduction of maltreatment recurrence after an In-Home Services case	
	# of SDV Prevention grants	
	# of training and technical assistance activities provided	

Prevention Strategy 2.					
Strategy	Activities	Alignments	Timeframes	Benchmarks	Implementation Supports
2. Strengthen evidence-based case management and service planning practices and focused engagement with fathers and kin.	2.1 Enhance safety, permanency, and well-being programming in In-Home Services.	FFPSA, OKR, CFSR Items 2, 3, 4, 5, 6, 8, 11, 12, 13, 14, 15	2025-2029	<ul style="list-style-type: none"> Identify data measures specific to areas of opportunity related to In-Home Services case opening behaviors, engagement practices, ALAs, recidivism. All regions develop Fatherhood initiative plan by December 31, 2024. 	<ul style="list-style-type: none"> Technical assistance on implementation and practice will be provided by regional practice consultants and program staff on the Kin First Now and father engagement. Provide MI training to cohorts of FSS' and supervisors, initial fidelity monitoring, and coaching.
	2.2 Install Fatherhood initiative across the five regions.	FFPSA, OKR, CFSR Items 2, 3, 4, 5, 6, 8, 11, 12, 13, 14, 15	2025-2026	<ul style="list-style-type: none"> Fatherhood initiative will be implemented by 2025. 	<ul style="list-style-type: none"> The state will provide project management, change management, training activities, IT technical assistance and Title IV-E funding information to include peer learning groups, roundtables, Lifelines,

	2.3 Install Kin First Now strategies across the five regions.	FFPSA, OKR, CFSR Items 2, 3, 4, 5, 6, 8, 11, 12, 13, 14, 15	2025-2026	<ul style="list-style-type: none"> • The first 15 Kin First Now agencies are implemented by June 2024. • Subsequent agencies will be implemented in 2025 and 2026. 	<p>micro-learnings, and other resources that provide information and support around MI principles.</p> <ul style="list-style-type: none"> • VDSS CQI process will be utilized throughout the implementation process to monitor and evaluate progress through the development and installation of the Kin First Now, Fatherhood, and Practice Profile initiatives.
	2.4 Review guidelines for Safety Planning and ALAs to support LDSS in establishing permanency for children and families.	FFPSA, OKR, CFSR Items 2, 3, 4, 5, 6, 12, 13, 14, 15	2025-2026	<ul style="list-style-type: none"> • Review ALA and safety planning feedback from the VLSSE and the OCO and determine next steps specific to guidance, regulation, and legislation. • All 120 LDSS In-Home FSS' and supervisors who supervise In-Home cases will be offered MI Training. 	
	2.5 Advance training in MI and integration of MI into In-Home Services practices for FFS' and supervisors.	FFPSA	2025-2026		

Prevention Strategy 2. Measures of Progress		
Year	Measure	Progress
2025	Number of children in an ALA connected to a referral	Baseline will be established in 2025
	% of documented IH cases with child in ALA	Baseline will be established in 2025
	% of kinship placements at time of entry into FC	Baseline will be established in 2025
	In-Home Cases with father's listed	Baseline will be established in 2025

	Annual increase in paternal relative attendance at FPMs for emergency removals and ALAs	Baseline will be established in 2025
	Annual increase in paternal relative attendance at FPMs for High/Very High-Risk referrals	Baseline will be established in 2025
	MI as a Purpose during face-to-face case contacts	Baseline will be established in 2025
	Completion of three MI training cohorts	Baseline will be established in 2025
	30% increase of MI as a service provided on service plans	Baseline will be established in 2025
	30% increased achievement of service plan goals	Baseline will be established in 2025
	50% increase in staff utilizing MI in In-Home Services	Baseline will be established in 2025
	50% increase in staff utilizing MI in In-Home Services	Baseline will be established in 2025
2026	5% increase in number of children in an ALA connected to a referral	
	5% increase of IH cases with child in ALA	
	5% of kinship placements at time of entry into foster care	
	5% increase In-Home Cases with father's listed	
	5% annual increase in paternal relative attendance at FPMs for emergency removals and ALAs	
	5% annual increase in paternal relative attendance at FPMs for High/Very High-Risk referrals	
	Completion of three additional MI training cohorts	
	5% increase in MI as a Purpose during face-to-face case contacts	
	5% increase change of MI as a service provided on service plans	
	5% Increased achievement of service plan goals	
	5% increase of staff utilizing MI in In-Home Services	
	5% increase of staff utilizing MI in In-Home Services	
2027	5% increase in number of children in an ALA connected to a referral	
	5% increase of IH cases with child in ALA	
	5% of kinship placements at time of entry into foster care	
	5% increase In-Home Cases with father's listed	
	5% annual increase in paternal relative attendance at FPMs for emergency removals and ALAs	

	5% annual increase in paternal relative attendance at FPMs for High/Very High-Risk referrals	
	Completion of two additional MI training cohorts	
	10% increase in MI as a Purpose during face-to-face case contacts	
	10% increase of MI as a service provided on service plans	
	10% Increased achievement of service plan goals	
	10% Increase of staff utilizing MI in In-Home Services	
	10% Increase of staff utilizing MI in In-Home Services	
2028	5% increase in number of children in an ALA connected to a referral	
	5% increase of IH cases with child in ALA	
	5% of kinship placements at time of entry into foster care	
	5% increase In-Home Cases with father's listed	
	5% annual increase in paternal relative attendance at FPMs for emergency removals and ALAs	
	5% annual increase in paternal relative attendance at FPMs for High/Very High-Risk referrals	
	10% increase in MI as a Purpose during face-to-face case contacts	
	Completion of two additional MI training cohorts	
	10% Increase of MI as a Service Provided on service plans	
	10% Increase achievement of service plan goals	
	10% Increase of staff utilizing MI in In-Home Services	
	10% Increase of staff utilizing MI in In-Home Services	
2029	5% increase in number of children in an ALA connected to a referral	
	5% increase of IH cases with child in ALA	
	5% of kinship placements at time of entry into foster care	
	5% increase In-Home Cases with father's listed	
	5% annual increase in paternal relative attendance at FPMs for emergency removals and ALAs	
	5% annual increase in paternal relative attendance at FPMs for High/Very High Risk referrals	

	Completion of two additional MI training cohorts	
	10% Increase change in MI as a Purpose during face-to-face case contacts	
	10% Increase of MI as a Service Provided on service plans	
	10% increase in achievement of service plan goals	
	10% increase of staff utilizing MI in In-Home Services	
	10% increase of staff utilizing MI in In-Home Services	

Prevention Strategy 3.					
Strategy	Activities	Alignments	Timeframes	Benchmarks	Implementation Supports
3. Foster healthy, family-focused, child-centered, communities through campaigns and public awareness that support and embrace positive parenting and increase strengths that prevent neglect and abuse.	3.1 Establish collaboration protocols with child, youth, and family serving system partners, non-traditional service providers, and individuals with lived experience that foster awareness on preventing child maltreatment.	FFPSA, OKR, Virginia Plan to Prevent Child Abuse and Neglect, Virginia's Plan for Home Visiting, Prevention Collaborative VA (SDV primary prevention)	2025-2029	<ul style="list-style-type: none"> •Identification and publication of specific data measures. •Establish baselines and then work to establish outcomes (percentage). •Documentation of status of collaboration protocols and timeline for expansion/growth. • Increase and sustain social and community reach and engagement. • Determine specific implementation strategies to address identified areas of opportunity, need, and service gaps. 	<ul style="list-style-type: none"> • Promote Child Abuse Prevention Month activities. • Include input from stakeholders, Child Welfare and Practice Advisory Committees, Parent Advisory Council, Prevention Collaborative VA, and Tribal partners. • Collaboration with the VDSS Division of Public Affairs PA to support public-facing awareness, education, and outreach. • Prevention program will partner with Public Affairs to develop and implement a campaign to educate, inform, and empower prevention efforts for children and families.
	3.2 Utilize Public Service Announcements (PSAs) on radio, television, and social media;	OKR, Virginia Plan to Prevent Child Abuse and Neglect, Virginia's	2025-2029		

	short videos and educational programming; press releases; webinars; and public events focused on various aspects of awareness and prevention.	Plan for Home Visiting			
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Prevention Strategy 3. Measures of Progress		
Year	Measure	Progress
2025	Identify reach, breadth and frequency of public awareness activities	Baseline will be established in 2025
	Identify gaps and corresponding strategies	Baseline will be established in 2025
2026	10% increase in documented collaborative efforts	
	10% increase in reach to new audiences due to PSAs	
2027	10% increase in documented collaborative efforts	
	10% increase in reach to new audiences due to PSAs	
2028	10% increase in documented collaborative efforts	
	10% increase in reach to new audiences due to PSAs	
2029	10% increase in documented collaborative efforts	
	10% increase in reach to new audiences due to PSAs	

Prevention Strategy 4.					
Strategy	Activities	Alignments	Timeframes	Benchmarks	Implementation Supports
4. Examine data related to prevention activities to identify and understand areas of opportunity to reduce disparities and disproportionality	4.1 Identify available data and publish annual data; create ongoing data process related to Diversity, Opportunity, and Inclusion (DOI).	CFSR Items 2, 3, 4, 5, 6, 12, 13, 14, 15, Virginia Plan to Prevent Child Abuse and Neglect	2025-2029	<ul style="list-style-type: none"> Identify data measures specific to areas of opportunity related to disparity and disproportionality. Establish baselines and then work to establish outcomes (percentages) specific to areas of opportunity related to disparity and disproportionality. Publish data measures specific to areas of opportunity related to disparity and disproportionality. 	<ul style="list-style-type: none"> VDSS Office of Family Violence VDSS Underserved Population Advisory Committee VDSS DFS Diversity, Equity, and Inclusion Committee Ongoing training for staff on recognizing, understanding, and addressing disparity and disproportionality in child welfare practice. Changes to legislation, regulation, and guidance that address areas of opportunity.
	4.2 Based on available data, identify strategies to address areas of opportunity (disparity and disproportionality)	CFSR Items 2, 3, 4, 5, 6, 12, 13, 14, 15, Virginia Plan to Prevent Child Abuse and Neglect	2025-2029	<ul style="list-style-type: none"> Review specific data measures to identify trends. Determine specific implementation strategies to address areas of opportunity related to disparity and disproportionality. 	
	4.3 Create mechanisms to include children and family voice in program planning and communicate these opportunities to families.		2025-2029		

	4.4 Develop a framework for CQI related to DOI (disparity and disproportionality)		2025-2029		
Prevention Strategy 4. Measures of Progress					
Year	Measure			Progress	
2025	Identification of specific 10 specific data measures specific to areas of opportunity (disparity and disproportionality) within the continuum of the Prevention program			Baseline will be established in 2025	
2026	Compile and publish an annual report on the identified data measures specific to areas of opportunity (disparity and disproportionality) within the continuum of the Prevention program.				
2027	Compile and publish an annual report on the identified data measures specific to areas of opportunity (disparity and disproportionality) within the continuum of the Prevention program.				
	Identification of 3 data trends from published annual reports on the identified data measures specific to areas of opportunity (disparity and disproportionality) within the continuum of the Prevention program.				
2028	Compile and publish an annual report on the identified data measures specific to areas of opportunity (disparity and disproportionality) within the protection continuum of the Prevention program.				
	Develop 3 practice-strategies that address the 3 identified data trends from the published annual reports on the identified data measures specific to areas of opportunity (disparity and disproportionality) within the continuum of the Prevention program.				

2029	Compile and publish an annual report on the identified data measures specific to areas of opportunity (disparity and disproportionality) within the continuum of the Prevention program.	
	Make 3 changes to policy, regulation, legislation, or guidance in order to implement the 3 practice-strategies developed that address the 3 identified data trends from the published annual reports on the identified data measures specific to areas of opportunity (disparity and disproportionality) within the continuum of the Prevention program.	

Permanency Objective

Elevate and enhance family engagement practice to achieve permanency.

Permanency Strategy 1.

Strategy	Activities	Alignments	Timeframes	Benchmarks	Implementation Supports
1. Elevate and enhance family engagement practice to achieve permanency	1.1 Identify and engage birth parents, relatives (in and out of state), foster parents, Tribes, and other critical adults in children/youth's lives.	CFSR Items for Strategy 1: 5-6, 12-15 and CAPTA Plan	2024-2029	<ul style="list-style-type: none"> • Support the efforts of the Commonwealth Family Partnership Meeting Facilitator Forum to develop a best practice framework and provide a community to support Family Partnership Meeting FPM facilitators with model fidelity. • Facilitate Kin First Now process-family finding, early FPM, immediate placement with relatives. 	<ul style="list-style-type: none"> • Consult with Capacity Building Center for effective kinship strategies. • CQI process will be utilized throughout the implementation process to monitor and evaluate.
	1.2 Provide opportunities to empower youth and families to ensure decisions are youth and/or family driven.		2024-2025	<ul style="list-style-type: none"> • Continue to promote the Youth Welfare Approach to support youth participation in FPM/court, etc. • Explore initiatives to promote father engagement; work with DCSE to 	

	1.3 Ensure timeliness to permanency by prioritizing reunification.		2024-2028	<p>develop process for earlier establishment of paternity; and address barriers to non-offending fathers being considered for reunification.</p> <ul style="list-style-type: none"> • Enhance kinship website- expand and enhance resources for relatives re: options for involvement when kin are impacted by the child welfare system.
	1.4 Incorporate lived experience into policy and guidance changes to increase effectiveness.		2024-2026	<ul style="list-style-type: none"> • Establish LEX councils- establish supports for parent council and develop foster parent/adoption and relative caregiver councils to participate in and lead policy decisions. • Partner with SPEAKOUT members to provide youth input on and promote best practice guidelines around how to have difficult conversations with youth; develop training for LDSS and FPM facilitators from the youth perspective. • Continue to explore how to leverage IV-E funding for enhanced parent legal representation and support for reunification. • Promote frequent and quality family visitations to support reunification. • Increase use of Ice Breaker meetings when children are placed. • Develop process for identifying foster families who are Native

				<p>American/Indigenous/Tribal members for children entering foster care who are identified as Native Americans.</p> <ul style="list-style-type: none"> • Develop Kin First Now training on safety to permanency and relatives as a support to achieving return home. • Promote reunification month and raising awareness to ensure prioritization of reunification. • Establish a LEX project manager. • Continue to support and integrate SPEAKOUT in decision making. • Establish supports for parent council and develop foster parent/adoption and relative caregiver councils to participate in and lead policy decisions. • Develop a formal process for LEX stakeholder participation in the development of and review of guidance. • Implement LEX review process for policy and programmatic decision-making. 	
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Permanency Strategy 1. Measures of Progress		
Year	Measure	Progress
2025	Completion of ICWA screening	Baseline will be established in 2025

	FPMs held with more than one relative present	Baseline will be established in 2025
	5% increase in CFTMs	Baseline of 3,021
	5% annual increase in rate of completion of youth exit survey	Baseline of 13.1%
	5% biannual increase in responses to foster parent survey	Baseline: 502 responses in January 2024 survey- 9% response rate
	CFSR item 13: Increase Child and Family Involvement in Case Planning until goal of 90% is met/exceeded	Baseline is 76%
	CFSR Item 6: Increase progress towards reunification/permanency until goal of 90% is met/exceeded	Baseline is 83%
	5% annual increase in rate of weekly visitation to facilitate reunification	Baseline will be established in 2025
	5% annual increase in case worker face to face contacts with mother and father bi-monthly to achieve return home	Baseline of 60.9%
	Increase in rate for FPMs held at the 3 key decision points	Baseline will be established in 2025
2026	Increase completion of ICWA screening on all youth in foster care	
	Increase number of FPMS held with more than 1 relative present	
	5% increase in CFTMs	
	5% annual increase in rate of completion of youth exit survey	
	5% biannual increase in responses to foster parent survey	
	CFSR item 13: Increase Child and Family Involvement in Case Planning annually until goal of 90% is exceeded	
	CFSR Item 6: Increase progress towards reunification/permanency until goal of 90% is exceeded	
	5% annual increase in rate of weekly visitation to facilitate reunification	
	5% annual increase in case worker face to face contacts with mother and father bi-monthly to achieve return home	
	Increase in rate for FPMs held at the 3 key decision points	
2027	Increase completion of ICWA screening on all youth in foster care by	
	Increase number of FPMS held with more than 1 relative present	
	5% increase in CFTMs	
	5% annual increase in rate of completion of youth exit survey	

	5% biannual increase in responses to foster parent survey	
	CFSR item 13: Increase Child and Family Involvement in Case Planning until goal of 90% is exceeded	
	CFSR Item 6: Increase progress towards reunification/permanency until goal of 90% is exceeded	
	5% annual increase in rate of weekly visitation to facilitate reunification	
	5% annual increase in case worker face to face contacts with mother and father bi-monthly to achieve return home	
	Increase in rate for FPMs held at the 3 key decision points	
2028	Increase completion of ICWA screening on all youth in foster care by	
	Increase number of FPMS held with more than 1 relative present	
	5% increase in CFTMs	
	5% annual increase in rate of completion of youth exit survey	
	5% biannual increase in responses to foster parent survey	
	CFSR item 13: Increase Child and Family Involvement in Case Planning until goal of 90% is exceeded.	
	CFSR Item 6: Increase progress towards reunification/permanency until goal of 90% is exceeded	
	5% annual increase in rate of weekly visitation to facilitate reunification	
	5% annual increase in case worker face to face contacts with mother and father bi-monthly to achieve return home	
	Increase in rate for FPMs held at the 3 key decision points	
2029	Increase completion of ICWA screening on all youth in foster care by	
	Increase number of FPMS held with more than 1 relative present	
	5% increase in CFTMs	
	5% annual increase in rate of completion of youth exit survey	
	5% biannual increase in responses to foster parent survey	
	CFSR item 13: Increase Child and Family Involvement in Case Planning until goal of 90% is exceeded	

	CFSR Item 6: Increase progress towards reunification/permanency until goal of 90% is exceeded	
	5% annual increase in rate of weekly visitation to facilitate reunification	
	Increase caseworker face to face contacts with mother and father bi-monthly to achieve Return Home by 5% annually	
	Increase in rate for FPMs held at the 3 key decision points	
	CFSR item 13: Increase Child and Family Involvement in Case Planning until goal of 90% is exceeded.	

Permanency Strategy 2.					
Strategy	Activities	Alignments	Timeframes	Benchmarks	Implementation Supports
2. Prioritize placement of children in foster care with relatives to facilitate concurrent planning.	2.1 Increase the number of children who are immediately placed with relatives.	Virginia kinship legislation 2024, JLARC FC Report of 2018, CFSR item: 10, Fostering Connections to Success and Increasing Adoptions Act of 2008	2024-2025, 2026 Q3, 2027 Q2	<ul style="list-style-type: none"> • Complete the first 15 Kin First Now agencies by June 2024. Subsequent agencies will be implemented in 2025 and 2026. • Implement Exception Reports to monitor placement of children with kin Q1 2024 Q3 2026 (beginning with Kin First Now agencies) • Implement training for LDSS staff to ensure timely submissions of ICPC referrals. 	<ul style="list-style-type: none"> • TA on implementation and practice will be provided by regional consultants and the Permanency program through Kin First Now. • CQI process will be utilized throughout the implementation process to monitor and evaluate. • Training will be developed and delivered by VDSS training staff and incorporated into new worker training.
	2.2 Increase the timeliness of ICPC referrals and placements.	CFSR Item 36	2024 Q4-2028	<ul style="list-style-type: none"> • Update ICPC guidance and develop job aids to promote increased use of ICPC. 	
	2.3 Increase the number of children/youth in	Fostering Connections to Success and Increasing	2024-2028	<ul style="list-style-type: none"> • Collect data, establish baselines, and develop performance measures 	

	kinship placements.	Adoptions Act of 2008, CFSR Item 10		for Virginia’s children and children entering the state from other states (review data/procedures in other states for exemplars).	
	2.4 Increase the utilization of KinGAP, State-Funded kinship subsidy, and Adoption Assistance to support placement with relatives.	JLARC, CFSR Item 10	2025 Q3-Q4	<ul style="list-style-type: none"> • Update the VDSS kinship training to incorporate three Kin First Now practice elements. • Update guidance concerning KinGAP and State Funded Kinship Subsidy by year 1 quarter 3. 	
	2.5 Facilitate LDSS collaboration through community specific strategies to approve and support kinship resource parents.	CFSR Item 10, 32		<ul style="list-style-type: none"> • Provide training and TA to LDSS to promote provision of support to relatives. • Expand use of Kin and Fictive Kin Recruitment Contract, ATCP contracts, and collaboratives to approve and support kinship placements. • Utilize Family Seeing contract for TA with family finding and family engagement for regional VDSS and LDSS staff. • Conduct CFSR deeper dive to see if a relative has been identified in service plan. • Work on data base to be able to gather initial data. 	

				<ul style="list-style-type: none"> • Create ICPC forms to assist in order to get information for excel data sheet. • Once base line is established complete training to LDSS around the importance of getting ICPC referrals in a more timely manner to decrease the time youth are in care. 	
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Permanency Strategy 2. Measures of Progress		
Year	Measure	Progress
2025	5% annual increase in rate at which children who enter foster care are first placed with a kinship foster parent	Baseline 10.2%
	Decrease # months to achieving permanency after placement with relatives out of state	Baseline will be established in 2025
	Determine baseline for timeliness of ICPC referrals	Baseline will be established in 2025
	5% annual increase in # of KinGAP cases finalized	Baseline 81
	5% annual increase in # of state funded kinship cases finalized	Baseline 19
	5% increase in # of relative adoption assistance cases finalized	Baseline will be established in 2025
	35% increase in rate of kinship care placements	Baseline is 14.7%
2026	5% annual increase in rate at which children who enter foster care are first placed with a kinship foster parent	
	Establish baseline of exception report submissions	Baseline will be established in 2026
	Decrease # months to achieving permanency after placement with relatives out of state	

	5% annual increase in # of KinGAP cases finalized	
	5% annual increase in # of state funded kinship cases finalized	
	5% increase in # of relative adoption assistance cases finalized	
	3.75% increase in rate of kinship care placements	
2027	5% annual increase in rate at which children who enter foster care are first placed with a kinship foster parent	
	Decrease # of exception reports submitted at point of entry into foster care and placement change	
	Decrease # months to achieving permanency after placement with relatives out of state	
	5% annual increase in # of KinGAP cases finalized	
	5% annual increase in # of state funded kinship cases finalized	
	5% increase in # of relative adoption assistance cases finalized	
	3.75% increase in rate of kinship care placements	
2028	3% increase in rate at which children who enter foster care and are first placed with a kinship foster parent	
	At placement change exception reports submitted on 10% of cases	
	Decrease # months to achieving permanency after placement with relatives out of state	
	5% increase in kinship waivers submitted to allow immediate placement with relatives	
	5% annual increase in # of KinGAP cases finalized	
	5% annual increase in # of state funded kinship cases finalized	
	5% increase in # of relative adoption assistance cases finalized	
	3.75% increase in rate of kinship care placements	
2029	3% increase in rate at which children who enter foster care and are first placed with a relative. Rate of first placements with relatives	

	Decrease # months to achieving permanency after placement with relatives out of state	
	5% annual increase in # of KinGAP cases finalized	
	5% annual increase in # of state funded kinship cases finalized	
	5% increase in # of relative adoption assistance cases finalized	
	50% rate of kinship placements	

Permanency Strategy 3.					
Strategy	Activities	Alignments	Timeframes	Benchmarks	Implementation Supports
3. Increase well-being of children in foster care	3.1 Increase access to services/supports/resources to support youth.	Psychotropic medication training (JLARC), HPAC, FFPSA	2026-2027	<ul style="list-style-type: none"> • Update the Foster My Future website to share resources and information by year 2. • Promote use of iFoster app by year 2. • Providing training and TA on IL guidance and resources to LDSS by year 1. • Refine TA provided to LDSS re: mandates for youth age 14 and older in foster care. • Embed Youth Welfare Approach in resource parent training. • Utilize National Training Development Curriculum to improve foster parent skills. 	<ul style="list-style-type: none"> • Collaborative training and TA provided by the Permanency program, regional consultants, contract administrator, and contractors. • Training will be developed and delivered by VDSS training staff and incorporated into new and on-going worker trainings. • Consult with Center for States on ICPC performance goals from other states.

				<ul style="list-style-type: none"> • Partner with DMV to streamline the process for youth in foster care to obtain their driver’s license. • Develop and share materials related to supporting youth in foster care to obtain their driver’s license (for youth and caregivers). • Implement statewide driver’s license program. • Engage MCOs on monitoring use of psychotropic medications by year 3 qtr 4. • Hire Director of Foster Care and establish access to clinical consultation by year 3. • Monitor psychotropic consent medication protocol through CFSR reviews. • Hiring LEX project manager. • Establishing a resource family and kinship advisory council or function by year 2 Qtr 3. 	
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				<ul style="list-style-type: none"> • Develop a formal process for LEx stakeholder participation in the development of and review of guidance (2025). • Implement LEx review process (2026). • Promote Housing Support Program for emancipated youth 	
	3.2 Ensure older youth in and youth formerly in foster care have access to adequate transportation.		2026-2027		
	3.3 Implement new curriculum for foster parent training to increase foster parents' skills in meeting the needs of children placed with them.		2027		
	3.4 Ensure that psychotropic medications prescribed for youth in foster care are medically necessary.		2025-2029		
	3.5 Increase effectiveness of policy and practice through incorporating lived experience.		2025-2027		

Permanency Strategy 3. Measures of Progress		
Year	Measure	Progress
2025	5% increase in rate of youth who have received at least 1 IL service	Baseline 58%
	5% annual increase in rate of completion for the IL skills assessment	Baseline 53%
	5% annual increase in rate of completion for the IL transition plan	Baseline 48%
	# of workers trained in Psychotropic Medication Protocol	Baseline will be established in 2025
	# of agencies that have a designated consentor	Baseline will be established in 2025
	Decrease in % of children in foster care prescribed psychotropic medications to within national average of children who are not in foster care (8%).	Baseline 31.5%
	5% annual increase in % of youth receiving well child visits	Baseline 64.8%
	5% annual increase in % of youth receiving annual dental exams	Baseline 70.6%
	Increase # youth that access housing support program	Baseline to be establish in 2025
	5% annual increase in # youth served youth services contracts	Baseline 179
2026	5% increase in # of youth who have received at least 1 IL service	
	5% annual increase in rate of completion for the IL skills assessment	
	5% annual increase in rate of completion for the IL transition plan	
	# of workers trained in Psychotropic Medication Protocol	
	# of agencies that have a designated consentor	
	2% decrease of children in foster care prescribed psychotropic medications to within national average	
	5% annual increase in % of youth receiving well child visits	
	5% increase in % of youth receiving annual dental exams	
	5% annual increase in # youth served by youth services contracts	
	Increase # of youth that access housing support program	
2027	5% increase in # of youth who have received at least 1 IL service	
	5% annual increase in rate of completion for the IL skills assessment	

	5% annual increase in rate of completion for the IL transition plan	
	# of workers trained in Psychotropic Medication Protocol	
	# of agencies that have a designated consentor	
	2% decrease of children in foster care prescribed psychotropic medications to within national average	
	5% annual increase in % of youth receiving well child visits	
	5% annual increase in % of youth receiving annual dental exams	
	5% increase in # of youth served annually by youth services contracts	
	Increase # of youth that access housing support program	
2028	5% increase in # of youth who have received at least 1 IL service	
	5% annual increase in rate of completion for the IL skills assessment	
	5% annual increase in rate of completion for the IL transition plan	
	# of workers trained in Psychotropic Medication Protocol	
	# of agencies that have a designated consentor	
	2% decrease of children in foster care prescribed psychotropic medications to within national average	
	5% annual increase in % of youth receiving well child visits	
	5% annual increase in % of youth receiving annual dental exams	
	5% annual increase in # of youth served annually by youth services contracts	
	Increase # of youth that access housing support program	
2029	Increase # of youth who have received at least 1 IL service	
	5% annual increase in rate of completion for the IL skills assessment	
	5% annual increase in rate of completion for the IL transition plan	
	# of workers trained in Psychotropic Medication Protocol	
	# of agencies that have a designated consentor	
	2% decrease of children in foster care prescribed psychotropic medications to within national average	
	5% annual increase in % of youth receiving well child visits	

	5% annual increase in % of youth receiving annual dental exams	
	5% annual increase in # of youth served annually by youth services contracts annually	
	Increase # of youth that access housing support	

Permanency Strategy 4.					
Strategy	Activities	Alignments	Timeframes	Benchmarks	Implementation Supports
4. Improve permanency outcomes for ‘high-risk’ populations/ children at risk of aging out without permanency	4.1 Reduce use of congregate care (CC).	JLARC; FFPSA; Adoptions and Safe Families Act	2024-2027	<ul style="list-style-type: none"> • Conduct CC reviews which lead to discharges from CC for children reviewed. • Increase collaboration with the state psychiatric facility, Commonwealth Center for Children and Adolescents in order to facilitate more timely discharges. • Safe and Sound Task Force: continue to expand and enhance placements continuum to ensure availability of family-based placements for children/youth with high level behavioral/mental health needs. • Continue to promote and utilize providers to support the stability of families post-adoption. • Implement multi-media foster parent recruitment to expand pool 	<ul style="list-style-type: none"> • VDSS will seek out TA support on recruitment efforts, reducing congregate care and post-adoption supports from the Center for States. • Collaborative training and TA provided by the Permanency program, regional consultants, contract administrator, and contractors. • Capacity Building Center to provide TA on reducing disproportionality in foster care. • VDSS CQI process will monitor and evaluate progress. • Implement guidance updates to support adoptive families through community resources and adoption assistance. • Implement National Adoption Competency Training Initiative to promote trauma-informed adoption

				<p>of foster parent and adoptive homes by Year 2.</p> <ul style="list-style-type: none"> • Utilize Faster Families Highway to expand statewide pool of foster and adoptive homes to facilitate more family-based placements for children needing adoptive homes by Year 2. • Foster and adoption recruitment plans. • Expand and utilize Kin and Fictive Kin Recruitment and ATCP contracts to explore relative placements for children and youth needing adoptive homes. • Continue to promote and utilize the Post-Adoption Consortium providers to support the stability of families post-adoption. 	practice in the workforce by year 3 Qtr 1.
	4.2 Utilize data to support targeted and child-specific recruitment for family-based placements.		2025- 2026	<ul style="list-style-type: none"> •Establish baseline measures for adoption disruptions and dissolutions. 	

	4.3 Achieve timely and stable adoptions.		2026-2027	<ul style="list-style-type: none"> • Implement guidance updates to support adoptive families through community resources and adoption assistance. 	
	4.4 Examine data related to foster care and adoption activities to identify and understand areas of opportunity (disparity and disproportionality).		2026-2028	<ul style="list-style-type: none"> • Implement National Adoption Competency Training Initiative to promote trauma-informed adoption practice in the workforce by year 3 Qtr 1. • Implement improvements to guidance and best practices for serving undocumented, refugee and immigrant populations. • Provide training and TA to LDSS and resource families to work with immigrant families and undocumented children and youth. • Research and implement evidence-based strategies to decrease racial disparities and disproportionality in child welfare by year 2, Qtr 1. 	

Permanency Strategy 4. Measures of Progress

Year	Measure	Progress
2025	Decrease average length of time youth spend in CC	Baseline will be established in 2025
	Decrease # of re-entries into CC	Baseline will be established in 2025
	5% annual increase in # of permanent families identified for children w/TPR in CC	Baseline will be established in 2025
	Decrease % of children placed in CC until the average is 5% or less	Baseline 12.9%

	5% baseline annual decrease in number of adoption disruptions	Baseline will be established in 2025
	5% baseline annual decrease in number of adoption dissolutions by 5%	Baseline will be established in 2025
	2% annual decrease in rate of youth aging out of foster care	Baseline 17.7%
	Reduction in placement disruptions	Baseline will be established in 2025
	Decrease in placement changes	Baseline 75%
	CFSR Items 4: Stability in Living Arrangement- increase annually until 90% is met/exceeded	Baseline will be established in 2025
2026	Decrease average length of time youth spend in CC	
	Decrease # of re-entries into CC	
	5% annual increase in # of permanent families identified for children w/TPR in CC	
	5% decrease in % of children placed in CC until the average is 5% or less	
	5% baseline annual decrease in number of adoption disruptions	
	5% baseline annual decrease in # of adoption dissolutions	
	5% annual decrease in rate of youth aging out of foster care	
	Reduction in placement disruptions	
	Decrease in placement changes	
	CFSR Items 4: Stability in Living Arrangement- increase annually until 90% is met/exceeded	
2027	Decrease average length of time youth spend in CC	
	Decrease # of re-entries into CC	
	5% annual increase in # of permanent families identified for children w/TPR in CC	
	5% decrease in % of children placed in CC until the average is 5% or less	
	5% annual baseline decrease in number of adoption disruptions by	
	5% annual baseline decrease in number of adoption dissolutions	
	5% annual decrease in rate of youth aging out of foster care	
	Reduction in placement disruptions	
	Decrease in placement changes	

	CFSR Items 4: Stability in Living Arrangement- increase annually until 90% is met/exceeded	
2028	Decrease average length of time youth spend in CC	
	Decrease # of re-entries into CC	
	5% annual increase in # of permanent families identified for children w/TPR in CC	
	5% annual decrease in % of children placed in CC until the average is 5% or less	
	5% annual baseline decrease in number of adoption disruptions	
	5% baseline annual decrease in number of adoption dissolutions	
	5% annual decrease in rate of youth aging out of foster care	
	Reduction in placement disruptions:	
	Decrease in placement changes	
	CFSR Items 4: Stability in Living Arrangement- increase annually until 90% is met/exceeded	
2029	Decrease average length of time youth spend in Congregate Care	
	Decrease # of re-entries into CC	
	5% annual increase in # of permanent families identified for children w/TPR in CC	
	5% annual decrease in % of children placed in CC until the average is 5% or less	
	5% annual baseline decrease in number of adoption disruptions	
	5% baseline decrease in number of adoption dissolutions	
	5% annual decrease in rate of youth aging out of foster care	
	Reduction in placement disruptions	
	Decrease in placement changes	
	CFSR Items 4: Stability in Living Arrangement- increase annually until 90% is met/exceeded	

Operations Objective

To strengthen and improve the Virginia workforce and CQI system to enhance and innovate practices to improve prevention, protection, and permanency outcomes.

Operations Strategy 1.					
Strategy	Activities	Alignments	Timeframes	Benchmarks	Implementation Supports
1. Design, develop and implement a federally compliant child welfare information system to promote a flexible and agile workforce that is well-prepared to engage children and families	1.1 Engage with federal partners to ensure compliance with CCWIS regulations.	Item 345.M. of the 2022 Appropriations Act, CCWIS - 45 CFR	2025-2027	<ul style="list-style-type: none"> • ACF TA activities and monitoring will serve as the primary benchmark for federal compliance. • User feedback regarding system usability/design will be used to determine successful change management and system development based on HCD principles. Production support tickets, accuracy of data entered as evidenced in federal reporting, and training surveys will determine the success of training activities. 	<ul style="list-style-type: none"> • COMPASS Navigators to gather feedback/input as needed via surveys to engage end users throughout all phases of implementation. • Advisory committee will assist in providing input and in the dissemination of key information related to design, development, pre-implementation, and implementation of COMPASS. • Develop LDSS end user feedback loops. • Collaborate with Data Governance Council.
	1.2 Engage with system users (to include those with lived experience) using a Human Centered Design (HCD) approach to develop a well adopted, child welfare information solution that meets the needs of the user groups.	1355.50 through 1355.59, AFCARS - 45 CFR Part 1355.40, FFPSA - Public Law 115-123, Office of the State Inspector General VDSS CPS, Performance Audit September 2022	2025-2027		
	1.3 Perform activities related to Business Process Improvement (BPI) to develop roadmap for system development in keeping with the HCD approach.		2025-2027		
	1.4 Practice stakeholder management and organizational change management throughout child welfare information system development and implementation.		2025-2027		
	1.5 Provide stakeholders with the knowledge needed for success in using the new		2025-2027		

	child welfare information system.				
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Operations Strategy 1. Measures of Progress		
Year	Measure	Progress
2025	Secure vendor	
	Stakeholder (to include lived experience) engagement during HCD	
	Assess stakeholder readiness using Prosci methodology, end of sprint demos to stakeholders, sprint retrospectives	
	Determine readiness using Prosci ADKAR model	
	Project successfully meets established milestones to include development, testing, communication plan, training, rollout	
2026	Stakeholder (to include lived experience) engagement during HCD	
	Assess stakeholder readiness using Prosci methodology, end of sprint demos to stakeholders, sprint retrospectives	
	Determine readiness using Prosci ADKAR model	
	Project successfully meets established milestones to include development, testing, communication plan, training, rollout	
2027	Stakeholder (to include lived experience) engagement during HCD	
	Assess stakeholder readiness using Prosci methodology, end of sprint demos to stakeholders, sprint retrospectives	
	Determine readiness using Prosci ADKAR model	
	Project successfully meets established milestones to include development, testing, communication plan, training, rollout	
2028	Stakeholder (to include lived experience) engagement during HCD	
	Assess stakeholder readiness using Prosci methodology, end of sprint demos to stakeholders, sprint retrospectives	

	Determine readiness using Prosci ADKAR model	
	Project successfully meets established milestones to include development, testing, communication plan, training, rollout	
2029	Stakeholder (to include lived experience) engagement during HCD	
	Assess stakeholder readiness using Prosci methodology, end of sprint demos to stakeholders, sprint retrospectives	
	Determine readiness using Prosci ADKAR model	
	Project successfully meets established milestones to include development, testing, communication plan, training, rollout	

Operations Strategy 2.					
Strategy	Activities	Alignments	Timeframes	Benchmarks	Implementation Supports
2. Reform training system to recruit, train and support the retention and ongoing professional development of a confident and competent workforce in partnership with stakeholders.	2.1 Sustain and expand continuing education opportunities, particularly the CWSP and the CWEEAP.	CFSR Items 26 & 27, Butler Study	2025-2029	<ul style="list-style-type: none"> • Licensure pilot, expansion of CWSP to other universities. • Number of training completions to Leadership Institute, pre-service, and in-service. • Training comparison data from pre-test to post-test. 	<ul style="list-style-type: none"> • LTD quarterly reports • Quarterly HR data collection meetings • Post training survey evaluation data
	2.2 Develop an implementation plan for a Leadership Institute for LDSS directors/managers/supervisors.		2025	<ul style="list-style-type: none"> • Three-month follow up surveys and interviews with trainees. • Number of roles hired as compared with number of roles leaving agencies. 	
	2.3 Identify annual workforce turnover and retention rates from HR to measure		2025-2029	<ul style="list-style-type: none"> • Number of roles identified as progressing through career in LDSS. 	

	trends with new training system installment.			<ul style="list-style-type: none"> • Competencies and learning objectives identified for training. 	
	2.4 Plan a cohort and competency-based staff training and development system with baseline measures of success with TA from national training system experts utilizing a flipped classroom, online, virtual, and instructor led approaches with simulations.		2025		
	2.5 Install new foundational and developmental cohort training for new workers with robust evaluation measures.		2026-2029		

Operations Strategy 2. Measures of Progress		
Year	Measure	Progress
2025	Number of participants in continuing education programs	Baseline to be established in 2025

	Secure TA vendor to assist LTD in planning process for training system reform				
	100% of training completions				Baseline to be established in 2025
	Post-test data indicating an 85% pass rate				Baseline to be established in 2025
	On the job implementation of results from three-month follow-up				Baseline to be established in 2025
2026	Number of participants in continuing education programs				
	100% Training completions				
	Post-test data indicating an 85% pass rate				
	On the job implementation of results from three-month follow-up				
2027	Number of participants in continuing education programs				
	100% training completion completions				
	Post-test data indicating an 85% pass rate				
	On the job implementation of results from three-month follow-up				
2028	Number of participants in continuing education programs				
	100% training completions				
	Post-test data indicating an 85% pass rate				
	On the job implementation of results from three-month follow-up				
2029	Number of participants in continuing education programs				
	100% training completions				
	Post-test data indicating an 85% pass rate				
	On the job implementation of results from three-month follow-up				
Operations Strategy 3.					
Strategy	Activities	Alignments	Timeframes	Benchmarks	Implementation Supports
3. Implement a comprehensive CQI method	3.1 Create a template for data catalog to gather	CFSR Item 25	2024-2029	<ul style="list-style-type: none"> • Establish data template. • Document data in template. 	<ul style="list-style-type: none"> • Data and Outcomes meeting • CQI Meetings

that integrates existing data.	consistent information from each program area.			<ul style="list-style-type: none"> • Gather feedback from programs. • Refine data. 	<ul style="list-style-type: none"> • CFSR/IV-E Reports and email updates • Compass Mobile Trainings • Regional Quarterly Meetings • Data Team Quarterly Reports • Staff Survey • Kin First Now • Data FUSION page • Power BI Dashboard
	3.2 Align data to the family engagement, kinship, and fatherhood strategic priorities. Utilize catalog template to document all data sources.		2024-2029	<ul style="list-style-type: none"> • Develop the data tool. • Percentage of data metrics defined in the tool. • Begin to track changes in data related to family engagement, kinship, and fatherhood strategic priorities. 	
	3.3 Collect feedback on data catalogue to assess usability and accessibility.		2024-2029		
	3.4 Refine data catalogue points based on user feedback.		2024-2029		
	3.5 Develop Division Data Tool that provides a visual display of key measures.		2024-2029		

	3.6 Begin to utilize Division Data Tool as a single source of truth for tracking of strategic priorities over time. Embed tool into existing meetings, online team locations, and reports and model usage of data for CQI purposes.		2024-2029		
	3.7 Collect On-going Feedback on catalogue usability and accessibility.		2024-2029		
	3.8 Review Data Template and Tool on a Quarterly Basis, tracking changes for strategic priorities and connecting to practice elements for CQI.		2024-2029		
	3.9 Identify areas of opportunity for		2024-2029		

	improvement at a macro level and partner with the CQI Division to support the development and implementation of specific and measurable strategies within LDSS to improve the effectiveness and efficiency of the three strategic priorities of focus.				
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Operations Strategy 3. Measures of Progress		
Year	Measure	Progress
2025	% of Division using data template to ensure consistency across the Division (page visits)	Baseline to be set in 2025
	Create a central page for template to “live”	
	Review template on a quarterly basis; collect on going feedback from staff at quarterly review	
	Develop Division Data Tool	
	Review strategic priorities, highlighting changes over time	
2026	% of Division using data template to ensure consistency across the Division (page visits)	
	Embed data template into existing meetings, online team locations, and reports	
	Create a central page for template to “live”	

	Review template on a quarterly basis; collect on going feedback from staff	
	Develop Division Data Tool	
	Review Strategic Priorities, highlighting changes over time	
2027	% of Division using data template to ensure consistency across the Division (page visits)	
	Embed data template into existing meetings, online team locations, and reports	
	Create a central page for template to “live”	
	Review template on a quarterly basis; collect on going feedback from staff	
	Develop Division Data Tool	
	Review strategic priorities, highlighting changes over time	
2028	% of Division using data template to ensure consistency across the Division (page visits)	
	Embed data template into existing meetings, online team locations, and reports	
	Create a central page for template to “live”	
	Review template on a quarterly basis; collect on going feedback from staff	
	Develop Division Data Tool	
	Review strategic priorities, highlighting changes over time.	
2029	% of Division using data template to ensure consistency across the Division (page visits)	
	Embed data template into existing meetings, online team locations, and reports	
	Create a central page for template to “live”	
	Review template on a quarterly basis; collect on going feedback from staff	
	Develop Division Data Tool	
	Review strategic priorities, highlighting changes over time	

ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES (CFSR/PIP)

The third round of Virginia’s CFSR, conducted between April 1, 2017, and June 1, 2017, indicated that, although VDSS made progress towards improving the child welfare system, there were still areas needing improvement. Specifically, VDSS was not in substantial conformity with seven out of seven CFSR outcome areas and three out of seven systemic factors.

Key areas of concern included:

- Inadequate assessment of safety and risk for children;
- A lack of service provision for children and families;
- Foster families who can provide for the identified needs of the child;
- Improved efforts to include parents and family members in case planning;
- Placing children with relatives while in foster care;
- Moving children from foster care to permanency; and
- Achieving permanency in a timely manner.

Additional themes for improvement include:

- High rates of caseworker turnover (approaching 30%);
- Low rates of staff completing mandated training; and
- Inconsistent practice and performance throughout the state.

As Virginia begins preparing for the fourth round of the CFSR, this section will be built upon to include the requirements for the statewide assessment. In past APSR submissions for the 2020-2024 CFSP, Virginia has highlighted the work that has gone into the CFSR Program Improvement Plan (PIP). Virginia is pleased to have closed out that PIP. As of June 2021, Virginia completed all outcomes and met PIP measurement goals, except for Safety Outcome 1, Item 1. VDSS met the measurement goal for Item 1 during measurement period 14 and received the PIP closeout letter in February 2022.

Outcome measures: 2023

Safety outcome 1: Children are, first and foremost, protected from abuse and neglect.		
Substantially achieved 80.25%	Partially achieved 0%	Not achieved 19.75%
Safety outcome 2: Children are safely maintained in their homes whenever possible and appropriate.		
Substantially achieved 53.13%	Partially achieved 20.83%	Not achieved 26.04%
Permanency outcome 1: Children have permanency and stability in their living situations.		
Substantially achieved 56.25%	Partially achieved 41.67%	Not achieved 2.08%
Permanency outcome 2: The continuity of family relationships and connections is preserved for children.		
Substantially achieved 64.58%	Partially achieved 35.42%	Not achieved 0%
Well-being outcome 1: Families have enhanced capacity to provide for their children's needs.		
Substantially achieved 51.04%	Partially achieved 37.5%	Not achieved 11.46%
Well-being outcome 2: Children receive appropriate services to meet their educational needs.		
Substantially achieved 86.79%	Partially achieved 3.77%	Not achieved 9.43%
Well-being outcome 3: Children receive adequate services to meet their physical and mental health needs.		

Substantially achieved 70.59%	Partially achieved 15.29%	Not achieved 14.12%
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In January 2022, Virginia passed the Round 3 PIP; since that time, Virginia has made changes to the state CFSR process. In January 2022, VDSS altered the sampling methodology to ensure that all 120 LDSS experienced a CFSR in the calendar year. Within that process, VDSS focused on selecting agencies that had never experienced a CFSR before and those that had high title IV-E error rates. VDSS implemented changes to familiarize more LDSS with the federal CFSR review process and prepare them for Round 4.

In November 2022, VDSS established six-month goals for each item to gradually move Virginia toward meeting the Round 4 goals of 95% for Item 1 and 90% for Items 2-18. The six-month goals were evaluated in May and November 2023 and increased by 10% for items that met the six-month goals. Virginia also lowered the quarterly CFSR sample size from 35 to 24 cases. Because of this additional change to sampling, Virginia established a new CFSR baseline in February 2023 and began at Quarter 1, Measurement Period (MP) 1 with the new baseline.

MP14 reflects Virginia’s last MP under the PIP. Virginia passed the PIP in January 2022, mid-MP15. Therefore, all cumulative data provided across MPs is from MP14 onward. Outcomes have varied considerably across MPs considering the different sampling methods implemented in January 2022 and February 2023. Outcomes for most items have had dips and rises based on the agencies selected for review during the quarters comprising that MP, and there is a wider variation in outcomes due to the non-representative sample. However, Items 5 and 6 have both seen notable steady increases in outcomes across MPs 14-18 and MPs 1-3. Conversely, Items 3, 7, and 15 experienced lower outcomes since establishing the new baseline in MPs 1-3.

The most recent MP3 (August 2023-January 2024) reflects the numbers since increasing the six-month goals mid-MP in November 2023, to move Virginia toward meeting Round 4 goals. Virginia has made progress and met or surpassed the six-month goals in Items 5, 6, 7, 9, 10, 12, 14, and 16. The six-month goals for Items 5, 7, 9, 10, 14, and 16 were already set at the federal standard of 90%. However, VDSS was able to increase six-month goals for Items 12 and 6 by 10%.

To support all LDSS in preparation for Round 4 CFSR, the Quality Assurance and Accountability (QAA) team is offering a quarterly a virtual training until the start of Round 4 in October 2025. The CFSR team began releasing monthly information emails in September 2023 as well as quarterly CFSR micro-learning which it has been posted on the CFSR FUSION page since November 2023. Quarterly CFSR Round 4 Webinars began in February 2024. The QAA team will offer targeted training and technical assistance to agencies, in collaboration with regional practice and strategic consultants.

Safety Outcomes 1 and 2

MP3, Item 1, agency response and face-to-face contact made within established time frames, was rated as an Area in Need of Improvement (ANI) and was only substantially achieved in 82.5% of the cases reviewed. Of the cases reviewed, VDSS found no cases where the reason for the delay in initiating the investigation or family assessment and face-to-face contact was due to circumstances beyond the agency’s control. Item 2, services to prevent entry or re-entry into foster care, is an ANI with 76.19% substantially achieved. Item 3, which assesses and addresses risk and safety concerns, is an ANI with 60.42% substantially achieved.

“Recurrence of Maltreatment” investigates the recurrence of maltreatment within 12 months of an initial founded disposition. National performance is 9.7% and Virginia risk standardized performance (RSP) falls below that at 5.3%. “Maltreatment in Care” shows the rate of victimization per 100,000 days in care in foster care during a 12-month period. National performance is 9.07 victimizations and Virginia’s RSP

is below that at 4.43 victimizations per 100,000 days in care. “Reentry into Foster Care” shows what percentage of children in care in a 12-month period who exited to permanency, re-entered care within 12 months of discharge. National performance is 5.6% and Virginia’s last reportable RSP is below that at 3.7%.

State and regional VDSS teams identified and implemented practice strategies and set performance goals for LDSS to improve performance on key protection measures. The strategies included layered communication at each LDSS operational level, targeted LDSS training, and using tools to help meet the performance goals. Regional practice consultants were instrumental in outlining performance expectations and sharing agency data monthly to ensure optimal performance on key protection measures. Their efforts created an accountability loop for LDSS to identify practice strengths and areas of improvement.

Regional Practice Consultants have used information garnered from the accountability loops to provide targeted technical assistance, inform policy and best practice development, and make system enhancements. For example, based on feedback from the LDSS, several report enhancements have been made in SafeMeasures to help agencies more accurately and efficiently monitor their data and performance on key protection measures. Regional practice consultants also review data and discuss practice strengths and areas of improvement at their monthly Supervisor Check-In Calls and Quarterly Child Welfare Supervisors Meetings. Furthermore, LDSS with promising practices on key performance measures are highlighted in “agency spotlights” at PAC meetings.

As a result of the 2022 OSIG Performance Audit of the DFS Child Protective Services (CPS) program, VDSS worked collaboratively to respond to the OSIG recommendation to provide additional training, which will be updated annually, for LDSS case workers and supervisors regarding policies and procedures. VDSS identified key fundamental areas of practice, including areas related to CFSR Items 1-3, that need to be strengthened through additional practice skills training. VDSS developed CWSE2005R Optimal Practice: The Annual Five CPS Guidance Fundamentals, which are five online modules and that can be taken in any order. These modules became available in early 2024 and include the following:

- VDSS - CWSE2005R: Optimal Practice (Module 1: Screening Decisions) provides an overview of the CPS intake process, including screening decisions, navigating, and using the CPS guidance manual, Structured Decision Making (SDM) tools and other intake tools and job aids. The module covers validity criteria, response priority, mandated reporting, and documentation requirements. (CFSR Item 1)
- VDSS - CWSE2005R: Optimal Practice (Module 2: Difference Between TFCV and FMC) encourages an understanding of the importance of and differences between the Timeliness of First Contact with Victim (TFCV) and the First Meaningful Contact (FMC) with a family. The module describes how certain settings, such as in Out of Family (OOF) investigations, may affect the investigation process and explains what proper documentation of the TFCV and FMC should look like in the Child Welfare Information System. (CFSR Item 1)
- VDSS - CWSE2005R: Optimal Practice (Module 3: Safety Assessments) offers the learner insight into the proper completion of the SDM Safety Plan in COMPASS, and how it correlates directly with the SDM Safety Assessment. Learners will see the parallel process for working and engaging with families to elicit change, particularly around safety planning with caretakers. (CFSR Item 3)
- VDSS - CWSE2005 R: Optimal Practice (Module 4: Critical Thinking Skills) highlights the importance of thorough and accurate documentation throughout the life of the case, particularly when establishing preponderance of evidence and supporting founded or unfounded dispositions

in an investigation. Learners will correlate the practice profiles with their critical thinking skills when working with families and building a comprehensive case with well-organized and compelling documentation (CFSR Items 1-3).

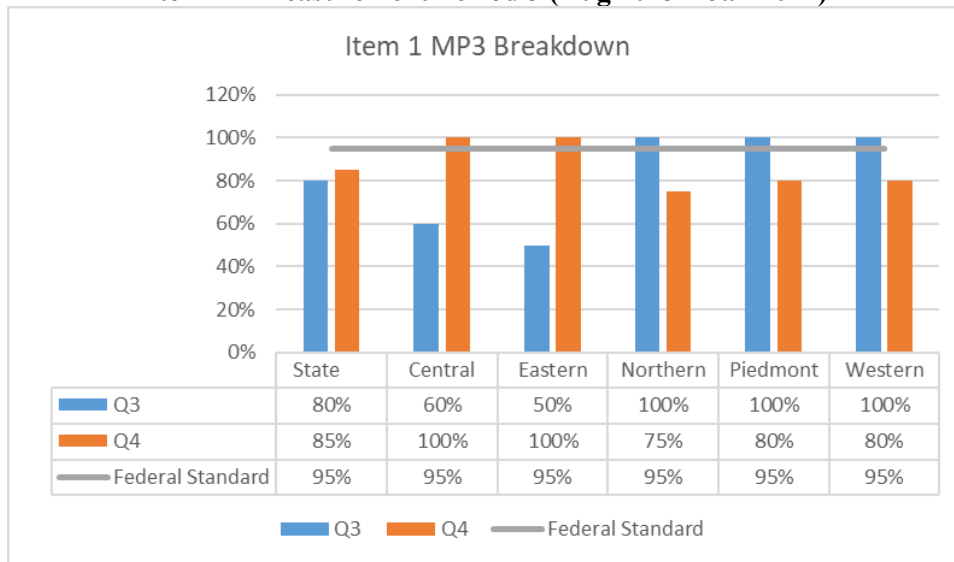
- VDSS - CWSE2005R: Optimal Practice (Module 5: Documentation to support case opening decisions in high/very high-risk referrals) emphasizes the critical decision-making point of opening an In-Home Services case for High and Very High-Risk referrals following CPS involvement. Learners will understand how the SDM Risk Assessment informs the decision to open an In-Home Services case, as well as how to properly construct and document the conversation and decision a family makes when offering and encouraging participation in services (CFSR Item 2).

Safety Outcome 1: Children are, First and Foremost, Protected from Abuse and Neglect (Item 1)

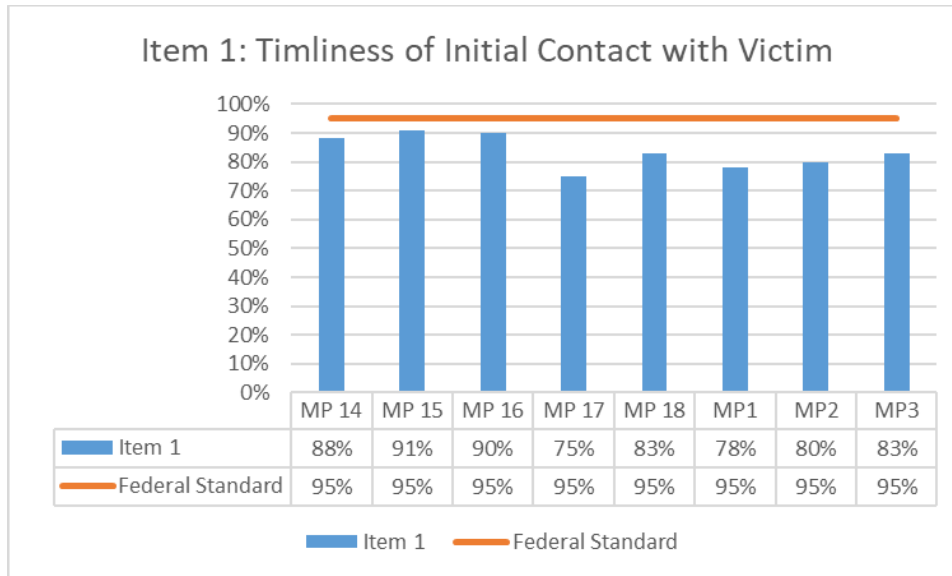
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment

Purpose: To determine whether responses to all accepted child maltreatment reports received during the period under review were initiated and face to face contact with the children were made, within the time frames established by agency policies or state statutes.

Item 1 – Measurement Period 3 (Aug 2023 – Jan 2024)



This chart shows the comparison between the state and each of Virginia’s five regions during MP 3. During this MP, Virginia saw an overall increase in Item 1 outcomes as a state, from 80% in Q3 to 85% in Q4. This is largely attributable to 100% achievement ratings in the Central and Eastern Region in Q4. The remaining three regions saw 20-25% decreases in outcomes in Q4.



This above chart shows Item 1 during each measurement period since Virginia passed the Round 3 PIP. MP14 marks Virginia’s last quarter under the PIP, which ran for six consecutive months and started in August 2021. Each measurement period overlapped the next by one quarter, or three months. This chart shows the percentage change in Item 1 from the passing of Item 1 in MP15, through the current MP 3.

Virginia passed Item 1, which required an overall score of 87.5%, with 88% during MP14. Since that time, Virginia has seen an overall downward trend in Item 1 outcomes. Lower outcomes in MP17 and beyond are attributable to the different sampling methods implemented for CFSR reviews since Virginia has been out of the PIP. New sampling methods in January 2022 included sampling from agencies that have not experienced a CFSR before, and from those have experienced high title IV-E error rates. In February 2023, Virginia has also lowered the overall sample size from 35 to 24 cases per quarter.

During 2023, Virginia reviewed 81 applicable cases and found a total of 16 cases that received an ANI in Item 1. Seven of the cases were listed as foster care, two cases were In-Home, and seven cases were In-Home, differential response. In 15 of the reports, agencies failed to make timely contact with the alleged victim children, and in nine cases agencies also failed to initiate the investigation or family assessment timely. Other reasons for ANIs included:

1. Delayed initiation due to law enforcement involvement
2. Delayed initiation due to jurisdictional issues
3. Delayed initiation due to incorrect identification of victim child
4. Delayed initiation due to incorrect response time

Practice Enhancements for Item 1:

Virginia has made marked improvement in Item 1 since the PIP implementation strategies. To mitigate Item 1 areas of concern, Virginia implemented a process where the LDSS supervisor is responsible for triaging all new CPS referrals to ensure timely deadlines are met. Agencies are also being more flexible with staff work schedules, including designating staff to meet timeliness deadlines, implementing timed response protocols, and treating all referrals as a priority response, or 24-hour response. Since statewide implementation of this strategy, Virginia has seen steady improvement in Item 1. Program staff and regional practice consultants will continue to evaluate each agency’s performance on Item 1 every month. Regional practice consultants will provide targeted technical assistance to LDSS who are performing below the 95% goal. Targeted technical assistance will include data review, limited case mining, training,

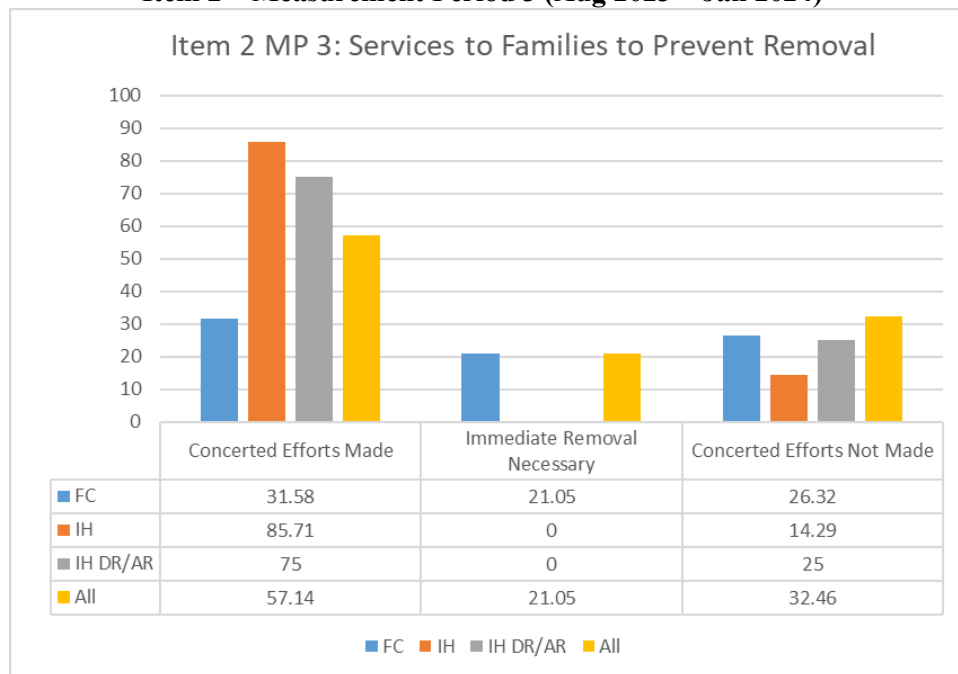
business process exploration, and CQI. Program staff and regional practice consultants will revisit prior root cause analysis to expand practice strategies and continue to improve Virginia’s Item 1 performance. Program staff and regional practice consultants will also support the installation of the Safety Organized Practice Model to increase the use of individualized safety services. VDSS plans to continue to improve performance in this item through activities in **Protection Strategy 2**.

Safety Outcome 2: Children are Safely Maintained in their Homes Whenever Possible (Items 2-3)

Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care

Purpose: To determine whether, during the period under review, the agency made concerted efforts to provide services to the family to prevent children’s entry into foster care or re-entry after a reunification.

Item 2 – Measurement Period 3 (Aug 2023 – Jan 2024)



This chart represents concerted LDSS efforts to provide or arrange appropriate services for the family to protect children and prevent entry or reentry into foster care. In the current MP3, Virginia achieved a 76% Strength rating for Item 2. The 6-month goal identified for Item 2 is congruent with the federal standard for the item, at 90%. During 2023, there were 84 cases applicable for this item. Concerted efforts were made in 59 cases, for a total strength rating of 70.24%. In 25 of the cases, concerted efforts were not made.

During 2023, Virginia reviewed 84 applicable cases and had a total of 25 that received an ANI in Item 2. Thirteen of those cases had a foster care case type, three cases were In-Home case type, and in nine cases the case type was In-Home, differential response. In two cases, agencies did not assess the need for safety-related services. In eight cases, agencies assessed needs, but did not provide safety-related services. In nine cases, agencies identified the need for safety-related services but did not provide them in a timely manner. In three cases, the agencies did not provide a clear justification for removing a child without offering safety-related services. Other reasons for ANIs included:

1. Not providing relevant information regarding a family safety needs after transferring the case to the receiving agency
2. Failure to ensure continuity of community-based services to prevent child’s re-entry into foster care.

Virginia continues to focus on efforts to prevent removal.

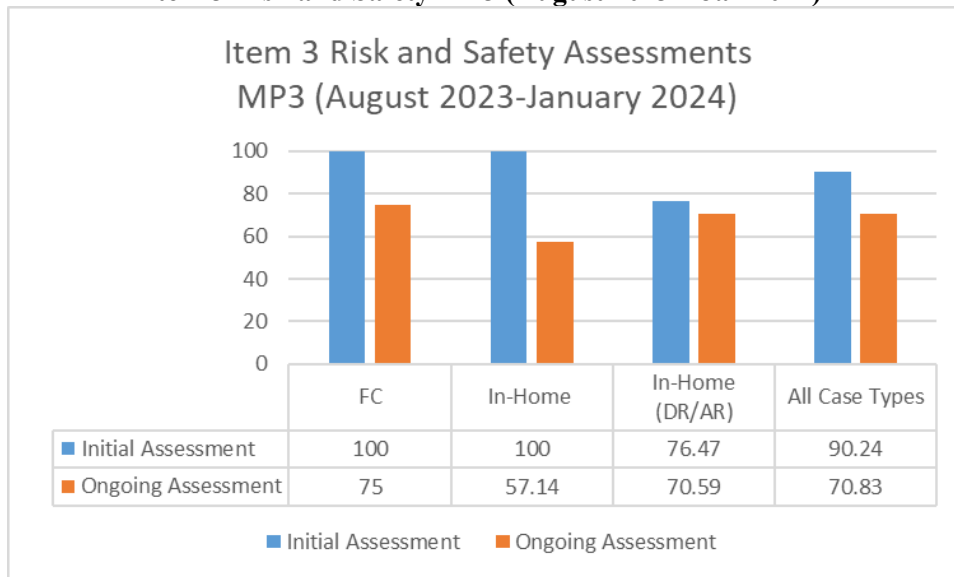
Practice Enhancements for Item 2:

Virginia launched the In-Home services program in April 2021. It included new guidance for In-Home services cases and prevention services, a multi-pronged training program, and significant changes to the child welfare information system. In July 2021, Virginia implemented FFPSA, which allowed title IV-E funding for three identified prevention services (Appendix B). VDSS added five more EBPs to the Family First Prevention Services Plan in 2023. Since the launch of the In-Home services program and FFPSA, VDSS has identified practice enhancements that are needed across the continuum. **Prevention Strategy 2** and **Protection Strategy 2** provide opportunities to enhance practices around engagement, case opening behaviors of high/very risk referrals, using ALAs, and referral recidivism, VDSS plans to continue supporting practice enhancements in this item to ensure LDSS provide services to the family to prevent children’s entry into foster care or re-entry after a reunification through **Prevention Strategy 2** and **Protection Strategy 2**. Specifically, areas of opportunity exist related to In-Home Services case opening behaviors for high/very high-risk referrals, engagement practices, ALAs, and recidivism.

Item 3: Risk and Safety Assessment and Management

Purpose: To determine whether, during the period under review, the agency made concerted efforts to assess and address the risk and safety concerns relating to the children in their own homes or while in foster care.

Item 3 Risk and Safety MP3 (August 2023 – Jan 2024)



Item 3 determines whether, during the period under review (PUR), the agency made concerted efforts to assess and address the risk and safety concerns relating to children in their own homes. This chart represents Item 3 broken into foster care cases, In-Home Services Cases (that opened from an investigation), In-Home Services differential response and alternative response (DR/AR) cases that opened from a Family Assessment), and all case types. The Round 3 PIP Goal for Item 3 of 56% was met

in the prior MP2. In the current MP3, Virginia achieved 60% Strength ratings for Item 3 as a state; this is below the current six-month goal of 77%.

During 2023 Virginia had a total of 96 cases reviewed and 40 that received an ANI in Item 3. Foster care cases and In-Home cases opened from a Family Assessment made up the highest percentage of ANIs in Item 3; In-Home cases opened from investigations comprised only five of the ANIs. A total of 14 ANIs were due to caseworkers conducting visits with children and families less than monthly. In eight cases, workers did not complete ongoing assessments of risk and safety, and in seven cases, the assessments were either delayed/untimely, or inadequate. In seven cases, safety plans were either not developed timely, inadequate to address safety, or not properly monitored. There were concerns in eight cases of not assessing alternate caretakers either prior to placement or on an ongoing basis. Other key reasons for ANIs in Item 3 included:

1. Untimely or inaccurate formal safety assessments
2. Not attempting other forms of contact if home visits are unsuccessful
3. Not addressing the risk or safety of child's behavior in a resource placement
4. Case closed while safety concerns still existed
5. Failure to follow-up on new allegations
6. Inadequate assessment of potential kinship home

Practice Enhancements for Item 3:

In 2024, the General Assembly, through House Bill 27 and Senate Bill 39, established a statutory framework for a parent, guardian, or legal custodian to arrange a temporary living arrangement for their child with relatives and fictive kin when an LDSS has determined that the child cannot remain safely in their current home. Regardless of where the child may be temporarily or permanently residing, the framework protects parental rights, promotes placement with relatives/fictive kin, supports reunification, and provides specific timeframes for permanency. In-Home Services provide an opportunity to partner with families to assess strengths, needs, protective factors, and what services may be needed to ensure the safety of the child and prevent entry into foster care. In-Home Services practice guidance also requires that consistent and meaningful contact with the family and collaterals, including a minimum of one visit with the child and caregivers monthly, CFTMs every 90 days and FPMs at all critical decision points.

Thus, continued efforts include implementing uniform practice guidance to support ALAs with relatives or fictive-kin caregivers. VDSS will continue to focus on using data to drive decisions, support recommendations, and conduct thorough root-cause analysis in this practice area. Detailed data on living arrangements and services will offer insight into the circumstances leading to the use of ALAs and the types of supports provided during the arrangement. This data will also let VDSS further explore whether disparities exist in ALAs statewide and how the practice affects family and child well-being and permanency over time.

The SDM tool is available in the COMPASS|Portal so it can be accessed during case management in real time. In addition, LDSS can also access Safety Plans through COMPASS on tablets during case management and in the field. VDSS plans to continue supporting practice enhancements in this Item through planned Protection program activities through **Prevention Strategy 2** and **Protection Strategy 2**. Continued efforts include developing uniform practice guidance to support ALAs with relatives or fictive kin caregivers. Regardless of where a child may be temporarily or permanently residing, this framework ensures decision-making and regular assessment guided by the SDM safety and risk tools and the provision and monitoring of services to ensure child safety and to prevent entry into foster care. As outlined in **Protection Strategy 2.6**, VDSS plans to review guidelines for safety planning and ALAs to support LDSS in establishing permanency for children and families.

In alignment with VDSS’s strategic priorities, the integration of new this new legislation into operational framework marks a pivotal step forward in enhancing services. Additionally, introducing a streamlined process for cases transitioning from protection to In-Home services underscores commitment to efficiency and effectiveness in serving Virginia. As part of ongoing efforts, VDSS is crafting an implementation plan tailored to address both technical and adaptive requirements. This comprehensive approach not only supports the facilitation of kinship placements but also prioritizes the crucial goal of reunification with the family of origin. Through these strategic endeavors, VDSS is poised to navigate the evolving landscape of child welfare with resilience and compassion.

Permanency Outcomes 1 and 2:

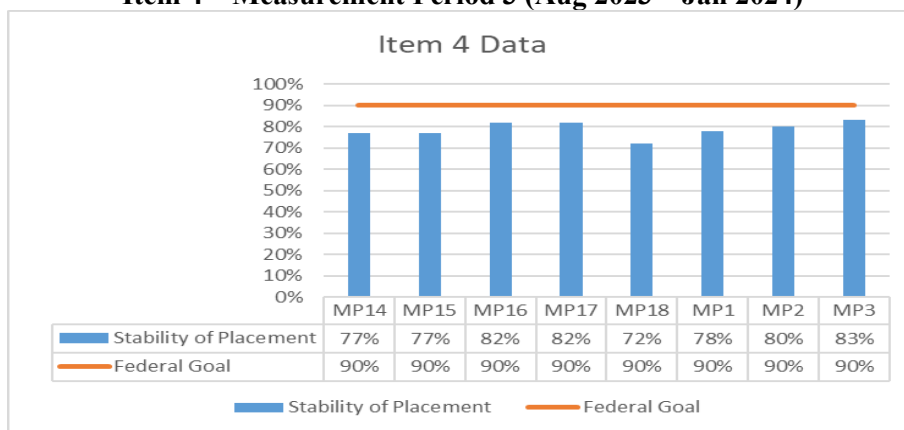
The permanency in 12 months for children entering foster care indicator measures whether the agency reunifies children with parents or caregivers or places children in safe and permanent homes as soon as possible after removal. Virginia’s RSP is 31.6%, below the national performance of 35.2%. Permanency in 12 months for children in care 12-23 months measures whether the agency reunifies or places children in safe and permanent homes in a timely manner if permanency was not achieved during the first 12 months of foster care. Permanency in 12 months for children in care 24+ months measures whether the agency continues to ensure permanency for children who have been in foster care for longer periods of time. Virginia falls below the national performance percentage with RSP at 41.4% for Permanency in 12 months for children in care 12-23 months; however, Virginia is above the national average for Permanency for children in care 24+ months with RSP at 39.4%. Placement stability measures the rate of moves per 1,000 days in care. Virginia’s RSP is slightly above the national performance at 4.61 moved/1,000 days in foster care.

Permanency Outcome 1: Children have Permanency and Stability in their Living Situations (Items 4-6)

Item 4: Stability of Foster Care Placement

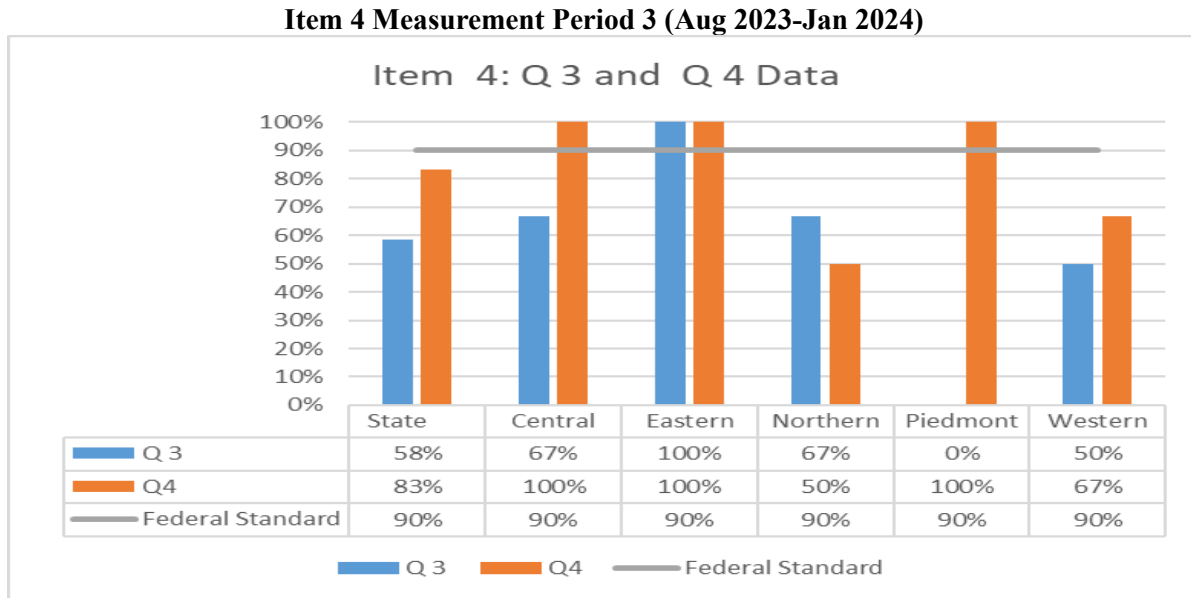
Purpose: To determine whether the child in foster care is in a stable placement at the time of the onsite review and that any changes in placement that occurred during the period under review were in the best interests of the child and consistent with achieving the child’s permanency goals.

Item 4 – Measurement Period 3 (Aug 2023 – Jan 2024)



This chart represents Item 4 during previous MPs14-18 and current MPs1-3. Since MP14, Virginia has experienced an upward trend in Item 4 except for a slight dip in MP18. Overarching issues in 2023 that resulted in ANIs in Item 4 pertained primarily to the agency’s failure to provide services to stabilize placements, whether the services were to address a child’s behavioral needs, or address a need of the

resource parent. Virginia passed the established PIP Goal of 79% for Item 4 in the prior MP3 with an overall percentage of 86. Virginia fell short of meeting the previous PIP goal in MP12, which coincided with the onset of the COVID-19 pandemic. Virginia is now seeing an upward trend Item 4 outcomes, particularly in MPs1-3.



This chart compares the data gathered in Q3 and Q4 (both quarters in MP3). This chart shows foster care placement stability, broken down by state and region. In the current MP3, Virginia achieved a 71% Strength rating for Item 4, which is below the currently established 6-month goal of 86% for the item. During 2023, Virginia reviewed a total of 48 cases that met applicability criteria for Item 4 and had a total of 13 cases that received an ANI. In eight cases, unplanned placement changes occurred because of the target child’s behaviors. Four cases had a lack of services provided to meet the resource parents’ needs, resulting in disruption. Three cases had placement changes due to allegations made against the resource parents. Additional ANI reasons included a resource parents’ unwillingness to be a long-term placement and insufficient efforts to place child with family.

Enhancements to Practice Item 4:

Virginia continues to work to improve placement stability with much of the effort supporting Kin First framework, with the actions outlined in the Items 9 and 10 practice enhancement. In addition to activities that support Kin First, Virginia continues to monitor congregate care placements to prevent inappropriate placement and promote discharge planning at time of placement to support reduced stays in congregate care. Virginia conducts congregate care reviews through regional practice consultants who provide ongoing technical assistance (p. 218-219 and Appendix C, p. 13-14). Over the next five years, VDSS plans to continue increasing placement of children with family through Kin First Now (**Protection Strategy 1, Prevention Strategy 1, Permanency Strategy 1 and 2**), which directly targets ANIs in Item 4. Additionally, VDSS also plans to continue targeting placements that support permanency and placement availability in **Permanency Strategy 3** and the Diligent Recruitment Plan (Appendix D) by:

- Reducing congregate care through congregate care reviews, increased collaboration with the state psychiatric facility, and increased family-based placement availability (**Permanency Strategy 4.1**);
- Utilizing data to support targeted and child-specific recruitment for family-based placements (**Permanency Strategy 4.2**); and

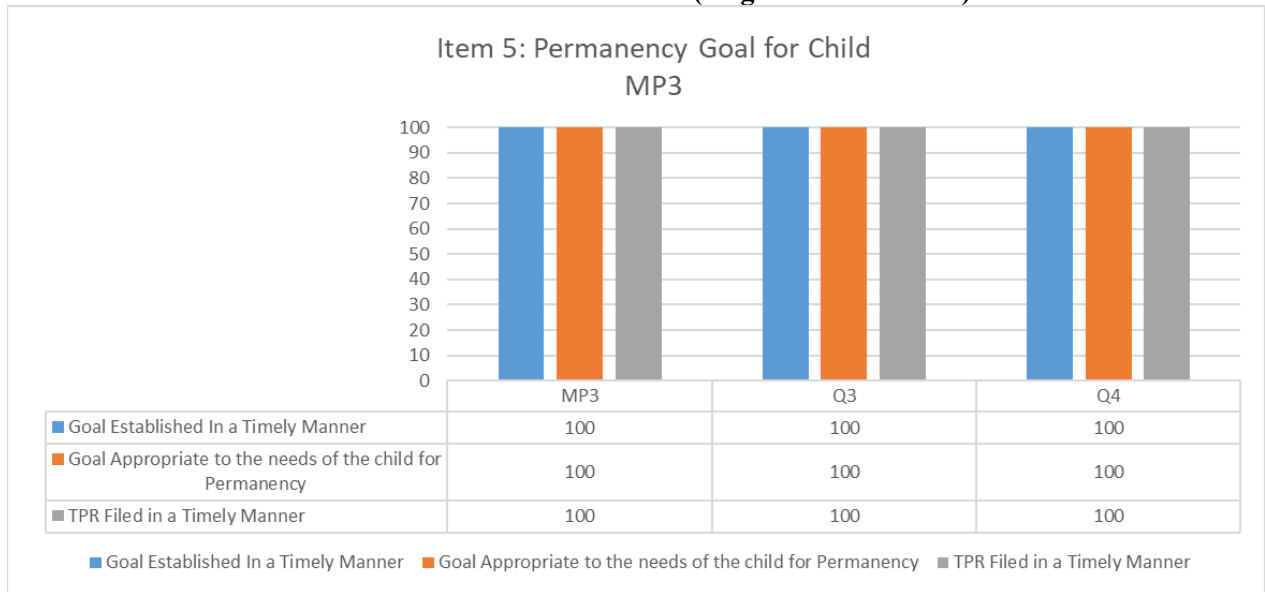
- Increasing the pool of kinship and resource families statewide (**Diligent Recruitment Plan Goal 1** – Appendix D).

VDSS has also provided data and opportunities to monitor and provide feedback on interventions targeted for Item 4 through CWAC and the Permanency Advisory Committee and will continue to do so throughout the next five years.

Item 5: Permanency Goal for Child Foster Care Cases Only

Purpose: To determine whether appropriate permanency goals were established for the child in a timely manner.

Item 5 – Measurement Period 3 (Aug 2023 – Jan 2024)



Item 5, Permanency Goal for the child, had a Round 3 PIP goal of 75% which was first achieved in the previous MP5. As this chart indicates, 100% of cases reviewed during the current MP3, had promptly established permanency goals in effect during the period under review. Permanency goals in effect during the period under review were appropriate to the child’s needs for permanency and case circumstances in 100% of reviewed cases. The agency filed a TPR petition promptly, or an exception was applied in 100% of the reviewed cases.

During 2023, Virginia reviewed 46 applicable cases and had two cases that received an ANI for Item 5. One of the ANI’s was because established permanency goals were no longer appropriate for case circumstances. Not enough progress was made during the foster care timeline. The second ANI happened because permanency goals were not appropriate to meet the child’s needs. It is notable, that there were no ANIs for Item 5 in the last measurement period of 2023.

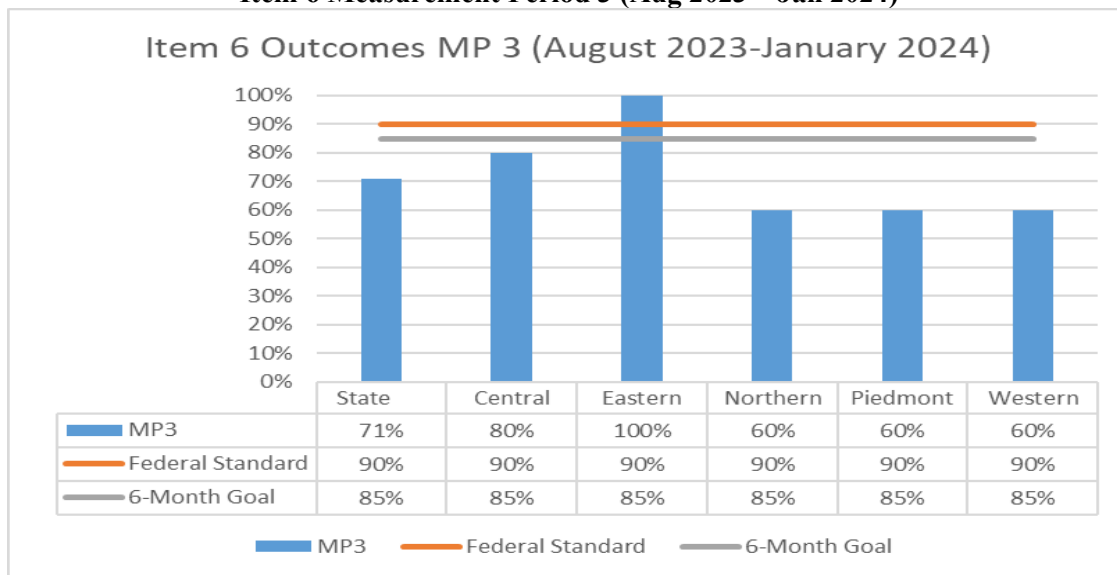
Practice Enhancements for Item 5:

Virginia continues to prioritize concurrent planning for children in foster care through activities in **Permanency Strategy 1 and 2**. VDSS focuses primarily on reunification and kinship placement (whether through custody transfer or relative adoption). Improving family engagement, involvement in case planning, and concurrent planning supports timely establishment and monitoring of foster care goals. Kin First Now supports concurrent planning and stresses the need for full disclosure and informed family decision making. VDSS will provide training and technical assistance through regional practice consultants, worker trainings, and Kin First Now to LDSS on providing assistance to kin, including KinGAP, State Funded Kinship Subsidy and adoption assistance.

Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement (Foster Care Cases Only)

Purpose: To determine whether concerted efforts were made or are being made during the period under review to achieve reunification, guardianship, adoption, or other planned permanent living arrangement.

Item 6 Measurement Period 3 (Aug 2023 – Jan 2024)



Item 6 Achieving Reunification, Guardianship, Adoption, or other planned permanent living arrangement had a PIP goal of 48% achieved in the prior MPs 8-18. The chart highlights Virginia’s overall performance around permanency goals, during the MP. In the current MP3, Item 6 had an overall score of 71% statewide, below the established six-month goal of 85% for the item.

During 2023, Virginia reviewed a total of 48 cases for Item 6, 12 cases received an ANI. In five cases, there was either a lack of services provided or a delay in referring for services, to remove barriers to achieving permanency. In three cases agencies failed to provide sufficient visitation to promote the goal of reunification, and in two cases agencies failed to engage relatives toward the goal of guardianship. Other ANI causes included:

1. Delays in court proceedings
2. Failure to adequately engage parents

Practice Enhancements for Item 6:

Practice enhancements for Item 5 are also relevant for Item 6. **Permanency Strategies 1 and 2** have activities focused on engaging parents and relatives, involvement in case planning, and supporting ongoing, consistent, high-quality visitation. LDSS are also required to notify VDSS when they are claiming an exception to the requirement to file for termination of parental rights at 15 months. Regional practice consultants review the case and identify areas of strengths and needs, and determine whether the case requires further intervention.

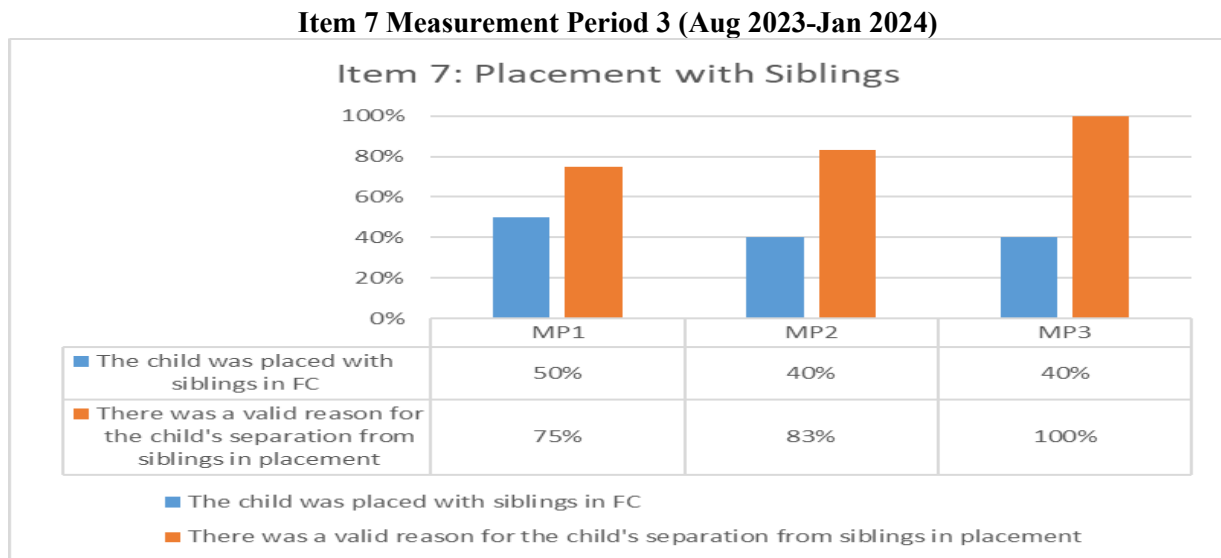
In early 2023, regional practice consultants began taking a closer look at children with terminated parental rights and are placed in congregate care. They work closely with agencies to help identify adoptive families for these children. VDSS encourages agencies to use the ATCP contract to support permanency through adoption. Regional practice consultants monitor these cases monthly and work collaboratively with the regional adoption negotiators to move toward permanency. Because of these efforts, Virginia has gone from placing fewer than 10% of these children in a permanent family to 29.3% during 2023. Currently, regional practice consultants use the kin recruitment services to provide intensive family finding for children in congregate care, continuing to make progress on Item 6. VDSS will keep monitoring the effectiveness of these interventions.

Permanency Outcome 2: The Continuity of Family Relationships and Connections (Items 7-11)

The following items were not selected for PIP improvement monitoring and the rates are based on 2022 reviews. Item 7, placement with siblings, was substantially achieved in 94.4% of cases reviewed for the year. Only two cases received an ANI in this outcome.

Item 7: Placement with Siblings

Purpose: To determine whether, during the period under review, concerted efforts were made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings.



This chart shows Virginia’s work to ensure that youth in foster care are placed with their siblings when possible and appropriate. Virginia needed to pass Item 7 with an overall score of 77% and passed in

Round 3 MP2 with 88%. In MP3, Virginia scored an overall 71% for Item 7. This number is lower than historically seen in Round 3, reflecting the state’s overall smaller sample size since passing the PIP, as well as a result of smaller and less experienced agencies being reviewed. The six-month goal for this item is set at the federal standard of 90%.

During 2023, Virginia had a total of 30 applicable cases, of which six cases received an ANI in Item 7. In three cases, siblings were separated due to basing the resource home search on the immediate availability of homes, rather than the needs of the children; in two cases, there were a lack of available resource homes that could take more than one child. In two cases, agencies made no initial efforts to place siblings together, but the siblings were ultimately placed together by the time of the review.

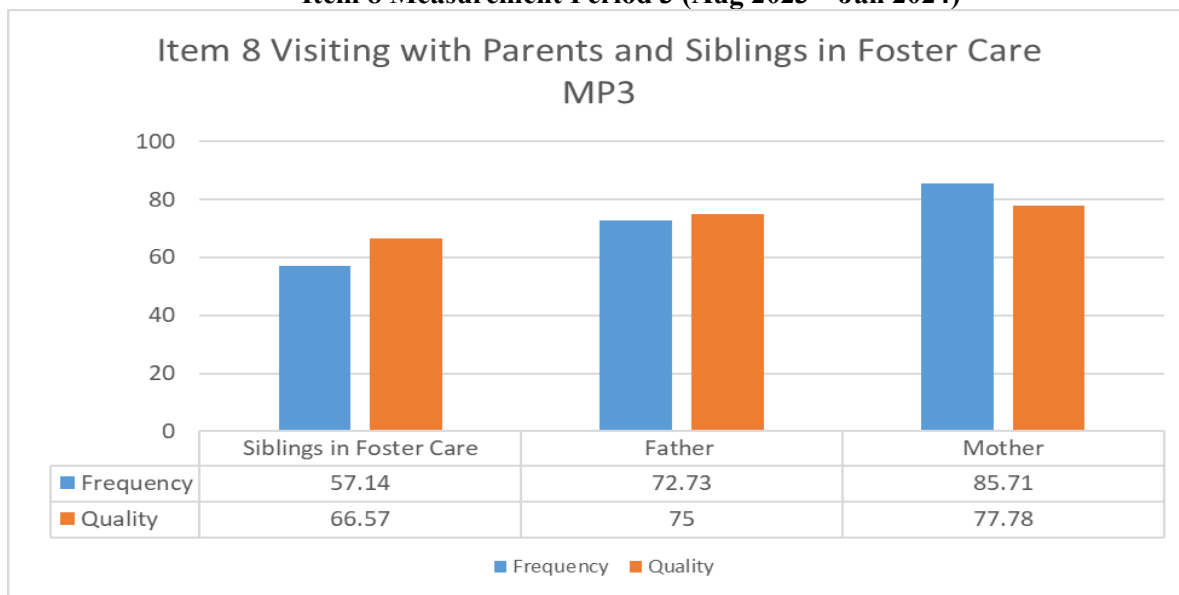
Practice Enhancements for Item 7:

Virginia continues to prioritize Kin First culture, which supports children and youth remaining together with their siblings and within family connections. Foster care guidance requires that agencies make continuing efforts to place siblings together unless that placement would be contrary to the safety and well-being of any of the siblings. Additionally, **Diligent Recruitment Goal 1** (Appendix D) and **Permanency Strategy 4.2** include activities to expand the pool of kinship and resource families.

Item 8: Visiting with Parents and Siblings in Foster Care

Purpose: To determine whether, during the period under review, concerted efforts were made to ensure that visitation between a child in foster care, and his or her mother, father and siblings is of sufficient frequency and quality to promote continuity in the child’s relationship with these close family members.

Item 8 Measurement Period 3 (Aug 2023 – Jan 2024)



A major theme for Item 8, visiting with parents and siblings in foster care, was the lack of frequent visitation with the parent. Item 8 was substantially achieved in 60% of cases in 2023. The Round 3 PIP Goal for Item 8 was 43% and Virginia passed this item in the previous MP1 with a statewide score of 46%. Virginia has maintained this item all but one quarter since the start of Round 3. As the MP3 chart indicates, Virginia achieved a 61.9% Strength rating in Item 8, which is below the currently established six-month goal of 85%.

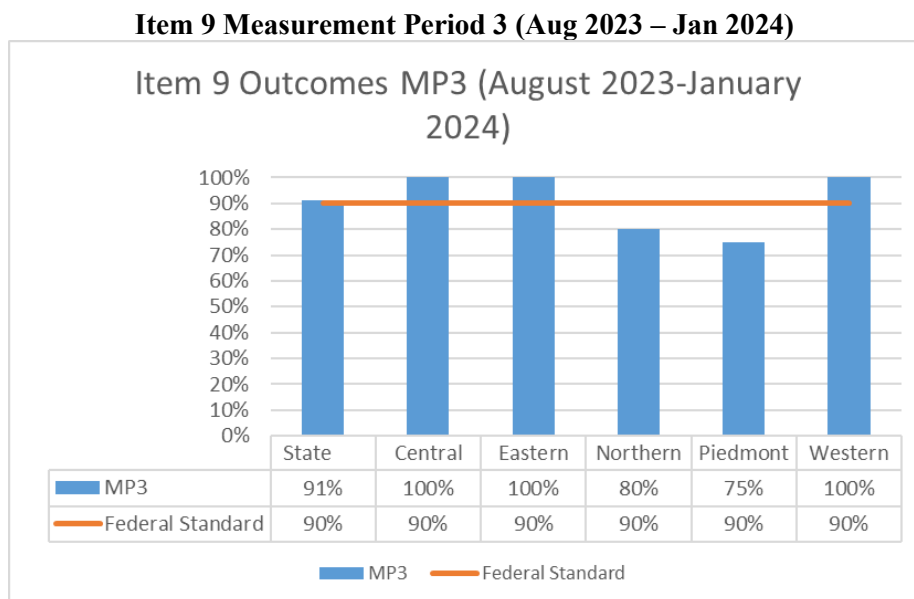
A failure to establish and adequately monitor visitation was an overarching theme for this calendar year. During 2023, Virginia had a total of 45 applicable cases, with 18 cases receiving an ANI in Item 8. In nine of the cases, no formal visitation plan was developed, and visitation was minimally monitored between the child and the child’s relatives. Two cases saw no efforts to increase visitation between child and parents, despite a lack of safety concerns. Another two cases involved a delay in initiating visitation. Four cases exhibited minimal or no efforts to offer alternate forms of visitation when parents were either incarcerated or otherwise unable to attend in person. In this item, five of the reviewed cases showed that the LDSS did not offer the parents of the child in a foster care setting visits that were of sufficient frequency, and three cases reviewed showed that the LDSS did not establish a plan for visits. The numbers in this category for siblings were lower with sufficiency of frequency and quality having both one ANI.

Practice Enhancements for Item 8:

Frequent and quality visitation with parents and siblings is essential to supporting connections between the child and their family and moving towards permanency. VDSS continues to recognize this item as a target area and plans to support practice enhancements through **Permanency Strategy 1**. VDSS continues to encourage ice-breaker meetings between foster parents (including kinship foster parents) and the caregivers from whom the child was removed. This practice helps establish a partnership between the two when the child is placed into the foster home. Developing an immediate partnership allows for the establishment of a plan for family time within the first few days of placement. It also ensures that the foster parents have a good understanding of other family members to whom the child should remain connected.

Item 9: Preserving Connections

Purpose: To determine whether, during the period under review, concerted efforts were made to maintain the child’s connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends.



Item 9, preserving connections, had a Round 3 PIP Goal of 72% and that goal was achieved in the previous MP6. Since MP6, Virginia has sustained a higher than PIP Goal percentage, and in the new MP3 had an overall statewide percentage of 91% as the above chart indicates.

A total of 47 cases were applicable for review and five cases received an ANI in Item 9. In two cases, the agency did not make concerted efforts to maintain connections between the child and the available extended family. In two cases, the agency made no concerted efforts to maintain connections between the child and the siblings not in foster care. Other reasons for ANIs included a failure to conduct a Best Interest Determination meeting or discern the need to maintain the child’s connection to the school of origin, as well as a lack of concerted efforts to maintain the child’s connection to the family’s specified faith.

Practice Enhancements for Item 9:

To support LDSS efforts to prioritize engagement of networks of family members and important adults to promote the safety, healthy development and healing of children and youth in Virginia’s child welfare system, VDSS partnered with Kevin Campbell and Elizabeth Wendel to introduce a Family Seeing™ framework.

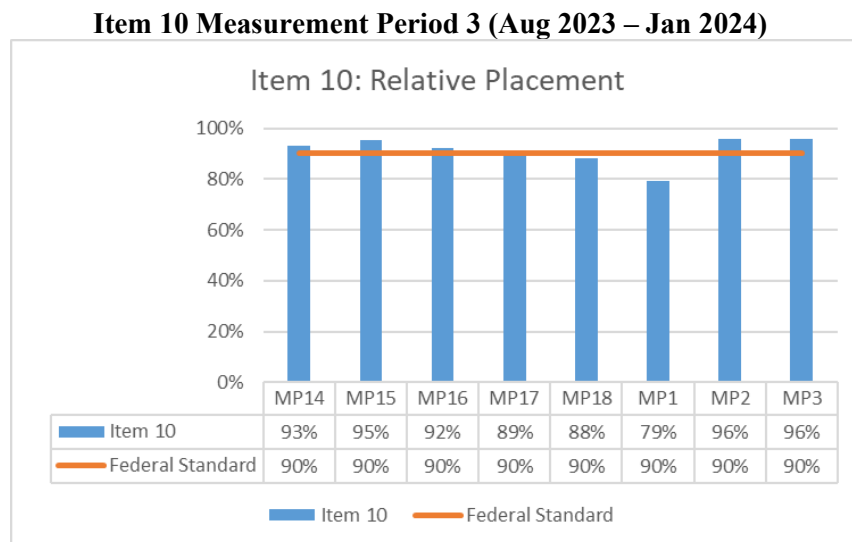
In April, May and June 2023, there were three Family Seeing Practice Accelerator Workshops that gave regional staff an opportunity to partner with LDSS staff, and with Kevin and Elizabeths support, implement a Family Seeing approach to challenging cases. Each workshop consisted of four days dedicated to developing the skills necessary to discover and engage families to place them at the center of Virginia’s child welfare work. Participants dedicated time to implementing those skills in real time on active cases.

As outlined under Item 35, VDSS also continued to provide ongoing training on working with kinship caregivers, provided thematic webinars to train LDSS staff in May 2023 for Foster Care Awareness Month and in September 2023 for Kinship Care Awareness Month, developed a resource guide website for kinship caregivers, contracted with private agencies for kin and fictive kin recruitment, and implemented Kin First Now.

VDSS continues to emphasize the importance of preserving connections through Kin First Now and **Permanency Strategies 1 and 2.**

Item 10: Relative Placement

Purpose: To determine whether, during the period under review, concerted efforts were made to place the child with relatives when appropriate.



Item 10, relative placement, needed to reach an overall percentage of 56% to pass the Round 3 PIP Goal. Virginia reached that goal in Round 3 MP2 and has sustained that goal in all but one MP. In the new MP3, Virginia scored a statewide percentage of 96% as the above chart indicates. No children reviewed were identified as American Indian or Alaska Native.

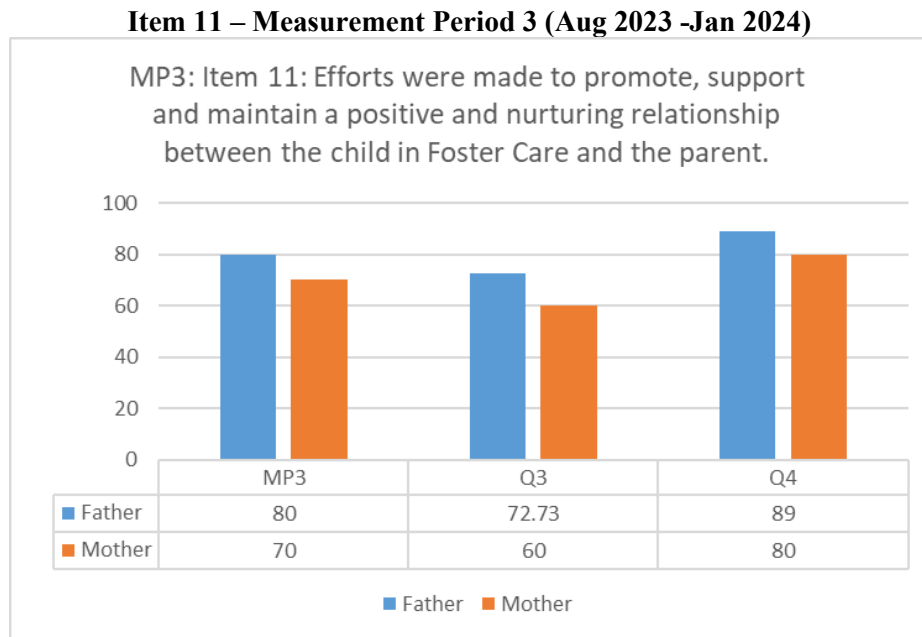
During 2023, Virginia reviewed a total of 48 applicable cases, and a total of six cases received an ANI in Item 10. In one case, the agency did not conduct searches for maternal or paternal relatives; and, in two cases, the agency searched but sent no letters. In three cases, the agency did not search for maternal and paternal relatives throughout the case. No reasons were cited for the lack of search and engagement efforts in these cases.

Practice Enhancements for Item 10:

The practice enhancements outlined under Item 9 are relevant for Item 10. Placement with kin is a critical priority for VDSS as outlined in the **Critical Priorities section**.

Item 11: Relationship of Child in Care with Parents

Purpose: To determine whether, during the period under review, concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers for whom the child had been removed through activities other than just arranging for visitation.



Virginia needed to reach an overall Round 3 PIP Goal of 44% and achieved that goal in the previous MP1. Item 11, the relationship of child in care with parents, was substantially achieved in 62.79% of cases for the calendar year, and in 70% of cases in the new MP3 as the above chart indicates. This is below the six-month goal of 75% established for this item. LDSS did not provide or facilitate opportunities for parents to attend medical and dental appointments, and extracurricular activities. In most cases, parents were either not notified at all, or provided information about doctor’s appointments or other meetings after they had occurred.

During 2023, Virginia reviewed a total of 43 applicable cases and had a total of 16 cases that received an ANI in Item 11. In 14 cases, agencies did not attempt to involve mothers in school or medical appointments. Agencies did not involve fathers in these activities in eight of the cases. In one case, neither the mother nor father were invited to participate in the child's extracurricular activities. In two cases, the resource parents did not promote engagement between the child in foster care and the mother. In two cases, the agencies did not make concerted efforts to therapeutically improve relationships between the children and their parents, and in one case an agency offered no opportunities for virtual communication to promote the child's relationship with a mother who resided outside of the community.

Practice Enhancements for Item 11:

VDSS continues to work on enhancing family engagement. **Permanency Strategy 1** and a focus on fatherhood engagement (**Critical Priorities section**) include activities designed to target this area. VDSS encourages the use of ice-breaker meetings between the foster parents (including kinship foster parents) and the caregivers from whom the child was removed. This practice helps establish a partnership between the two upon placement of the child into the foster home. Developing that partnership immediately increases communication and builds trust allowing the caregivers to be involved in medical and dental appointments, school meetings, and other appointments related to the child including extracurricular activities. The emphasis on fatherhood engagement overall will help improve relationships between fathers and their children.

Well-Being Outcomes 1, 2 and 3

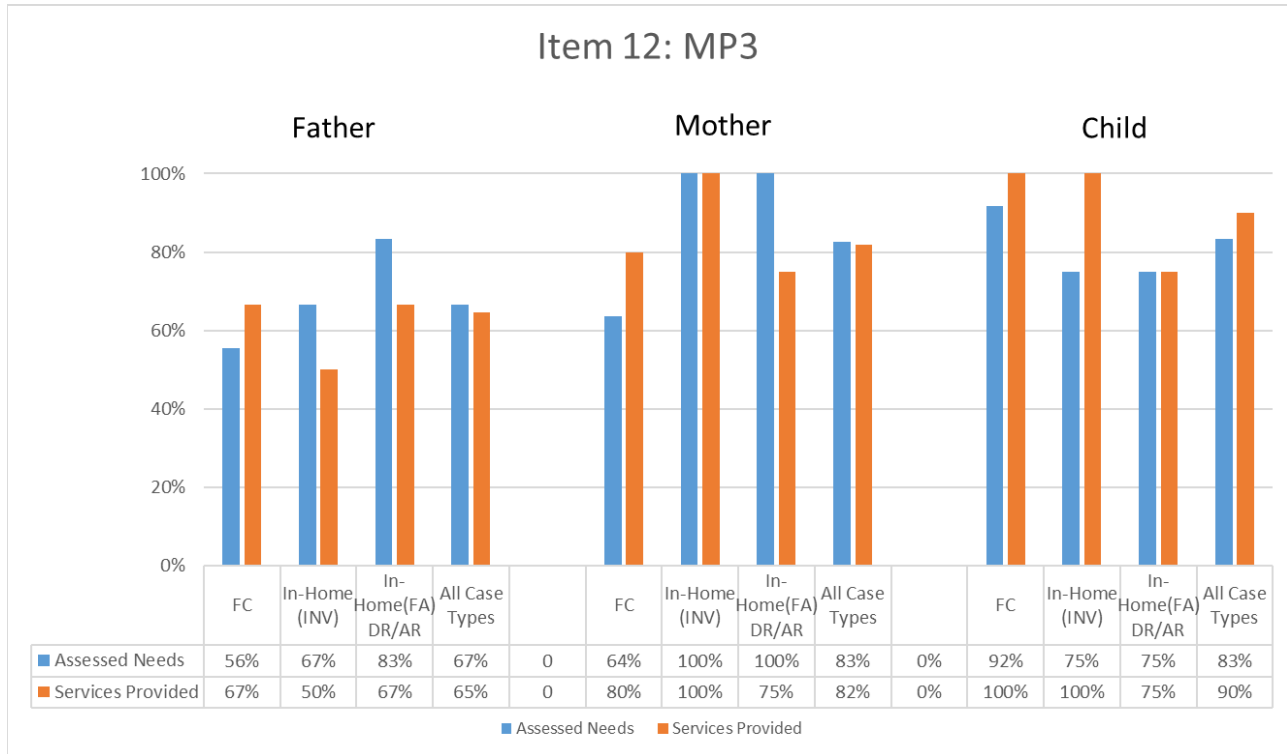
Well-Being Outcome 1: Families have Enhance Capacity to Provide for their Children's Needs (Items 12-15)

Well-being outcome 1 was achieved in 51.04% of cases for the calendar year. As of the new MP3, Item 12, assess the needs of and provides services to children, parents, and foster parents, which is a Strength with 47.92% substantially achieved. Item 13, involving parents and children in case planning, is a Strength with 60.42% substantially achieved. Item 14, caseworker visits with children, is a Strength with 85.42% substantially achieved. Item 15, caseworker visits with parents, is a Strength with 58.33% substantially achieved.

Item 12: Assess needs and provide services

Purpose: To determine whether, during the period under review, the agency (1) made concerted efforts to assess the needs of the children, parents, and foster parents (both initially, if the child entered foster care or the case was opened during the period under review, and on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and (2) provided the appropriate services.

Item 12 – Measurement Period 3 (Aug 2023 -Jan 2024)



Item 12 provides a breakdown of assessed services and services provided to the parents, child, and resource parents. The chart specifies the case type reviewed in the current MP3 and breaks down the outcomes by father, mother, and child. Case types included: In-Home services cases (cases that opened from an investigation (INV), In-Home services DR/AR (cases that opened from a Family Assessment (FA), foster care cases, and all case types. The Round 3 PIP goal for item 12 was 46%. Virginia met the goal during the previous MP10 and has sustained that achievement throughout.

During the new MP3, Virginia performed best in needs assessments and services to children. For children, foster care and In-Home case types performed best. Needs assessments and services to mothers scored similarly to children, though outcomes for mothers were highest in In-Home and In-Home DR/AR case types. Lastly, fathers scored lower overall than either children or mothers. Though assessment and service provision to fathers was considerably lower, the strongest engagement of fathers was found in the In-Home DR/AR case type. During 2023, Virginia had a total of 96 cases reviewed; 44 cases received an ANI in Item 12 overall.

In Item 12A, the child subset, 96 applicable cases were reviewed and 16 cases received an ANI. Breaking down the data in this subset shows nine cases were rated as an ANI in the In-Home differential response case type; five cases were rated as ANI in the foster care case type; and two In-Home cases received an ANI. In a total of six cases, agencies did not assess the children’s initial or ongoing needs. In 11 cases, agencies did not provide appropriate services. In four cases, agencies assessed the children’s initial but not ongoing needs. In three cases, agencies assessed the children’s ongoing needs, but not their initial needs. In three cases, agencies did not assess the needs of alternate caregivers.

In Item 12B, the parent subset, a total of 96 applicable cases were reviewed; 36 cases received an ANI. The breakdown of case types indicated that 20 of the cases that received an ANI were foster care, 12 cases were In-Home DR, and 4 cases were In-Home. In Item 12B, 12 cases were received an ANI for

failure to assess initial or ongoing needs of either parent. In 15 cases, agencies assessed the parents' initial needs but not their ongoing needs. Mothers were overwhelmingly more likely to have not received an assessment of ongoing needs. In a total of 19 cases, services were either not provided, or not provided timely, to either parent. Overall, fathers were less likely to be rated as applicable for Item 12B and were less likely to have received a needs assessment or services. Other possible reasons for ANIs included a failure to identify alternate service providers to provide a necessary service and a court order impeding an agency's ability to conduct needs assessments or to provide services.

In Item 12C - the resource parent subset - a total of 48 applicable cases were reviewed, and 10 cases received an ANI. All 10 cases saw a lack of concerted efforts to provide services needed to support the resource parents in meeting the child's behavioral needs. In two cases, services were not provided to the resource parents to meet the child's basic needs. Six other cases were identified as ANIs in which the resource parents had other needs identified to adequately care for the child and services were not provided. In a total of nine cases, the agency did not assess the identified resource parents at all, either initially or ongoing. In one case the agency assessed needs initially, but not on an ongoing basis.

Practice Enhancements for Item 12:

Virginia launched the In-Home services program in April 2021; it included new guidance for In-Home services cases and prevention services. In July 2021, Virginia implemented FFPSA, which allowed title IV-E funding for three identified prevention services (Appendix B). VDSS added an additional five prevention services to Virginia's Family First Prevention Services Plan in 2023.

VDSS has partnered with the CEP-Va to assist in expanding service availability. Based on CEP-VA's NAGA, VDSS added the following EBPs to Virginia's approved federal title IV-E Prevention Services Plan: Brief Strategic Family Therapy (BSFT), Family Check –Up (FCU), Homebuilders (HB), High Fidelity Wraparound (HFW), and MI. Interested community providers may apply for training in BSFT, FCU, and HB through CEP-Va's rolling application process. Several providers have begun and/or completed training in BSFT and FCU, as of spring 2024. CEP-Va is doing outreach to identify additional community providers to be trained. CEP-Va is working with the national HB purveyor to bring that training to Virginia in the next two years.

Training in the initial three EBPs (MST, FFT, and PCIT) continues to be available to providers to who wish to add this service and/or train new or replacement clinicians on their existing teams. A significant number of providers are already trained and delivering HFW across the state. VDSS and CEP-Va are working with those providers on fidelity monitoring and evaluation of this promising practice in 2024.

In-Home Services FSS' began MI training in 2023, with cohort-style training for all localities offered at least once by 2025. VDSS will transition to offering regularly scheduled trainings for new workers in 2025, once current workforce cohorts complete initial training, with ongoing fidelity monitoring completed in partnership with CEP-Va.

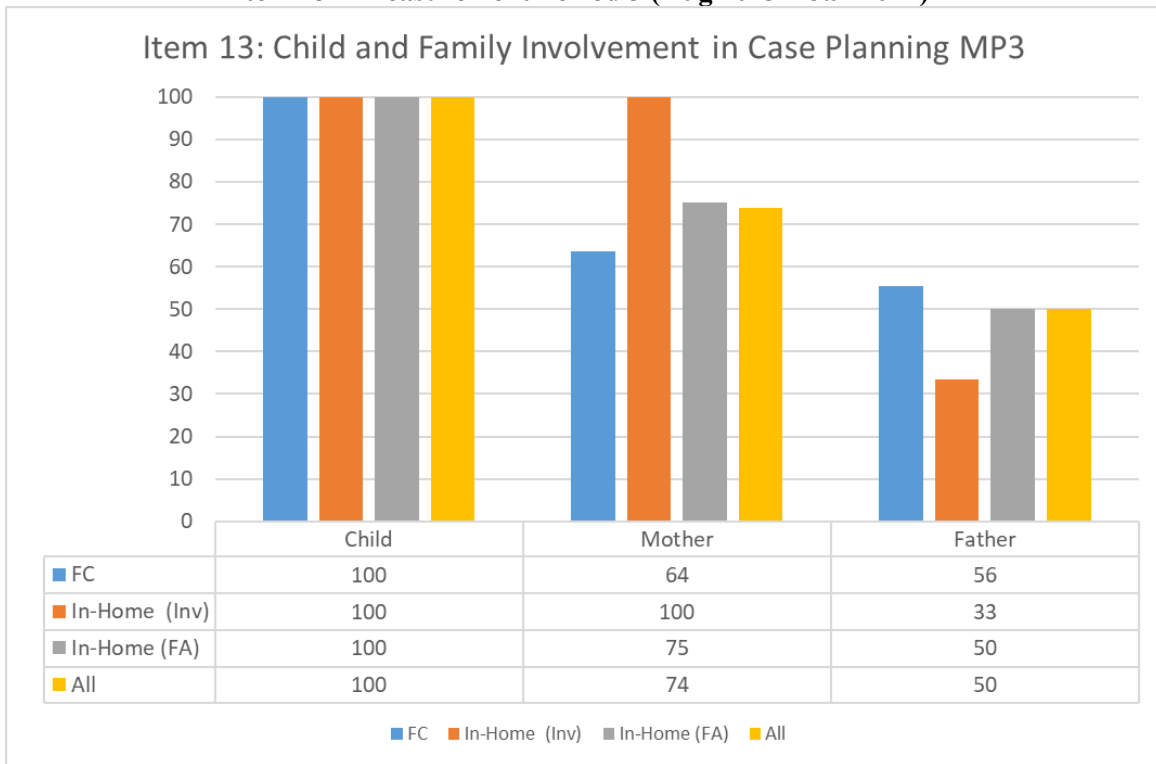
As stated in Item 3 Enhancements, in 2024, the General Assembly, through House Bill 27 and Senate Bill 39, established a statutory framework for a parent, guardian, or legal custodian to arrange for a temporary living arrangement for their child with relatives or fictive kin when a LDSS has determined that the child cannot remain safely in their current home. Regardless of where the child may be temporarily or permanently residing, the framework protects parental rights, promotes placement with relatives or fictive kin, supports reunification efforts, and provides specific timeframes for permanency. In-Home Services provide an opportunity to partner with families to assess strengths, needs, protective factors, and what services may be needed to ensure the child's safety and prevent entry into foster care.

VDSS continues to focus on engagement over the next year with planned activities in **Protection Strategies 1 and 2, Prevention Strategies 1 and 2, and Permanency Strategy 1.**

Item 13: Child and Family Involvement in Case Planning

Purpose: To determine whether, during the period under review, concerted efforts were made (or are being made) to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis.

Item 13 – Measurement Period 3 (Aug 2023 – Jan 2024)



Item 13: Child and Family Involvement in Case Planning looks at the overall concerted efforts made by the agency to involve the family in case planning. This chart breaks down into the following categories: foster care, In-Home Services cases (cases that opened from INV), In-Home Services DR/AR (cases that opened from and FA), and all case types. In the new MP3, Virginia achieved a 60.42% Strength rating for Item 13, which is less than the identified six-month goal of 80% for the item. The Round 3 PIP goal for Item 13 was 42.7%. Virginia has exceeded the Round 3 PIP goal since the previous MP6.

Of the cases reviewed in 2023, children, mothers, and fathers were involved in case planning 66.63% of the time. Across case types, Virginia performed particularly well in involving children in the case planning process at an age and developmentally-appropriate-level. In-Home (INV) cases performed particularly well at involving the mothers in the case planning process; 100% of the time. Overall, fathers were less likely to be included in the case planning process than mothers or children; scores for fathers remained relatively consistent across foster care and In-Home (FA) case types, with In-Home (INV) scoring the lowest for including fathers in case planning.

During 2023, Virginia had 96 cases applicable for this item. A total of 33 cases received an ANI in Item 13. In six cases, agencies failed to make concerted efforts to engage the parents in the case planning process at all. In a total of 10 cases, having less-than-monthly face-to-face contact with the parents was

cited as a problem. In seven cases, although agencies had contact with the parents, they did not adequately discuss case planning during the contact. Yet another seven cases demonstrated a lack of necessary FPMs at critical points in the case, and three cases in which parents were not invited to these critical planning meetings when they were scheduled. In three cases, agencies failed to maintain contact with incarcerated parents to involve them in the case planning process.

Practice Enhancements for Item 13:

As stated in Item 3 Practice Enhancements, in 2024, the General Assembly, through House Bill 27 and Senate Bill 39 established a statutory framework for a parent, guardian, or legal custodian to arrange for their child to live in a temporary living arrangement with relatives or fictive kin when a LDSS has determined that the child cannot remain safely in their current home. Regardless of where the child may temporarily or permanently reside, the framework protects parental rights, promotes placement with relatives or fictive kin, supports reunification efforts, and provides specific timeframes for permanency. In-Home Services practice guidance also requires that consistent and meaningful contact with the family and collaterals, including a minimum of one visit with the child and caregivers monthly, CFTMs every 90 days and FPMs at all critical decision points (**Prevention Strategy 2**).

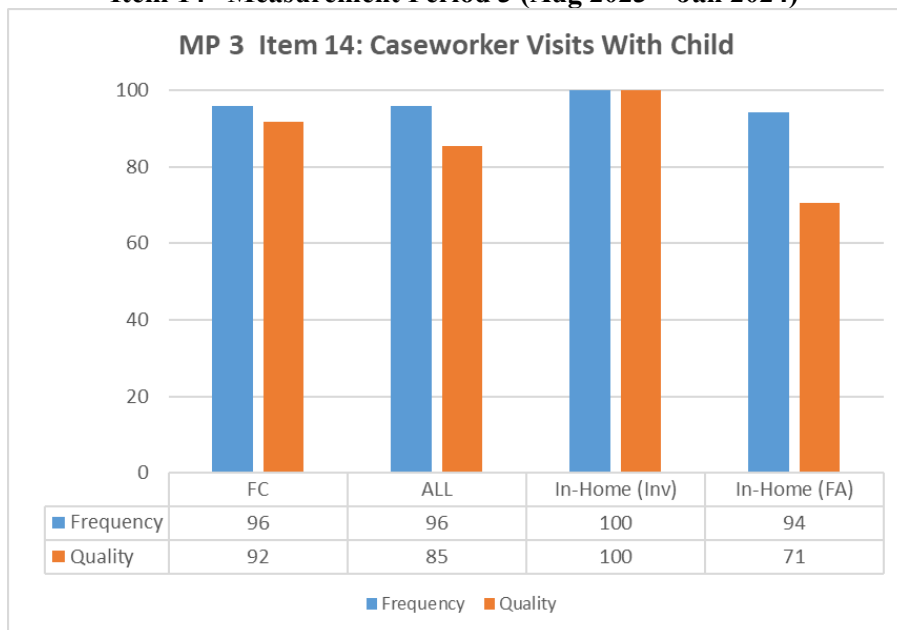
Virginia will continue to address practice needs in this item through planned activities in **Permanency Strategy 1** and **Prevention Strategy 2**. Foster care guidance requires FPMs before each review and permanency planning hearing so that the family participates in case planning. The Commonwealth FPM Facilitator Forum is developing a best-practice framework around the use of FPMs that will support fidelity to the model. Additionally, the using the Youth Welfare Approach (YFA) will ensure that youth are directing their case plans.

As part of Virginia's commitment to advancing family-centric approaches, In-Home services will strategically align with principles from Kin First Now, MI, and new legislation. Synergizing these methodologies can help foster a culture of family-driven decision-making, empowering families and communities to take the lead in their case-planning processes. Through collaborative efforts and tailored interventions, such as FPMs, VDSS will seek to amplify the voices of families and cultivate sustainable solutions that resonate with the unique needs of each child and family. This focus underscores VDSS's dedication to nurturing resilient family units and supportive communities, ultimately fostering environments where children can thrive.

Item 14: Caseworker Visits with the Child

Purpose: To determine whether the frequency and quality of visits between caseworkers and the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.

Item 14– Measurement Period 3 (Aug 2023 – Jan 2024)



Item 14: Case Worker Visits with Child focuses on overall efforts of the agency to ensure caseworker visits with the child(ren) being served in the case reflect the frequency and quality to promote permanency and completion of case goals. The categories are In-Home Services cases (cases that opened from INV), In-Home Services DR/AR (cases that opened from FA), foster care, and all case types. In the current MP3, Virginia achieved an 85% Strength rating for Item 13, as the above chart indicates. The 6-month goal for the item is set at the federal standard of 90% for the item. The Round 3 PIP goal for Item 14 was 64.7%. Virginia met this goal first in the previous MP2 and again in MPs 5 – 18. For the cases reviewed, visit frequency and quality were lacking in a majority of the ANI ratings. In-home AR/DR cases made up a majority of ANI ratings for Item 13. VDSS is committed to encouraging engagement across the child welfare spectrum.

During 2023, Virginia reviewed a total of 96 cases applicable for this item and had a total of 15 cases that received an ANI in Item 14. Of the cases rated as ANIs, five were foster care case type and 10 were In-Home DR/AR. In a total of 10 cases, neither frequency nor quality of visits with the child were sufficient. In three cases, visit quality was not sufficient; in two cases visit frequency was not sufficient. Some overarching reasons for ANIs include:

1. Failure to engage child(ren) in private discussions or discuss child’s identified needs/services
2. No visits took place in the child’s place of residence
3. Visits were only conducted virtually

Practice Enhancements for Item 14:

Virginia continues to support better case practice using existing tools such as the Monthly Caseworker Visit job aid. The Prevention Services program has established five In-Home Services Regional Practice Consultant positions in each regional office, letting VDSS significantly increase the level of technical assistance, support, and ongoing review of In-Home Services case work at the LDSS level.

The In-Home Services Practice Consultants collaborate with LDSS, providing programmatic consultation that enhances service delivery to children and families in In-Home Services cases in each region. The In-Home Services Practice Consultants will assist LDSS in developing data-driven approaches that emphasize a focus on case-opening behaviors, initial and ongoing assessment, and quality visits that promote meaningful engagement of children and families. This additional capacity at the regional level institutes regular, intentional provision of technical assistance toward implementing best practices and improving outcomes for children and families in In-Home Services cases.

The inception of In-Home Regional Practice Consultants in 2021, have had a transformative effect on prevention and In-Home services’ ability to provide tailored assistance to LDSS. These professionals have facilitated the identification and implementation of best practices, while concurrently supporting children safely residing in their homes and a Kin First culture within the system.

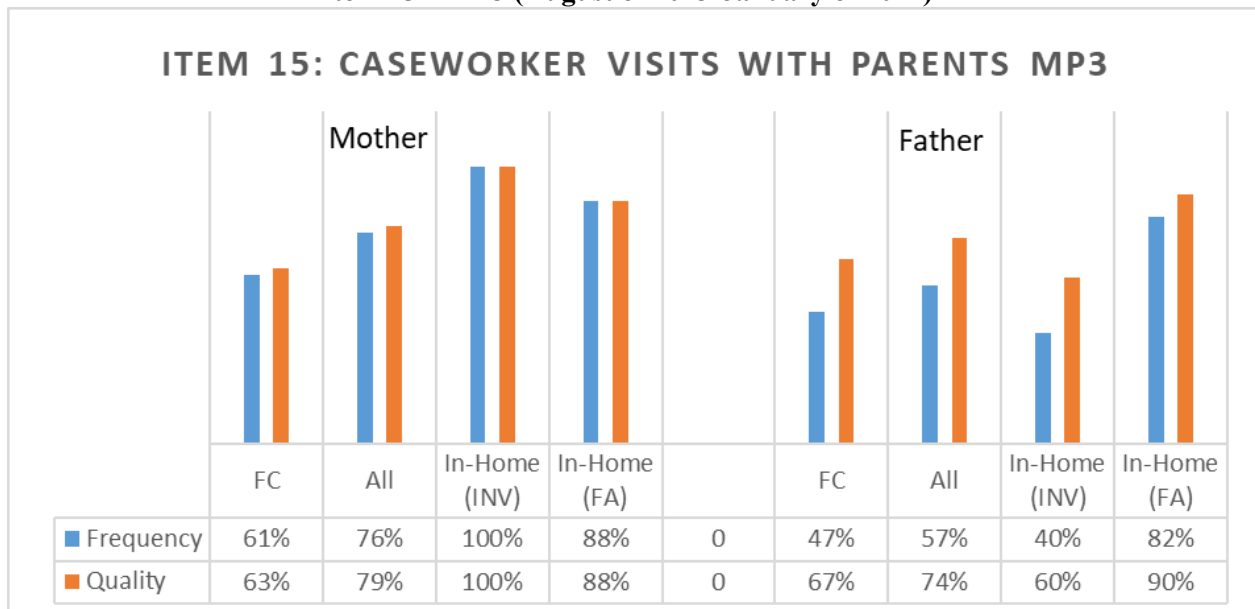
Amid these advancements, VDSS’s commitment to assessing safety, mitigating risk, and promoting family reunification remains unwavering. Anticipating significant shifts due to impending legislation, VDSS acknowledges the need to establish baseline data and measurements. Ongoing data collection and analysis will fortify VDSS’s ability to adapt and effectively measure intervention efficacy, ensuring that services continually align with evolving community needs.

Virginia will continue to address practice needs in this item through planned activities in **Permanency Strategy 1** and **Prevention Strategy 2**.

Item 15: Caseworker Visits with Parents

Purpose: To determine whether, during the period under review, the frequency and quality of visits between caseworkers and the mothers and fathers of the children are sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals.

Item 15 – MP3 (August of 2023-January of 2024)



Item 15 Caseworker Visits with Parents determines whether the frequency and quality of visits between caseworkers, mothers and fathers were sufficient to ensure safety, permanency, and wellbeing. Item 15 breaks down into the categories of In-Home Services cases (cases that opened from INV), In-Home

Services DR/AR (cases that opened from and FA), Foster Care, and all case types. The Round 3 PIP goal for Item 15 was 42%; this was first achieved in the previous MP4 and then in MPs 8-18. In the current MP3 as the chart indicates, Virginia achieved a Strength rating in 58% of cases for Item 15, which is below the established six-month goal of 77%.

Caseworker visits were overall of better frequency and quality with mothers; in particular, in both of the In-Home case types. Visit frequency and quality for mothers were equitable. Caseworker visits with fathers had considerably lower outcomes. Most often, the visit frequency was a problem, while visit quality was good when visits did occur. Quality and frequency of caseworker visits was considerably higher for fathers in the In-Home DR/AR case type.

During 2023, Virginia reviewed a total of 96 applicable cases for Item 15 and had a total of 35 cases that received an ANI in Item 15. A total of 23 Foster Care cases were rated as an ANI for Item 15, with four ANIs for In-Home (INV) and eight for In-Home (DR/AR). In 23 of the cases, neither the frequency nor the quality of visitation with the parents was sufficient. In only one case was the frequency sufficient, but the quality insufficient. It is notable that in 12 cases, ANI ratings occurred due to a lack of concerted efforts to facilitate contact with a parent who was either incarcerated or receiving inpatient treatment. In nine cases, agencies did not make concerted efforts to contact or locate a parent. A majority of ANIs in Item 15 resulted from a lack of engagement with fathers.

Practice Enhancements for Item 15:

Virginia continues to support enhanced engagement practices across the entire child-welfare continuum through Kin First Now, practice profiles, and Fatherhood initiatives. These initiatives focus on the identifying and actively engaging both parents; they emphasize frequent and high-quality visits. Engagement continues to be a focus for the 2025-2029 strategic plan with planned activities in **Protection Strategy 1, Prevention Strategy 1, and Permanency Strategy 1.**

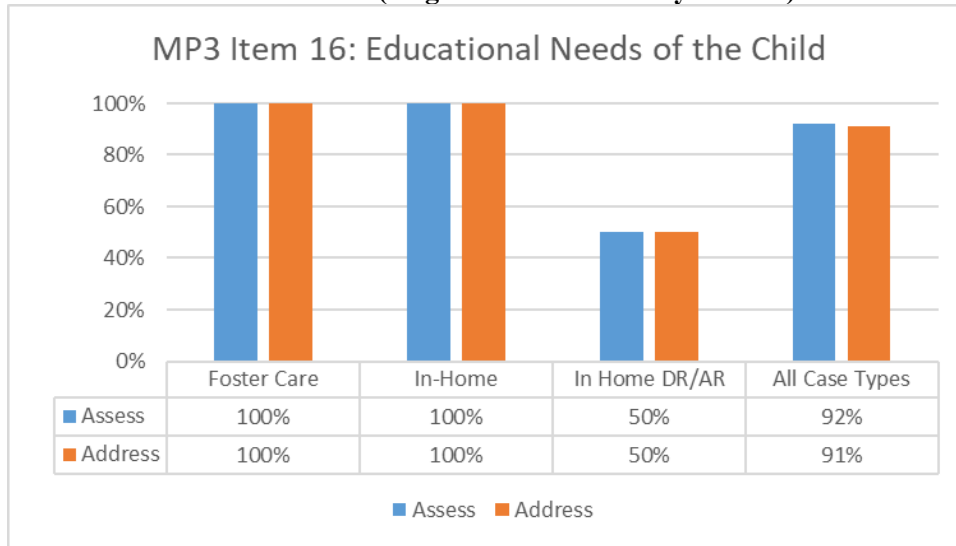
Well-Being Outcome 2: Children Receive Appropriate Services to meet their Educational Needs (Item 16)

Virginia is in substantial conformity with Well-being Outcome 2 with 86.79% of cases substantially achieved in 2023 reviews. Virginia had a total of 53 cases that met applicability for Item 16, and seven cases that received an ANI. Foster care case types had three cases rated as ANI, while In-Home (DR/AR) had four. Agencies performed well in ensuring that children had Best Interest Determination meetings, educational assessments, Individual Education Plans (IEPs) and 504 Plans, and behavioral intervention services.

Item 16: Educational Needs of the Child

Purpose: To assess whether, during the period under review, the agency made concerted efforts to assess children's educational needs at the initial contact with the child (if the case was opened during the period under review) or on an ongoing basis (if the case was opened before the period under review), and whether identified needs were appropriately addressed in case planning and case management activities.

Item 16 – MP3 (August of 2023-January of 2024)



Virginia passed Item 16 during the previous MP15 with an overall state rating of 97%. In order to pass Item 16 for the Round 3 PIP, Virginia needed to reach a PIP Goal of 91%. During the new MP3 as the chart highlights, Virginia achieved a Strength rating of 92% for Item 16, which meets the federal standard of 90%. During the MP, both Foster Care and In-Home case types achieved 100% Strength ratings in Item 16, whereas just 50% of In-Home DR/AR cases achieved a Strength.

During 2023, Virginia had a total of 53 cases that met applicability for Item 16, and seven cases that received an ANI in Item 16. Foster care case types had three cases rated as ANI, while In-Home (DR/AR) had four. ANI rationales included:

1. No assessment of educational needs after decline in educational performance (three cases)
2. Significant delay in receiving appropriate services (one case)
3. Needs assessed but no services provided (two cases)

Practice Enhancements for Item 16:

Virginia continues to follow established guidance in these areas and supports local staff by providing tracking tools through SafeMeasures and COMPASS|Mobile. VDSS and DOE collaboratively provide technical assistance.

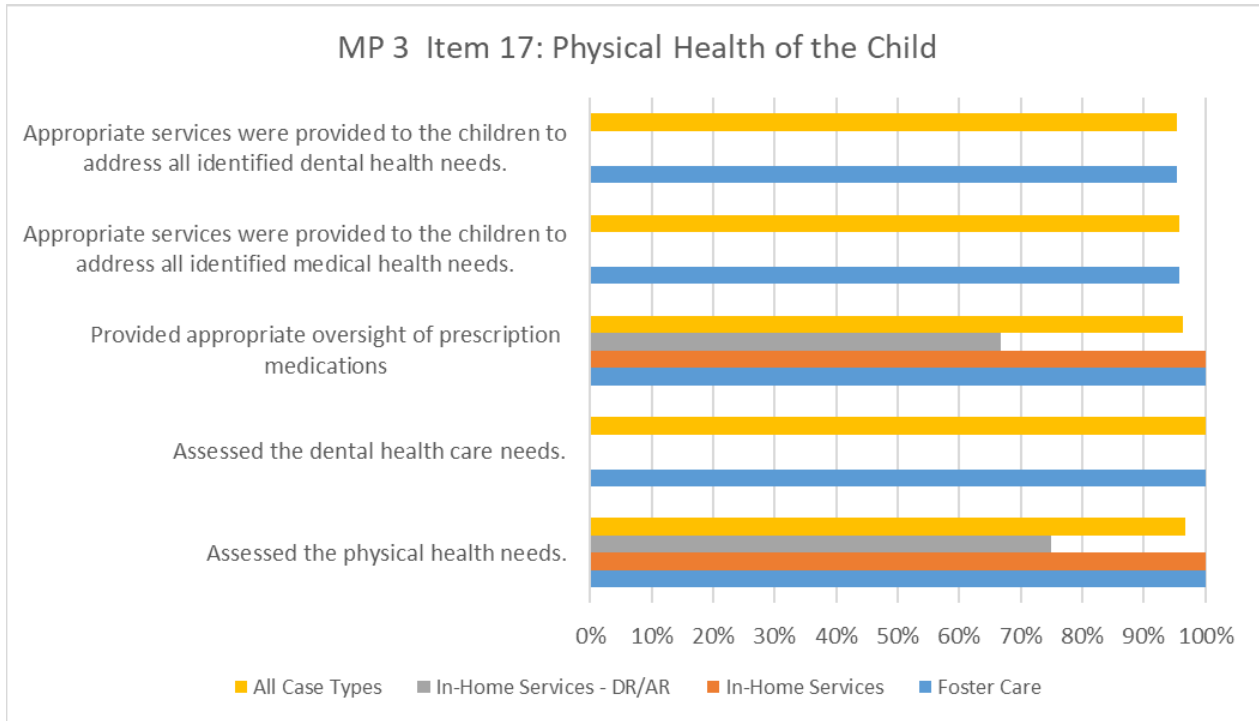
Well-Being Outcome 3: Children Receive Adequate Services to Meet their Physical and Mental Health Needs (Items 17-18)

Virginia substantially achieved Well-being outcome 3 in 70.59% of cases in 2023. In the new MP3, Item 17, physical health of the child, was substantially achieved in 90% of cases. Missing dental exams or delay in scheduling dental exams or procedures were the most cited needs in physical health. Item 18, mental/behavioral health of the child, was substantially achieved in 75% of cases. A lack of follow-up to identify alternate providers or different services when long waitlists exist is a theme in Item 18.

Item 17: Physical Health of the child

Purpose: To determine whether, during the period under review, the agency addressed the physical health needs of the children, including dental health needs.

Item 17 – MP3 (August of 2023-January of 2024)



For Item 17, physical health of the child, Virginia needed to reach an overall PIP Goal of 80%. Virginia was successful in the previous MP2, with a statewide score of 82%. In the new MP3, Virginia scored a statewide score of 90% in this item as the chart indicates. Virginia’s outcomes meet the federal standard for Item 17. Overall, Foster Care cases scored the highest in all elements of Item 17. Conversely, foster care cases accounted for the highest number of ANI ratings in Item 17 because foster care cases made up a higher percentage of applicable cases for this item.

During 2023, Virginia reviewed 62 applicable cases. Virginia had a total of eight cases that received an ANI in Item 17. Of the ANIs, five were foster care cases, and three were In-Home (DR/AR) cases. In four foster care cases, the agencies did not conduct timely physical or dental examinations after foster care entry, with notably more ANIs due to delayed dental care. Two cases involved significant and unaddressed dental health needs that were part of the reason for the agency’s involvement with the families. Other ANI causes included no services provided to address identified medical/dental needs and a lack of agency support to an alternate caregiver to meet identified medical/dental needs.

Practice Enhancements for Item 17:

Virginia continues to follow established guidance in these areas and supports local staff by providing tracking tools through SafeMeasures and COMPASS|Mobile.

VDSS and DMAS co-led the Improving Timely Health Care for Children and Youth in Foster Care affinity group which also included representatives from various Managed Care Organizations (MCOs). The goal this groupwork was to establish more effective workflows that will increase the percentage of children entering foster care who receive their initial medical exam within 30 days of entering foster care. The affinity group completed its work in August 2023. VDSS and DMAS will continue to use information from the tests of change from this affinity group to affect practice more broadly (see **Health Care Oversight and Coordination Plan** for more information).

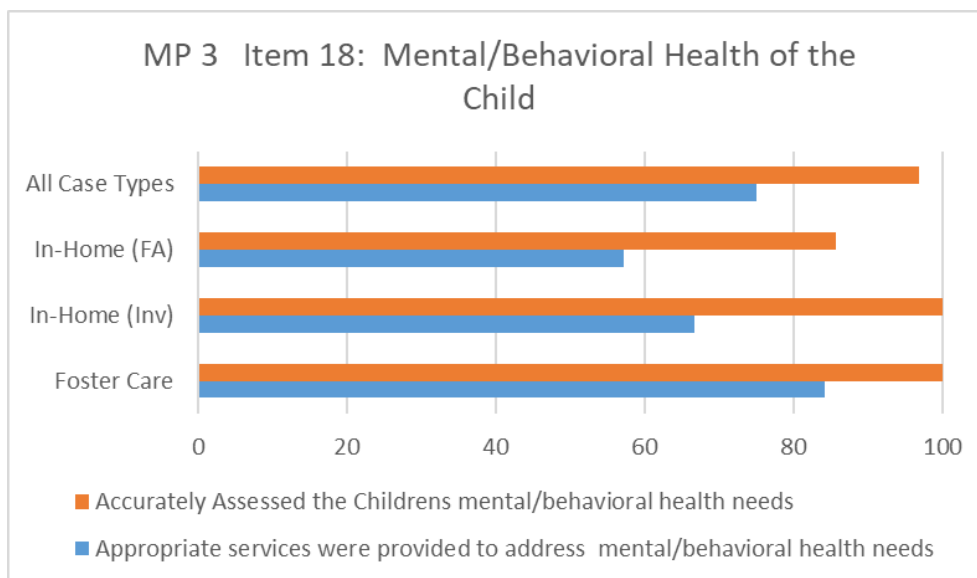
The DMAS/Foster Care Partnership bi-monthly meetings increase collaboration with various stakeholders to improve overall access to healthcare for children in and aging out of foster care. In 2023, DMAS hosted six Foster Care Partnership meetings and eight Action Group Meetings. The **Health Care Oversight and Coordination Plan** includes more information on these meetings. These groups will reconvene in July 2024 once the new MCOs have a contract in place. When these meetings resume new priorities will be established.

VDSS also continues to focus on practice enhancements related to psychotropic medication for youth in foster care, as outlined in CFSP **Permanency Strategy 3.4**.

Item 18: Mental/Behavioral Health of the child

Purpose: To determine whether, during the period under review, the agency addressed the mental/behavioral health needs of the children.

Item 18 – MP3 (August of 2023-January of 2024)



Virginia substantially achieved Item 18, mental/behavioral health of the child, in 72.06% of cases during the calendar year. Virginia needed to pass Item 18 with an overall score of 48% and achieved that in the previous MP1 with an overall score of 58%. Virginia passed Item 18 in every MP during Round 3 of the CFSR. In the current MP3, Virginia scored a 75% Strength rating for Item 18 as the chart indicates. The six-month goal for Item 18 is set at the federal standard of 90%.

As the chart shows, foster care cases performed highest in both assessment of mental health needs, and service provision. In-Home cases also scored 100% on accurately assessing needs, but both In-Home case types performed lower in providing necessary services to meet mental health needs. The most cited fault in mental health was a failure to follow up on long waitlists and identify alternate services or providers to address identified needs. A failure to provide services for identified needs or significant gaps in services fueled secondary ANIs.

During 2023, 68 applicable cases were reviewed, and Virginia had a total of 19 cases that received an ANI in Item 18. Of the ANIs, nine were foster care case type, two were In-Home (INV), and eight were

In-Home (DR/AR). In six cases, significant waitlists for services were cited. Agencies did not make concerted efforts in those cases to identify alternate services or providers promptly to meet the identified need timely. Six cases also involved a failure to provide any services, despite having conducted thorough needs assessments including formal evaluations in some cases. Other reasons for ANIs included:

1. Difficulty locating providers to accept child's insurance
2. Delays in initiating services
3. Conducting assessments initially but not ongoing
4. Lack of caseworker visits to assess mental health
5. No agency oversight of psychotropic medication prescriptions

Practice Enhancements for Item 18:

Virginia continues to follow established guidance in these areas and supports local staff by providing tracking tools through SafeMeasures and COMPASS|Mobile. As discussed in the Item 17 practice enhancements, collaborations with DMAS and other stakeholders support improving the health needs of children in care. Enlisting the support of the MCO's in the overseeing the use of psychotropic medications is a CFSP priority (**Permanency Strategy 3.4**). Hiring the Director of Foster Care (**Permanency Strategy 3**) will give LDSS additional resources around the oversight of medications prescribed to children in foster care.

CFSR items Requiring Measurement	PIP Base -line	PIP Goal	M P 1	MP 2	MP 3	MP 4	MP 5	MP 6	MP 7	MP 8	MP 9	MP 10	MP 11	MP 12	MP 13	MP 14	MP 15	MP 16	MP 17	MP 18
Item 1 – Timeliness of initiating investigations of reports of child maltreatment	76.9 %	87.5%	68 %	69.6 %	73.9 %	71.4 %	71.7 %	69.7 %	75.6 %	82.6 %	77.8 %	83.7 %	86.05 %	78%	83.33 %	88.37 %	91 %	90%	75%	83%
Item 2 - Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care	67.6 %	77.9%	60.6%	60%	74.2 %	71.4 %	62.2 %	48.8 %	58.8 %	77.1 %	84.8 %	82%	79.4 %	85.71 %	82.93 %	78.95 %	78%	78%	83%	82%
Item 3 – Risk and safety assessment and management	48.6 %	56.2%	50 %	58.6 %	58.6 %	58.5 %	60%	54.2 %	51.4 %	67.1 %	71.4 %	71.4 %	78.5 %	72.86 %	65.71 %	64.29 %	67%	74%	68%	69%
Item 4 - Stability of foster care placement	70.5 %	79.3%	61.4%	72.7 %	86.4 %	70.4 %	70.4 %	77.2 %	79.6 %	88.6 %	95.5 %	88.6 %	81.8 %	75%	70.45 %	77.27 %	77%	82%	82%	72%
Item 5 - Permanency goal for child	65.9 %	75.1%	72.7%	72.7 %	65.1 %	74.4 %	76.7 %	54.7 %	58.1 %	81.4 %	81.4 %	79.5 %	81.8 %	79.07 %	83.72 %	86.05 %	81%	84%	87%	79%
Item 6 - Achieving reunification, guardianship, adoption, or other planned permanent	38.6 %	48.0%	38.6%	34.1 %	30.2 %	27.2 %	29.5 %	36.3 %	45.5 %	56.8 %	61.4 %	61.4 %	72.7 %	75%	72.73 %	72.73 %	70%	71%	71%	65%

CFSR items Requiring Measurement	PIP Base -line	PIP Goal	M P 1	MP 2	MP 3	MP 4	MP 5	MP 6	MP 7	MP 8	MP 9	MP 10	MP 11	MP 12	MP 13	MP 14	MP 15	MP 16	MP 17	MP 18
living arrangement																				
Item 7 - Placement with siblings	63.2 %	77.3%	55 %	87.5 %	92.6 %	81.4 %	79.3 %	77.4 %	76.9 %	75%	74.1 %	81.2 %	90.4 %	81.48 %	69.23 %	80.77 %	96%	100%	94%	90%
Item 8 - Visiting with parents and siblings in foster care	33.3 %	43%	46.2%	51.6 %	51.7 %	51.2 %	51.2 %	48.7 %	43.1 %	51.2 %	65%	81.1 %	86.8 %	76.92 %	69.23 %	67.5 %	78%	86%	59%	63%
Item 9 - Preserving connections	62.8 %	72.2%	52.3%	52.3 %	58.1 %	60.4 %	64.2 %	76.1 %	77.3 %	68.2 %	72.7 %	86.4 %	90.9 %	84.09 %	81.82 %	86.36 %	91%	92%	89%	91%
Item 10 - Relative placement	46.5 %	56.2%	52.4%	59.5 %	58.5 %	58.5 %	60.4 %	54.5 %	58.1 %	72.1 %	72.7 %	84.1 %	93%	86.05 %	86.36 %	93.18 %	95%	92%	89%	88%
Item 11 - Relationship of child in care with parents	34.2 %	44.1%	48.4%	47.6 %	52%	50%	48.6 %	43.2 %	35.7 %	42.9 %	44%	56.8 %	69.4 %	63.89 %	65.79 %	65.79 %	71%	79%	79%	76%
Item 12 - Needs and services of child, parents, and foster parents	38.6 %	46.0%	27.1%	30.0 %	42.9 %	32.8 %	31.4 %	28.5 %	25.7 %	37.1 %	42.9 %	46%	52.8 %	62.86 %	61.43 %	45.71 %	49%	66%	63%	68%
Item 13 - Child and family involvement in case planning	35.3 %	42.7%	29.9%	41.3 %	43.8 %	34.7 %	40.5 %	44.9 %	42.9 %	51.4 %	54.3 %	64.2 %	81%	79.71 %	70%	62.86 %	71%	82%	78%	78%
Item 14 - Caseworker	57.1 %	64.7%	55.7%	65.7 %	64.3 %	61.4 %	70%	75.7 %	75.7 %	82.9 %	80%	77.1 %	85.7 %	85.71 %	81.53 %	77.14 %	81%	90%	85%	84%

CFSR items Requiring Measurement	PIP Base -line	PIP Goal	M P 1	MP 2	MP 3	MP 4	MP 5	MP 6	MP 7	MP 8	MP 9	MP 10	MP 11	MP 12	MP 13	MP 14	MP 15	MP 16	MP 17	MP 18
visits with child																				
Item 15 - Caseworker visits with parents	34.4 %	42%	19.0%	22.4 %	41.5 %	41.5 %	36.3 %	33.3 %	34.2 %	42.9 %	50.7 %	62.1 %	76.9 %	75%	70%	64.29 %	69%	80%	78%	77%
Item 16 - Educational needs of the child	83.7 %	90.9%	85.7%	87.8 %	86.4 %	82.6 %	80.9 %	80.9 %	82.9 %	83.7 %	86.9 %	89.5 %	85.2 %	86.11 %	87.18 %	89.47 %	97%	97%	89%	93%
Item 17 - Physical health of the child	72.2 %	80%	72.7%	81.8 %	90.4 %	84%	72.5 %	74%	75.4 %	80.7 %	81.5 %	69.4 %	72%	90.2 %	96%	88.24 %	84%	97%	77%	77%
Item 18 - Mental/behavioral health of child	39.1 %	48.3%	58 %	76.6 %	59.5 %	52.1 %	59%	55.3 %	51.1 %	62.2 %	76.5 %	74.5 %	83.3 %	93.02 %	84.44 %	72.73 %	76%	87%	91%	83%

CFSR Outcomes Since Establishing New Baseline, February 2023

CFSR Items Requiring Measurement	New Baseline	Six-Month Goals (11/23)	MP1	MP2	MP3
Item 1 – Timeliness of initiating investigations of reports of child maltreatment	96%	95%	78%	80%	83%
Item 2 - Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care	81%	90%	64%	73%	76%
Item 3 – Risk and safety assessment and management	76%	77%	56%	61%	60%
Item 4 - Stability of foster care placement	67%	86%	75%	75%	71%
Item 5 - Permanency goal for child	71%	90%	92%	100%	100%
Item 6 - Achieving reunification, guardianship, adoption, or other planned permanent living arrangement	57%	85%	67%	83%	83%
Item 7 - Placement with siblings	90%	90%	88%	67%	71%
Item 8 - Visiting with parents and siblings in foster care	78%	85%	58%	61%	62%
Item 9 - Preserving connections	95%	90%	88%	92%	91%
Item 10 - Relative placement	81%	90%	79%	96%	96%
Item 11 - Relationship of child in care with parents	75%	75%	57%	64%	70%
Item 12 - Needs and services of child, parents, and foster parents	79%	77%	60%	55%	50%
Item 13 - Child and family involvement in case planning	82%	80%	71%	76%	60%
Item 14 - Caseworker visits with child	88%	90%	83%	90%	85%
Item 15 - Caseworker visits with parents	80%	77%	69%	71%	58%
Item 16 - Educational needs of the child	100%	90%	81%	88%	92%
Item 17 - Physical health of the child	74%	90%	84%	88%	90%
Item 18 - Mental/behavioral health of child	77%	90%	69%	71%	75%

Systemic Factors

Statewide Information System (Item 19)

Item 19: Information Systems

In 2017, the last CFSR review found the Information Systems systemic factor was in substantial conformity. Virginia continues to assess this item as a Strength as VDSS and LDSS can readily identify the status, demographic characteristics, location, and goals for every child in a foster care placement. This is evident in the AFCARS and National Child Abuse and Neglect Data System (NCANDS) submissions and reports available in OASIS and SafeMeasures. As the system of record, OASIS is used to meet other federal reporting requirements for NCANDS, National Youth in Transition Data Base (NYTD), monthly foster care contact, state foster care agency foster child data (SSA), and AFCARS.

Although OASIS provides a foundation for automating of child welfare services and currently lets VDSS collect and maintain demographic characteristics, location, status, and goals for every child in foster care, it can't meet DFS operational requirements. OASIS and the other in-house applications require duplicate information entry and cumbersome data-entry processes. They lack the capability to effectively support programs, including financial management, electronic document management, mobile use, and interoperable functions. VDSS will use OASIS until a new CCWIS can be implemented (**Operations Strategy 1**).

OASIS captures all of the current AFCARS elements related to the child's demographic information (sex, race, ethnicity), disabilities (behavioral, mental and physical health), removal/placement setting indicators (date and number of removals, placement settings and types), circumstances of removal (manner of removal, conditions of removal, etc.), case plan goal(s), dates of all required court hearings, Indian Child status, caretaker information such as demographics, TPR, foster family demographics, funding information such as program eligibility (Title IV-E, CSA, Title IV-A, Title IV-D, Medicaid, SSI/SSA) and funding amount. OASIS also captures other data elements such as required caseworker visits and contacts with family members, FPMs, CFTMs, etc.

Data	OASIS Screen
Basic demographic information	Client General Information Screen Path: Workload/Case/Client/Gen Info
Indian status	Client General Information Screen Path: Workload/Case/Client/Gen Info
Disabilities	Client Disabilities Screen Path: Workload/Case/Client/Health/Disabilities
Adoption status (if child has previously been adopted)	Client General Information & Prior Adoption Disruption/Dissolution Screen Path: Workload/Case/Client/Gen. Info Path: Workload\Case\Cust Status\Phys Rmv\Prior Adoption Disruption/Dissolution
Removal/circumstances at time of removal	Physical Removal Screen & Legal Basis for Custody Screen

	Path: Workload\Case\Cust Status\Phys Rmvl Path: Workload\Case\Cust Status\Legal Status
Foster care case plan (includes goal)	Foster Care Service Plan Path: Workload\Case Plan\FC\Service Plan\Srv Plan
Court hearings	Hearing/Review Screen Path: Workload\Court\Court\CI Crt Info\Hearing/Rev
Caretaker demographics	Client General Information Screen Path: Workload/Case/Client/Gen Info
Termination of parental rights (TPR)	Termination of Parental Rights Screen Path: Workload\Court\Court\CI Crt Info\TPR
Placement setting(s)	Placement Enter/Change/Discharge Screen Path: Workload\Case\Placement\Place\Enter/Chg
Foster family demographics	Resource General Information Screen & Resource Household Members Screen Path: Workload\Resource\Directory\Info Path: Resource\Directory\Homes\Members
Caseworker visits/FPMs/CFTMs	Case Client/Collateral Contact Information Path: Workload\Case\Contacts\Contacts
Funding information	Client Funding Screen Path: Workload/Case/Client/Finances/Funding

Examples of available OASIS reports that capture the information above for cases and clients:

These reports below are on a case/client basis, except for the first two, which can be pulled with statewide data.

- Active foster care children
 - This report can be printed based on statewide, regional, locality, unit or unit/worker data
- Resource (foster family/placement providers)
 - The data for this report can be filtered by all or current resources, locality, a specific resource ID, resource category and resource type.
- Foster Care Face Placement Sheet
- Case information
- Client hearing detail
- Client health
- Placement history
- Foster care service plan
- Summary of hearings
- Client funding report
- Termination of parental rights

VDSS child welfare policy mandates time frames for entering information into OASIS. From the Child and Family Services Manual Chapter E Foster Care:

- Section 4.3.1: Information for every child in foster care shall be entered into OASIS as soon as possible but no later than five (5) calendar days after the child’s custody is transferred to a LDSS or s/he is placed in foster care. A delay in entry in OASIS will result in a federal penalty under the federal Adoption and AFCARS. The worker is responsible for entering and updating all case data in OASIS as soon as possible but no later than 30 calendar days after each activity or event, with two exceptions:
 - Placement and funding information for children shall be entered within five business days of any placement change, in order to accurately track the whereabouts of children in care.
 - The foster care case should be closed within five business days after the child leaves the care of the LDSS.

- Section 5.6: The initial assessment is the basis for developing a foster care plan that addresses immediate child and family needs and selecting a specific foster care permanency goal. The initial assessment shall:
 - Be entered into OASIS within 30 days of LDSS acceptance of the child for placement, using the assessment screen (unless otherwise noted) and completing all the required elements of appropriate screens.

- Section 17.8.7: Face-to-face contacts shall be entered into OASIS immediately but no later than 30 days following the contact.

Thirty days following implementation of the mobility application, the service worker will be required to enter and update all case narrative and data in OASIS within five (5) business days moving forward.

- Section 17.17: OASIS shall be kept up-to-date to reflect required elements needed for AFCARS compliance and compliance with other federal and state requirements. The AFCARS elements are highlighted in red in the system, while the other mandated elements are highlighted in yellow. The service worker is responsible for entering and updating all case data in OASIS as soon as possible, but no later than 30 days after each activity or event. The only exceptions are:
 - Children’s placement changes shall be entered into the system within five (5) calendar days of any placement change.
 - The foster care case should be closed within five (5) business days after the child leaves the care of the LDSS.

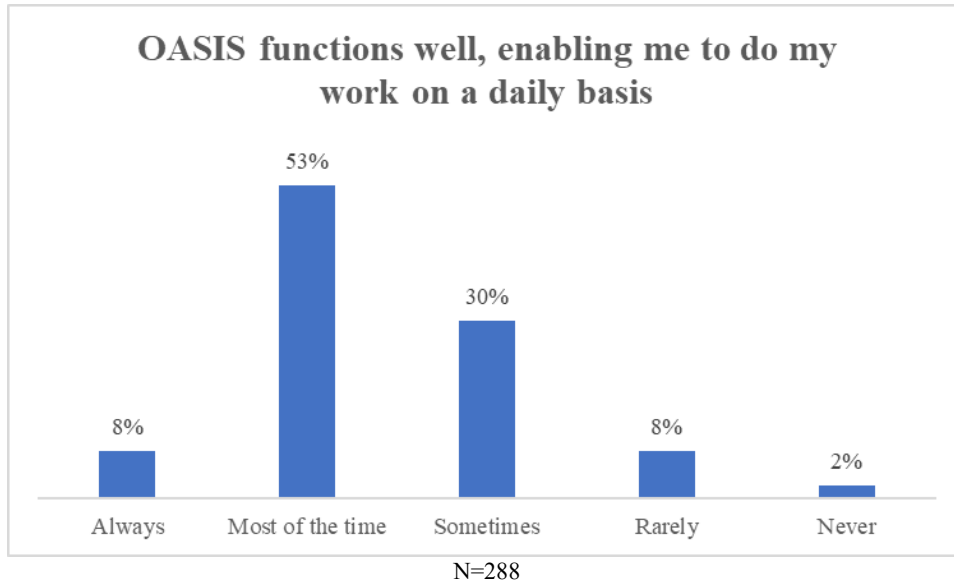
Thirty days following implementation of the mobility application, the service worker will be required to enter and update all case narrative and data in OASIS within five (5) business days moving forward.

Staff of licensed child-placing agencies or children’s residential facilities do not have access to OASIS to update information for the children in their care. The child’s FSS worker is required to gather necessary information and enter that information into OASIS in a timely manner.

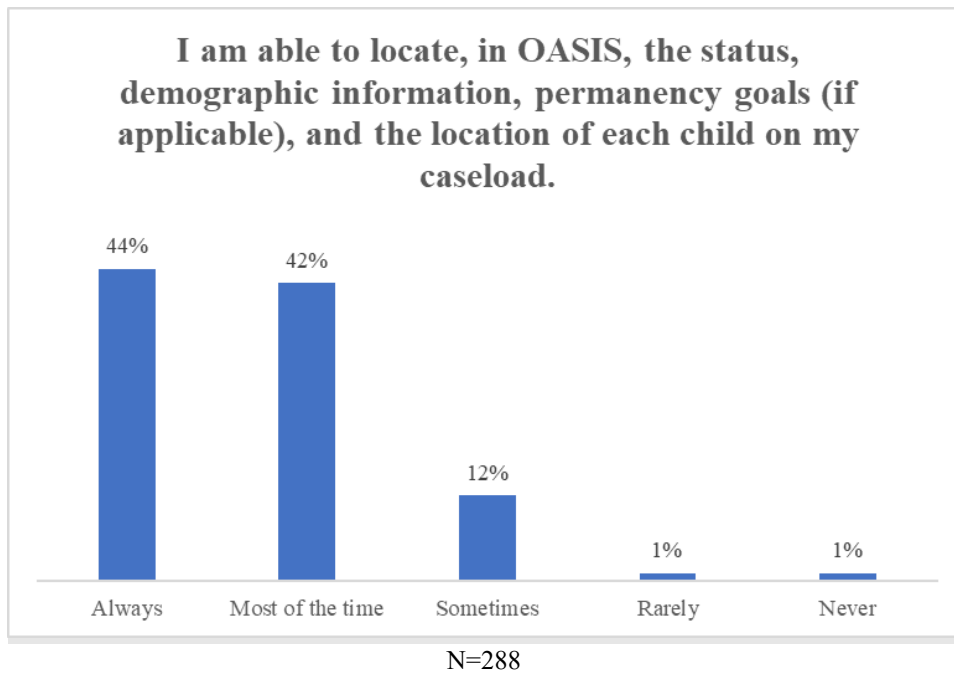
Data validation and reconciliation relies on federal data quality reporting. The most recently available CFSR 4 Data Profile is from February 2024; it provided an assessment of data quality. In the AFCARS data-quality checks for submissions 19A through 22B, two areas show where the data-quality performance exceeded the data quality limit: missing number of placement settings for submission 19A at 8.8% and percentage of children on first removal in 23A at 99.4%. VDSS has implemented on-going data

clean-up strategies with localities on required AFCARS fields to ensure that data is consistent, accurate, and complete. The NCANDS data quality check showed no data-quality issues.

In a 2024 survey of FSS workers, a total of 61% of respondents indicated that OASIS functions well; enabling them to work on a daily basis. An additional 30% said that OASIS sometimes functions well.



When asked if they were able to locate the status, demographic information, permanency goals (if applicable) and the location of each child in their caseload, 44% responded “always” and 42% responded “most of the time.”



Case Review System (Items 20-24)

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

Virginia received an overall rating of ANI for Item 20 during the last CFSR review. VDSS has implemented a series of practice enhancements since that time including collaborations with CIP and updates to the foster care plan template. However, Virginia continues to assess this item as an ANI due to concerns noted with engaging families in case planning and the proxy measurement of case plan completion. VDSS plans to implement several practice enhancements regarding family engagement in 2024 through Kin First Now (**Permanency Strategy 1**). VDSS is also currently replacing CCWIS (**Operations Strategy 1**), which will improve VDSS's ability to gather data from the system, including information related to service planning.

The Code of Virginia § 16.1- 281, Section 15 of Chapter E, Foster Care of the Child and Family Services Manual, and the Social Security Act, Title IV, §475(1) [42USC 675] include requirements for development of a foster care plan. Subsection 15.5 "What should be included in foster care plan" in the Foster Care chapter outlines what should be included in Part A and Part B of the foster care plan.

Part A must include:

- Reason for care and why placement is needed
- Services offered to prevent removal
- Child's situation at time of placement, if applicable including description of placement a significant distance away from the parent(s) is necessary
- Appropriateness of foster care goal and services
- Most current and accurate information about educational status
- Most current and accurate information about the child's health
- Nature of child's placement(s)
- Discussion of appropriateness of placement, including efforts made to place with family, efforts to place in the least restrictive setting
- Discussion of normalcy
- Discussion of how court orders have been carried out
- Needs met to achieve the goal
- Visitation plan for parents and siblings
- Permanency goal, including rationale for goal selection
- Concurrent permanency plan
- Program, care, services, and supports for the child, including independent living services and transition plan
- Target dates for completion of services
- Responsibilities of parents/prior custodians including target dates for completion
- Projected goal achievement date
- Description of child, parent, prior custodian, foster parent, and other supportive individuals' involvement in the planning process
- Information on the right to appeal LDSS decisions on services and placement

Part B of the foster care plan is used when the child cannot be returned to parents or prior custodians within a practicable time. This section requires a description of opportunities to achieve goals or a description of why a goal is not feasible.

To help assess whether workers include required elements in foster care plans, a 2024 survey asked FSS who carry a foster care caseload how frequently certain needs of children in foster care are addressed in foster care plans. The results of the survey are listed in the following chart:

	Always or Most of the time	Sometimes	Rarely or Never
Educational needs	90%	9%	1%
Dental Health needs	85%	10%	5%
Medical Health needs	91%	6%	3%
Mental/Behavioral Health needs	96%	3%	1%

N=139

A full-service plan for children in foster care through court commitment, non-custodial foster care agreement, a permanent entrustment agreement, or a temporary entrustment must be documented in OASIS. A proxy measurement monitors the documentation of foster care service plans by calculating the number of youth under 18 in care for 60 days or more that had at least one 60-day dispositional hearing at any point between their most recent removal date and the end of 2023 or their discharge date, whichever is first. In 2023, 95% of children in foster care for 60 days or more had a service plan documented in OASIS. Due to OASIS limitations, VDSS can see if a written case plan has been entered into the system, but there is no way for the system indicate that the plan has been completed. A completed case plan is a requirement for a dispositional hearing with an approved goal, so VDSS uses the dispositional hearing measurement to calculate case plan completion.

The dispositional hearing's purpose is to review the foster care plan. If a foster care plan is not filed, the hearing would not be held, but may be continued. Because 95% of children had a dispositional hearing to approve a foster care plan filed pursuant to Va. Code § 16.1-281, 95% of children had a service plan.

Percent of Cases with Case Plans Completed 2023

Children Under 18 in Care 2022	#	%
Total Children under 18 in Care for 60 Days or More	5,458	
Dispositional Hearing Held	5,198	95%
Dispositional Hearing Held within 60 days (0-60 days)	3,317	61%
No Dispositional Hearing Held	260	5%

Source: ROASIS, Active Foster Care Report - children under 18 in care for 60 days or more, ROASIS "60-day dispositional hearing"

In 2023, 5,258 children under 18 were in foster care, and case planning for them should have occurred during the first 60 days. Sixty-one percent of these cases had hearings where a qualified goal was

approved within 60 days of child removal, which is a slight increase from 59% from CY 2022. In addition, in a 2024 survey, 92% of FSS workers responded that initial foster care plans are always or most of the time completed within 45 days of case opening.

VDSS continues efforts to ensure that all parties, including the child and the child’s parents, have input into case plan development, primarily through the use of FPMs or CFTMs. Subsection 15.3 in the Foster Care Chapter of the Child and Family Services manual instructs workers to involve and engage parents, prior custodians, foster parents, other family members and others identified as significant to the family in developing the foster care plan through FPMs. Children are also encouraged to participate in the planning. If the child is at least 12 years or older, that child may invite two people to participate in the planning team. OASIS can document that youth were given the opportunity to invite up to two people to team meetings, as well as the names of the individuals the youth chose. VDSS uses the OASIS data available through SafeMeasures to monitor the use of FPMs.

Overall, the number of FPMs and CFTMs has increased by 4.3% from CY2022 to CY2023. In 2023, 2,024 FPMs and CFTMs were held for concurrent planning and/or goal change. These meetings involved 1,451 different cases. Eighty percent, or 1,155 cases, had a parental role included at one of their meetings in 2023. Eighty-six percent, or 1,247, cases had relative/fictive kin included at one of their meetings in 2023.

In a 2024 survey FSS workers who carry foster care cases were asked who was involved in developing case plans.

Involvement in Case Plans

	Always	Most of the time	Sometimes	Rarely	Never
Mothers	28%	41%	24%	5%	2%
Fathers	24%	33%	33%	9%	2%
Child	14%	33%	41%	8%	4%

N=104

VDSS will continue to target improving child and family involvement in case planning through **Permanency Strategy 1’s** efforts to elevate family engagement and concurrent planning.

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Virginia received an overall rating of Strength for Item 21 during the last CFSR review. Virginia continues to assess the functioning of this item as a Strength, due to data reported from SafeMeasures (97% completion rate) as well as evidence from LDSS survey with 96% reporting that they complete the periodic reviews all or most of the time.

VDSS requires that service plans for children in custody or foster care placement be reviewed to assure the effectiveness of permanency planning for every child (§§ 63.2-907 and 16.1-282 of the Code of Virginia and Section 16 of Chapter E, Foster Care of the Child and Family Services Manual). Formal reviews are held at least every six months. Dispositional hearings are held within 60 days after removal and foster care plans are filed within 45 days from removal. Foster care reviews are held within four months (§ 16.1-282) from the dispositional hearing. Petitions for permanency planning hearings are filed

30 days prior to the scheduled court date for the hearing, which will be held within ten months of the dispositional hearing (§ 16.1-282.1). For all and any reviews, considerations include the child's safety, the continuing necessity for foster care placement, compliance, progress with the case plan for both child and family, transition planning for youth age 14 or older, and whether an out-of-state placement continues to be in the child's best interest. When possible and appropriate, a review identified a projected date for reunification, adoption, or other permanency goal. A timeline of Virginia's foster care related court proceedings is available [here](#).

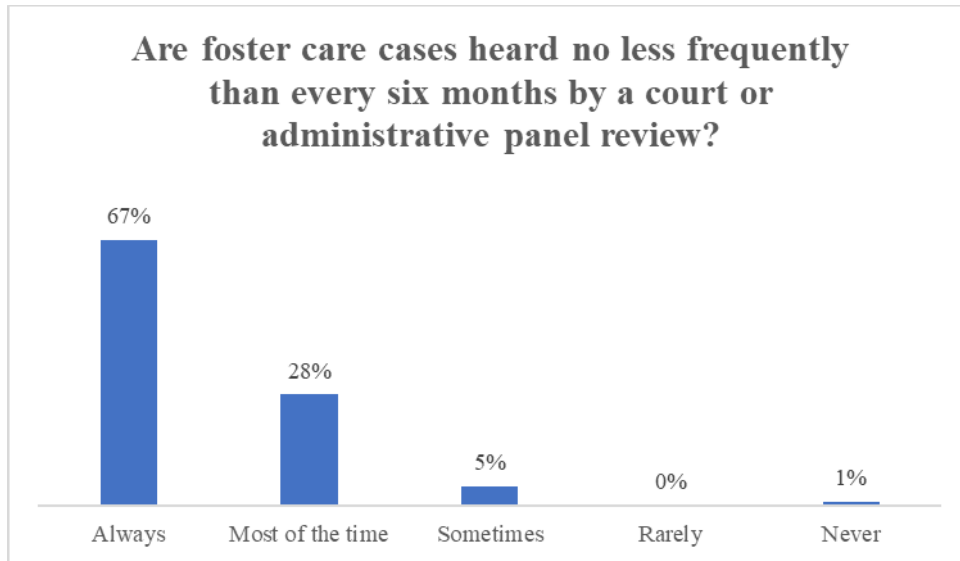
The process for scheduling cases before the four-month foster care review depends upon how the child is entering foster care and the hearings associated with that case type (i.e., abuse or neglect, at risk of abuse or neglect, relief of custody or entrustment agreement, disposition of a child in need of services, child in need of supervision, etc.).

At the dispositional hearing, the judge decides the child's custodian. The court may return custody to the parent or guardian from whom the child was removed with certain conditions and requirements, place the child with a relative, or keep the child in foster care with the LDSS. If the child stays in foster care, the judge will review the foster care plan prepared by the LDSS. The plan identifies a goal for timely reunification or other permanency goal. The judge reviews the foster care plan to ensure the goals for the child and family are clear and achievable. At the foster care review hearing, the judge reviews progress made towards reunification as well as services provided, including medical, educational, and mental/behavioral health services provided to the child and services provided to the family. At the permanency planning hearing, the judge will determine if the child can be returned safely home or if the permanency goal needs to be changed from reunification to another permanency or alternative goal.

Once the case is at initial foster care review, the date for the next hearing is scheduled at the conclusion of the current hearing. For example, the four-month foster care review is scheduled at the conclusion of the dispositional hearing. The date for the initial permanency planning hearing is set at the end of the four-month foster care review. The date for the second permanency planning is set at the end of initial permanency planning if an interim plan is approved at the initial permanency planning. The annual foster care review hearing is scheduled at the conclusion of the initial permanency planning hearing, or at the time of the current annual review hearing.

Data gathered using the SafeMeasures AFCARS Approved Court Hearing Status report shows that during CY2023, 97% of children participated in a periodic review.

In a 2024 survey, 67% of FSS who carry a caseload said that foster care cases are heard no less frequently than every six months by a court or administrative panel review. Twenty-eight percent indicated cases are heard every six months most of the time.



N = 108

When asked about reasons that some cases are not heard every six months, workers indicated case continuances (39%) and delay in scheduling by the court (31%) were most likely. Unavailability of a parent (13%), an attorney (15%), and a worker (3%) were also indicated as reasons why some cases are not heard every six months.

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Virginia received an overall rating of Strength for Item 22 during the last CFSR review, Virginia continues to assess the functioning of this item as a Strength, due to data regarding ongoing and initial permanency hearings and results from the most recent title IV-E review indicating that Virginia conducts frequent permanency hearings.

In Virginia, a LDSS may, under identified circumstances, petition the court to approve of an interim foster care plan at the first permanency planning hearing (i.e., the permanency hearing held within 12 months of a child entering foster care). The court may approve an interim plan for a maximum period of six months, if the court finds that marked progress is being made towards reunification or to achieve the identified permanency goal(Virginia Code § 16.1-282.1).

Virginia Code § 16.1-282.1 provides, “In the case of a child who was the subject of a foster care plan filed with the court pursuant to § 16.1-281, a permanency planning hearing shall be held within ten months of the dispositional hearing at which the foster care plan pursuant to § 16.1-281 was reviewed.” The initial foster care plan filed pursuant to Virginia Code § 16.1-281 is generally reviewed at the disposition hearing, which is held within 60 days of the child’s placement in foster care in cases of abuse or neglect and at-risk of abuse or neglect, or within 45 to 75 days of filing a petition for approval of an entrustment agreement. These timeline requirements support a permanency hearing being held within 12 months of a child entering foster care.

The results of the most recent title IV-E review (2019) found that “Virginia conducts frequent permanency hearings, which resulted in timely judicial determinations. Court involvement in monitoring

case planning and progress toward goal achievement for the child was evident in child specific court orders. Virginia continues to work with the CIP to monitor timeliness of hearings and ensure that VDSS is obtaining timely and accurate findings that the agency is making reasonable efforts to finalize a permanency plan for a child.”

2023 Initial and On-Going Permanency Hearings

	#	%
Initial Permanency Hearing	3,427	98.4%
On-going Permanency Hearings	1,397	96.1%

Source: Active Foster Care Reports

During 2023, 3,427 children had their permanency planning/court review hearing before one year in care out of 3,484 children in care for at least twelve months. In CY2023, 1,397 children under 18 had a court review or permanency planning hearing and were in care for 24 months or more. Out of those children, 1,397 had a timely hearing between their most recent hearing in CY2023 and the hearing prior. In a 2024 survey, FSS that carry foster care cases said that permanency planning hearings are “always” held no later than 12 months from the date the child enters care in 76% of cases. Workers said that permanency planning hearings were held no later than 12 months from the date the child enters care “most of the time” in 20% of cases. When asked if subsequent permanency hearings were held no less frequently than every 12 months after the initial permanency hearing, FSS indicated hearings were “always” held every 12 months in 65% of cases and held within 12 months “most of the time” in 29% of cases.

Item 23: Termination of Parental Rights

How well is the case review system functioning to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Virginia received an overall rating of ANI for Item 23 during the last CFSR review. Virginia continues to assess areas of concern in this item from data reported that indicates untimely TPR petitions and worker surveys indicating inconsistency in including compelling reasons not to terminate parental rights. VDSS implemented a requirement to notify VDSS of intent not to file a TPR in July 2021 in response to state legislation. However, LDSS staff have struggled to adequately track this new requirement. VDSS will continue to monitor the implementation of this relatively new requirement and provide technical assistance to LDSS.

Virginia Code § 63.2-910.2 requires the local board to file a petition to terminate the parental rights of a child who has been in foster care for 15 of the most recent 22 months or if the parent of a child in foster care has been convicted of certain crimes. The board must concurrently identify, recruit, process, and approve a family qualified to adopt the child. There are three exceptions to filing: 1) the child is being cared for by a relative, 2) there are documented reasons a termination is not in the best interest of the child, or 3) services have not been provided or reasonable efforts have not been made to return the child home. Section §16.1-283 of the Code of Virginia clarifies that a petition to terminate parental rights cannot be accepted by the court prior to the filing of a foster care plan, pursuant to §16.1-281, which documents termination of residual parental rights as being in the best interests of the child. The court may hear and adjudicate a petition for termination of parental rights in the same proceeding in which the court has approved a foster care plan with the goal of adoption which documents that termination is in the best interests of the child.

**TPR Status for Children in Care for 15 Months+
(Status at the End of 2023)**

TPR Status	#	%
Total Children in Care 15+ Months	2,027	
No Petition for TPR Filed and No Exception Noted	762	37.6%
Petition for TPR Filed	1,236	61.0%
Exception to TPR noted	13	0.6%
Pre-Implementation – No Petition or Exception	16	0.8%

Source: SafeMeasures TPR 15 Months (extract 2/11/2024, subset 0-17 years old)
Steps Taken: Exported the TPR 15 Months for children under 18 for December 2023.

Timely TPR and Timely Permanency Planning Hearings

	2023 Monthly Average
% of Children with Timely TPR Petitions	61.0%
% of Children with Timely Initial Permanency Planning Hearings	98.4%
% of Children with Timely Ongoing Permanency Planning Hearings	96.1%

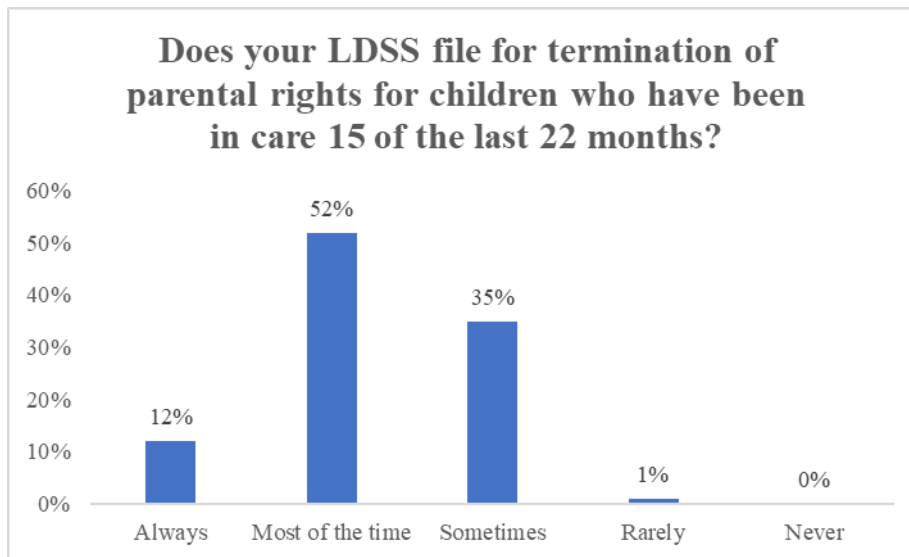
Timely TPR Source: SafeMeasures®, TPR Status

Timely Permanency Planning Source: OASIS Active Foster Care Children Reports CY2023 and OASIS; Includes children under 18* in care at some point in CY2023 that spent 24 months or more in care and had a permanency planning/court review hearing in CY2023. *Based on the most recent information in OASIS Active Foster Care Children Reports in CY2023.

Timely TPR petitions decreased from 71% in 2022 to 61% in 2023.

Subsection 16.2.6.5 of the Foster Care chapter of the Child and Family Services manual requires LDSS to determine if a petition for termination of parental rights will be filed or if an exception will be claimed in the 30 days prior to reaching the 15th month a child has been in care.

In a spring 2024 survey, 52% of FSS who carry a foster care caseload said that TPR is filed for children who have been in care 15 of the last 22 months “most of the time” and 12% said that TPR is “always” filed for these children.



N=106

In the spring 2024 survey, 71% of workers indicated they always document compelling reasons not to file in the foster care plan or Part B of the permanency plan. In the 2023 survey results, 79% of respondents indicating that they always document compelling reasons not to file for TPR.

Item 24: Notice and Right to Be Heard

How well is the case review system functioning to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

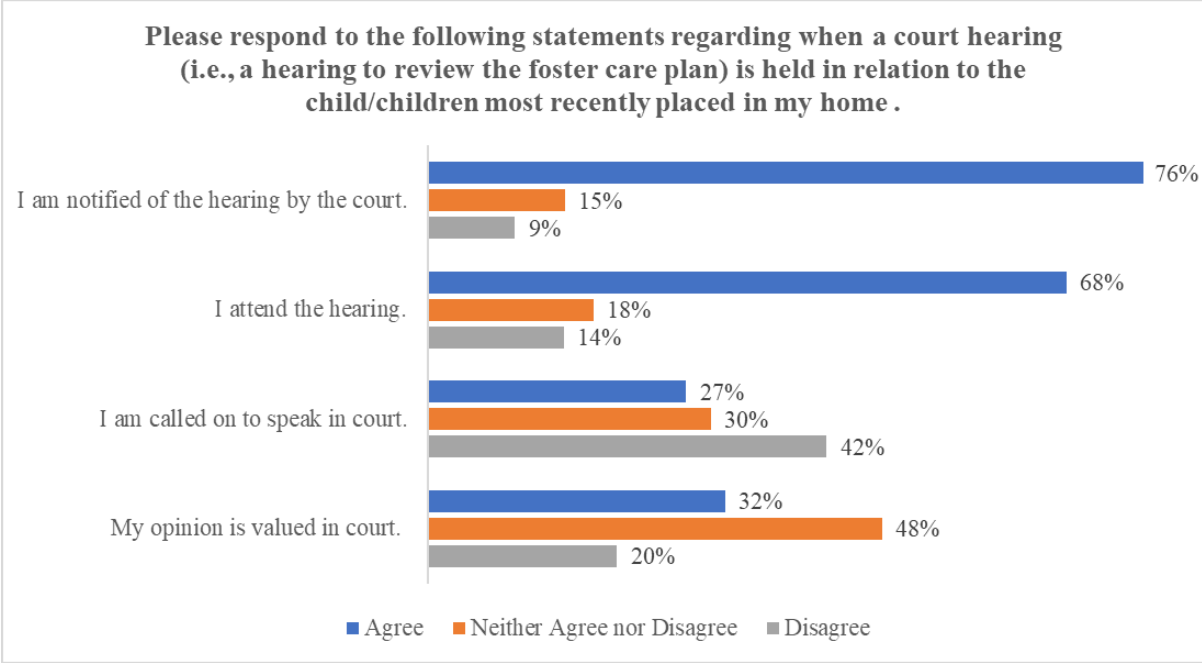
Virginia received an overall rating of ANI for Item 24 during the last CFSR review. However, Virginia currently assesses this item as a Strength, due to responses from foster parents and LDSS workers indicating that most foster parents are given notice of a hearing and are informed of their right to be heard.

Subsection 16.2.2 of Chapter E, Foster Care of the Child and Family Services Manual foster parents and pre-adoptive parents are to be notified of every hearing in writing. Their names shall be included on the foster care plan transmittal submitted to the court. Service workers should also discuss upcoming hearings with the parents, foster parents, and pre-adoptive parents and encourage their attendance. The service worker should provide and discuss a copy of the brochure [Adoption and Safe Families Act: Applying the Notice and Right to Be Heard Provision in Virginia's Juvenile and Domestic Relations District Courts](#) with the foster parent, pre-adoptive parent, or relative caregiver. This brochure explains the requirements that the foster and pre-adoptive parents as well as relative caregivers must be given timely notice of and an opportunity to be heard in six-month review and permanency hearings held about the child in their care. It explains that they do not have the right to standing as a party to the case. It also describes the case participants and what they may expect by way of notice and "right to be heard." FSS workers should encourage foster parents, pre-adoptive parents, or relative caregivers to attend and speak at the hearing, when recognized by the judge, with respect to the child [during the time the child is in their care].

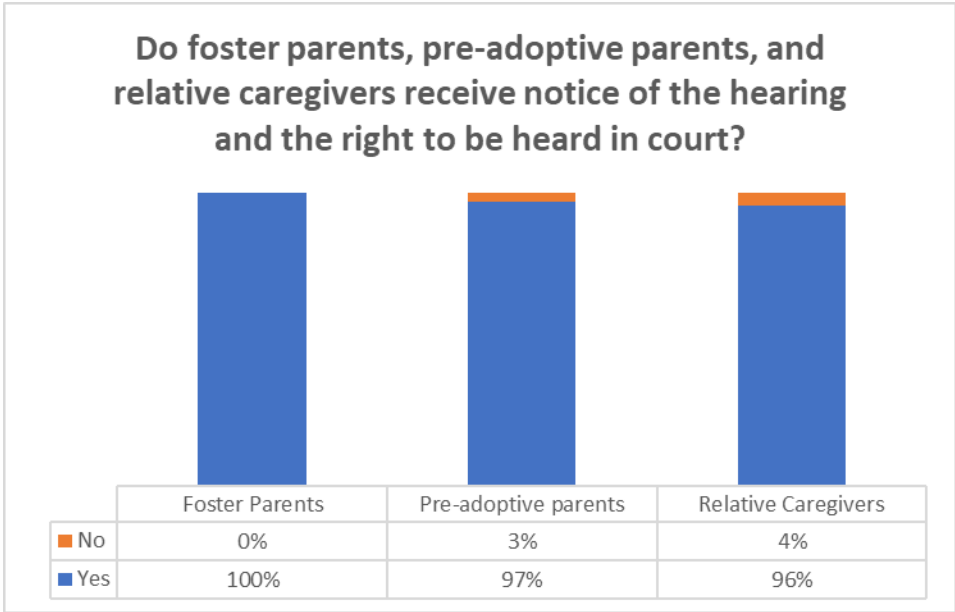
As a result of the last CFSR, and a CFSR PIP activity, the CIP collaborated with VDSS to develop bench cards for judges to use at all court hearings. These cards offer a series of questions that help assess agency efforts to move a child to permanency. The bench cards associated with foster care reviews and permanency planning include a prompt for the judge to consider foster parent participation in the hearing. If the foster parent is not included in the hearing, there is a prompt to ask why that has not occurred. Virginia CIP created a bench card binder for each Virginia J&DR district court judge. Virginia CIP has notified all guardians ad litem for children (who also serve as parents' counsel), counsel for LDSS, and the state Court Appointed Special Advocate (CASA) program coordinator (for distribution to Virginia's CASA network) about the card availability and how to access the cards online.

LDSS must share the Foster Parent Bill of Rights with all approved foster parents and maintain a signed copy in the resource family file. Along with other rights in this bill of rights, foster parents are informed of their right to be notified of court hearings and, scheduled meetings, and to be informed of decisions made by the court, LDSS, or a licensed child-placing agency concerning the child's foster care services.

In a 2024 survey, 85% of kinship, foster, and adoptive parents indicated they are notified of court hearings and 77% said they attend hearings. While only 26% said that they were asked to speak in court, 29% believe that their opinion is valued in court.



In a 2024 survey, a majority of FSS who carry a foster care caseload, said that foster parents, pre-adoptive parents, and relative caregivers receive notice of the hearings and the right to be heard in court.



N= 106

Quality Assurance System (Item 25)

Item 25: QAA System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care

are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

The last CFSR review found Item 25 in substantial conformity during the last CFSR review. Virginia continues to assess this item as a Strength as the CQI processes have expanded and strengthened since 2017. CQI continues to be a priority for VDSS as outlined in the **Critical Priorities** section.

Virginia's CQI system covers all the state's geographic jurisdictions and LDSS. Virginia's CQI system is implemented through a quality triad model that includes quality assurance, quality control, and quality improvement. Quality assurance is carried out through the QAA team, which ensures compliance through reviews at local levels and connects results with practice via Practice Consultants who provide coaching, technical assistance, and support to LDSS. Quality control occurs through title IV-E reviews (also conducted by the QAA team) to address and predict financial penalties and gaps in compliance, fully enacted through practice consultants who support LDSS in aligning practice with policy and guidance. Strategic consultants and data analysts facilitate data alignment between programs, divisions and regions; they also lead state and regional CQI events for Quality Improvement. State and regional meetings facilitated by the strategic consultants allow for a deeper dive into regional trends, local strengths and needs, and peer-to-peer resource sharing and learning, and collaboration oriented, targeted outcome improvement.

The QAA team is responsible for four types of reviews: title IV-E Foster Care, CFSR, title IV-E In-Home Reviews, and Sub-Recipient Monitoring (SrM). The title IV-E Foster Care, title IV-E In-Home, and CFSR/VCFSR reviews are described in this section. The QAA team uses an electronic quarterly QA review system. This review process combines new foster care funding case validations and title IV-E ongoing reviews into a quarterly remote review.

Title IV-E New Case Validations

New case validations ensure that every child who enters foster care has an initial funding determination. These reviews coincide with the ongoing title IV-E reviews. For new case validations, QAA consultants review the initial eligibility determination to validate the funding determination of either IV-E or CSA (state-funded) as well as any other IV-E requirements. During the review, QAA consultants use an instrument that closely mirrors the federal instrument to ensure that federal judicial language, Aid to Families with Dependent Children (AFDC) eligibility, IV-E expenditures, and safety and licensing requirements are met. In addition, the QAA consultants monitor certain items to ensure that placement, funding, and court screens are accurate in OASIS. The QAA consultants also look at the eligibility requirements for Fostering Futures cases and determine whether the case has been appropriately found to be IV-E or CSA. Once eligibility has been determined for a Fostering Futures case, no future monitoring is required.

If errors identified during the new funding case validation that result in ineligible IV-E expenditures, the report reflects the total fiscal amount that requires adjustments. During the actions-taken process, the agency must provide proof that the adjustments were made before the error was marked as resolved. Title IV-E performance management and/or corrective action plan processes, otherwise known as shared fiscal accountability, are triggered by the QAA title IV-E review error percentages but are separate from the fiscal responsibility plan which identifies adjustment payment sources. Title IV-E Shared Fiscal Accountability includes payment corrections and adjustments that are required when the LDSS or a state or federal review identifies a title IV-E payment error.

Title IV-E Ongoing Reviews

QAA Title IV-E ongoing reviews facilitate compliance with title IV-E, state, and VDSS requirements and guidance. Ongoing reviews are designed to provide continuous quality control and support to the LDSS by reviewing all open title IV-E cases at least once per fiscal year. The review coincides with the title IV-E new case validations and is part of the quarterly QAA process.

As of 2024, the QAA title IV-E foster care team is preparing for a 2025 federal review and is currently reviewing 100% of all ongoing cases. In nonfederal review years, regional QAA consultants review a percentage of ongoing cases (based on the previous year's review outcome, that were eligible for IV-E payments made during a specific PUR). The consultants verify that the initial eligibility determination was previously reviewed during new case validation. If it was not, then the consultant validates the initial eligibility determination. Once validated and/or verified, the consultant reviews the ongoing items required to maintain title IV-E eligibility. During the review, the QAA consultants use an instrument that closely mirrors the federal instrument to ensure that the ongoing judicial activity, IV-E expenditures, safety requirements, and licensing requirements comply with federal requirements. Title IV-E expenditures include (but are not limited to) maintenance rates, enhanced maintenance rates, clothing expenditures, childcare, and transportation costs. The consultants verify the proper use of IV-E funds for services provided by requesting and reviewing the Standard Payment Record (SPR) for each case.

The review process includes examining of systems and documentation of the OASIS and case record to include the foster care, eligibility, and resource files. The QAA consultants monitor certain items to ensure that placement, funding, and court screens are accurate in OASIS. In addition, the consultants verify the dates of the required safety checks on the eligibility file checklist.

The shared accountability process between VDSS and LDSS originally began on July 1, 2021. However, effective October 1, 2022, to ensure continuous quality improvement, the QAA team, in collaboration with LDSS, implemented changes to support LDSS while also ensuring federal guidelines are met. This process provides a mechanism of shared accountability between VDSS and LDSS. It ensures appropriate management of title IV-E funds, following all state and federal requirements. If a title IV-E payment has been made in error, the LDSS must make an adjustment with the appropriate funding source.

If the ongoing review identifies errors that result in ineligible IV-E expenditures, the report reflects the total fiscal amount that requires adjustments. During the actions-taken process, the agency must prove that the adjustments were made before the error was marked as resolved. The Title IV-E Shared Fiscal Accountability processes are triggered by the QAA title IV-E review error percentages but are separate from the fiscal responsibility plan that identifies adjustment payment sources. Title IV-E Shared fiscal accountability includes payment corrections and adjustments that are required when an LDSS or a state or federal review identifies a title IV-E payment error.

For an agency to be placed on an Identification Review, a title IV-E review must show either a case error rate greater than 10% or a funding error rate greater than 15%. If the error rate exceeds the allowable threshold, VDSS in conjunction with the LDSS, completes the shared fiscal accountability progress document within 45 days. This can include (but is not limited to) an analysis of the root causes of errors including services and CSA finances if relevant; QAA 1:1 training, Practice Consultant training of Benefit Programs Staff and Family Services Specialists, and/or peer-to-peer best practices sharing. A second subsequent title IV-E review measures the identification review progress. If the agency is below the error thresholds, then the shared fiscal accountability process stops. However, if that review identifies a case error rate greater than 10% or a funding error rate greater than 15%, the identification review transitions to a support plan activation.

A subsequent third review measures the support plan's progress. If the agency is below the error thresholds, then the shared fiscal accountability process stops. However, if that review identifies a case error rate greater than 10% or a funding error rate greater than 15%, the support plan is transitioned to an ongoing support plan.

A subsequent fourth review measures the ongoing support plan's progress. If the agency is below the error thresholds, then the shared fiscal accountability process stops. However, if that review identifies a case error rate greater than 10% or a funding error rate greater than 15% the ongoing support plan transitions to a program management plan.

A subsequent fifth review measures the program management plan's progress. If the agency is below the error thresholds, then the Shared Fiscal Accountability process stops. However, if that review identifies a case error rate greater than 10% or a funding error rate greater than 15% the Program Management Plan transitions to an ongoing program management plan.

A subsequent sixth review measures the ongoing program management plan's progress. If the agency is below the error thresholds, then the Shared Fiscal Accountability process stops. However, if that review identifies a case error rate greater than 10% or a funding error rate greater than 15% the ongoing program management plan transitions to a corrective action plan.

A subsequent seventh review measures the corrective action plan progress. If the agency is below the error thresholds, then the Shared Fiscal Accountability process stops. However, if that review identifies a case error rate greater than 5% or a funding error rate greater than 10% the corrective action plan transitions to an ongoing corrective action plan to be determined jointly by VDSS and the LDSS.

The percentage of both new foster care funding determinations and ongoing cases that had an AFDC error found during reviews increased from 1.67% to 1.72% in 2023. By combining findings for the purpose of quarterly reporting, the combined total percentage of cases that had an error found during reviews increased from 3.63% to 3.82%.

The findings for both new foster care funding determinations and ongoing cases are reported to LDSS quarterly providing the number of cases reviewed, number of IV-E errors found, and an error percentage. The data is provided by region and by LDSS and is posted to the intranet site.

CFSR

The CFSR reviews let Virginia accomplish the following: (1) ensure conformity with federal child welfare requirements; (2) determine what is happening to children and families as they are engaged in child welfare services; and (3) assist the state to enhance their capacity to help children and families achieve positive outcomes. Ultimately, the review's goal is to help Virginia improve child welfare services and achieve safety, permanency, and well-being of families and children who receive services.

Based on the Federal Round 3 CFSR results, Virginia was found not to be in substantial conformity, requiring a PIP. As part of the PIP, Virginia was required to complete a review of 35 cases per quarter statewide or 140 cases reviewed each year. Virginia passed the Round 3 PIP in January 2022. Since that time, Virginia has not been under federal oversight or required to follow federal guidelines for case sampling. Since passing the PIP, Virginia has altered its sampling method to ensure that all agencies in Virginia received a CFSR review following the federal guidelines, and to focus on agencies with high title IV-E error rates. The current CFSR review process continues to follow federal requirements regarding

case eliminations and the completion of the federal instrument. Virginia continues to use the federal CFSR portal and Onsite Review Instrument (OSRI).

In February 2023, Virginia established a new CFSR baseline based on the new sampling process because the Round 3 PIP has been completed. Virginia then further altered the case sampling methodology to lower the case sample to 24 cases per quarter, or 96 cases per year. As Virginia nears the CFSR Round 4 process, scheduled to begin in October 2025, VDSS will titrate case sample numbers back up and begin following the Round 4 sampling methodology.

Each case selected for CFSR gets a two-day review, during which key participants in each case are interviewed, and the case file is reviewed. The key participants include the child; the child’s parents ; foster parents; pre-adoptive parents; or other caregivers; the FSS, and any other case participant deemed important to the integrity of the case. These interviews can occur within the agency, the community, or the home. However, since the COVID-19 pandemic, CFSRs have been conducted on a fully remote basis.

In-person reviews will likely begin at least six months before the start of CFSR Round 4 in Virginia. Each case review requires a Regional Site Leader (RSL), who coordinates the review with the LDSS and provides the required initial quality assurance (QA), and two reviewers. The CFSR consists of 18 items that reviewers must assess during the review process. Based on entered responses, the OSRI provides a final rating of either “Strength” or “ANI”. Once the OSRI is completed, initial QA for the case helps to ensure consistency across all 18 items. By following the initial QA completion, the review gets second level QA from the statewide lead QAA supervisor. Federal partners conducted secondary oversight of 10% of Virginia’s CFSR case reviews during Round 3. Although federal oversight is not currently required, Virginia will work with federal partners to review a percentage of CFSR cases in preparation for Round 4 CFSR.

Virginia’s federal partners have established Round 4 goals for each of the 18 CFSR items, which are a 95% Strength rating for Item 1, and a 90% Strength rating for Items 2 through 18. In November 2022, the QAA team implemented new goals for each item, to slowly move Virginia forward toward meeting the Round 4 goals. The team calculated new goals by averaging the percentage of Strength ratings over the last six measurement periods (six-month review periods) and increasing the values. The team monitors new goals every six months. When a new goal is met, the team will increase that goal by 10% until it reaches the Round 4 goal. The current six-month goals were established in November 2023. Six-month goals have been achieved in CFSR Items 5, 6, 7, 9, 10, 12, 14, and 16. The team was able to increase goals for Items 6 and 12, as the goals for other items were already set at the federal standard of 90%.

CFSR Items	Initial 6 Month Goal (11/22)	Updated 6 Month Goal (5/23)	New 6 Month Goal (11/23)
Item 1 Timeliness of Response	95%	95%	95%
Item 2 Risk and Safety Services	90%	90%	90%
Item 3 Risk and Safety Assessment	77%	77%	77%
Item 4 Placement Stability	86%	86%	86%
Item 5 Permanency Goals	90%	90%	90%
Item 6 Achievement of Permanency	78%	78%	85%
Item 7 Placement with Siblings	90%	90%	90%
Item 8 Visitation	85%	85%	85%
Item 9 Connections	90%	90%	90%

Item 10 Relative Placement	90%	90%	90%
Item 11 Relationship with Parents	75%	75%	75%
Item 12 Needs Assessments and Services	70%	77%	77%
Item 13 Case Planning	80%	80%	80%
Item 14 Visits with Children	90%	90%	90%
Item 15 Visits with Parents	77%	77%	77%
Item 16 Education	90%	90%	90%
Item 17 Physical Health	90%	90%	90%
Item 18 Mental Health	90%	90%	90%

The CFSR reviews include not only interactions with key participants but also a debriefing meeting (exit conference), where review findings are discussed with LDSS leadership and staff. The CFSR reviewers may connect the LDSS with a regional practice consultant for specific technical assistance, resource material, and direct suggestions for practice improvement. Since the COVID-19 pandemic, exit conferences have been virtual. In a collaborative effort to meet Round 4 federal CFSR goals, the QAA team has developed LDSS agency training on how to attain Strength ratings in each of the 18 Items and is holding regular meetings with the CQI and data teams regarding CFSR outcomes. These collaborative efforts help the ability of practice and strategic consultants to provide appropriate support for practice enhancement. Agencies will also get more targeted training based on their CFSR outcomes and partner with similar LDSS agencies for support and mentoring.

As Virginia has a robust state CFSR program, VDSS has requested and received approval for a State-Led Review Process for Round 4 CFSR.

Title IV-E In-Home Reviews

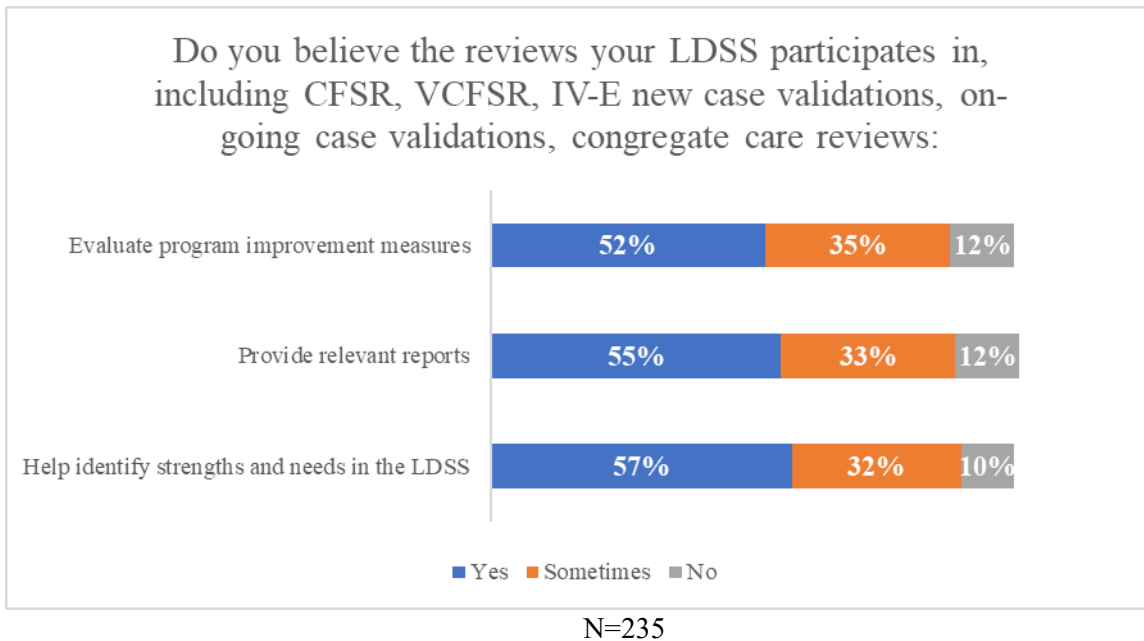
Effective October 2022, the QAA team added a title IV-E In-Home unit, comprised of a title IV-E In-Home supervisor, data analyst, and five QAA consultants. The unit sits under the umbrella of the division's QAA team, which oversees title IV-E New Case Validations and Ongoing Reviews, Virginia CFSR, and federal CFSR. The unit is responsible for assessments and for ensuring compliance with federal regulations, identifying, and enhancing best practices and ensuring the data accuracy in the child welfare system as related to the use of title IV-E funding for EBPs. Title IV-E funds were made available, effective July 1, 2022, for LDSS to use in providing EBPs through FFPSA, adopted in February 2018. The FFPSA enables the use of federal funds under parts B and E of title IV of the Social Security Act. These funds provide enhanced support to children and families to prevent foster care placement by providing mental health prevention and treatment services, substance use disorder prevention and treatment services, in-home services, skill-based parenting programs, and Kinship Navigator services.

Since the implementation of the QAA In-Home Services unit, the team been worked on training, creating case review instruments, identifying policies and procedures, supporting MI implementation and other FFPSA related teams, identifying sampling methodologies and completing ad hoc reviews and reports.

VDSS is still building the title IV-E In-Home review process and will mirror components of both the title IV-E and CFSR review processes. QAA consultants will likely review initial and ongoing eligibility to validate the funding for the EBP as well as any other title IV-E In-Home case requirements identified by the state. The title IV-E In-Home reviews will be unique, in that they will include qualitative and quantitative components.

Some qualitative components will likely be reviewed. Examples include timeliness of court reviews and of the Child and Adolescent Needs and Strengths (CANS) assessment, service plans, and candidacy determination. During the review, the QAA consultants will use an instrument created specifically for title IV-E In-Home services that captures the federal title IV-E requirements as well as other requirements related to safety and well-being. The case review process will use OASIS and the COMPASS Portal to review pertinent documents.

In a 2024 survey, 57% of FSS staff indicated that the QAA system helps identify strengths and needs in the LDSS. Thirty-two percent said the QAA system sometimes identifies strengths and needs, and 10% said the system does not identify strengths and needs. FSS staff also said that the QAA system evaluates program improvement measures --55% of respondents said “yes” -- and provides relevant reports, with52% of respondents saying “yes”.



Statewide CQI

VDSS also supports ongoing CQI through the Office of CQI within VDSS. The Office of CQI is located within the larger Human Services Portfolio and is comprised of a director and five strategic consultants.

Integration into the Human Services Portfolio

The Office of CQI serves the entire Human Services Portfolio to integrate CQI principles into the planning and implementation of programs and initiatives that drive positive change. The Office of CQI partners with policy and program experts, the regional offices, and LDSS.

Integration into LDSS

The Office of CQI also partners with LDSS. This can be through assisting LDSS in integrating CQI principles into daily operations to improve outcomes or through a targeted improvement project. Strategic consultants collaborate with the regional office to guide the LDSS through a structured process focused on the identified area of need. The process typically begins with the collection and analysis of all relevant data to assess the current situation. Based on the analysis, the participants define and implement targeted improvement strategies to address the underlying causes contributing to the gap between current and desired outcomes. While strategies are being implemented, data collection and analysis is ongoing to

monitor and assess the effect of targeted improvements. This will help inform any needed adjustments and ensure continuous improvement.

Use of Data

VDSS's CQI system is designed to use all available data sources to inform improvements. The statewide CQI system uses data from reporting databases and case reviews to identify regional trends and begin developing improvement planning processes for each region with input from LDSS in each region.

During each quarter, VDSS compiles all OSRI data and creates a data summary and data slides. It shares this information with all program managers and regional practice consultants, and the data is incorporated in most program discussions, webinars, and regional meetings with LDSS. The data is placed on the intranet so that it can be accessed statewide.

The specific data tools that VDSS uses to analyze and disseminate data include Virginia Child Welfare Outcome Reports (VCWOR), SafeMeasures®, StateWide Data Indicators (SWDI), case review themes and data, and the Chapin Hall Data Center. The VDSS Office of Research and Planning maintains the VCWOR and provides reports directly from the state electronic case-management system, OASIS. Safe Measures®, from Evident Change, provides data visualization and analysis across a large set of metrics that include length of stay in foster care, time to adoption, completion of monthly worker visits, and many others. The Chapin Hall Data Center obtains longitudinal case histories of children and families in contact with the child welfare system as well as comparison data from other states. The CQI team shares these data with LDSS on request and identifies specific analytic reports to share with small to mid-size agencies that lack staff resources to perform research or analysis.

The VDSS Data Team produces a quarterly report with a core set of data points from each program area and posts it on the intranet site. The report includes statewide, regional, and LDSS program data. DFS holds monthly Data and Outcomes meetings to highlight critical data points from the quarterly report and CFSR reviews and facilitates discussion on trends, strengths, and opportunities with the goal of continuous quality improvement. DFS aims to streamline data sources to include guidance on how to use and accurately represent data. This involves cataloguing all existing data points and determining their appropriateness in different settings. DFS aims to provide this catalogue as a way to guide staff in data driven decision-making and implementation of CQI principles over the next five years (**Operations Strategy 3**).

Current data reporting focuses on static, point-in-time data. VDSS will develop a live dashboard using PowerBI over the next five years, serving as a single source of truth for information on strategic priorities. The dashboard will let users view live data in real time and will feature filtering capabilities to drill down into specific interest areas. Users will be able to use the dashboard to track changes in strategic priorities over time, equipping them to see data for continuous quality improvement (**Operations Strategy 3**). Data highlighted in the state's QI meetings are also posted to the intranet site for easy LDSS access.

As mentioned in the **Critical Priorities Section**, VDSS formed the Data Governance Council as part of CCWIS development. Its purpose is to coordinate data cleanup, develop data controls, and ensure effective communication around data related to CCWIS. VDSS's ongoing CQI processes support coordination of the CCWIS data quality plan. For example, in 2023-2024, the IT portfolio, the data team, and programs collaborated to target known data quality issues with demographic data for resource families, resulting in a marked improvement (more information provided in **Item 35**).

VDSS QAA/Case Review System

Review Type	Reviewers	Review Description	Frequency and Target Population	Total Cases
Quarterly QA Reviews	QAA Team	Targeted observations to facilitate compliance with title IV-E federal, state, and VDSS requirements, Child and Family Services Review (CFSR) Federal requirements, Virginia Child and Family Services Review (VCFSR) State requirements, and Subrecipient Monitoring State Requirements (Sr-M)	Each title IV-E New Case Validation is completed every 90 days, or quarterly, on 100% of children entering foster care. Each title IV-E ongoing review is completed one time annually. The number of cases reviewed are randomly selected and range between 25%-100% based upon prior fiscal year error rate. Each (Sr-M) is done annually as determined by risk assessment. *Note, Sr-M numbers are not included in the Total Cases reviewed.	3,360
Title IV-E New Case Validations	QAA Team	Targeted observations to facilitate compliance with title IV-E federal, state, and VDSS requirements, guidance and accurate financial reporting.	Each 90 days (<i>100% of children entering foster care within 90-120 days of entering care</i>)	2,287
Title IV-E Ongoing Reviews	QAA Team	Targeted observations to facilitate compliance with title IV-E federal, state, and VDSS requirements, guidance and accurate financial reporting.	One time annually (<i>Cases selected at random</i>)	1,073
Child and Family Service Reviews (CFSR)	QAA Team	Conformity with federal child welfare requirements; determine what is happening to children and families as they are engaged in child welfare services; and assist VDSS to enhance their capacity to help children and families achieve positive outcomes.	Quarterly (<i>24 cases selected at random</i>)	96
Subrecipient Monitoring (rM)	Specific Program Staff Assigned	Monitors the appropriate allocation of federal funding, in compliance with the program parameters and	One time annually (<i>as determined by risk assessment</i>)	Varies

		state and federal supervisory guidelines.		
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Staff and Provider Training (Items 26-28)

Child welfare training for LDSS staff is developed entirely through the newly established (2020) LTD, which is a division within the Human Services portfolio that supports Family Services and Benefit Programs. More information regarding LTD, child welfare training models, and system reforms is included in the **Staff and Provider Training Plan**.

Item 26: Initial Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the Child and Family Services Plan (CFSP) that includes the basic skills and knowledge required for their positions?

Virginia received an overall rating of ANI for Item 26 in the last CFSR. VDSS has made significant improvements in training since this 2017 rating, but still assesses this item as an ANI. VDSS plans to implement improvements to this area through **Operations Strategy 2** and the redesign of the training system to move this item’s assessment to a Strength.

Virginia Administrative Code requires VDSS to establish minimum training requirements and provide educational programs for family services specialists and supervisors providing child protective services, In-Home services, foster care, and adoption services employed by LDSS. Subsection 1.5 of Chapter C, Child Protective Services, subsection 1.20 of Chapter B, Prevention, and Subsection 17.3 of Chapter E, Foster Care, of the Child and Family Services Manual outlines training requirements. These sections cover required initial training for workers, completion of the Family Services Core Supervisor Training for supervisors, and a required 24 hours of continuing education/training each year. LDSS supervisors must ensure that the workers who report to them complete the required training within the given time frames.

In CY23, LTD provided 416 virtual instructor-led training events from January 1, 2023, to December 31, 2023. A total of 8183 participants completed a training event. In comparison, 15,851 participants completed online courses in CY23. This includes data from all 120 LDSS. LTD provides initial training for new employees through the Division of Family Services Program Specific Required Training Plans.

New Hires and Completion Rates for Pre-Service Training

Dates	# New hires required to complete training	# New worker course completions	# New worker Incompletes
January 1, 2023 – December 31, 2023	463, down from the 679 in CY22	8151, down from the 8,700 in CY22	179, increased from 47 in CY22

Retention Data

CY23	Average Filled Positions	Separations	Turnover Rate	Retention Rate	CY22 Turnover Rate	CY22 Retention Rate
Family Services Manager	69	5	7%	92%		
Family Services Specialist I	363	158	44%	64%	37%	75%
Family Services Specialist II	979	286	29%	60%	23%	79%
Family Services Specialist III	758	167	22%	66%	16%	84%
Family Services Specialist IV	265	57	21%	78%	13%	85%
Family Services Supervisor	500	64	13%	87%	9%	90%

LDSS hires all child welfare workers to perform program specific job roles. Some small LDSS hire child welfare workers to perform jobs in multiple programs. Following are the initial training requirements for child protective services workers, In-Home services workers, and foster care and adoption workers. Completion rates for these courses are available on pages 8 to 13 of Appendix E-1: Virginia Child Welfare Staff and Provider Training Plan.

PRE-SERVICE TRAINING REQUIREMENTS FOR CHILD PROTECTION SERVICES:

First Three Weeks

- CWSE1002: Exploring Child Welfare
- CWSE1500: Navigating the Child Welfare Automated System: OASIS for CPS
- CWSE5692: Recognizing and Reporting Child Abuse and Neglect

First Three Months

- CWS2000.1W: CPS New Worker Policy Guidance With OASIS
- CWSE1510: Structured Decision Making (SDM) in Virginia
- CWSE5011: Case Documentation
- FSWEB1044 Practice Foundations Guidance and Engagement (NEW)

First Twelve Months

- CWS1021W: The Effects of Abuse & Neglect on Child & Adolescent Development
- CWS1041W: Legal Principles in Child Welfare Practice
- CWS1061W: Family Centered Assessment
- CWS1071W: Family Centered Case Planning
- CWS1305W: The Helping Interview
- CWS2011W: Intake, Assessment, & Investigation in CPS
- CWS2021W: Sexual Abuse
- CWS2031W: Sexual Abuse Investigation
- CWSE4000: Identifying Sex Trafficking in Child Welfare
- CWS4020: Engaging Families and Building Trust-Based Relationships
- CWS4015: Trauma-Informed Child Welfare Practice: Identification and Intervention
- CWS4080W Kinship Care in Virginia (NEW)
- CWS5011W: Case Documentation
- CWS5307W: Assessing Safety, Risk & Protective Capacity
- CWSE6010: Working with Families of Substance Exposed Infants

First Twenty-Four Months

- CWS1031W: Separation and Loss Issues in Human Services Practice
- CWS2141W: Out of Family Investigations (if conducting Out of Family Investigations)
- CWSE4015: Introduction to Trauma-Informed Child Welfare Practice
- CWS4015: Trauma-Informed Child Welfare Practice: Identification and Intervention
- CWS5305W: Advanced Interviewing: Motivating Families for Change
- DVS1001W: Understanding Domestic Violence

- DVS1031W: Domestic Violence and its Impact on Children
- CWS2020W: CPS On Call for Non-CPS Workers

PRE-SERVICE TRAINING REQUIREMENTS FOR IN-HOME SERVICES:

First Three Weeks

- CWSE1002: Exploring Child Welfare
- CWSE5692: Recognizing and Reporting Child Abuse and Neglect
- CWSE1510: Structured Decision Making (SDM) in Virginia
- Children's Services Act (CSA) for New LDSS Employees (Five (5) modules numbered CSA011 – CSA015)

First Three Months

- CWS1000W: In-Home Services New Worker Guidance With OASIS
- CWS4020: Engaging Families and Building Trust-Based Relationships
- CWS5307W: Assessing Safety, Risk & Protective Capacity
- CWS2010W: In-Home Services Skills
- CWS4080W: Kinship Care in Virginia
- CSA CANS Certification
- CWSE4060: Family Search and Engagement
- CWSE5501: Substance Use Disorder
- CWSE1006: Reasonable Candidacy
- CWSE2090: Injury Identification in Child Welfare
- CWSE4000: Identifying Sex Trafficking in Child Welfare
- CWSE5011: Case Documentation
- CWS5011W: Case Documentation
- CWS1061W: Family Centered Assessment
- CWS1071W: Family Centered Case Planning
- CWSE7000: Family First in Virginia (5 modules)

First Six Months

- CWS1305W: The Helping Interview
- CWS5305W: Advanced Interviewing: Motivating Families for Change
- CWSE4015: Trauma Informed Child Welfare Practice
- CWS4015: Trauma Informed Child Welfare Practice
- DVS1001W: Understanding Domestic Violence
- DVS1031W: Domestic Violence and its Impact on Children

First Twelve Months

- CWS1021W: The Effects of Abuse & Neglect on Child & Adolescent Development
- CWS3071W: Concurrent Permanency Planning
- CWSE6010: Working with Families of Substance Exposed Infants

First Twenty-Four Months

- CWSW4050: Psychotropic Medications in the Child Welfare System
- CWSE5000: Preventing Premature Case Closure in In-Home Services
- CWSE5010: Advocating for Child and Adolescent Mental Health Services
- CWSE2020: On-Call for Non-CPS Workers

PRE-SERVICE TRAINING REQUIREMENTS FOR PERMANENCY:

- CWSE1002: Exploring Child Welfare
- CWSE1500: Navigating the Child Welfare Automated System: OASIS for Foster Care
- CWSE5692: Recognizing and Reporting Child Abuse and Neglect Mandatory Reporter Training

First Three Months

- CWS3000: Foster Care New Worker Policy Training with OASIS
- CWS3010: Adoption New Worker Policy Training with OASIS
- CWS5011: Case Documentation

First Six Months

- CWSE3030: Normalcy for Youth in Foster Care
- CWSE4050: Psychotropic Medications and the Child Welfare System
- CWS3015W: Adoption Assistance (required for adoption service workers)

First Twelve Months

- CWS1021W: The Effects of Abuse & Neglect on Child & Adolescent Development
- CWS1031W: Separation and Loss Issues in Human Services Practice
- CWS1041W: Legal Principles in Child Welfare Practice
- CWS1061W: Family Centered Assessment
- CWS1071W: Family Centered Case Planning
- CWS1305W: The Helping Interview
- CWS3041W: Working with Children in Placement
- CWS3081W: Promoting Family Reunification
- CWS4015: Trauma-Informed Child Welfare Practice: Identification and Intervention
- CWS4020: Engaging Families and Building Trust-Based Relationships
- CWS5307W: Assessing Safety Risk and Protective Capacity

First Twenty-Four Months

- CWS5305W: Advanced Interviewing: Motivating Families for Change
- DVS1001W: Understanding Domestic Violence
- DVS1031W: Domestic Violence and its Impact on Children
- CWS2020W: CPS On Call for Non-CPS Workers
- CWS3021W: Promoting Birth and Foster Parent Partnerships
- CWS3061W: Permanency Planning for Teens-Creating Lifelong Connections
- CWS3071W: Concurrent Permanency Planning

In addition to all program area training requirements for new workers, all supervisors hired after March 1, 2013, are required to attend the Family Services Core Supervisor Training Series. These courses must be completed in the first two years of employment as a supervisor.

- SUP5701: Principles of Leadership
- SUP5702: Management of Communication, Conflict & Change
- SUP5703: Enhancing Staff Performance & Growing a Team
- SUP5704: Critical Issues in Family Services Supervision
- SUP5705: Trauma-Informed Leadership and Developing Organizational Resilience Culture

Information on how LTD uses feedback from LDSS workers and stakeholder groups in assessing and updating their courses is included in Appendix E-1 on pages 1-3 and 13-19. In addition, programs use their Policy Advisory Committees to gather feedback from LDSS workers on what courses to add to mandated new worker training and where on the timeline to add them. LTD has a strong partnership with the VLSSE, which provides ongoing feedback on training.

In a statewide survey, FSS workers were asked whether they completed their training requirements within the required time frames. Workers who responded that these questions were applicable answered the following:

Training Requirements Completed Timely

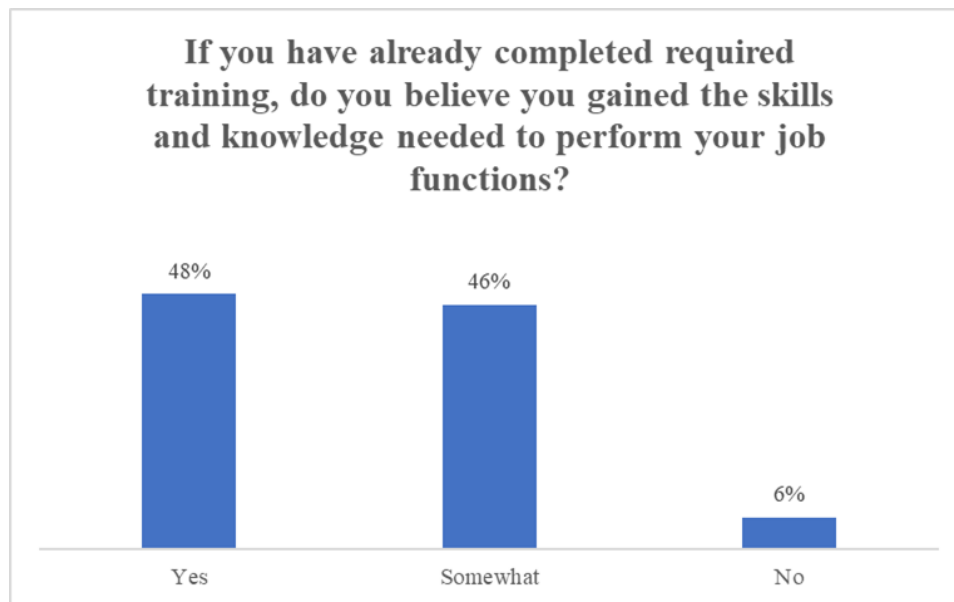
	Yes	No	NA

Within 3 weeks N=264	77%	11%	12.50%
Within 3 months N=223	86%	14%	-
Within 6 months N=214	83%	17%	-
Within 12 months N=207	80%	20%	-
Within 24 months N=193	79%	21%	-

N=264

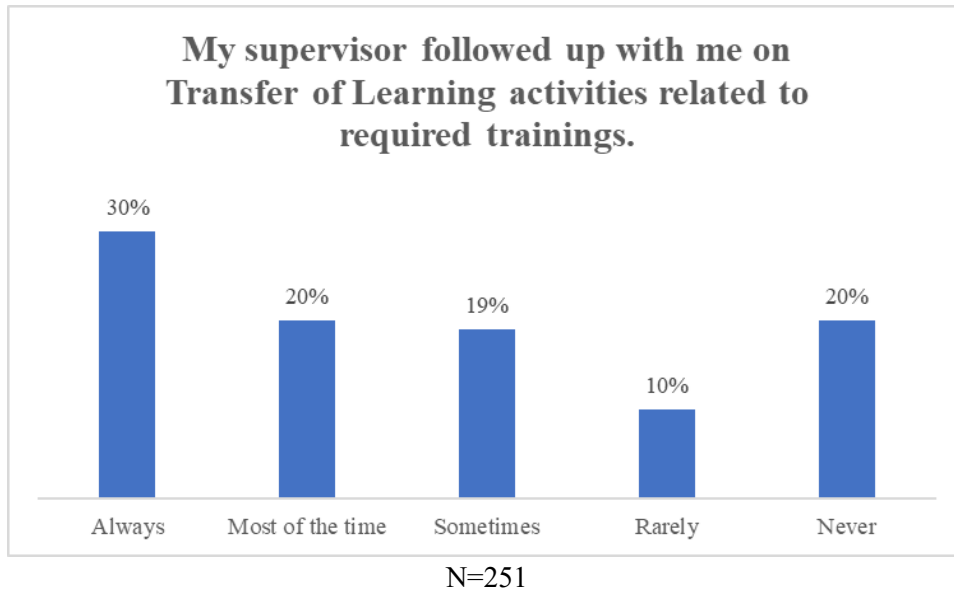
Virginia currently does not require mandated training be completed before case assignment. FSS were asked when they were first assigned sole responsibility for cases. Fifteen percent were assigned sole responsibility within the first week, 29% within the first month, 37% within the first three months, and 19% after three months.

Of FSS who have completed the required training, 48% believe they have gained the skills and knowledge needed to perform job functions, 46% believe they have somewhat gained the skills and knowledge needed, and 6% believe they have not gained the skills and knowledge needed.



N=235

When asked if supervisors encourage attendance at required training, 89% agreed or strongly agreed. A wide range of responses followed a questions about whether supervisors followed up about Transfer of Learning (TOL) activities.



Item 27: Ongoing Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties about the services included in the CFSP?

Virginia received an overall rating of ANI for Item 27 in the last CFSR. VDSS has made significant improvements in training since this 2017 rating but still assesses this item as an ANI. VDSS plans to implement improvements to this area through **Operations Strategy 2** and by redesigning the training system to move this item’s assessment to a Strength.

As mentioned, FSS have a 24-hour annual training requirement after completing initial training. Family Services Training provides subject matter expert (SME) trainings for experienced workers based on assessed LDSS staff needs. Continuing education activities may include organized learning activities from accredited university or college academic courses, continuing education programs, workshops, webinars and conferences. Documenting continuing education activities is the LDSS’s responsibility.

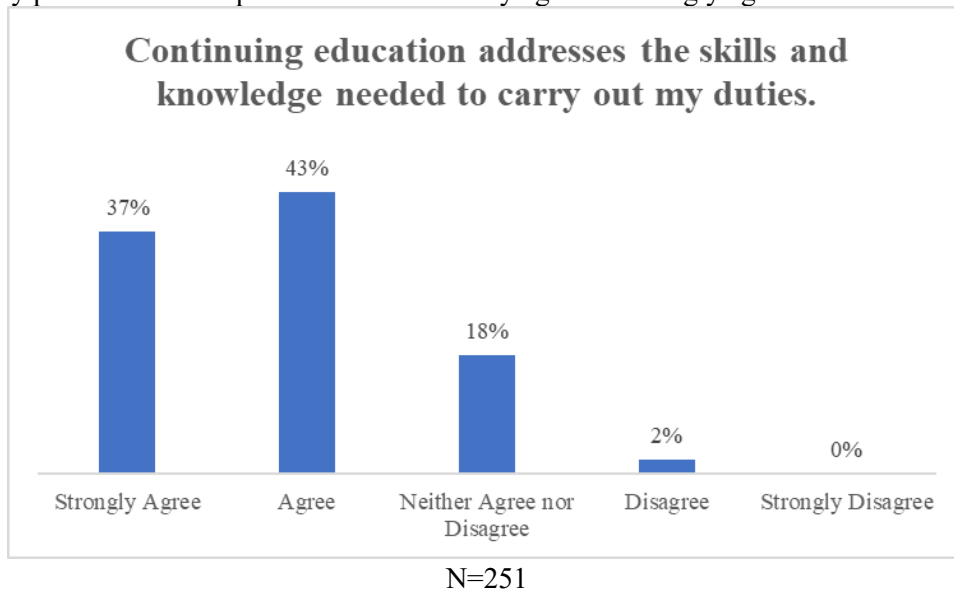
In addition to SME trainings, VDSS regularly sends out notification throughout the year of national child welfare and state training opportunities that are free or inexpensive and that fulfill continuing education requirements. These include free on-line webinars and courses relevant to best practices and statewide classroom training classes offered through DCJS, DJJ, Mental Health, and others. LDSS can submit training plans to VDSS to provide child welfare training and receive title IV-E reimbursement.

LDSS training plan approval is contingent on the plan’s compliance with federal guidelines regarding allowable expenses. These plans must describe the type of training to be provided (i.e., new worker or on-going training for staff or resource parents) as well as the topic area to be covered and the over-all training plan. These training courses are listed in Appendix E-2: IV-E Pass Through Training. The courses that are geared towards LDSS workers can fulfill hours of the annual training requirement.

In a statewide survey, 77% of FSS workers agreed or strongly agreed that their LDSS values training and has a positive culture of learning. Twenty percent neither agreed nor disagreed with that statement and 3% disagreed or strongly disagreed.

When FSS workers were asked whether they complete 24 hours of continuing education yearly, 55% indicated that they always or most of the time complete the training, 8% complete training some of the time, and 5% rarely or never complete 24 hours of training yearly.

When asked if supervisors encourage the completion of annual training, 78% said they agree or strongly agree. Seventeen percent neither agreed nor disagreed and 4% disagreed or strongly disagreed. FSS workers were asked if continuing education addresses the skills and knowledge needed to carry out duties. Eighty percent of the respondents indicated they agree or strongly agreed.



Item 28: Foster and Adoptive-Parent Training

How well is the staff and provider training system functioning to ensure that training occurs statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge needed to carry out their duties with regard to foster and adopted children?

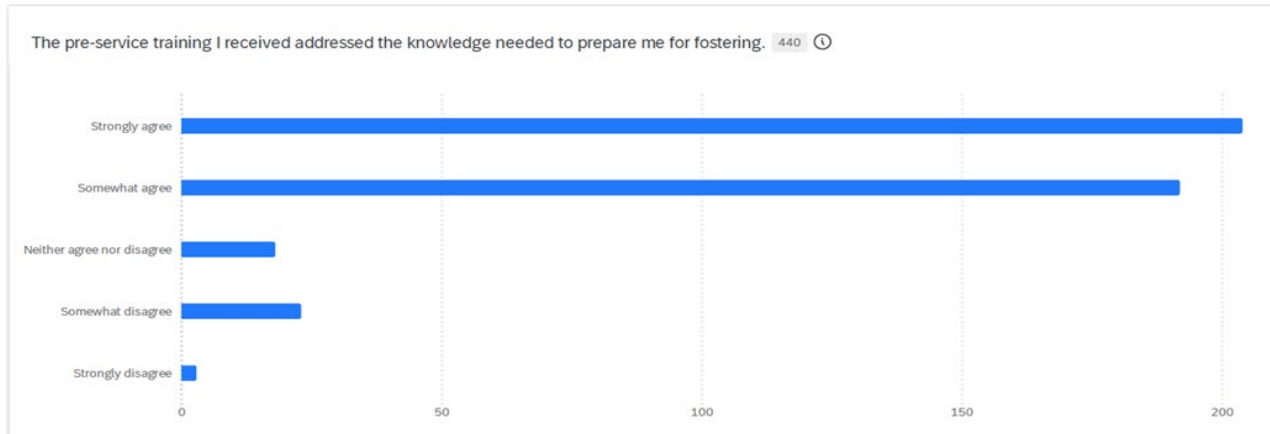
Virginia received an overall rating of Strength for Item 28 in the last CFSR. VDSS continues to assess this item as a Strength based on data reported from the CRAFFT and MFA programs.

The purpose of foster and adoptive family training is to enhance the knowledge, skills, and abilities of current and prospective foster and adoptive families so they can meet the needs of children receiving services funded by title IV-E and/or the state. Training is composed of two major components: pre-service training and in-service training. Providers must complete pre-service and annual in-service training as a condition of approval and re-approval.

Pre-service training provides prospective foster and adoptive families with knowledge, skills, and abilities that prepare them to meet the needs of children in foster care. The pre-service training includes specific core competencies consistent with the Parent Resource for Information, Development and Education (PRIDE) pre-service curriculum. The core competencies include protecting and nurturing children; meeting children’s developmental needs and addressing their delays; supporting relationships with birth families; connecting children to safe, nurturing relationships intended to last a lifetime (permanency); and working as a member of a professional team. PRIDE is available to LDSS who wish to use this as their

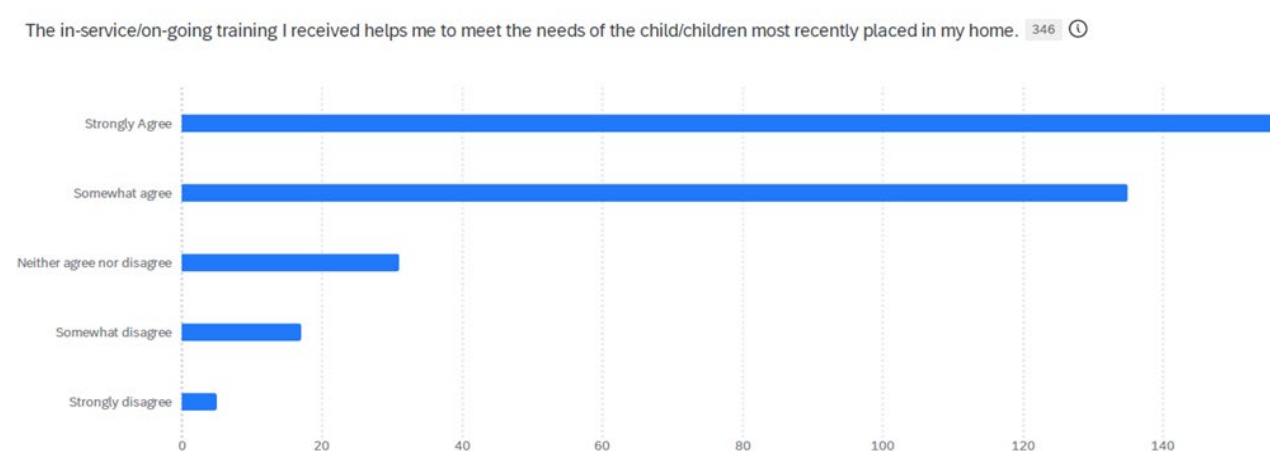
training curriculum. LDSS that do not use PRIDE can purchase or develop an alternative curriculum and submit a copy to VDSS for approval.

In a 2024 survey, kinship, foster, and adoptive parents were asked about their pre-service training and how well prepared they were to meet the needs of the children placed with them. Of the 440 respondents, 90% either strongly or somewhat agreed that pre-service training prepared them to meet the needs of children placed with them.



The Foster and Adoptive Parent Home Approval Standards (22VAC40-211) require both pre-service and in-service training. In-service training is for current foster and pre-adoptive parents to refresh and enhance their knowledge and skills related to working with the LDSS and children in foster care. Families are surveyed no less than bi-annually to determine training needs. Although training does not require a specific number of hours, guidance recommends that ten hours of in-service training annually (per parent) should be considered the minimum acceptable amount, with no more than half of these hours obtained using self-paced training methodologies (e.g., online courses, self-study books, etc.). LDSS monitor in-service training in conjunction with the 36-month approval period. LDSS can track all in-service training completed through Foster Parent College. With the release of resource family guidance in Fall 2024, post-placement reviews will require LDSS and resource parents to reflect on each placement, identify areas in need of development and identify targeted in-service training to support that development.

The resource parents were satisfied overall, with 85% either strongly or somewhat agreeing that in-service training was helpful in assisting them in meeting children’s needs .



Section 210 of the LCPA regulation (22VAC40-131) requires the licensee to ensure that pre-service training is provided for resource, foster, treatment foster, and adoptive family home providers. The core competencies outlined in the regulation are the same as those found in the LDSS Foster and Adoption Parent regulation (22VAC40-211). At its discretion, the LCPA can decide whether to use PRIDE or another training program to cover those competencies. As a condition of initial approval and re-approval, each home provider must complete all required training. Training is relevant to the needs of children and families, and the provider offers it throughout the year.

VDSS continues to maintain contracts with Virginia Commonwealth University, Radford University, and Norfolk State University to provide regional training coordinators for pre-service and in-service training to facilitate LDSS approval of kinship and foster families across Virginia. The contracts and related staff form the Consortium for Resource, Adoptive and Foster Family Training (CRAFFT) deliver state-wide pre-service and in-service training in each region, based on the completion of an annual needs assessment completed with each LDSS. For larger agencies, CRAFFT collaborates with LDSS training staff to prepare the LDSS staff to deliver both PRIDE and/or *A Tradition of Caring* training. CRAFFT staff serve as PRIDE co-trainers with a local foster parent trainer when the LDSS has no professional trainer available. CRAFFT coordinators also conduct the following activities:

1. Develop and deliver additional in-service training for foster and adoptive families, based on input from families, LDSS, and VDSS;
2. Develop and maintain a regional training plan and, update it as needed, based on the results of the needs assessment demonstrated in LDSS's local training plans;
3. Close work with the regional resource family consultants and training, meetings, conference calls, and activities related to the implementation of a family engagement model, permanency roundtable process, and LDSS recruitment needs, as available;
4. Collaborate with the regional resource family consultants to deliver of the newly revised mutual family assessment course (CWS3103), which is team taught and covers both assessment skills and a review of resource family approval policy; and
5. Conduct regularly scheduled regional roundtable meetings with LDSS staff and other key stakeholders to provide training and resources for foster and adoptive parent development and support, inform agencies of current state or program initiatives related to foster and adoptive parent training, and allow agencies to collaborate, exchange resources, and share challenges and solutions.

CRAFFT's focus is on ensuring that LDSS families receive adequate training, centered on core competencies identified in the current resource family approval guidance. CRAFFT coordinators have been partnering with LDSS to respond to training needs; intentional and timely support is a focal point in meeting training demands throughout the state. CRAFFT is working towards being more innovative and creative in how training is offered (e.g., more flexibility, assisting LDSS with building collaborative training opportunities, pooling resources).

CRAFFT facilitates of scheduled roundtables, bridging communication between CRAFFT, LDSS, and community partners. These meetings highlight positive training experiences and provide an environment to discuss needs. Discussions also support sharing information that helps enhance training efforts and replicate what is working well within LDSS. Emphasis is also on including CRAFFT in the child welfare continuum and, on the importance of providing adequate training via pre-service and in-service requirements.

From July 1, 2022, through June 30, 2023, the CRAFFT program successfully provided 424 training sessions, an increase of 10% from the previous contract period. A total of 1,736 prospective and current foster and adoptive parents attended the trainings. Three hundred and forty-one of the sessions were pre-service training; a total of 1,849 prospective resource families attended sessions, a significant increase from the previous reporting period (65%). Pre-service training was provided using the PRIDE curriculum, Traditions of Caring (TOC) curriculum or the New Generation (NG) PRIDE curriculum. Both the PRIDE pre-service training and the TOC training are comprised of a nine-week training series that provides 27 hours of training. The PRIDE pre-service curriculum is designed for all prospective resource families (non-kinship and kinship) and the TOC curriculum is exclusively for kinship families. NG PRIDE is a hybrid curriculum that is designed for all prospective resource families. It consists of five in-person sessions and four on-line sessions called clusters.

CRAFFT facilitated 424 pre-service sessions during this fiscal year resulting in the completion of 30 NG PRIDE series and 32 TOC series. In addition to the scheduled pre-service training series for groups, the CRAFFT coordinators facilitate pre-service series or in-service sessions for individuals or couples who need immediate training for time sensitive placement needs or for those that need to make-up a missed session. During this fiscal year, CRAFFT facilitated 113 individual sessions for 96 people. CRAFFT coordinators also facilitated 54 in-service sessions for 638 foster and adoptive parents. In-service topics were taken from LDSS Needs Assessments; sessions varied from one to six hours. CRAFFT coordinators also consulted with or visited 106 agencies during this fiscal year to discuss training needs assessments and to provide technical training assistance. They successfully completed 123 Needs Assessments. CRAFFT coordinators also facilitated the two-day Introduction to PRIDE course five times for 26 attendees and the two-day Mutual Family Assessment course four times for 32 attendees. They also completed 23 roundtable meetings with 258 attendees.

The regional breakdown is as follows:

- The Central Region CRAFFT coordinator facilitated 116 training sessions, a combination of pre-service and in-service sessions for a total of 566 prospective and current foster/adoptive parents. Ninety-nine of the sessions were pre-service trainings for a total of 358 prospective foster/adoptive parents and the remaining 17 sessions were in-service trainings for 208 current foster/adoptive parents. The Central Region CRAFFT coordinator also facilitated 25 sessions for five individuals who needed one-on-one training immediately because of time sensitive placement needs or to make-up a missed session. The Central Region CRAFFT coordinator also consulted with 19 agencies via Zoom for the annual site visit, completed 36 needs assessments, facilitated the two-day Mutual Family Assessment course twice for 16 attendees, and facilitated four roundtable meetings for 52 attendees.
- The Eastern Region CRAFFT coordinator facilitated six scheduled training sessions, a combination of pre-service and in-service sessions for 171 prospective and current foster and adoptive parents. Fifty-six of the sessions were pre-service trainings for 115 prospective foster and adoptive parents; and the remaining six sessions were in-service trainings for 56 current foster and adoptive parents. The Eastern Region CRAFFT coordinator also facilitated 20 sessions for seven individuals who needed one-on-one training immediately because of time sensitive placement needs or to make-up a missed session. The Eastern Region CRAFFT coordinator also made virtual site visits to 23 agencies, completed ten needs assessments, facilitated the two-day Introduction to PRIDE course twice for seven attendees, and facilitated two roundtable meetings for 22 attendees.

- The Northern Region CRAFFT coordinator facilitated 89 scheduled training sessions a combination of pre-service and in-service sessions for 481 prospective and current foster and adoptive parents. Seventy-five of the sessions were pre-service trainings for 263 prospective foster and adoptive parents; the remaining 14 sessions were in-service trainings for 218 current foster/adoptive parents. The Northern Region CRAFFT coordinator also facilitated 39 sessions for 18 individuals who needed one-on-one training immediately due to time sensitive placement needs or to make-up a missed session. The Northern Region CRAFFT coordinator also facilitated the two-day Introduction to PRIDE course for eight workers attendees; completed 34 needs assessments, and facilitated seven roundtable meetings for 149 attendees.
- The Piedmont Region CRAFFT coordinator facilitated 90 scheduled training sessions, a combination of pre-service and in-service sessions for a total of 399 prospective and current foster and adoptive parents. Eighty of the sessions were pre-service trainings for 275 prospective foster and adoptive parents; the remaining ten sessions were in-service trainings for 124 current foster and adoptive parents. The Piedmont Region CRAFFT coordinator also facilitated thirteen 13 sessions for 19 individuals who needed one-on-one training immediately due to time sensitive placement needs or to make-up a missed session. The Piedmont Region CRAFFT coordinator made an annual site visit virtually to 20 agencies and completed 23 needs assessments. The coordinator also facilitated the two-day Introduction to PRIDE course one-time for five attendees, the two-day Mutual Family Assessment course twice for 16 attendees; and facilitated nine roundtable meetings for 27 attendees.
- The Western Region CRAFFT coordinator was out on Family and Medical Leave Act (FMLA) leave during the first quarter and returned to work at the start of the second quarter. On return to work, the Western Region CRAFFT coordinator facilitated 67 scheduled training sessions, a combination of pre-service and in-service sessions for a total of 232 prospective and current foster and adoptive parents. Sixty of the sessions were pre-service trainings for 200 prospective foster and adoptive parents; the remaining seven sessions were in-service trainings for 32 current foster and adoptive parents. The Western Region CRAFFT coordinator also facilitated 15 sessions for 36 individuals who needed one-on-one training immediately due to time sensitive placement needs or to make-up a missed session. The Western Region CRAFFT coordinator made an annual site visit virtually to 20 agencies and completed 20 Needs Assessments. The coordinator also facilitated the two-day Introduction to PRIDE course once with six attendees and facilitated a roundtable meeting for eight workers.

Mutual Family Assessment (MFA)

The MFA program supports LDSS in completing timely MFAs for prospective foster and adoptive families. Norfolk State University's CRAFFT state director also oversees the statewide MFA program. She collaborates with Virginia Commonwealth University and Radford University to offer assessments in all Virginia VDSS regions.

The MFA program strives to complete assessments within 90 days of receiving a referral. From July 1, 2022, through June 30, 2023, the MFA program received a total of 308 referrals.

The MFA Program accepts referrals in the following categories: adoption, general, ICPC, kinship, and other. During FY2023 it received referrals from the following categories: adoption (3), general (126), ICPC (66), kinship (112) and other (1). Two-hundred and thirty of the assessments were assigned to an

MFA specialist who coordinates with assigned families to schedule interviews and then complete a written assessment. The remaining 78 referrals do not have a written assessment because some were rescinded by the agency before being assigned to an MFA specialist. Others were assigned to an MFA specialist but were discontinued before the specialist conducted a formal interview.

The program completed and submitted 147 written assessments to respective LDSS. The breakdown of the completed assessments are as follows: adoption (2), general (95), ICPC (49), and kinship (84). One hundred and fourteen of the 147 completed assessments resulted in a favorable outcome for the family (Recommended In) and the remaining 33 completed assessments resulted in an unfavorable outcome (Recommended Out). The breakdown for the families that were “Recommended In” is as follows: General 49, ICPC 28, adoption 1 and kinship 36. The regional breakdown for families that were “Recommended In” are as follows: Central 15, Eastern 17, Northern 41, Piedmont 12 and Western 29. The breakdown for the families that were “Recommended Out” are as follows: general 14, ICPC 6, and kinship 13. The regional breakdown for families that were Recommended Out” are as follows: Central 3, Eastern 9, Northern 11, Piedmont 6 and Western 4.

In addition to the assessments completed during FY2023, 83 assessments were in progress at the end of the fiscal year and will be completed during FY2024. The breakdown of assessments that were in progress at the end of the fiscal year is as follows: general 32, ICPC 15, adoption 1, and kinship 35. The regional breakdown for the assessments that were in progress at the end of the fiscal year is as follows: Central 6, Eastern 17, Northern 18, Piedmont 17, and Western 25.

The following tables show the MFA program’s output and outcome data for SFY2023:

Total MFA Referrals

REGION	ADOPTION	GENERAL	ICPC	KINSHIP	OTHER	TOTAL
CENTRAL	2	10	13	12	0	37
EASTERN	0	33	10	16	0	59
NORTHERN	1	51	15	35	0	102
PIEDMONT	0	6	10	24	1	41
WESTERN	0	26	18	25	0	69
Grand Total	3	126	66	112	1	308

Total MFAs Completed/In Progress Assessments

REGION	ADOPTION	GENERAL	ICPC	KINSHIP	OTHER	TOTAL
CENTRAL	1	8	8	7	0	24
EASTERN	0	23	7	13	0	43
NORTHERN	1	36	10	23	0	70
PIEDMONT	0	5	10	20	0	35
WESTERN	0	23	14	21	0	58
Grand Total	2	95	49	84	0	230

Total MFA Referral-Only. No Assessment Outcomes

REGION	ADOPTION	GENERAL	ICPC	KINSHIP	OTHER	Grand Total
CENTRAL	1	2	5	5	0	13
EASTERN	0	10	3	3	0	16
NORTHERN	0	15	5	12	0	32
PIEDMONT	0	1	0	4	1	6
WESTERN	0	3	4	4	0	11
Grand Total	1	31	17	28	1	78

Recommended In by Assessment Type

ASSESSMENT TYPE	4 th Qtr.	3 rd Qtr.	2 nd Qtr.	1 st Qtr.	TOTAL
General	1	7	14	27	49
ICPC	1	8	14	5	28
Adoption	0	0	0	1	1
Kinship	5	9	10	12	36
Other	0	0	0	0	0
Total Recommended In	7	24	38	45	114

Recommended In by Region

REGION	4 th Qtr.	3 rd Qtr.	2 nd Qtr.	1 st Qtr.	TOTAL
Central	2	0	9	4	15
Eastern	0	4	5	8	17
Northern	3	8	9	21	41
Piedmont	0	6	4	2	12
Western	2	6	11	10	29
Total Recommended In	7	24	38	45	114

Recommended Out by Assessment Type

ASSESSMENT TYPE	4 th Qtr.	3 rd Qtr.	2 nd Qtr.	1 st Qtr.	TOTAL
General	1	6	1	6	14
ICPC	0	2	3	1	6
Adoption	0	0	0	0	0
Kinship	1	4	5	3	13
Other	0	0	0	0	0
Total Recommended Out by Assessment Type	2	12	9	10	33

Recommended Out by Region

REGION	4 th Qtr.	3 rd Qtr.	2 nd Qtr.	1 st Qtr.	TOTAL
Central	1	1	1	0	3
Eastern	1	3	1	4	9
Northern	0	7	3	1	11
Piedmont	0	1	3	2	6
Western	0	1	1	3	4
Total Recommended Out by Region	2	12	9	10	33

Total Assessments In Progress by Assessment Type (Quarter in which the referral was received)

ASSESSMENT TYPE	4 th Qtr.	3 rd Qtr.	2 nd Qtr.	1 st Qtr.	TOTAL
General	21	9	1	1	32
ICPC	13	1	1	0	15
Adoption	0	1	0	0	1
Kinship	27	7	1	0	35
Other	0	0	0	0	0
Total In Progress by Assessment Type	61	18	3	1	83

Assessments In Progress by Region (Quarter in which the referral was received)

REGION	4 th Qtr.	3 rd Qtr.	2 nd Qtr.	1 st Qtr.	TOTAL
Central	2	2	2	0	6
Eastern	14	3	0	0	17
Northern	12	5	1	0	18
Piedmont	12	4	0	1	17
Western	21	4	0	0	25
Total In Progress by Region	61	18	3	1	83

Service Array and Resource Development (Items 29-30)

Item 29: Accessibility

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP? 1. Services that assess the strengths and needs of children and families and determine other service needs; 2. Services that address the needs of families in addition to individual children in order to create a safe home environment; 3. Services that enable children to remain safely with their parents when reasonable; and 4. Services that help children in foster and adoptive placements achieve permanency.

Item 30: Individualized Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Items 29 and 30 were both identified as ANIs in Virginia's last CFSR. Virginia continues to assess these items as ANIs. Though progress has been made in these items, as outline, continued feedback and reports indicate that service availability differs throughout the localities and that service personalization is limited.

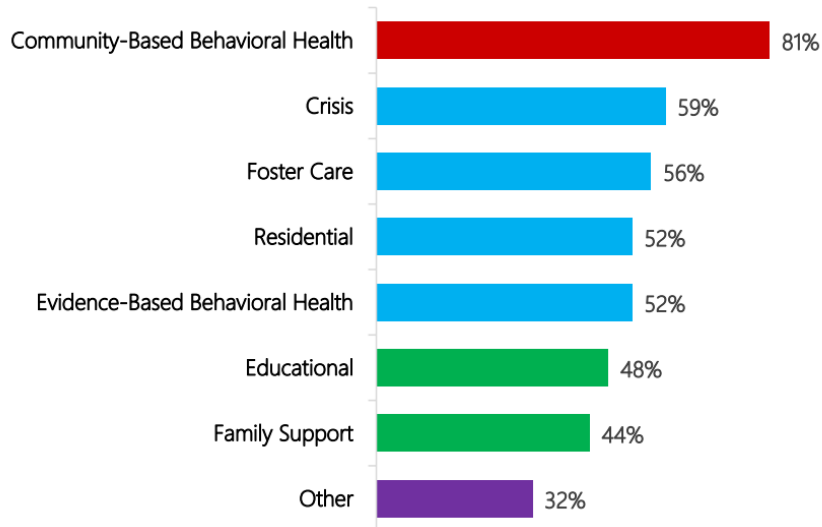
Child welfare programs in Virginia are state supervised and locally administered by 120 LDSS. This system allows for VDSS to supervise the LDSS through policy and support promoting well-being, safety, and permanency for children, families, and individuals in Virginia. LDSS work with federal, state, and local community programs to provide services to children and families. Each LDSS uses title IV-B, subpart I funding, distributed to coordinate child welfare services in each locality. Virginia's LDSS can flexibility access and design services to meet a wide range of individual needs and circumstances for youth who are in foster care or at risk of entering foster care, based on needs, local demographics, and available resources. LDSS are expected to coordinate services with federal, state, and local private agencies and community organizations engaged in activities relevant to the needs of children and families involved in each local child welfare system. In Virginia, the majority of these funds are spent on staffing for foster care caseworker services.

Unique to Virginia, the CSA is a single state pool of funds, administered through the OCS, to support services for eligible youth and their families administered. The Virginia General Assembly enacted the CSA in 1993 and combined eight funding sources from four different state agencies into a single pool of funds, administered at the local level. The general assembly identifies two categories of children involved in the child welfare system who are eligible for funds: children who are "abused or neglected" and "children in need of services". CSA services for this population include foster care prevention, a full range of community-based and residential services to children in custody (including non-title IV-E maintenance funds) and independent living supports. VDSS maintains responsibility for managing and distributing title IV-E funds.

State funds combine with local community funds. Local interagency teams manage the funds and plan and oversee services to at-risk youth, including state-funded youth in foster care. A child and family's need for services is determined by the local Family Assessment and Planning Teams (FAPT) on a case-by-case basis. Localities also have Community Policy and Management Teams (CPMT) with primary responsibility to coordinate long range, community-wide planning for needed resources and services in the community.

The General Assembly requires local CPMTs to report to OCS on gaps and barriers in services needed to help and keep children in their local community. This process requires a full survey in odd-numbered years and interim updates in even-numbered years. The most recent survey was a full survey. The SFY 2023 OCS service gap survey indicated gaps in community-based behavioral services most often statewide and in three out of five regions. Children of high school age were the age group identified most often, both statewide and within each region. In the prior FY2021 survey, family foster care homes were the top individual service gap but in the FY2023 survey, crisis intervention/stabilization was indicated as the top individual service gap. The OCS survey found that the top five barriers to obtaining services (in ranked order) are 1) provider availability, 2) lack of transportation, 3) lack of funding, 4) need for collaboration and consensus, and 5) need for more information and data. Eighty percent of localities initiated action over the past year to address these perceived barriers. The full report can be found on the [OCS website](#).

Percentage of Responding Localities with Identified Gaps,
Grouped by Type of Service



Office of Children's Services https://www.csa.virginia.gov/content/doc/FY_2023_CSA_Service_Gap_Survey.pdf

In addition to state and local funds through the CSA, Promoting Safe and Stable Families (PSSF) funds are provided specifically for services and programs that are child-centered, family-focused, and community-based. The program's funding is flexible, and services may be provided through local public or private agencies, individuals, or any combination of resources. PSSF funds are used for direct and/or purchased services to preserve and strengthen families, avoiding unnecessary out-of-home or out-of-community placements, family reunification, or finding and achieving new permanent families for children who cannot return home. For PSSF funds, each locality conducts a community needs assessment that collects information about its needs, resources, and the multiple systems serving children and families, then prioritizes needs and assigns resources available to meet those needs.

Services available in Virginia include the following

Applied Behavior Analysis	Maintenance - Clothing Supplement	Residential Daily Supervision
Assessment/Evaluation	Maintenance - Enhanced	Residential Education
Case Support	Maintenance - Independent Living	Residential Medical Counseling
Crisis Intervention	Maintenance - Transportation	Residential Room and Board
Crisis Stabilization	Material Support	Residential Supplemental Therapies

Family Partnership Facilitation	Mental Health Case Management	Respite
Family Support Services	Mental Health Skills Building	Special Education Related Services
Chafee FC Ind. Pg./Independent Living Services	Mentoring	Sponsored Residential Home Services
Individualized Support Services	Other (Emergency Shelter Care)	Substance Abuse Case Management
Intensive Care Coordination (ICC)	Outpatient Services	Therapeutic Day for Children & Adolescents
ICC Family Support Partner	Private Day School	Transportation
Intensive In-Home Services	Private Foster Care Support-Supervision-Administration	Treatment Foster Care Case Management
Maintenance - Basic	Private Residential School	Utilization Review
Adoption Services	Post-adoption services	

VDSS supports five locally established Kinship Navigator Programs throughout Virginia. The local programs serve 34 localities (28% of the state).

The following local departments and surrounding localities offer Kinship Navigator programs:

- Arlington Department of Social Services: serving Arlington, Alexandria, Fairfax, Prince Williams, Loudoun
- Bedford Department of Social Services: serving Amherst, Appomattox, Bedford, Campbell, Lynchburg, Nelson
- Dickenson Department of Social Services: serving Dickenson, Buchanan, Russell, Tazewell, Lee, Wise, Scott, and City of Norton
- James City County Department of Social Services: serving James City County, Williamsburg, York-Poquoson
- Smyth Department of Social Services: serving Bland, Bristol, Carroll, Galax, Giles, Grayson, Montgomery, Pulaski, Radford, Smyth, Washington, Wythe

Additional information on the Kinship Navigator Programs can be found in the **In-Home Services** section on pages 196-200.

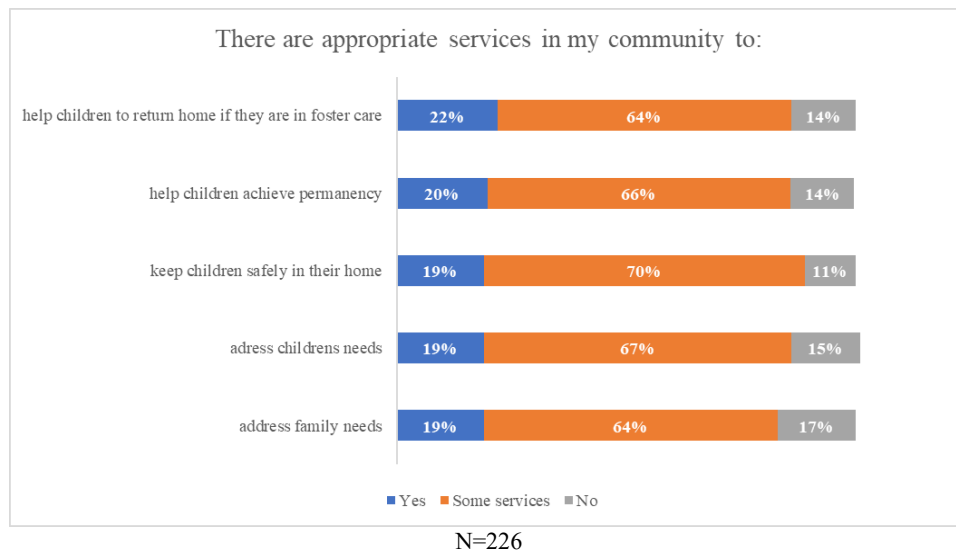
In addition to local efforts, VDSS has continued their partnership with CEP-Va to expand access and availability of title IV-E eligible EBPs by funding training opportunities for providers, as well as completing required fidelity monitoring and evaluation of these EBPs (**Prevention Strategy 1**). This began with training providers in MST, FFT, and PCIT in preparation for initial FFPSA implementation in 2021, and continues with the addition of BSFT, FCU, HB, HFW, and MI, as approved for IV-E funding by the amendment to the IV-E Prevention Plan in 2023. These trainings are ongoing, with provider applications accepted on a rolling basis. Several providers have begun and/or completed training in BSFT and FCU, as of spring 2024. CEP-Va is doing outreach to identify additional community providers to be trained. CEP-Va is working with the national HB purveyor to bring that training to Virginia in the next

two years. Training in the initial three EBPs (MST, FFT, and PCIT) continues to be available to providers who wish to add this service and/or train new or replacement clinicians on their existing teams. A significant number of providers are already trained and delivering HFW across the state. In 2024, VDSS and CEP-Va are working with those providers on fidelity monitoring and evaluating of this promising practice. LDSS is implementing MI as a family engagement tool with FSS currently being trained.

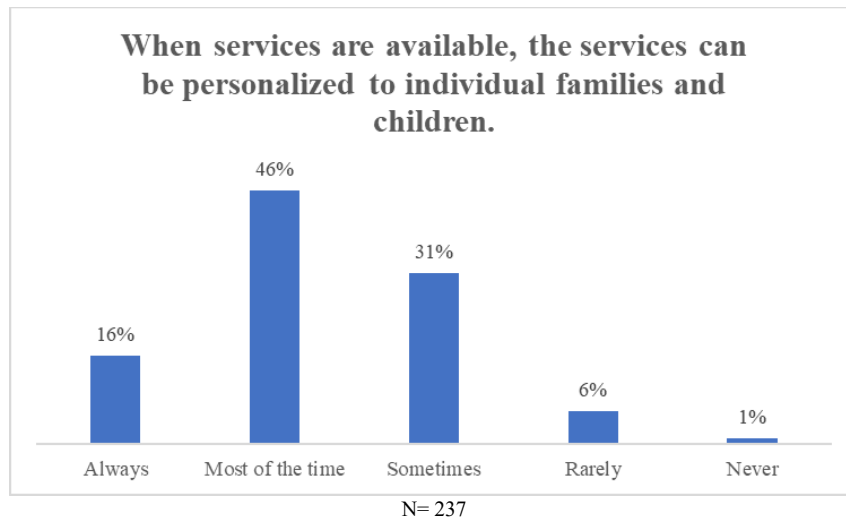
MI will increase engagement with families to better assess their strengths and needs of children and families as well as help partner with the family to determine other services. LDSS in-home services staff will implement MI (**Protection Strategy 1 and Prevention Strategy 2**). Using MI in all In-Home cases is a case management engagement strategy that will intersect with substance use disorder, mental health, and parent skill building. MI training and coaching is provided virtually in 11-week cohorts. Training began April 2023. As of March 2024, four cohorts have received training; cohorts five and six will be trained by the end of 2024. Currently, 72 LDSS have received training; the plan is for all 120 LDSS statewide to receive training. Studies have shown that MI may help support workforce capacity-by providing staff with skills to increase job satisfaction which may reduce burnout and turnover. For further reference, the Title IV-E Prevention Services Plan (Appendix B) comprehensively addresses key tertiary prevention services activities within the In-Home Services Program.

In 2023, LDSS had the opportunity to apply for adoption incentive funds through proposal submissions which help can assess the strengths and needs of children and families, and determine other service needs, and help children in adoptive placements achieve permanency. Approximately 56 of the 120 LDSS applied and received funds in excess of \$239,516. LDSS used the funds to provide adoption trainings for post-adoption services, purchased adoption and trauma training materials for adoptive families, held recruitment initiatives for prospective foster-to-adopt families, and celebrated adoptions during adoption month in November. Virginia plans to use any future adoption and legal-guardianship incentive funds in 2023-2024 to promote adoption, fund a data analysis contract with Chapin Hall , and pay for foster care and adoption activities to support children and families statewide.

A 2024 survey asked FSS workers whether appropriate services existed in their communities in a variety of categories. A majority 64 – 37% - indicated that their communities have some appropriate services. The most-frequently confirmed category with FSS worker’s communities were services to keep children safely at home. Just 11% of workers reported no services in their community. The two categories workers most often reported as lacking were services to address children’s needs and services to address family needs.



FSS were also asked if services can be personalized to individual families and children. Sixty-two percent indicated that services can be personalized always or most of the time and 31% indicated services can sometimes be personalized.



Agency responsiveness to the Community (Items 31-32)

Item 31: Ongoing Consultation

How well is the agency responsiveness to the community system functioning statewide to ensure that, in implementing the provisions of the Child and Family Services Plan (CFSP) and developing related Annual Progress and Services Reports (APSRs), the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

In Virginia's last CFSR review identified Item 31 as a Strength, and Virginia continues to assess this item as a strength. VDSS collaborates with a myriad of state, local, and community partners to provide integrated, cross-disciplinary services; steer initiatives and implementation of policies and legislation; solicit critical stakeholder feedback and guidance; and, ensure that comprehensive, aligned efforts take place across the state. Virginia is actively working with other internal divisions, state agencies, private sector and non-profit organizations to improve service delivery to individuals involved in the constellation of family services.

Continual collaborative communication loops are critical to providing appropriate, targeted services and partnering effectively with all stakeholders. VDSS engages focus groups, designs and distributes surveys, conducts interviews, collects and analyzes data, and continually gains feedback from a multitude of stakeholder meetings, workgroups, and multi-disciplinary groups. VDSS interfaces with many local, state, and national partners to ensure that it gets feedback is gained from those with lived experience, Tribal partners, child welfare and practice advisory committees, Virginia's CIP, parent advisory council, and a host of additional collaborators. The input gained from these groups has guided the development of the CFSP and APSRs. The **Collaborations section** of this document contains a description of collaborative partners, including activities and feedback loops. VDSS continues to prioritize collaboration in the CFSP (**Protection Strategy 2, Protection Strategy 2.5, Prevention Strategy 1.1, Prevention Strategy 3, Prevention Strategy 3.2, Permanency Strategy 1.4**).

Item 32: Coordination of Services with Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the Child and Family Services Plan (CFSP) are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

VDSS assesses this item as a Strength because VDSS collaborates with multiple agencies to coordinate services or benefits. Virginia's state supervised and locally administered system lets VDSS supervise the LDSS by providing policy and support. LDSS administer the state and federally funded programs to provide services to children and families in their communities. Each locality uses title IV-B subpart I funding, as distributed for the service coordination of child welfare services in each locality. In Virginia, the majority of the funds are spent on staffing for foster care caseworker services.

LDSS not only provide child welfare services in the community, but also provide a variety of federally funded assistance, such as Low-Income Heating and Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), child care assistance, and eligibility for Medicaid. This design provides a one-stop-shop for children and families in their communities to receive holistic support that meets their needs. Virginia's LDSS can flexibly access and design child welfare services to meet a wide range of individual needs and circumstances for children and their families who are involved in the child welfare system [based on needs, local demographics, and available resources in each community]. LDSS are expected to coordinate services with local private agencies and community organizations engaged in activities relevant to the unique needs of children and families involved in each local child welfare system.

Virginia's Implementation Advance Planning Document (IAPD) for CCWIS development was approved in January 2023. Virginia will continue to engage with federal partners throughout developing a CCWIS compliant case management system to ensure that VDSS is better able to serve Virginia families and to better meet federal reporting mandates. The **Critical Priorities Section** offers more information on collaboration for CCWIS development.

VDSS has several Memorandums of Understanding (MOUs) and Memorandums of Agreement (MOAs) with partnering agencies, including:

- DJJ, to clearly identify the roles and responsibilities and provide guidance for both parties to serve the best interests of youth who were in foster care before being committed to DJJ.
- Partner universities, to support the CWSP.
- Social Security Administration, to share data relating to youth in foster care who receive SSA benefits.

VDSS also coordinates services with several partnering agencies outside of formal MOU and MOA arrangements. VDSS has in ongoing coordination with the SSA, including providing LDSS access to a frequently asked questions list and the following recorded webinars:

- An Overview of Social Security and Supplemental Security Income (SSI): History of programs, services offered including Social Security Number (SSN) card requests, types of benefits and online services
- SSI - In Depth: Benefits, policies and procedures, youth transitioning out of foster care applications, age 18 redeterminations, working while disabled, SSI Spotlights, dedicated accounts, reporting responsibilities, scenarios
- An overview of the Representative Payee Program: Individual and Organizational Payee's, policies and procedures, reporting responsibilities

SSA, VDSS, and LDSS collaborated to develop and distribute a list of identified points of contacts for both the LDSS and the SSA.

VDSS also partners with DOE (as outlined on page 36) in improving the educational stability and attainment outcomes of children in foster care. Additionally, VDSS has coordinated messaging with DOE, so that both agencies supported efforts to prevent child maltreatment deaths across both agency's audiences and reiterated messaging among shared audiences. DOE supported these efforts by publishing VDSS infographics on water safety, gun safety and safe sleep information in their newsletters for childcare providers.

The Children's Justice Act (CJA) hired a third-party vendor to create a child death investigation protocol for law enforcement. VDSS was an active stakeholder in this process and provided insight and feedback for the protocol. The protocol includes sections about SEI, as well as child asphyxia, suffocation, and sudden unexplained infant death. The protocol has been included in VDSS's upcoming training on Child Death Investigations for the child welfare workforce. The protocol was made available as a job aid to all LDSS in March 2023.

The Children's Justice Act coordinator works with key partners to train and disseminate the Child Death Investigation Protocol (CDIP) to law enforcement and child protective services investigators in the Commonwealth. The **Population at Greatest Risk of Maltreatment** section includes more information on this work.

VDSS provides technical support to each locality as needed, to ensure maximum results federal programs and funding combined with state and local resources. Specific areas detailed in this report do coordinate at the state level with federal, state, and local resources, but overall, the child welfare system is locally implemented.

Within VDSS, staff and leadership partner with the following state groups:

- Division of Benefit Programs - DFS staff members work with Division of Benefit Programs (DBP) staff members to provide guidance on when a relative can receive TANF for a child. DFS also partners with childcare and early childhood development to ensure that day care referrals for children in foster care and children leaving foster care are paid for using the correct funding source and services are provided with little to no delay. DBP, in collaboration with DFS, implemented the TANF Relative Maintenance Support Payment Program in 2020 to give financial assistance to families who are providing relative care to children who would otherwise enter foster care. In July 2022, the program expanded to support additional households, including fictive kin caregivers. The funding source changed from TANF block grant funds to state general funds, with a set amount of funding for SFY 2024. As of September 1, 2023, the program has more than doubled in size, providing aid to 1,583 children, along with increased stability and safety. DFS and DBP continue to collaborate on this program and jointly advocate for sustainable funding to provide ongoing Relative Maintenance Support Program payments to relatives and fictive kin caregivers.
- Division of Child Support Enforcement - Division staff members work with staff in the Division of Child Support Enforcement to ensure proper and effective establishment and collection of child support for children receiving foster care services. Additionally, division staff collaborate with DCSE on fatherhood engagement efforts.
- Office of New Americans – This office oversees federal foster care cases and DFS staff supports the development of guidance for those children.

- Division of Licensing Programs - Staff work with Licensing Programs to ensure guidance and regulations are consistent between licensed child placing agencies and locally approved foster homes.
- Input from each division helps develop guidance in Family Services. Information is shared between divisions through a collaborative process, as needed. The Divisions of Family Services and Benefit Programs report to the same Deputy Commissioner.

The **Collaborations Section** contains additional information on coordination between programs and agencies.

Foster and Adoptive Parent Licensing, Recruitment, and Retention (Items 33-36)

Item 33: State Standards

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds?

Virginia received an overall rating of Strength for Item 33. VDSS continues to assess this item as a Strength based on the reviews completed by regional program consultants and QAA staff.

Intentional collaboration between program areas, including Resource Family, QAA, and the VDSS Division of Licensing Programs (DOLP) has led to discussions of strengths and areas needing improvement in foster and adoptive parent licensing, recruitment, and retention statewide, ensuring that state standards are applied to all licensed or approved foster family homes or child-care institutions receiving title IV-B or IV-E funds. Regional Resource Family Consultants are completing spot checks on resource family files and addressing gaps in LDSS documentation and the approval process for LDSS-approved resource families. The Virginia title IV-E review process also provides monitoring of LDSS licensing for foster and adoptive homes. Though not all children in foster care in Virginia are served with title IV-E funds, all state-provided foster and adoptive homes must be approved to take children covered by title IV-E. Therefore, families included in IV-E reviews provide a valid, reliable sample of all families licensed by Virginia's LDSS. Virginia's performance on the last federal title IV-E review and the overall title IV-E error rates from state reviews outlined in Item 25 demonstrate the efficacy of VDSS's monitoring of IV-E requirements, including licensing of children's placements.

Foster and adoptive parents approved or licensed by LDSS follow the Foster and Adoptive Family Home Approval Standards for Local Departments of Social Services 22VAC40-211. Foster and adoptive parents approved by a licensed child placing agency (LCPA) in Virginia follow Standards for Licensed Child Placing Agencies 22VAC40-131. DFS and DOLP coordinate around these regulations to ensure they include the same requirements. Foster and adoptive parents, along with all adult members of each household, must complete background checks including a sworn statement or affirmation, criminal history record check and search of the child abuse and neglect registry in Virginia as well as a search of the child abuse and neglect registry for any other state a person has lived within the past five years.

Pre-service training is required before approval or licensure along with training related to mandated reporting of suspicion of child abuse and/or neglect. LDSS or LCPA staff must complete an MFA or home study and indicate that the parent demonstrates competency in protecting of children, meeting developmental needs, permanency, supporting biological family relationships and acting as a member of a child welfare team. Staff evaluate the physical environment of the parents' home to ensure compliance with health and safety standards.

LDSS are required to engage in ongoing discussion with and supervision of approved foster and adoptive parents. The staff first discuss the “Standards of Care for Continued Approval” during the assessment, to ensure foster parents understand what is expected of them once a child is placed in their home. The “Standards” are part of the ongoing dialogue with foster parents. The local worker visits the home of the approved foster parent as often as necessary, but at least quarterly, to provide support, monitor the foster parent’s performance and document these visits in the foster parent record. When a child is placed in the home, these visits may coincide with monthly visits with the child and be completed by the same LDSS worker. If there is no child placed in the home, telephone contact may replace the quarterly visit. If monitoring efforts indicate that significant changes in the household composition or foster parent’s circumstances have occurred and would affect the approval conditions, the worker completes an addendum includes it with the Mutual Family Assessment report and takes appropriate action to maintain compliance. Such action may include a plan to correct any deficits, or suspension, or revocation of the foster parent’s approval.

According to 22VAC40-211-90A, to place children timely with kinship foster parents, the LDSS may request, and a kinship foster parent may receive, a kinship waiver for a period of six months to complete pre-service training and mutual family assessment, and to obtain physical examinations and tuberculosis screenings. From January to December 2023, 494 kinship waivers were submitted for kinship foster parents resulting in 643 children being placed in kinship foster homes. The Piedmont Region used the most waivers at 138, followed by the Northern Region at 116, Western Region at 87, Central Region at 65, and the Eastern Region at 88.

LCPA cannot approve homes that do not meet licensing standards unless the LCPA is granted an allowable variance. The DOLP director has the authority to grant an allowable variance to a standard. A licensee or applicant may request an allowable variance when they believe that the existing standard poses a substantial financial or programmatic hardship and when they believe that either an alternative method of compliance with the intent of the standard that is causing the hardship, or the actual suspension of all or part of that standard, would neither endanger the safety or well-being of persons in care nor create a violation of statutes or of the requirements of another regulatory agency (22VAC40-80-230). A variance cannot be granted to law or to the requirements of other agencies. The most common variances for LCPA homes are 1) to allow the use of background checks obtained more than 120 days before the date of approval, and 2) to allow medication, such as an epi-pen, to be unlocked so that it is available in an emergency.

The process for allowable variances begins when the licensee or applicant makes a written request for consideration of an allowable variance. The DOLP licensing representative may provide consultation to the applicant or licensee in developing of the written request and throughout the allowable variance process. The licensee or applicant describes the special hardship to the existing program or to a planned innovative or pilot program that will be caused by the enforcement of the requirement or requirements. The licensee or applicant then proposes alternatives to meet the requirement’s purpose and ensure the protection and well-being of children in foster care. Then they obtain (when DOLP requests it), the opinions of professionals in the field and/or documented research, saying that the proposed activities, facilities, or equipment are not injurious to the children in foster care. DOLP may attach conditions to granting allowable variance to protect children in foster care.

Allowable variances are conditional; they allow for no change in the circumstances that were the basis for the approval. Any allowable variance may be rescinded or modified if needs or conditions change; additional information becomes known that alters the basis for the original decision; the applicant or licensee fails to meet any conditions attached to the allowable variance; or the results of the allowable variance jeopardize the safety, comfort, or well-being of children in foster care. Allowable variances

expire automatically when there is a change in the facility's location or a change in the sponsorship of the facility or agency. The DOLP director grants allowable variances, , after documentation and recommendations are made by the licensing specialist, licensing administrator, and associate director (depending upon the request). All of them review the information and provider's rationale for the variance request, along with submitted supporting documentation , and make recommendations for approval or denial, for the director's consideration. Variances are tracked by letter in the provider file and maintained in a centralized electronic file for reference by licensing staff. They are reviewed annually. A DOLP licensing representative notifies the petitioning applicant or licensee of DOLP's decision. A DOLP licensing representative reviews each allowable variance at least annually. At minimum, this review addresses the effect of the allowable variance on persons in care, adherence to any conditions attached, and the continuing need for the allowable variance.

When the decision is to deny a request for an allowable variance, the reason is provided in writing to the applicant or licensee. A denial may be reconsidered if the applicant or licensee submits another written request and provides new or additional supporting information within 30 days of denial. DOLP reconsiders and responds to the new request within 30 days. This decision is considered final and cannot be appealed. When an allowable variance is denied, expires, or is rescinded, staff resume routine enforcement of the standard or portion of the standard. The applicant or licensee may withdraw a request for an allowable variance at any time.

DOLP is the licensing authority for child-placing agencies not operated by a LDSS for children's residential facilities (CRF). The LCPA is responsible for approving, training, monitoring, and supervising homes that the LCPA has approved. The LCPA visits foster or adoptive homes as often as necessary but at least every 90 days to monitor the foster parent performance. These visits may coincide with the monthly visits with the child. If no children are placed in the home, the LCPA may monitor the home by visiting or calling the foster parent at least once every 90 days.

DOLP inspects LCPA at least twice annually. Inspections are unannounced. From January to December 2023, 256 LCPA inspections took place. In addition to routine monitoring inspections, additional inspections may be conducted for requests for modification, investigation of complaints, investigation of incidents reported by the licensee, or for additional compliance monitoring. The inspection verifies compliance with the laws and regulations applicable to LCPA. Background checks for all employees hired and foster parent homes approved (including adult household members) since the last inspection are reviewed. At each inspection, the inspector must review the case records for at least 10% of the children in care and 10% of the foster parent homes approved. [The inspection protocol requires that at a minimum the inspection include 1) review of the background checks for all foster parent homes approved since the last inspection and 2) 10% of the records for all approved foster parents.] The regulation, Background Checks for Child Welfare Agencies 22VAC40-191, requires that approval be denied for unsatisfactory background checks. The Standards for Licensed Child-Placing Agencies regulation requires that children be removed, and no additional children placed if approval of the home is revoked.

The inspection protocol for Childrens Residential Facilities (CRF) requires that (at minimum) the inspection include 1) a review of the background checks for all staff hired since the last inspection and 2) a review of two to four personnel records in their entirety depending on the facility capacity. Satisfactory background checks are required as a condition of employment and must be in place before an individual begins working. From January to December 2023, 22 inspections of CRF took place.

VDSS also intends to support functioning in this item over the next five years through **Permanency Strategy 3.3** to implement new curriculum for foster parent training to increase foster parents' skills in meeting the needs of children placed with them.

Item 34: Criminal Background Clearances

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster and adoptive placements for children?

Virginia received an overall rating of Strength for Item 34. VDSS continues to assess this item as a Strength.

The Code of Virginia §63.2-901.1 requires criminal history record checks from the central criminal records exchange and the FBI as well as a search of the child abuse and neglect central registry on all individuals with whom LDSS or LCPAs are considering placing a child in foster care on a kinship, or permanent basis. The Code of Virginia also requires background checks for all adult members of a home where a child is to be placed and requires that background checks comply with the provisions of the Adam Walsh Child Protection and Safety Act of 2006.

LDSS or LCPA cannot approve a foster or adoptive home if any individual in the home has a record of an offense that is set out in the Code of Virginia §19.2-392.02 (known as barrier crimes), or if there is a founded complaint of abuse or neglect in the child abuse and neglect registry. From January 1, 2023, to December 31, 2023, the Office of Background Information (OBI) completed 7,798 criminal history record checks involving prospective foster and adoptive parents and other adults in the home: 5,047 for LDSS and 2,751 for LCPA. Criminal history record checks were completed for 1,139 relatives of children in foster care from January 1, 2023, to December 31, 2023. OBI determined that 229 applicants were not eligible, 95 of those found not eligible were relatives. OBI was unable to determine eligibility for 114 criminal history record checks. Unable to determine means there is not enough information to determine if a barrier crime conviction has occurred. During this period, 7,063 prospective foster and adoptive parents and other adults in the applicants' homes were found eligible. In order to assess compliance percentages, Virginia relies on results from QAA reviews. A total of 3,434 new IV-E Validation and ongoing IV-E cases were reviewed during the SFY 2022. Of the cases reviewed, 3,307 did not have a federal error. The statewide overall error rate was 3.70%; the error rate for safety requirements was 0.73%.

Employees, potential employees, volunteers, or persons providing services on a regular basis at residential facilities for children and group homes are required to have national criminal background checks and checks of the child abuse and neglect central registry. Satisfactory background checks must be received before beginning employment or volunteer service in VDSS facilities. Virginia Code §37.2-408.1 was amended on April 27, 2022, through Virginia Senate Bill 577 let DBHDS children's residential facilities employ individuals while their criminal fingerprint background checks were pending, provided that, they do not work in the CRF, or any other location operated by the facility where children are present. Satisfactory background checks must be received before working in the CRF or at any location operated by the facility where children are present.

LCPA employees must have background checks, in accordance with §63.2-1720 of the Code of Virginia, which also prohibits hiring an individual who has committed a barrier crime.

In a relative or kinship placement, LDSS may obtain criminal history information from a criminal justice agency. However, within three days, the relative or kinship foster parent and adult household members must submit fingerprints to the central criminal records exchange. A central registry check is required before placing a child in a relative or kinship foster parent's home.

There were 256 inspections (all inspection types) conducted for LCPA from January 1, 2023, to December 31, 2023. Background check violations for LCPA foster homes resulted from three of those inspections. The applicable regulation, 22VAC40-191, Background Checks for child welfare agencies was revised effective October 31, 2021. The revision resulted in the renumbering of some standards. As a result, some standards are listed in the chart with two numbers:

Standard	Violation description
22 VAC 40-191-40-C-1-d Sworn statement, central registry search, and criminal history record check required prior to approval of foster home	3 violations – All violations (3) - LCPA failed to obtain a sworn disclosure statement from one family member prior to approval.
22 VAC 40-191-40-C-1-f 63.2-901.1 B Sworn statement, central registry search, and criminal history record check required for other adult household members prior to approval of foster home	3 violations – (1) LCPA failed to obtain a criminal record check for 3 family members prior to approving the home. (2) LCPA failed to obtain a required background check for 2 family members prior to approving the home. (3) LCPA failed to obtain a sworn statement for one household member
22 VAC 40-191-40-D-3 Sworn statement, central registry search, and criminal history record check required for adult household members within 30 days of turning 18 or beginning to reside in the home.	1 violation – LCPA failed to obtain a national background check within 30 days of a household member entering the home.
22 VAC 40-191-40-D-4-a 22 VAC 40-191-40-D-5-a Central registry search required for household members aged 14 and older	1 violation – LCPA failed to obtain a central registry search in the timeframe required for a household member who had moved into the home from another state.
22 VAC 40-191-40-D-5 22 VAC 20-191-40-D-6 Agency must not accept criminal history records or central registry findings dated more than 90 days prior to approving the foster home	3 violations – (1) LCPA failed to have criminal history record checks for three adult household members on file as required during the inspection. (2 & 3) LCPAs failed to obtain background checks for family members within the timeframe required (no more than 90 days) prior to approval.
22VAC 40-191-50-A-1-a A satisfactory sworn statement is a fully completed original.	1 violation - LCPA failed to obtain a sworn disclosure statements for adult household member prior to approving the home.

If a violation is cited because an applicant, agency, employee or volunteer lacks any part of the required background checks and a request for a missing part has not been submitted, the applicant must provide the licensing specialist (LS) documentary proof that the request has been submitted as soon as possible, but no later than ten business days following notification. On receipt of the background checks, the applicant must send the LS documentation showing the date that the background checks were received. A license cannot be issued if any required background check(s) have not been completed. A complete application includes documentary proof that the applicant or agency is in compliance with all applicable background check laws and regulations. If the applicant does not send the LS documentation showing that the background check(s) have been requested within the ten-day time frame, the VDSS may consider further action, including denying the application. Before issuance of an initial license, all required background

check results must be received and reviewed for any applicant, listed on the application. Before issuance of a renewal license, all required background check results must be received and reviewed for any new applicant listed on the application.

If a CRF provider has a background check violation, the facility must not allow the employee to work with children, or work at the residential facility, or any other site operated by the facility where children are placed. The CRF provider must give the LS with documentary proof that the request has been submitted, as soon as possible but no later than ten business days from notification. On receiving notification, the provider must give the LS documentation of the date that the background checks were received. VDSS also monitors compliance with a safety matrix that tracks the completion of safety requirements (such as background checks) of CRF staff.

Per guidance, LDSS can approve and reapprove foster and adoptive families if background checks are received within 120 days before issuing a certificate of approval. The timeframe was previously 90 days before issuing a certificate of approval. The thirty-day extension was enacted to let LDSS complete the process of approval and re-approval in a timely way, without requiring that foster and adoptive families submit a second, unnecessary set of background checks.

Item 35: Diligent Recruitment

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Virginia received an ANI for Item 35 during the last CFSR because it lacked a diligent recruitment plan and foster parent racial and demographic information. VDSS currently assesses this item as a Strength. VDSS has significantly improved data quality in the last year regarding foster parent race and ethnicity. Faster Families Highway also provides supplemental foster parent race and ethnicity data, which provides further assessment of system functioning. Now that VDSS has access to accurate racial and demographic data, it can now fully assess and identify areas of opportunity for recruitment. VDSS also has a critical priority of increasing kinship foster home placements. This would in turn also increase the degree to which the racial and ethnic diversity of families reflect the racial and ethnic diversity of the children in foster care.

Foster Home Placements at the End of FFY 2023 - Ethnicity

Child		Foster Parent*	
Hispanic/Latino	9.7%	Hispanic/Latino	4%
Not Hispanic/Latino	84.5%	Not Hispanic/Latino	96%
Declined/Unable to Determine	5.8%	Declined/Unable to Determine	0%

Foster Home Placements at the End of FFY 2022 - Race

Child		Foster Parent*	
Asian	0.8%	Asian	1%
Black/African-American	26.6%	Black/African-American	32.5%
Hawaiian/Pacific Islander	0.2%	Hawaiian/Pacific Islander	0.1%

Declined/Unable to Determine	1.5%	Declined/Unable to Determine	1.3%
White	57.7%	White	64.5%
Multiracial	13.2%	Multiracial	0.8%
American Indian/ Alaskan Native	0.2%	American Indian/ Alaskan Native	0.2%

Data compiled from AFCARS 23A and 23B from Oasis. Foster parent race/ethnicity reported based on race/ethnicity of Foster Parent/Caretaker 1.

*Missing data:

Due to efforts in implementing the AFCARS 2020 Final Rule VDSS was able to reduce the amount of missing data from 51.7% to 4.92% in FFY2023. Data is based on the 95.7% of foster home placements at the end of FFY 2023.

Race/ethnicity data is based on the 93% of youth in care during FFY2023 for whom that data is available.

Before 2022, Virginia did not have the capacity to support LDSS in sustaining the recruitment of foster and adoptive families. Although the CRAFTT program supported the development of annual recruitment plans, LDSS were left to recruit and manage inquires without VDSS support. During SFY 2022, VDSS launched a foster and adoptive parent recruitment portal through a contractual agreement with Adoption-Share, known as Virginia’s FASTER Families Highway (FFH). The primary objective of the FFH is to support sustained recruitment of non-relative foster and adoptive parents through a web-based platform that organizes prospective foster and adoptive parent inquiries by locality and region, as well as by prospective parent’s demographic characteristics.

The initial rollout of the FFH began in Virginia’s Piedmont region. Adoption-Share partnered with VDSS to organize and introduce LDSS directors to the portal. VDSS followed this approach within each region and by November 2022, the FFH had been installed in each of Virginia’s five regions and within all of Virginia’s 120 localities. Over the course of the enrollment and training period, supported by VDSS, Adoption-Share provided nine 90-minute virtual training sessions and responded to several requests for one to one training and small group support.

Coinciding with initial regional roll outs, Adoption-Share worked with VDSS community partners and Virginia’s Tribes to introduce organizations to the portal, giving them an opportunity to use the technology to recruit families and access data pertaining to their recruitment efforts. In response to Virginia’s LDSS staffing challenges, VDSS and Adoption-Share planned training opportunities in advance, so localities could give staff time to work events into their calendars. To further support LDSS in effectively using the technology, regional resource family consultants began monitoring user logins in January 2023. They identified ongoing and additional training needs that may be related to staff turnover and reassignment of foster family recruitment duties within LDSS.

As of Dec 31, 2023, 2870 families began inquiries on FFH. Of those families, 1723 (60%) have an interest in fostering. This chart reflects a regional breakdown of families with an interest in fostering and includes the race and ethnicity of families and the ages and number of children that families are willing to foster.

Resource Family Preferences

Apr 22-Dec 2023	Family race/ethnicity		Family Preferences	# of children willing to foster	
				Preferred # of children	# of families
Piedmont	75% White	24%	Preferred Max age		

(246 families)		BIPO C	Average	10 yrs.	5+ children	7
			Range	0-21 yrs.	4 children	10
			Preferred Min age		3 children	15
			Average	1.7 yrs.	2 children	93
			Range	0-17 yrs.	1 child	113
			43% open to age 12 and over			
			84% have no preference on gender			
86% have no preference on race/ethnicity						
Western (150 families)	94% White	5% BIPO C	Preferred Max age		Preferred # of children	# of families
			Average	9.9 yrs.	5+ children	4
			Range	0-21	4 children	10
			Preferred Min age		3 children	17
			Average	1.7 yrs.	2 children	51
			Range	0-19 yrs.	1 child	64
			43% open to age 12 and over			
84% have no preference on gender						
83% have no preference on race/ethnicity						
Northern (574 families)	59% White	40% BIPO C	Preferred Max age		Preferred # of children	# of families
			Average	9.9 yrs.	5+ children	18
			Range	0-21	4 children	8
			Preferred Min age		3 children	55
			Average	1.7 yrs.	2 children	219
			Range	0-21 yrs.	1 child	254
			42% open to age 12 and over			
81% have no preference on gender						
83% have no preference on race/ethnicity						
Eastern (476 families)	36% White	63% BIPO C	Preferred Max age		Preferred # of children	# of families
			Average	9.9 yrs.	5+ children	9
			Range	0-21 yrs.	4 children	11
			Preferred Min age		3 children	47
			Average	1.7 yrs.	2 children	175
			Range	0-21 yrs.	1 child	203
			43% open to age 12 and over			
75% have no preference on gender						
78% have no preference on race/ethnicity						
Central (277 families)	46% White	53% BIPO C	Preferred Max age		Preferred # of children	# of families
			Average	9.1 yrs.	5+ children	9
			Range	0-21 yrs.	4 children	12
			Preferred Min age		3 children	23
			Average	1.7 yrs.	2 children	102
			Range	0-16 yrs.	1 child	119

			43% open to age 12 and over 80% have no preference on gender 82% have no preference on race/ethnicity
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The next table provides demographic data on the 5,842 resource parents (kinship, foster and adoptive) who were approved by December 31, 2023.

Demographic Data of Resource Parents

Black	White	American Indian Alaskan Native	Asian	Native Hawaiian Pacific Islander	Multi-Race	Hispanic	Declined to identify
1,899	3769	10	45	15	48	206	64

After a multi-year effort to clean up data, Virginia can confidently report that 5,361 resource families are approved statewide. Virginia is not experiencing a shortage of foster parents overall. However, due to a historic reliance on non-relative foster parents as well as congregate care, Virginia’s children who enter foster care and are not placed with relatives are at greater risk of languishing in foster care and aging out of foster care without permanent family connections. Virginia’s efforts to ensure that children who enter foster care are placed with caring adults with similar racial and ethnic characteristics has been and will continue to be bolstered by an ongoing focus on placing children who enter foster care with kinship foster parents as quickly as possible.

LDSS may use kinship waivers for a period of six months to allow for the completion of pre-service training, MFA, physicals and tuberculosis screening, or assessment of relative foster parents. An electronic waiver request process was developed to expedite submission and approval of kinship waivers to ensure the timely placement of children. As a result, Virginia granted 560 kinship waivers from January 2023 to December 2023, permitting the placement of 643 children in kinship and fictive kin families. The number of children placed with kinship foster families has continued to increase.

October 2023 launched two projects that are important projects in promoting the use of kinship caregivers. The first was the Kinship Resource Guide website. VDSS recognized that navigating informal and formal kinship care, with or without child welfare involvement, is complex and can be overwhelming. For this reason, VDSS created a website that contains relevant resource information around financial assistance, legal guidance, and other issues that kin caregivers face when raising children to provide stability and support in the home. VDSS created this [website](#) in collaboration with community stakeholders, VDSS and LDSS staff, and kinship caregivers themselves.

October 2023 also saw the launch of Kin First Now. Kin First Now is an intervention in which VDSS coaches select LDSS on three practice elements that have been proven to effectively increase the rate of children in foster care placed with kinship families. The **Critical Priorities** section includes more information on Kin First Now.

Kin and Fictive Kin Recruitment

VDSS contracts with three organizations to conduct intensive family finding under RFP #FAM-20-019. The organizations are based in the VDSS geographic regions of Central, Piedmont, and Eastern, but can consider out-of-region youth on a case-by-case basis. This contract focuses on relative and fictive kin search and engagement services for youth ages 12 to 17 who reside in congregate care or have been in non-relative, home-based care for longer than 12 months. The contract’s focus is in response to a Virginia

data analysis showing that from 2016 to 2020 children who entered foster care and were first placed with a relative spent four fewer months in foster care compared to children who were not placed with a relative on entering care. Within the group placed with a relative, 96% of children exited foster care to permanency through reunification, custody transfer to a relative, or adoption by a relative, and 98% did not age out of foster care.

In 2024, an electronic foster parent survey was sent to LDSS- and LCPA- approved resource homes to inquire about their demographics, the experience of both pre-service and in-service training, satisfaction with both LDSS and LCPA staff in supporting them, hearing and meeting notifications, as well as their experience of being valued by the professional team, and their satisfaction with adoptive services and support. There were 503 survey responses. Of these, 292 respondents identified as female, 110 were 31 to 40 years old, and 115 were 41 to 50 years old. Most resource parents, 269, identified as White and 56 identified as Black/African American. The resource parents who responded could choose multiple identifiers. They identified as kinship providers (55), foster parents (406), and adoptive parents (239), with 321 approved through LDSS and 125 approved through LCPA. Most of the survey participants (136) were approved for three to five years, 107 were approved for one to two years, 72 were approved for less than one year, and 96 were approved for 6 to ten years. Of the respondents, 40% are willing to accept children ages newborn to four years old, 37% are willing to accept children five to twelve years old, and 23% are willing to accept children 13 years and older.

Item 36: Cross-Jurisdictional Resources

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Virginia received an overall rating of Strength for Item 36. VDSS continues to assess this item as a Strength.

Children placed out of state need to be assured of the same protections and services that would be provided if they had remained in their home state. They must also be assured of a return to their original jurisdictions should placements prove not in their best interests or if the need for out-of-state services cease. Both the great variety of circumstances that necessitates the interstate placements of children and the types of protections needed offer compelling reasons for a mechanism to regulate placements and ensure the safety of children as they move across state lines.

ICPC is statutory uniform law in all 50 states, the District of Columbia, and the U.S. Virgin Islands. The compact is intended to ensure the protection of children who are placed across state lines for foster care and adoption and to ensure that, when placed, the appropriate retention of responsibility and communication among all parties involved will remain until lawful compact termination. Procedures for the interstate movement of children are intended to ensure that the proposed placement is not contrary to the interests of the child and are in compliance with state laws and regulations.

The Interstate Compact on Adoption and Medical Assistance (ICAMA) provides the administrative structure by which states adhere to the Consolidated Omnibus Budget Reconciliation Act (COBRA). ICAMA also is the mechanism by which Medicaid is provided to children with state-funded adoption assistance when these children move from state to state. Each ICAMA member state has a designated point of contact and follows the ICAMA protocol to ensure that eligible adopted children receive Medicaid in their states of residence. Currently, 47 states (including Virginia) and the District of Columbia are members of ICAMA. Non-member states include New York, Vermont, and Wyoming.

Virginia has codified both compacts and abides by the associated regulations. The data included in this section provide measures of timeliness for processing cases through the ICPC statutory uniform law.

The ICPC unit assigns a case within 24 to 48 hours of receiving a referral, which an ICPC consultant processes within five days of assignment. Most cases are processed within 24-48 hours of the referral being assigned to the ICPC consultant. This process will determine if the referral is complete and ready to be sent to the receiving state or to the appropriate LDSS. In 2023, the ICPC unit processed 1,299 incoming and outgoing referrals for youth to be placed both within and outside Virginia. In 2023, the ICPC unit processed 28 Regulation 1 referrals, 1,124 Regulation 2 referrals, and 24 Regulation 7 referrals. These numbers reflect the referrals that the ICPC Unit processed during the year. A chart in the subsection below shows information on the referrals completed during the year.

- Regulation 1 addresses the request for approval for placing a child in an approved placement resource in the receiving state where the sending state has already approved the placement in the sending state and the resource now desires to move to the receiving state.
- Regulation 2 provides, at the request of a sending agency, a home study and placement decision by a receiving state for the proposed placement of a child with a proposed caregiver who falls into the category of: placement for public adoption, for foster care and/or with parents, or relatives.
- Regulation 7 expedites ICPC approval or denial by a receiving state for the placement of a child with a parent.

The National Electronic Compact Enterprise (NEICE) does not currently track how long it takes to complete a home study. It only allows a state to see how many home studies are overdue past the 60 days of the Safe and Timely Act. The Safe and Timely Act does not include an overview of approved home studies (assessments), but rather indicates if a report has been completed that includes background checks and an overview of the home environment. A home study might be range from one day past due to a year past due. The ICPC unit within VDSS is currently working on improving data collection on the average time it takes for LDSS to complete ICPC referrals in compliance with the Safe and Timely Act of 2006, which states that home studies are to be completed within 60 calendar days after a state receives a request from another state. Virginia has recently created a new excel database to be able to gather data on timeliness. Eventually, the NEICE system will be able to create such reports, to assure that all states are reporting on the same information.

Virginia's ICPC unit worked with the data team to create an Excel spreadsheet that will gather data on timeliness, and will begin tracking how long it takes a local agency to complete home studies. This spreadsheet will help indicate which agencies are completing home studies in a timely way, and where more interventions are needed to assist agencies with completing studies on time. However, this is still a work in process and over the past year, the ICPC unit has made changes to it, in order to gather more intentional information. Over the past year, LDSS have had support from the MFA team; however, not all agencies use this assistance in completing the studies.

Virginia uses the NEICE System for case management of ICPC cases. As of December 31, 2023, 10 out of 121 Virginia LDSS agencies use NEICE. (Accomack, Alleghany Co/Covington, Albemarle, Alexandria, Appomattox, Amherst, Arlington, Bedford, Bland, Botetourt, Bristol, Brunswick, Buckingham, Buchanan, Campbell County, Caroline, Charlotte County, Charlottesville, Chesapeake,

Chesterfield, Clarke County, Culpeper, Danville, Dinwiddie, Essex, Fairfax, Floyd County, Fauquier, Franklin City, Franklin County, Frederick, Fredericksburg, Galax, Giles, Gloucester, Goochland, Grayson, Halifax, Hampton, Hanover, Harrisonburg, Henrico, Henry/Martinsville, Hopewell, Isle of Wight, James City, King George, King William, Lancaster, Lee County, Loudon, Louisa, Lynchburg, Madison, Manassas City, Mathews, Mecklenburg, Middlesex, Montgomery, Newport News, Norfolk, Northampton County, Norton City, Orange, Patrick, Petersburg, Pittsylvania, Portsmouth, Prince Edward, Prince George, Prince William, Pulaski County, Radford City, Richmond City, Richmond County, Roanoke City, Roanoke County, Rockbridge, Russell, Scott, Shenandoah County, Shenandoah Valley, Smyth County, Spotsylvania, Stafford County, Suffolk, Surry, Sussex, Tazewell, Virginia Beach, Washington County, Warren County, Westmoreland, Williamsburg, Winchester, Wise County, Wythe, York/Poquoson).

The FFPSA requires all states use NEICE by 2027. Virginia has used NEICE since April 2016; the majority of LDSS began using NEICE in 2020 and 2021. LDSS continue to be added to NEICE as needed. LDSS in Virginia that are not on NEICE, must send ICPC referrals through secure electronic communication to the ICPC email address Vaicpcoffice@dss.virginia.gov. All communication with the agency is handled electronically between the agency and the ICPC consultant and stored in the NEICE system.

ICPC does not collect information on youth who are not in the custody of an LDSS or referred to an exchange or placement, or track how many youth are emancipated without a permanency resource. The ICPC unit does not have any jurisdiction over an ICPC case to determine permanency. However, the new database will include the following information: length of time in care before an ICPC referral was made, and the outcome of the ICPC referral regarding permanency.

This graph shows the referrals per quarter for relative placements outside of Virginia.

Quarter 1

Relative Referrals - Option 1						
Option 1 with Filters (Slicer for SFY-Q still applies to this table)						
Incoming/Outgoing	Outgoing <input type="checkbox"/> <-Filter to only cases wanted					
	Column Labels <input type="checkbox"/>					
	Reg 2	Reg 4	Reg 7	Adoption (Private)	Adoption (Pub	Grand Total
Count of Case #	121	50	2	10	9	192

Quarter 2

Relative Referrals - Option 1								
Option 1 with Filters (Slicer for SFY-Q still applies to this table)								
Incoming/Outgoing	Outgoing <input type="checkbox"/> <-Filter to only cases wanted							
	Column Labels <input type="checkbox"/>							
	Reg 1	Reg 2	Reg 4	Reg 7	Adoption (Private)	Adoption (Int	Adoption	Grand Total
Count of Case #	2	134	47	4	10	1	3	201

Quarter 3

Relative Referrals - Option 1							
Option 1 with Filters (Slicer for SFY-Q still applies to this table)							
Incoming/Outgoing	Outgoing <Filter to only cases wanted						
	Column Labels						
	Reg 1	Reg 2	Reg 4	Reg 7	Adoption (Private)	Adoption (Pu	Grand Total
Count of Case #	8	111	47	1	5	5	177

Quarter 4

Relative Referrals - Option 1							
Option 1 with Filters (Slicer for SFY-Q still applies to this table)							
Incoming/Outgoing	Outgoing <Filter to only cases wanted						
	Column Labels						
	Reg 1	Reg 2	Reg 4	Reg 7	Adoption (Private)	Adoption (Pu	Grand Total
Count of Case #	1	103	36	2	9	6	157

In 2023, a total of 513 Regulation 1, 2, 7, and public adoptions were referred to family members for a possible placement.

VDSS will target improved functioning in this item over the next five years through **Permanency Strategy 2.2** targeted at improving the timeliness of ICPC referrals and placements.

CHILD AND FAMILY SERVICES CONTINUUM

Program Coordination Team

At the state level, the child welfare program coordination team is comprised of three primary teams: Protection, Prevention, and Permanency. The strategic operations team supports the three primary teams. All teams are under the leadership of the DFS and three assistant directors.

The program coordination team work to:

- Develop regulations, policies, procedures, and guidance;
- Support LDSS in providing quality, best-practice service to children and families;
- Implement statewide public awareness campaigns;
- Explain programs, policies, and services to mandated reporters and the general public;
- Coordinate and provide training;
- Fund special grant programs;
- Maintain and disseminate data from the child welfare information system; and
- Use data to identify and support systems or practice changes that lead to improved outcomes.

The Protection and Prevention teams are divided into four teams: Hotline Operations, Protection, Prevention and In-Home Services, and the Office of Family Violence. A capacity building specialist

supports the Protection and Prevention teams.

The Protection team is led by a program manager and supported by a policy specialist. Five regional consultants provide technical assistance, case consultation, training, and monitoring to LDSS for the Protection program. A constituent program consultant responds to citizen concerns and a child fatality consultant reviews all child deaths.

Hotline Operations was previously a part of the Protection team, overseen by a hotline manager. Due to the complexity of the Hotline Operations, the hotline manager position was revised to become a program manager. Now that program manager leads Hotline Operations and supported by four shift supervisors. There are 14 full-time hotline specialists and 11 part-time hotline specialists. The Hotline also has 25 contracted workers that fill full-time and part-time hours. The Hotline operates 24 hours a day and seven days a week.

The Prevention and In-Homes Services team is led by a program manager and supported by a policy specialist and the PSSF program specialist. Five regional consultants provide technical assistance, case consultation, training, and monitoring to LDSS for the In-Home Services program. The Prevention team is also supported by the Family First team comprised of a project manager and change management specialist.

The Office of Family Violence, which is part of the Protection and Prevention team identifies, mobilizes, and monitors resources for victims of domestic violence. Domestic violence programs are handled by federal and state-funded public, private, or non-profit agencies that provide services to survivors of domestic violence and their children. Local domestic violence programs offer safety to survivors and their children by providing emergency housing and transportation, crisis intervention, peer counseling, support, advocacy, information, and referrals. Funding also supports primary prevention initiatives and promotes meaningful services to underserved populations. The team is led by a program director and supported by four contract administrators, one program consultant, and three full-time contractors dedicated to administering American Rescue Plan funds.

The Permanency team is divided into four teams: Foster Care, Adoption, Resource Family and ICPC/ICAMA. The Permanency team is supported by a project manager and a capacity building specialist.

The Foster Care team is led by a program manager and supported by a policy specialist. The team also has an Independent Living team comprised of a supervisor, independent living program specialist, ETV program specialist, and several contractor positions. A congregate care coordinator oversees special programs aimed at reducing the number of youth in congregate care and ensuring that youth who are placed in congregate have medical necessity to be there. VDSS recently created a liaison position between the Commonwealth Center for Children and Adolescents (state psychiatric hospital for children) and the LDSS. This position supports the local departments in discharge planning for children involved in child welfare and admitted to the hospital. A foster care constituent program consultant responds to citizen concerns.

The Adoption Program is led by a program manager and supported by a policy specialist. The team also has an Adoption Supervisor, who is responsible for directly supervising the Adoption Resource Exchange of Virginia (AREVA) coordinator, the Virginia Birth Father Registry specialist, two adoption records specialists, and two adoption disclosure specialists. The Virginia Birth Father Registry specialist is responsible for managing a database of search requests, responding to inquiries, and promoting the registry. Five regional adoption negotiators are responsible for negotiating all new and amended adoption assistance, KinGAP, and state funded kinship subsidy agreements. They report to the adoption program

manager. A constituent program consultant responds to citizen concerns. An adoption contract administrator manages contracts to support achieving timely permanency and to procure services to support youth who are adopted and their families across the state.

The Resource Family team is led by a program manager and supported by a resource family policy specialist and a kinship policy specialist. Five resource family regional consultants support kin first practice within each LDSS, supporting consistent and ongoing family engagement so that children who enter foster care can be placed with kinship foster parents. The regional consultants also support recruitment and retention of non-relative foster parents so that children who cannot immediately be placed with relatives are placed in well trained foster families in close proximity to their home communities. The kinship policy specialist supports Virginia's ongoing focus on increasing the use of kinship care when children enter foster care and supporting a continuum focus on engaging kinship caregivers. The Resource Family and Prevention programs share a constituent program consultant who responds to citizen concerns.

Fifteen regional permanency consultants provide technical assistance, case consultation, training, and monitoring to LDSS for the foster care and adoption programs. All regional practice consultants, including protection and prevention consultants, directly report to one of five regional offices and are assigned tasks by the program managers.

The ICPC/ICAMA team is led by a program Manager/Deputy Compact Administrator (DCA) and supported by a compact administrator that assists in lieu of the DCA, as well as four full-time, three-part time and one contracted ICPC program consultants. The ICPC and ICAMA team also has one full-time administrative assistant for all referrals. The ICPC/ICAMA team is responsible for processing foster care and public- and private- adoption cases for children who are leaving or coming to Virginia. The ICPC Unit also processes all referrals for youth from Virginia going into residential facilities in other states. ICAMA cases are processed for youth who have been previously adopted through public adoptions and have adoption agreements for Medicaid coverage. When a youth who was adopted moves with their family to another state, ICAMA processes these referrals to assure the youth receive Medicaid in their new state.

The Strategic Operations team is comprised of four teams: QAA, Invoice, DFS IT Portfolio, and the Data team. Strategic Operations is supported by a project manager and a capacity building specialist.

The QAA team is led by a program manager and three QAA supervisors. The team is supported by one sub-recipient monitoring coordinator, 23 full-time program consultants, five part-time consultants, three full-time data analysts, and a part-time data analyst. Each team has distinct responsibilities that frequently intersect. The QAA team conducts new foster care funding determination, ongoing title IV-E reviews, title IV-E prevention services reviews, and CFSR, to assess compliance, identify and enhance best practices, and ensure the accuracy of data in the child welfare information system.

The Data team is led by a program manager and supported by three full-time data analysts. Each analyst focuses on a specific program area - Protection, Prevention, or Permanency - and partners with the respective program manager(s) to address programmatic data needs. The Data team produces regular data reports to summarize key data trends, facilitates data governance and clean-up, and responds to ad-hoc data requests.

The Invoice team is managed by a supervisor and supported by a team lead and five contract program consultants. The invoice team partners with contract administrators, Finance, General Services, and Procurement to perform the day-to-day activities required to manage more than 400 contracts and invoice payments for all federal grants, such as CBCAP, Family Violence and Prevention Services Act (FVPSA), VOCA funds, and state contracts that include adoption grants, and Healthy Families, and Child Advocacy Centers.

The Family Services IT Portfolio team is led by a program manager and supported by two project managers, two lead business analysts, five business analysts, two program consultants, a change management consultant, a technical trainer supervisor, two technical trainers, an administrative staff specialist, and three part-time contract staff. The mission of the Family Services IT Portfolio team is to design, develop, implement, and maintain a comprehensive child welfare information system that supports Virginia’s children and families in achieving safety, permanency, and well-being.

Additional state coordination team support includes a division-wide project manager, budget manager, a CWSP coordinator, a federal liaison program lead and a legislation and regulation program manager.

PROMOTING SAFE AND STABLE FAMILIES (PSSF) (TITLE IVE-B, SUBPART 2)

PSSF (Title IV-B Subpart 2 funds) services reflect the Virginia Children’s Services Practice Model concept that “children are best served when we provide their families with the supports necessary to safely raise them”. Services designed to preserve the family unit and prevent family disruption are family-focused, child-centered, and community-based. PSSF services may be provided through local public or private agencies, individuals, or any combination of resources. Program is used for direct and purchased services to preserve and strengthen families, avoid unnecessary out-of-home or out-of-community placements, reunify children and their families, or to find and achieve new permanent families for children who cannot return home (**Prevention Strategy 1.2**).

Estimated Children and Families Served 115 Agencies reporting January 2023 to December 2023		
Service Type	Total Children	Total Families
Preservation	5,867	4,819
Support	10,557	10,091
Reunification	1,642	1,160
*Adoption	82	56
Total	**	**
<small>*Approximately 1.5M PSSF funds were allocated for adoption initiatives at the home office level, therefore localities were not required to spend 20% on adoption promotion. This number includes localities that provided local adoption services.</small>		
<small>**Number of children and families served are reported by sub-grantees’ quarterly reports; may be duplicative.</small>		

PSSF funds are allocated to LDSS for control and expenditure. The Community Planning and Management Team (CPMT) is the local planning body for PSSF funds. This role is consistent with its statutory responsibility to manage community collaborative efforts for at-risk youth and families, conduct community-wide service planning, and maximize the use of community resources.

With the support of their CPMT board, LDSS complete a needs assessment once every five years. The most recent needs assessment was completed in 2019. In 2022, VDSS formed a PSSF committee, comprised of representatives from LDSS and state program consultants, that met monthly to enhance the PSSF program in Virginia, including reviewing and updating the PSSF program practices in preparation for the 2024 needs assessment.

On February 2024, LDSS submitted an updated PSSF Five-Year Plan as the State PSSF program requires. This assessment lets localities identify unmet needs and underserved populations in the community. The needs assessment serves as a guide for developing community-based prevention activities that promote the well-being of the entire family and reduce the likelihood of child maltreatment. Each year, thereafter, the locality and CPMT review the effectiveness of the program and its continued funding.

In February 2023, in collaboration with the PSSF committee, the PSSF service array was redesigned to serve as a functional, user-friendly document to aid FSS who directly work with families to identify services and supports in real time and without delay. The document includes an expansion of allowable services, detailed definitions, examples on how to provide different services and tips. The following services are part of the PSSF service array. LDSS may choose from these services when working with families.

Service Array

Service Array	
Assessment/ Evaluation	Before & After School Activities
Case Management	Childcare
Community Based Education and Awareness	Counseling/ Therapy
Domestic Violence Prevention	Early Intervention
Educational Support	Emergency Aid
Vocational Training	Enrichment Activities
Home Based Services	Information & Referral Community Linkages
Life Skills	Mentoring/ Peer Mentoring
Nutrition Related	Parent Coaching
Parent Education	Parent/ Child Activities
Parent-Family Resource Center	Program for Fathers (Fatherhood)
Respite Care	Support Groups
Substance Use Disorder	Supervised Family Visitation
Teen Pregnancy Prevention	Transportation
Voluntary Home Visiting	

LDSS use information gleaned from needs assessments to develop a community plan based on their designated allocation. The PSSF program is not an entitlement program and localities must meet program requirements. A minimum of 20% of each locality’s total annual PSSF allocation must be spent on each of the four program components. Localities may be eligible for a waiver of these percentages with adequate justification. Localities are not required to spend a minimum of 20% for adoption promotion and support, because VDSS applies more than 25% of title IV-B Subpart 2 funds to adoption service contracts that serve the entire state.

VDSS developed and complies with a SrM Plan, which requires PSSF staff to complete 24 programmatic and financial monitoring reviews per year to ensure proper stewardship of funds.

VDSS provides technical support and education to localities, to increase localities’ use of PSSF funds by localities to support children and families and to ensure compliance in program administration. The PSSF program consultant provides training, technical assistance, and peer sharing to assure local program staff

knowledge in the following key areas: service planning and delivery, outcome measurement, data management, and budget development. In 2023, VDSS launched a virtual chat platform where LDSS can ask PSSF-related questions and receive peer feedback and support. The PSSF program consultant also provides ongoing monitoring through a review of quarterly reports to ensure the appropriate use of funds. The consultant uses data from those reports to guide training and technical assistance.

PREVENTION

Prevention services are an extension of continued VDSS efforts to embrace a family-engagement practice model. This is consistent with accepted principles of strengthening families and with recognized best practices in early intervention and foster care prevention services. Prevention services are an integral part of the continuum of all child welfare services and are visible in all respective program areas, including protective services and permanency services. They include (but are not limited to) providing information and services intended to accomplish the following goals:

- Strengthen families;
- Promote child well-being, safety, and permanency;
- Minimize harm to children;
- Maximize the abilities of families to protect and care for their children;
- Prevent the occurrence or reoccurrence of child abuse and neglect; and
- Prevent out-of-home care, including preventing foster care.

Prevention services in Virginia are provided on a continuum that includes primary, secondary, and tertiary activities. Both LDSS and VDSS provide services across the continuum. Many LDSS work closely with local partners to provide prevention services across the continuum with local funding sources. VDSS continues to prioritize enhancing prevention services as outlined in the **Critical Priorities section** to ensure that all LDSS have the resources needed to provide prevention services for children and families, particularly those at risk of entering foster care (**Prevention Strategy 1**).

VDSS has worked on several initiatives aimed at advancing primary and secondary prevention efforts in collaboration with other state agencies and non-governmental organizations (**Prevention Strategy 1.2**). One such collaboration is the Virginia Plan to Prevent Child Abuse and Neglect (published in 2021) in coordination with DBHDS, VDH, DOE, FACT, Families Forward Virginia, Voices for Virginia's Children, and the Virginia Poverty Law Center. This five-year child abuse prevention plan targets resources and services that are intended to serve as a high-level framework to help coordinate prevention efforts across Virginia.

VDSS works closely with Families Forward Virginia, through CBCAP funding, to strengthen the primary prevention vision. One of the strategies to advance and coordinate primary prevention efforts among communities is through the work of the Thriving Families Safer Children initiative in which VDSS, Families Forward and other key partners. Currently, seven FRCs are in the beginning stages of implementation across the state. Over the next five years, VDSS will continue to work closely with Families Forward Virginia and other community partners to cultivate existing locations and open new centers across Virginia. VDSS currently supports these efforts through sub-award contracts using ARPA funds as outlined in the ARPA section. Over the next five years, VDSS will continue to explore additional funding sources to support the FRCs.

Through the planned work in evolution and Community Pathways (**Prevention Strategy 1.1**) as outlined in the **Critical Priorities section**, VDSS continues to work internally, towards a larger, multi-system alignment, committing to work among benefit programs (SNAP, child care assistance, medical assistance, etc.) and DFS to develop a more coordinated state system that works to radically shift the approach to and expectations of the internal structure and alignment. VDSS will prioritize system infrastructure alignment to better serve families further upstream through primary prevention programs, with concrete support from benefits programs as a key component. The evidence supports families' need for concrete supports: housing, food, child care, utilities, and medical care.

Virginia is currently conducting listening sessions across the Commonwealth to assist in identifying Community Pathways to leverage title IV-E funding for primary prevention efforts. These listening sessions aim to assist the Prevention team in identifying specific community needs so that the appropriate community pathway intervention can be explored for those communities. Over the next five years, Virginia plans to identify and establish new Community Pathways each year (**Prevention Strategy 1.1**).

Service coordination is a pertinent part of developing and establishing a prevention program that targets resources and services that prevent abuse and neglect, so that children can remain safely at home or with kin caregivers. Currently, primary and secondary prevention services are linked throughout the child and family services continuum and are largely funded by grants and projects as described subsequently. Those projects include:

- Child abuse awareness activities;
- Child abuse prevention play;
- Child advocacy centers (CACs);
- Child abuse prevention month/conference;
- Community-based child abuse prevention grants (CBCAP);
- FVPSA;
- SDV Primary Prevention Fund; and
- Healthy Families.

In Virginia, all child welfare funds align with and support overall goals for the delivery and improvement of child welfare services, including CAPTA, PSSF, CBCAP, VOCA, child care, and domestic violence services (**Prevention Strategy 1.2**).

Virginia's Title IV-E Prevention Services Plan (Appendix B) also addresses key tertiary prevention services activities within the In-Home Services Program and the ongoing efforts to expand EBPs in Virginia (**Prevention Strategy 1**). This plan aligns the In-Home Services Program and the requirements for title IV-E prevention services funding (FFPSA).

VDSS has focused a significant amount of effort on enhancing and aligning tertiary prevention efforts provided by LDSS and the In-Home Services Program. The In-Home Services Program has continued to enhance practice in using ALAs through work with Kin First Now. It focuses on kinship supports through collaborative work with benefit programs on relative maintenance payments (**Prevention Strategy 2**). The In-Home Services Program will implement multiple practice and guidance enhancements to ALAs in response to identified needs from problem analysis (outlined in the **Strategic Planning section**) and as a result of 2024 legislation.

As the In-Home Services Program continues to grow through continued FFPSA implementation, the CQI model, and the ability to dive deeper into data, VDSS will work to better share and integrate the data, identifying and responding to service gaps and areas of opportunity (**Prevention Strategy 4**). In conjunction with these programs and services, VDSS has identified the need for activities that enhance public awareness that supports and embraces positive parenting while also increasing strengths that prevent child abuse and neglect (**Prevention Strategy 3**). VDSS will support these campaigns through collaboration with lived experience partners and will use various media to ensure a broader, more inclusive audience to work on rebranding VDSS and prevention services as opportunities to promote family preservation.

Child Abuse Prevention Awareness

Since 1983, VDSS has provided leadership in Virginia's annual observance of Child Abuse Prevention Month. Families Forward Virginia and VDSS continue to collaborate to spearhead a coalition of agencies and organizations charged with planning and promoting Child Abuse Prevention Month activities (**Prevention Strategy 1.2 and Prevention Strategy 4**). Each year, the coalition asks the governor to proclaim April as Child Abuse Prevention Month.

The FY2023 Child Abuse Prevention conference was finally able to go back to an in-person format. In partnership with Families Forward, VDSS hosted a speaker series and exhibitor representatives from the Office of the Children's Ombudsman, Virginia Sexual & Domestic Violence Action Alliance, National Safe Haven Alliance, the Culpeper police department, Rappahannock Office on Youth, and others. Speaker presentations included *Preventing Infant Abandonment and Infanticide - Safe Haven Laws, Resources and Awareness*, *Unlikely Advocates: Bikers Empowering Children to Not Live in Fear*, and *Thriving Families, Safer Children Through Family Resource Centers - The Importance of Lex Leadership*.

In addition, VDSS developed a Request for Proposal (RFP) for Child Abuse Prevention Month. It hopes to solicit sealed proposals from qualified firms to establish a single contract, through competitive negotiations, to coordinate planning and managing conference events that may be virtually based or arranged at an onsite conference facility to support the DFS Child Welfare Multi-Conference Trainings offered by the VDSS. They will offer onsite, virtual, or hybrid for conference planning for the management of child welfare, as determined by VDSS.

The 2023 Child Abuse and Neglect Conference, a two-day event, was held in April of 2023, by social services staff and community partners. The resulting contract included renewal options for two (2) subsequent years, SFY2023 and SFY2024. The 2024 conference was held on April 15 to 16, 2024 in Richmond, Virginia in partnership with Families Forward Virginia. It focused on a holistic approach, recognizing the interconnectedness of physical, social, emotion, cultural, and economic elements in creating an environment that nurtures human potential and well-being.

As the Prevent Child Abuse Virginia chapter and as a recipient of CBCAP funding, Families Forward Virginia will continue to provide materials that support advocacy and awareness, such as CAPTA and CBCAP Congressional funding updates, opportunities for engagement and child abuse prevention toolkit resources. It will develop and disseminate its child abuse prevention advocacy agenda and; lead and participate in trainings, webinars, and videos on child abuse prevention advocacy efforts. Families receiving services will be encouraged to attend their advocacy days at the General Assembly, sharing stories of how their programs have changed their lives.

Examples of local efforts by CBCAP recipients to promote public awareness:

Public education, outreach and awareness activities conducted by local programs include:

- Prevention Month activities, including Blue Ribbon and pinwheel distributions;
- Speaking engagements;
- Radio/TV public service announcements;

- TV/radio appearances;
- Newspaper articles;
- Public awareness materials developed by CBCAP grantees (brochures, flyers, pamphlets, etc.);
- Internet activities; and
- Parent support helpline

The following table provides the statistics for public awareness activities provided by CBCAP agencies. This data is reported quarterly by each agency.

Public Awareness & Education Activities		
FY 2023 – CBCAP Programs		
Activity	# Of Activities	# Reached
Prevention Month activities including Blue Ribbon	79	95,569
Speaking engagements	226	6,042
Radio/TV PSA announcements distributed for broadcast	4	84,000
Radio/TV appearances	39	2,387,000
Newspaper articles	42	995,512
Public awareness materials by CBCAP grantees (brochures, flyers, pamphlets, etc.)	578	97,058

Internet activities	375	413,288
Other public awareness	76	3,947
Parent support helpline	200	150
Totals	1,619	4,082,566

VDSS will continue using CBCAP funding for prevention awareness activities in alignment with **Prevention Strategy 3**. VDSS plans to meet with the Family Resource Information, Education, and Network Development Service (FRIENDS)) National Center for CBCAP towards the end of 2024 to support strategic planning for Virginia’s CBCAP programs.

Child Abuse Prevention Play

VDSS annually contracts with Virginia Repertory Theatre (VRT) to produce and deliver performances of the child sexual-abuse prevention play - Hugs and Kisses - for children in grades K-5 across Virginia. The play is a partnership between VRT, Families Forward Virginia, and VDSS. Families Forward Virginia receives funding from a VRT subcontract and from VDSS for continued program evaluation. VRT’s Hugs and Kisses program spent 100% of its SFY2023 grant funds. The VRT used funds from FY23 to produce a virtual video performance of Hugs and Kisses and a teacher's guide, which was developed with input from VDSS, Families Forward, and VRT’s Statewide Advisory Task Force of educators, parents, counselors, social workers, and child psychologists. It was piloted in SFY2022 with an estimated ten schools. During FY2023, performances were booked throughout the whole year. VRT booked 151 performances and delivered 129 total performances of Hugs and Kisses in schools around the state, serving a total of 38,210 Virginia elementary school children. In addition, it fielded 756 pertinent inquiries from children immediately after the performances and received 95 referrals to the children’s local Child Protective Services social workers.

VOCA Child Abuse and Neglect Grant Program: Child Advocacy Centers (CAC)

VDSS administers the child abuse victim portion of VOCA funding through an interagency agreement with DCJS. Fines levied after conviction for federal crimes are the source of these funds, and the varies from year to year. The program’s goal is to provide direct services to victims of child abuse and neglect. The VOCA grant program’s intention is to support and enhance the crime-victim services provided by community agencies facilitated through CACs.

CACs are child-focused, facility-based programs where representatives from many disciplines meet to discuss and make decisions about investigation, medical and mental health treatment, intervention strategies, and prosecution of child abuse cases. CACs conduct forensic interviews of child victims, case reviews and provide recommendations for services from an MDT. Currently funded CAC programs also

offer direct services that include shelter programs for children, counseling/therapy services, sexual assault programs, court and victim advocacy, and other support services for victims and non-offending parents or guardians. CACs are incorporated, private, non-profit organizations or government-based agencies, or components of such organizations or agencies. CACs provide collaborative efforts from multiple agencies and are located across Virginia, including rural areas where services are limited.

Nineteen CACs continue to provide comprehensive services to the following geographic regions:

- Piedmont – four programs serving counties of Albemarle, Allegheny, Nelson, Franklin, Roanoke, Madison, Buckingham, Botetourt, Fluvanna, Greene, Augusta, Buena Vista, and Rockbridge, and the cities of Roanoke, Salem, Staunton, Vinton, Lexington, Charlottesville, and Waynesboro.
- Central – two programs serving counties of Chesterfield, Hanover, Henrico, Louisa, Powhatan, Prince George, Cumberland, New Kent, Charles City, Caroline, Spotsylvania, Stafford, King George, and the cities of Richmond, Fredericksburg, Colonial Heights, Hopewell, and Petersburg.
- Northern – six programs serving counties of Arlington, Fairfax, Prince William, Rockingham, Shenandoah, Warren, and Loudoun, and the cities of Harrisonburg, Winchester, Fairfax, and Alexandria.
- Eastern – two programs serving the counties of Greenville, Franklin, James City, Isle of Wright, Prince George, Southampton, and York, and the cities of Chesapeake, Hampton, Newport News, Norfolk, Portsmouth, Suffolk, Virginia Beach, Poquoson, Williamsburg, and Emporia.
- Western – four programs serving counties of Bland, Lee, Montgomery, Pulaski, Washington, Scott, Floyd, Giles, Grayson, Wythe, Tazewell, Buchanan, Russell, Wise, Dickenson, Henry, Patrick, Carroll, and Smyth, and the cities of Radford, Norton, Martinsville, Galax, and Bristol.

The Child Advocacy Centers of Virginia (CACVA) continue to provide training, support, technical assistance and leadership on a statewide level to the CACs and to Virginia communities responding to reports of child abuse and neglect. All CAC sites are approved and accredited by the CACVA, to provide comprehensive services to victims of child abuse and neglect throughout the investigation, treatment, and prosecution of reported cases. The CACVA uses an established formula approved by the 2015 general assembly to determine the annual funding distribution. CACs are funded through a formula that considers the agency's certification level, the number of localities served, the rate of child abuse/neglect, and the population of children younger than age 18 in the service area.

VDSS received state funds (\$2,136,500.00 TANF; \$405,500.00 general fund) and VOCA funds (\$4,346,951.00) from DCJS for the 19 CACs and the CACVA. The total awarded to CACs for the current fiscal year is \$6,888,951.00 (**Prevention Strategy 2.1**).

Community-Based Child Abuse Prevention Grants (CBCAP)

CBCAP grants have served a critical need by providing community organizations with an opportunity to develop and expand services for preventing child abuse and neglect and to serve families at risk for child maltreatment, who might otherwise not be reached. This funding provides for a range of primary and secondary child abuse- and neglect- prevention services and activities, both statewide and locally based, such as parent education and support, public education and awareness, and home visiting (**Prevention Strategy 1.2 and Prevention Strategy 4**). Public and private non-profits, incorporated agencies and organizations in Virginia are eligible to apply.

CBCAP grantees are required to provide financial, statistical, and outcome information on a quarterly basis regarding the types of services offered (e.g., home visiting, parent education, parent support, etc.).

Programs are also asked to report the number of participants that used each type of service. For FY 2023 (Oct. 1, 2022-Sept. 30, 2023), VDSS awarded 22 contracts under RFA #FAM-21-073. A total of \$925,868.08 in CBCAP funds was awarded to 22 programs and a total of \$373,196.87 in state VFPVPP Child Abuse and Neglect Prevention funds was also awarded to 22 programs. All 22 programs received a combination of CBCAP and VFPVPP Child Abuse-and Neglect- Prevention funds. CBCAP- funded projects provided a 20% cash match in non-federal funding. A review and compilation of quarterly statistical reports submitted by CBCAP grantees was used to determine the number of clients who received direct services during FFY2023.

CBCAP Grantees Receiving Direct Services

Population served:	# served
Number of families with children with disabilities	98
Number of parents with disabilities	83
Total number children who received preventative direct services	1,175
Total number of parents/caregivers who received preventative direct services	1,562
Total number families who received preventative direct services	1,108

Virginia is a state of geographic, ethnic, cultural, and linguistic diversity. Its geography and terrain create unique populations and communities including rural, urban, mountainous, and coastal regions that are as diverse as the languages, cultures, and circumstances seen across the state. Virginia’s northern region is a largely urban community that is culturally diverse and has the fastest-growing population in the state (the Spanish-speaking population has seen the most growth). The Western Region is a rural community located in the southwest corner of the state, in the heart of rural Appalachia (and the Appalachian Mountains), which create some geographic and cultural isolation from the rest of Virginia. The western and piedmont regions also have the highest poverty rates. The eastern and southeast regions are a combination of rural, coastal and urban communities and home to a largely military population. The eastern, central, and piedmont regions have the highest percentages of children living in single-parent households. The state has seen a continuing trend towards increased racial and ethnic diversity. The racial and ethnic groups in Virginia include individuals who identify as Black or African American, Asian, native Hawaiian, or other Pacific islanders, American Indian or Alaska native, and Latino or Hispanic, in addition to the non-Hispanic White population. VDSS is committed to looking at programs and policies to ensure that services, practices, and policies are equitable and meet the unique and diverse needs of children and families served. CBCAP funds are designed and promoted to help serve underserved populations (**Prevention Strategy 1.2 and Prevention Strategy 4**).

In addition to serving Hispanic and Latino families, Black and African American families, fathers, and families facing homelessness, outreach services were also provided for single parents, incarcerated parents, teens, families with parents and/or children with disabilities, families with low incomes and families that live in rural communities (**Prevention Strategy 4.1**).

The following table reflects the numbers of agencies targeting each of these special populations. Not all programs provide detailed demographic information so reported numbers may not reflect all individuals or families in special populations receiving services.

Number of CBCAP Funded Programs Serving Special Populations in SFY 2023

Special Populations Served in SFY 2023		
Population	Number of Vendors who serve population	Numbers Served
Families with low incomes	16	711
African American parents & children	16	261
Single parents	14	401
Incarcerated parents	1	106
Families facing homelessness	8	27
Pregnant/parenting teens**	7	28
Parents with disabilities	9	83
Children with disabilities	10	98
Urban populations	11	11
Rural populations***	21	41
Parents/children with other special needs	5	Not Reported
Unaccompanied homeless youth	0	0

Adult former victims of maltreatment	5	107
Adult former victims of domestic violence	5	Not Reported
Tribes	0	Not Reported
Fathers*	6	Not Reported

* Figure calculated from the total number of men aged 18 and older; teen males are not included in this total.

** Teens are ages 13 – 17 years.

*** One program serves both rural and urban populations, based on regional boundaries

American Rescue Plan Act (ARPA) Community Based Child Abuse Prevention Funds

VDSS has been allocated an estimated \$6,232,000 in CBCAP funds under the CAPTA State Grants provided within the 2021 ARPA. Virginia chose to adopt FRCs as its first strategy, to proactively encourage community-based primary and secondary prevention initiatives aimed at child and family well-being and to reduce child abuse and neglect (**Prevention Item 1.2**). In 2022, VDSS contracted with Families Forward Virginia to sub-award contracts (via competitive request for applications) to seven communities (New Kent, Richmond, Chesapeake, Martinsville, Manassas, Louisa, and Pulaski). These seven sub-awarded contracts, through Families Forward Virginia, will run through FY2025.

The seven communities are using the National Family Support Network (NFSN) model to strengthen family resiliency, and they receive ongoing intensive training and technical assistance from Families Forward Virginia and NFSN. In FY2023 and part of FY2024, the seven communities completed their planning period, developing implementation plans specific to community needs. The FRCs are focusing on meeting the following project goals; (1) design and implement an integrated, cross-system approach to supporting children and families within their communities; (2) design and implement an integrated approach to engage individuals with lived expertise (LEx Leaders); (3) develop a robust, cross-system network of collaborative partnerships; (4) decide on well-being measures that cut across human services programs; and (5) evaluate family support systems and the primary prevention activities and strategies implemented. Families Forward Virginia has contracted a research evaluator with the College of William and Mary to coordinate a research advisory council that will guide the evaluation of this project’s processes and outcomes.

Family Violence Prevention and Services Grant (FVPSA)

The Office of Family Violence distributes FVPSA grant funds combined with state-appropriated TANF funds to non-profit organizations and LDSS agencies which then provide services to families affected by

domestic violence. Funds support four distinct purpose areas: comprehensive services, underserved populations, primary prevention, and COVID-19 recovery.

The majority of grant funds are awarded to 52 local agencies spread across the state to support crisis and core services that address the secondary prevention of domestic violence, including emergency shelter/housing, crisis hotlines, advocacy, children’s services, legal advocacy, and support groups. Through a separate grant that uses FVPSA funds, eight local population-specific, community-based organizations received funds that will provide domestic violence services to underserved populations.

Current sub-recipients

Funded Community Based Organization	Underserved Population
Ethiopian Community Development Council	African immigrants & refugees
Tahirih Justice Center	Immigrants
Just Neighbors	Immigrants
LGBT Life Center	LGBTQ
Sacred Heart Center	Latinx populations
Church World Services	Refugees
Ayuda	Immigrants
Virginia Harm Reduction Coalition	Substance use

Promoting Primary Prevention Activities

The OFV is currently promoting primary prevention activities by providing a small amount of FVPSA funding that is currently supporting 12 domestic violence program. In this way, the OFV incorporates primary prevention initiatives into its domestic violence programming (**Prevention Strategy 1.7**). It provides technical assistance regarding best practices, program implementation, and evaluation.

VDSS administers a state special fund called the SDV Prevention Fund, which dedicates state funding to support local primary prevention initiatives. Through this Prevention Fund, VDSS now supports 14 additional SDV primary prevention projects. It made and honored a commitment to equally support brand-new efforts and the expansion of existing initiatives. OFV staff convene a monthly prevention collaborative that offers a virtual space to have presentations on prevention initiatives and to learn from both experts and peers.

Improving Access to Prevention Services and Funding

VDSS works in many ways to improve access to intervention, prevention, and the funding needed for both. Working closely with the Virginia SDV Action Alliance (Action Alliance), VDSS staff strive to improve services statewide to survivors of domestic violence and their children by providing technical assistance and resources. One such resource is the VDSS Promising Practices Guide (PPG), a tool that offers specific information and tips on how to provide trauma-informed services. The PPG is now available to sub-grantees and the general public on the VDSS [website](#). State and local partner meetings are held quarterly, with state and local attendees identifying and discussing barriers to service, statewide trends, and ways to better deliver services. Action Alliance staff and VDSS connect bi-monthly to discuss specific program needs and to brainstorm on how to meet these needs through site visits, conference calls,

and staff training. VDSS also participates in meetings with other state funders and stakeholders to discuss funding priorities and service improvements in domestic violence services and prevention. In SFY2024, VDSS committed funding to the Action Alliance for providing training and technical assistance to local domestic violence agencies, and for collecting statewide data on services provided.

As the administering agency of the SDV Prevention Fund, VDSS distributed \$2.25 million to 14 local agencies for their SDV primary prevention initiatives. In a separate solicitation, VDSS combined a Family Violence Prevention and Services grant with other state-appropriated funds, distributing \$8,430,967 for the provision of domestic violence services and intervention in SFY2024. [Recipients included fourteen agencies that provide primary prevention activities in addition to comprehensive domestic violence services. (**Prevention Strategy 1.2**)] All RFAs for family violence prevention and services include a requirement that applicants show an understanding of trauma-informed services and explain how they will incorporate this knowledge in the provision of all services.

Family First Prevention Services Act Transition Grants

VDSS has continued to use Transition Act (TA) funds to support the ongoing implementation of FFPSA. VDSS has contracted with CEP-Va in two primary areas: capacity building and fidelity monitoring. Through the capacity building contract, CEP-Va is using TA and state funds to train and maintain community-based providers to deliver EBPs. VDSS and CEP-Va are also using these funds to monitor fidelity to the model of all title IV-E approved EBPs. In support of the expansion of HFW and its required evaluation, VDSS partnered with DBHDS to invest TA funds in the Virginia Wraparound Implementation Center, the statewide purveyor of HFW. This investment began in 2023 and will continue through the end of the TA funding period (FFY2025). VDSS will continue to identify opportunities to use the funds in accordance with the guidelines set forth by the Children's Bureau to assist in the implementing FFPSA.

Healthy Families and Home Visiting

The Virginia General Assembly appropriated \$9,035,501 in level TANF block grant funding for programs that provide Healthy Families early childhood, voluntary home visiting services in Virginia. VDSS continues to provide grants to the 29 Healthy Families-accredited sites in Virginia, and funds Families Forward Virginia's Healthy Families program providing technical assistance and monitoring for compliance with the national Healthy Families America model standards. Level funding means that opportunities to expand this home visiting model are limited.

The Virginia General Assembly appropriated \$600,000 in level TANF block grant funding for supporting Early Impact Virginia (EIV) Alliance for Early Childhood Home Visiting, a statewide collaboration of early childhood home visiting programs and partners. EIV is responsible for determining, systematically tracking, and annually reporting the key activities and outcomes of Virginia's home visiting programs; conducting systematic and statewide needs assessments for Virginia's home visiting programs at least once every three years; and supporting ongoing continuous quality improvement, training, and coordination across Virginia's home visiting programs. EIV and the Alliance are currently working on detailing the strategic plan. See EIV's [2023 Annual Report](#) to the general assembly.

Three of Virginia's home visiting models (Healthy Families, Nurse Family Partnerships, and Parents as Teachers) are well-supported in the title IV-E Prevention Services Clearinghouse. In alignment with the strategic plan (**Prevention Strategy 1**) and agency priorities, VDSS is partnering with EIV and other

stakeholders to develop a Community Pathway implementation plan to use title IV-E prevention funds for these EBPs.

In-Home Services

The prevention services program plays an integral role in targeting resources and services to safely maintain children in their own homes or with relative/fictive kin caregivers in their own communities, by addressing identified safety and risk concerns and reducing the recurrence of child maltreatment (tertiary prevention efforts). This In-Home Services practice aligns ongoing CPS practice, prevention practice, and FFPSA legislation, with an intentional focus on supporting families to help children remain with their families and communities. VDSS provides prevention-based services to children and families in Virginia by offering In-Home Services for children who are at high or very high risk of recurrent child maltreatment and entry into foster care.

In April 2021, the prevention services program within VDSS launched an aligned In-Home Services Program. This program offers resources and services that prevent foster care placements and help children remain safely in their homes. This framework for consistent practice focuses largely on case opening behaviors. Its decision-making and assessment is guided by the “Suite of Tools” that includes the SDM safety and risk assessments, the CANS completion, a candidacy determination to guide service planning, and case practice that promotes ways to better engage and serve children and families (**Prevention Strategy 2.1**). The In-Home Services alignment also includes clear guidance on working with families when parents arrange for temporary child with a relative or fictive kin. Specifically, programmatic efforts have focused on developing the In-Home Services workflow, including In-Home services planning; guidance and planning around case management and practice; improving ease of access to EBPs; and ensuring quality of programs and services by implementing the VDSS CQI process.

Combining efforts with the Protection program, the Protection and Prevention Advisory Committee continues to provide feedback on Virginia’s implementation of FFPSA (**Prevention Strategy 1.4**). Through FFPSA, VDSS is increasing the use of the prevention and In-Home Services Program to ensure that all LDSS have the resources needed to provide prevention services for children and families that reduce the likelihood of foster care entry. Implementing FFPSA provides title IV-E funding for specific EBPs to support families who have been identified as high or very high risk for maltreatment or removal from the home. Virginia’s implemented EBPs include MST, FFT and PCIT.

VDSS is working towards increasing services eligible for title IV-E funding and has partnered with CEP-Va to assist in expanding service eligibility and availability. CEP-Va conducted a NAGA and prepared a report that highlighted which areas of the state need EBPs and what services Virginia’s families need. Based on the findings in the NAGA report, Virginia has added BSFT, Family Check Up, Homebuilders, High Fidelity Wraparound, and MI to Virginia’s approved federal title IV-E prevention services plan.

An RFA was issued to allow Virginia service providers to apply for training funding that would increase the availability of EBPs across the state. MI will be implemented among LDSS In-Home Services staff. Use of MI in all In-Home cases is a case management engagement strategy that will intersect with substance use disorder, mental health, and parent skill building. MI training and coaching is provided virtually in 11-week cohorts. Training began in April 2023. As of March 2024, four cohorts have received training with cohorts five and six to be trained by the end of 2024. Currently, 72 LDSS have received training; it is the plan for all 120 LDSS statewide to receive training. Studies have shown that MI may help support workforce capacity by providing staff with skills to increase job satisfaction, which may reduce burnout and turnover. For further reference, the title IV-E Prevention Services Plan (Appendix B)

comprehensively addresses key tertiary prevention services activities within the In-Home Services Program.

The prevention services program also established five In-Home Services regional practice consultant positions in each regional office, enabling VDSS to significantly increase the level of technical assistance, support, and ongoing review of In-Home Services case work at the LDSS level. The In-Home Services practice consultants are responsible for collaborating with the LDSS to provide programmatic consultation that enhances service delivery to children and families in In-Home Services cases in each region. The In-Home Services practice consultants also help LDSS develop data-driven approaches that emphasizes a concerted focus on case opening behaviors, decision-making and assessment, and case practice that promotes meaningful engagement of children and families. This additional capacity at the regional level institutes regular and intentional provision of technical assistance in implementing best practices and improving outcomes for children and families in In-Home Services cases.

Solidifying and enhancing tertiary prevention practice will let VDSS continue to partner and focus on earlier (primary and secondary) prevention activities, ensuring a well-resourced prevention continuum (**Prevention Strategy 1**). In-Home Services also ensures that when children temporarily or permanently reside with relatives or fictive-kin caregivers, services are provided to ensure the safety and permanency of those living arrangements (**Prevention Strategy 2.4**). In 2024, the General Assembly, through House Bill 27 and Senate Bill 39, established a statutory framework for a parent, guardian, or legal custodian to arrange for a temporary living arrangement for their child with relatives and fictive kin when a LDSS has determined that the child cannot remain safely in their current home. Regardless of where the child may temporarily or permanently reside, the framework ensures protections for parental rights, promotes placement with relatives or fictive kin, supports reunification efforts, and provides specific timeframes for permanency. In-Home Services provide an opportunity to partner with families to assess strengths, needs, protective factors, and what services may be needed to ensure the child's safety and prevent out of home placement. In-Home Services practice guidance also requires consistent and meaningful contact with the family and collaterals, including a minimum of one visit with the child and caregivers monthly, CFTM, every 90 days, and FPM at all critical decision points.

Thus, continued efforts include the implementation of uniform practice guidance to support alternate living arrangements with relatives or fictive-kin caregivers as needed. VDSS will continue to focus on the using data to drive decisions, support recommendations, and conduct thorough root-cause analysis in this practice area. Detailed data about living arrangements and services will offer insight into the circumstances leading to the use of ALAs and the types of services and supports provided during the arrangement. This data will also help VDSS further explore whether disparities exist in ALAs statewide and how the practice affects the well-being and permanency of children and families over time (**Prevention Strategy 4.2**).

Foundational CQI processes will support continuing efforts to improve service delivery, ensure effective use of resources, and achieve desired outcomes. VDSS planning efforts will continue to align with Virginia's overall movement toward EBPs and programming, while implementing additional services that are approved for title IV-E funding in the Title IV-E Prevention Services Clearinghouse and the identified needs in Virginia. The Protection and Prevention programs, CQI team, and regional practice consultants will also collaborate and identify opportunities to monitor performance and compliance. The following data highlights offer an overview of the population served and related indicators of practice-oriented areas of focus in In-Home Services cases.

In-Home Outcomes

- In calendar year (CY)2023, 36,121 CPS referrals were opened as In-Home Services cases before closure. Of those, 8,960 were rated High or Very High-Risk (HVH). Out of all High and Very High-Risk referrals in CY 2023, 2,880 (or 32%) were opened to a case and 6,080 (or 67%) were not opened to a case. Of these referrals, 2,408 (or 24.85%) were opened to In-Home/Dual In-Home and foster care.
- During CY2023, an estimated 5,133 children were determined to be reasonable candidates for services, based on the Candidacy Determination form creation date and redetermination date. A reasonable candidate is identified when a service worker assesses that the child is at risk of foster care placement if services are not provided.
- During CY2023, an average of 11 clients per month were determined to be candidates for foster care. A candidate for foster care is a child identified in an In-Home Services service plan as being at imminent risk of entering foster care, but who can remain safely in the child's home or in a kinship placement as long as services or programs identified in Virginia's approved federal title IV-E Prevention Services Plan that are necessary to prevent the entry of the child into foster care are provided. A total of 126 clients were determined to be candidates for foster care in CY2023.
- In CY2023, 2,764 Initial Service Plans were completed for 72% of In-Home Services cases opened. The compliance standard is 90%. Current service plan reviews were completed in 78% of open and active In-Home Services cases.
- In CY2023, the In-Home Services client population was represented as follows:
 - 64.16% - White
 - 24.6% - Black or African American
 - 4.33% - Two or more races
 - 11.06% - Hispanic (any race)
 - 5.77% - Unknown
 - 0.63% - Asian
 - 0.15% - NHPI
 - 0.09% - AIAN
 - 0.20% - Declined to say
 - 0.05% - Unable to determine
 - Ethnicity was unknown in 7.14% of clients

Kinship Navigator Programs

In addition to the prevention services and EBPs previously referenced, VDSS offers Kinship Navigator services throughout the state (**Prevention Strategy 1.5**). VDSS received a grant from the Children's Bureau for \$1,043,627 for use from October 1, 2018 to September 30, 2022. VDSS received \$281,066 in 2022 and \$342,111 in 2023. With the grant, VDSS developed five regionally located Kinship Navigator programs involving 35 localities (28% of the state) and partnered with 2-1-1 VIRGINIA to provide a dedicated, toll-free number specifically for kinship families to receive 24-hour information and referral services across the state. The programs are diversified and were created to meet the needs of their particular communities. That said, all of the programs provide information, referral, outreach, and advocacy. Many of the programs use creative strategies, such as strategically placed electronic kiosks, to help families apply for benefits. Programs engage school systems and the faith-based community to reach kinship families and form regional public-private consortiums, including kinship caregivers and youth, to assess the needs of kinship families in their communities. VDSS is providing quarterly technical

assistance to each program by hosting conference calls that let programs to communicate with one another and problem solve, as well as talk on an ad hoc basis in between conference calls.

All LDSS provide benefits and support services to families. The following LDSS and surrounding localities offer Kinship Navigator programs:

1. Arlington Department of Social Services (Partnering with Alexandria, Fairfax, Prince William, and Loudoun Departments of Social Services);
2. Bedford Department of Social Services (Partnering with Amherst, Appomattox, Campbell, Lynchburg, and Nelson Departments of Social Services);
3. Dickenson Department of Social Services (Partnering with Buchanan, Russell, Tazewell, Lee, Wise, Scott, and Norton Departments of Social Services);
4. James City County Department of Social Services (Partnering with Williamsburg and York-Poquoson Department of Social Services);
5. Smyth Department of Social Services (partnering with Wythe, Bland, Bristol, Carroll, Galax, Giles, Grayson, Montgomery, Pulaski, Radford and Washington Departments of Social Services)

From July 1, 2022, through December 31, 2023, 429 youth and 385 kinship caregivers received services. The programs also served 2,913 children ages 0-12 and 138 youth ages 13-17. It also served 302 caregivers ages 18-60+, and 83 caregivers ages 60+ . Grandparents and aunts represent the majority of caregivers, at 256 and 89 respectively. Kinship families received information and referral services, including information about local, state, and federal benefits, mental health services, medical services, and advocacy, including face-to-face assistance in applying for benefits. Kinship families also received services through the provision of outreach, training and/or supportive activities, including case management, support groups, and social support activities.

This chart shows how many youth and kinship caregivers were served from July 1, 2022 through December 31, 2023.

Youth and Kinship Caregivers Served by Kinship Navigator Programs

Locality	Youth Served	Kinship Caregivers Served
Arlington	102	86
Bedford	74	51
Dickenson	160	141
James City County	64	80
Smyth	29	27
Total	429	385

The federal Kinship Navigator funds also support a partnership with 2-1-1 Virginia which provides a dedicated, toll-free number specifically for kinship families to receive 24-hour information and referral services across the state. Between July 2022 and June 2023, the dedicated kinship toll-free number has received 405 calls and 118 referrals from the general 2-1-1 line have been made to the six kinship

navigator programs. VDSS provides oversight and support for these programs. The programs provide quarterly reports to highlight accomplishments in their communities.

Arlington County offers services to kinship caregivers who are having trouble finding assistance for their needs and who may need help navigating the county's service system. Arlington County continued partnering with A Second Chance Inc. Both navigators have continued having distinct roles, servicing the program and also supporting each other in some capacity. Over the last year, the kinship team was able to certify new families. Kinship navigator roles continue to be used at a family's first interaction with the child welfare system, as well as consistently along the continuum of care based on the family and child's needs. This ensures that the kin first perspective is present throughout important decision-making points throughout the case.

Arlington continues to operate from a Kin First focus prioritizing relatives as an alternative to entering foster care. Arlington County continues to strategically plan and make policies around the Kinship Navigator program and positions to incorporate more community outreach, awareness, and support for kinship families. Arlington County emphasizes equitable access to reduce racial disparities and accountability through data collection and analysis.

Bedford County worked this year on offering several fellowship events that created opportunities to connect with families. The fellowship events help family advocates to develop a deeper connection and stronger relationship with caregivers, and lets the caregivers connect with other caregivers who are experiencing similar situations. These events also provide additional training and networking opportunities for caregivers. The support groups give the families ongoing support and encouragement, as well as opportunities to develop their skills in areas pertaining to parenting, childcare, trauma sensitivity, and family dynamics.

This year a great deal of time and effort went into preparing and going through a review conducted by the Teaching Family Association (TFA). According to its website, the Teaching-Family Model accreditation process evaluates implementation of 15 standards related to performance and quality of treatment at all organization levels, with a focus on the persons receiving services, their families and practitioners. "Accreditation in the Teaching-Family Model is rigorous and assures agency-wide adherence to best practices leading to quality outcomes for clients" (Retrieved from <https://www.teaching-family.org/accreditation>). The federally recognized association uses empirical evidence in its model and provides a strong standard. Bedford's Kinship Navigator received accreditation. Furthermore, two of its family advocates were recognized for their excellence in implementing the model and have been certified as professional practitioners of the Teaching-Family Model. This kinship navigator program is based on the TFA model.

Bedford has continued to identify and engage kinship families within and outside of the scope of local DSS agencies, working to serve families referred from DSS as well as kinship families identified in the communities that are not connected to DSS.

Dickenson County offers services to kinship caregivers who are caring for minor children in one of the previously mentioned communities. They provide information about and referral to federal and state benefits such as TANF, SNAP, WIC, heating and cooling assistance, legal aid, community resources, information about local school systems enrollment, health care providers (including mental health counselors), and medical and dental services. Dickenson provides one-on-one and group education tailored to the needs of individual families to enhance family functioning and prevent foster care placement. It provides community educational sessions specific to kinship caregivers and their unique issues. The program has a support group, the Kinship Café, which meets monthly and addresses the needs

of the group through presentations and peer support Dickenson assists families in navigating the court system, school system, or health care systems, accompanying them if requested and providing advocacy in applying for assistance in areas not covered by other departments. For those that require intensive assistance, they provide targeted case management to keep the family stabilized within the community.

The Kinship Navigator program maintains a presence in the community through a Facebook page, newsletters and flyers, and a website: navigatekinship.com. It is a presence at local community events. It regularly places articles about the program in local newspapers and places radio spots when it hosts or participate in local events.

Dickenson County participated in a statewide webinar that provided lived experiences from kinship caregivers as well as perspective on kinship navigator programs. The navigator program participated in a parade where kinship and foster families were highlighted, and distributed resources about the program to the community in more than 300 bags of candy and toys. Dickenson provided newsletters, support groups, and outings to parks. It hosted a luncheon and movie to celebrate kinship month and participated in a statewide task force to look at kinship needs in the commonwealth.

James City County provides information, referral, education, and advocacy for kinship families. This includes linking families to needed resources, including legal assistance, mental health services, healthcare, education, and support groups. The kinship navigator program maintained communication with caregivers through emails, newsletters, and resource referrals over the past year. In addition to serving families directly, the county also created monthly newsletters, hosted Regional Kinship Council meetings, and worked to strengthen relationships with community partners in each of the localities the program serves. James City County worked to build new connections with community partners in the schools and court services units. These connections increased referrals and community engagement.

Smyth County provides guidance, information, referrals, and face-to-face case management services tailored to each family's circumstances. It collaborates with local community partners, to include legal aid, public schools, health departments, private counseling services, faith-based entities, non-profits, courts, community services boards, parent education programs, and child-abuse prevention coalitions. It also links kinship caregivers to a wide array of services and support, to ensure stability and safety within the home and establish a network of support for kinship caregivers and youth.

The kinship navigator program continued to receive new referrals during this reporting period. The navigator regularly attended local and regional team meetings and made direct outreach to community partners to provide information about the program and the services provided, and to increase their knowledge of the needs of kinship care families. It shared a brochure detailing the kinship navigator program and universal referral and release forms with community providers and stakeholders to distribute to potential participants. The kinship navigator disseminated a quarterly newsletter via email and mail to participating agencies and local partners.

The kinship navigator program provided services that included referrals to public benefits programs and other community programs. Families received information about what mental health services are available in the area and what may best benefit themselves or their children. The kinship navigator program also assisted families in petitioning for custody, and attending court hearings to support kinship providers.

VDSS provides technical assistance to all programs and, requires quarterly statistical and narrative reports. Additional funding will support the further development of these programs, work towards consistent application throughout the programs, build infrastructure, and enhance services for kinship

families. VDSS regularly monitors the title IV-E Prevention Services Clearinghouse for approved kinship navigator programs and will work to align programs in FY2024.

In pursuit of the overarching mission to promote family preservation and advance Virginia's commitment to a kin-first culture, VDSS remains steadfast in its dedication to expanding the Kinship Navigator Program. VDSS continues to explore avenues for augmenting funding through diverse grants and funding sources and recognizes the critical importance of this expansion. By bolstering the Kinship Navigator Program, VDSS not only fortifies capacity to support kinship caregivers, but also harmonizes agency objectives with the state's broader vision for familial preservation. This strategic endeavor underscores VDSS's unwavering commitment to ensuring the well-being and stability of Virginia's families, thereby catalyzing enduring positive effects across communities statewide.

PROTECTION

Virginia's CPS is a continuum of specialized services designed to assist families who are unable to safely care for their children. CPS is child-centered, family-focused, and based on the belief that the primary responsibility for the care of children rests within their families. CPS encompasses the identification, assessment, investigation, and treatment of abused or neglected children. Virginia's specialized services are designed to:

- Protect children and their siblings;
- Prevent future abuse or neglect;
- Enhance parental capacity to provide adequate care; and
- Provide substitute care when the family of origin cannot remedy the safety concerns.

CPS responds to valid child abuse or neglect reports by conducting a family assessment response or an investigation response, also known as DR. Both responses aim to assess child safety, strengthen and support families, and prevent future child maltreatment. The decisions are guided by state statute and local policy.

In SFY2023, 52,480 children were reported as possible victims of child abuse or neglect in 33,679 completed reports of suspected child abuse or neglect. Of those children, 4,368 were involved in founded investigations, including 24 children who died as the result of abuse or neglect; 8,033 were involved in unfounded investigations; and 40,079 were involved in family assessments (differential response). In SFY 2023, family assessments accounted for nearly 75% of all CPS reports accepted by LDSS. Twenty-six human trafficking assessments were conducted, as required when a report alleges a child is a victim of human trafficking, sex, or labor, and does not meet the validity criteria for an investigation or family assessment.

The last year has seen a 6% decrease in the number of completed reports accepted by LDSS but only a slight (less than 1%) decrease in the number of child victims. The decrease in completed reports is likely due to leveling out post-pandemic. Founded dispositions decreased by 8% as did the number of completed family assessments. Child deaths reported to CPS increased by 7% from last year.

The Protection program has continued to focus on the key measures of timeliness of first contact with victims (goal of 95%) and referral time open (goal of 85%). During 2023, the timeliness of first contact with victims decreased with the highest rate, 90.4%, was in February; the lowest rate, 85.7%, was in December. The monthly average for 2022 was 88%. Additionally, the rate of referral time open fluctuated throughout 2022. The highest rate of timely referral closure was 34.5% in October; and the lowest, 25%, was in January. The monthly average for 2022 was 30%. Referral time open rates were consistently lower

in 2022 than in 2021. The Protection program will implement multiple practice enhancements to increase timely face-to-face contact with victims to achieve the goal of 95% [and individualized safety services to achieve 90%] (Protection Strategy 2.1,2.4, 2.5).

Focused on family engagement, the Practice Model is necessary for implementing successful child protection services , particularly as the initial contact with a family (**Protection Strategy 1 and 2**).

The child protective services hotline is also a focus for VDSS. Planned enhancements to the business processes will improve communication between the hotline and LDSS. VDSS plans to develop a data plan to help guide decision-making (**Protection Strategy 2.3 and 3.3**).

The Protection section further discusses five additional areas. These are services funded primarily by title IV-B funds, used to fund child protection in LDSS. They detail some of the service array VDSS offers under Protection (**Protection Strategy 2**), including:

- Populations at greatest risk of maltreatment (including services through Children’s Justice Act)
 - Services for children under five
 - Preventing Sex Trafficking and Strengthening Families Act (HR4980)
 - Efforts to track and prevent child maltreatment deaths

Populations at Greatest Risk of Maltreatment

VDSS continues to work to advance policies, programs, and practices to enhance the safety and well-being of Virginia’s youngest and most vulnerable child population involved in the public child welfare system: the population of children zero to three (**Protection Strategy 2.1, 2.3 ,2.4, 2.5**). This is the population at the greatest risk of maltreatment and the one most likely to die as a result of maltreatment.

Over the past five years, approximately 80% of founded cases of child maltreatment related to fatalities involved children younger than age four. Approximately 55% were children under the age of one.

This is consistent with national data that finds young children to be the most vulnerable. VDSS continues to identify children under the age of three as the population at the greatest risk of maltreatment and the one most likely to die as a result of maltreatment. Young children are the most vulnerable for many reasons, including their dependency, small size, and inability to defend themselves. Therefore, VDSS continues to focus on this population.

During SFY 2023, LDSS investigated the deaths of 173 children. Thirty children were found to have died as a result of abuse or neglect as indicated by a founded CPS investigation. In SFY2023, 78% of Virginia child fatalities involved children younger than three years. This is higher than the national percentage. Nationally, 66.1% of all child fatalities in FFY 2022 were of children younger than three years⁸.

SFY 2023 also saw 39 near-fatalities reported and investigated by LDSS for possible abuse or neglect. Sixteen of the 39 children were under the age of one, fourteen were between 13 months and three years old, and the remaining nine children ranged in age from four to 17 years old. In SFY 2023, there were 96 (55%) unfounded child fatality reports and investigations. Of the 96 unfounded reports, 69 (72%)

⁸ U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2024). Child Maltreatment 2022. Available from <https://www.acf.hhs.gov/cb/data-research/child-maltreatment>.

involved a child younger than one year of age; and 52 of the reports (54%) were sleep related. This refers to the actual surface the child slept on, with whom the child was sleeping, or how the child was sleeping. This includes children who suffocated or accidentally asphyxiated due to their sleep environment.

Data trends over the last three years indicate continuing connection between being born as a substance-exposed infant (SEI) and subsequently dying of child maltreatment. The data suggests that an SEI infant has a 13% to 15% likelihood of being a victim of a subsequent child maltreatment death.

Therefore, VDSS continues to focus on SEIs, safe sleep practices, and safe haven laws for Virginia's youngest children, in alignment with Virginia's CAPTA plan.

Services for Children under the Age of Five

On July 1, 2017, Virginia implemented a 24-hour response time for valid CPS complaint involving children under the age of two. Although Virginia's previous response times met regulations, this was the first time Virginia mandated a response time for a specific age range. In fact, this mandated response time was initially for children up to age one but was expanded to cover more of the most vulnerable populations. For SFY 2023, 35.4% of all victims of founded CPS reports involved children under the age of five. Specifically, 18.3% of all victims were children younger than two and 11.5% of all victims were children ages two to four years.

On December 31, 2023, 1,186 children under the age of five in foster care. The number of children in this age range in foster care has remained relatively stable over the last five years, ranging between 1,157 in 2021 and 1,171 in 2022. Of the children under the age of five in care in 2023, 47% were female and 53% were male. Most of the children (59%) were White. Twenty-six percent were Black or African American and 12% were multiracial. Of these children, 122 (10%) were in pre-adoptive homes or adoptive non-finalized placements, and 33 (3%) were placed with parents on trial home visits. This represents a slight increase in placement in permanent homes for this age group. The remaining 1,031 children were in placements that were not permanent, although 228 (19%) of all children under the age of five were placed in kinship or fictive kinship foster homes. This represents an increase in fictive kinship and kinship placements over the last two years.

For children in foster care under the age of five, services include the following:

- Children with the goal of adoption and where TPR has been ordered are identified as available for adoption through the Adoption Through Collaborative Partnerships (ATCP) adoption project;
- Family engagement and FPM are used to involve relatives in taking care of these children. When possible, these children are placed with relatives. Effective July 1, 2019, Virginia Code requires relative searches to be conducted at removal, annually, and at every placement change;
- For children with the goal of reunification, visits with parents are to be scheduled weekly, if not more often. Effective July 1, 2019, Virginia Code requires caseworkers to meet face-to-face with the parents and/or prior custodian every other month and at every decision point to help move the case towards permanency;
- Concurrent planning practices and placement with a resource family (i.e., an approved foster family that will support both reunification and adoption); and,
- Placement or visitation with siblings.

All these services respond to the need to keep a family together as much as possible, to build on a young child's need to the attach to the parent (when reunification is likely), and to identify and place the child in

a relative and/or adoptive home (or make the home an adoptive home) as quickly as possible when reunification has been ruled out.

Foster care guidance was updated in July 2020 in Section 9: Achieving Permanency Goal Adoption, saying that LDSS service workers should not wait until the TPR order is final to begin adoption recruitment. Concurrent planning intends to place children in prospective permanent homes as early as possible, to prevent delays in finalizing permanency. The guidance update also reemphasized determining paternity early, to ensure that paternal relatives are explored early in the case as potential caregivers, as well as exploring adoptive home recruitment. An additional update in the July 2020 guidance release is the requirement that if return home is not the goal for the child, the LDSS must provide the child's parent with information regarding the voluntary relinquishment of parental rights.

Children in foster care under the age of five are more likely to have parental substance use as a condition of removal than children over the age of five. VDSS has updated guidance several times to support better practice with this population. Foster care guidance includes:

- A subsection on supporting visitation with parents struggling with substance use, including encouraging regular visitation and noting that a positive drug screen should not be the sole basis for suspending a visit;
- A directive to consider whether reunification can be achieved with supports outside of the foster care system. Rather than extending trial home visits, LDSS should explore whether the child's custody can be safely transferred to family with prevention services, including court ordered prevention services, in place;
- Information on placements allowed by title IV-E for children who are placed with a parent in certain licensed residential family-based treatment facilities for substance use disorder for up to 12 months, as well as using best practice language when discussing substance use disorders;
- A requirement that that during a trial home visit, at least one worker visit per month must occur in the family's home and with all household members, to better address any challenges to permanency and mitigate safety risks;
- A subsection on pregnant and parenting youth in foster care that includes a statement that pregnant/parenting youth in foster care are eligible for title IV-E prevention services. This section includes best practices for working with pregnant/parenting youth in foster care and their children, including services, requirements for their foster care and prevention plans, and information regarding minor children of youth in foster care. For all pregnant or parenting youth in foster care, a foster care plan must include (§ 16.1-281) a list of the services and programs to be provided to or on behalf of the child to ensure parental readiness or capability, and a description of the foster care prevention strategy for any child born to the child in foster care.

In 2021, the State Funded Kinship Subsidy program was established (added to guidance in February 2022) to ensure permanency and facilitate placement with relatives who are ineligible for KinGAP. This program includes children under age five and assists in achieving more timely permanency with relatives who may otherwise be denied as a placement option. Relatives who obtain custody of a child through the State Funded Kinship Subsidy Program have access to services through the Family Assessment and Planning Team. They may also be eligible for title IV-E prevention services or other services that can be a part of an in-home services case.

In 2023, VDSS gathered feedback from LDSS to enhance forms and guidance that promotes increased use of the State Funded Kinship Subsidy program. VDSS also provided training about the State Funded Kinship Subsidy and KinGAP to local departments, hoping to enhance knowledge of relative placement options for children under the age five and encourage concurrent planning so that families can make an informed decision that best meets the needs of the child.

VDSS offers several trainings for LDSS workers that focus on children’s issues from a developmental perspective and discuss this age group. Those classes include CWS1021: Effects of Abuse & Neglect on Child & Adolescent Development; CWS1031: Separation and Loss Issues in Human Services Practice; CWS3041: Working with Children in Placement; DVS1031: Domestic Violence and Its Impact on Children; CWS5692: Recognizing and Reporting Child Abuse and Neglect – Mandatory Reporter Training – eLearning. Two training courses are offered to foster parents, Nurturing Parents and PRIDE, which provide training specific to this age group.

Additionally, DMAS is specifically tracking this group to ensure that screening for developmental delays and other health or behavioral needs takes place as soon as possible. Individualized services for children in this age group are determined at the local level through the FAPT, which is aware of local services provided through the schools, community service boards, and private providers.

In addition to the services previously noted, VDSS continues to direct that developmentally appropriate services are provided to this age group. These services include, but are not limited to:

- Medicaid’s Early Intervention Program;
- Early, periodic screening, diagnosis, and treatment (EPSDT);
- Infant and Toddler Early Intervention Program (Child Protective Services guidance outlines under what circumstances CPS requires the referral); and
- Head Start and Early Head Start.

Substance-Exposed Infants

In SFY203, Virginia experienced a 22% decrease in the number of reported SEI. This could be attributed to increased training by public and private agencies on the legal definitions of a SEI, which was revised to require a medical effect on the child because of in-utero substance exposure.

Year	2015	2016	2017	2018	2019	2020	2021	2022	2023
Number of SEI Reported	1099	1334	1543	1957	1577	1294	1320	1094	854

During 2023, LDSS closed an average of 58 valid reports involving a SEI a month, completing a total of 703 valid SEI reports. Of the 703 valid reports, 74% of the mothers had positive drug test results and 53% of the infants had positive drug test results. A plan of safe care was completed and documented in 30% of the completed, valid SEI reports, and 58% of the children and families were identified as needing services.

VDSS continues collaborating across systems to improve the response to and services for SEI. VDSS participates in a large workgroup with the purpose of developing, coordinating, and implementing a plan of services for substance-exposed infants in Virginia. The workgroup has diverse representation of key public and private stakeholders and has identified five recurring themes related to services: screening, data, coordination, education, and communication. Each theme was assigned to a sub-workgroup that, over six months, created a work plan for each theme. The sub-workgroups identified theme goals as well as short-, moderate-, and long-term objectives to achieve these goals. For example, the screening workgroup suggests creating a portal with all Plans of Safe Care that any provider involved in the patient’s care can access. The pandemic created some delays, but the work plans for each theme were submitted to the Virginia Department of Health (VDH). VDH hired a new position to assist in resuming this workgroup. Future action regarding this workgroup and its progress is forthcoming.

Child Death Investigation Protocol (CDIP)

In 2019, DCJS finalized the CDIP as recommended by the State Child Fatality Review Team under the direction of the Chief Medical Examiner's Office. Since then, the Children's Justice Act (CJA) coordinator has worked with key partners to train and disseminate the protocol to law enforcement and child protective services investigators in Virginia in ways that include in-person training and FUSION.

DCJS selected 20 law enforcement, child protective services, and commonwealth attorneys to participate in a three-day child death investigation training in Lynchburg, Virginia from November 2 to 4, 2022. This training was extensive and focused on an in-depth understanding of all facets of child death investigations. Throughout 2023, these trainers provided nine CDIP sessions throughout the commonwealth: May 5, 2023 in Abingdon; May 18, 2023 in Winchester; June 13, 2023 in Martinsville; July 20, 2023 in Virginia Beach; August 17, 2023 in Fredericksburg/Culpeper; September 21, 2023 in Roanoke; October 19, 2023 in Charlottesville; November 14, 2023 in Richmond, and January 18, 2024 in Alexandria.

Four premier trainers will continue to provide quality in-person training in 2024. A tentative schedule of five CDIP training sessions is planned for March 19, 2024 in Williamsburg; May 23, 2024 in Alexandria; July 24, 2024 in Bristol; October 17th in Staunton, and November 14th, 2024 in South Hill.

Safe Sleep Campaign

The State Child Fatality Review Team has provided valuable information and assisted in developing recommendations for Virginia to address child deaths involving children who die as the result of unsafe sleep environments. In addition to the work with the State Child Fatality Review Team, VDSS started the first statewide Safe Sleep Campaign in August 2017. The Safe Sleep Campaign was part of Virginia's Three Branch efforts to address the fact that 65% to 70% of both founded and unfounded CPS child fatality investigations are due to unsafe sleep practices in the familial home.

As part of the statewide campaign, VDSS created the Safe Sleep 365 website, to educate parents and caregivers regarding safe-sleep practices. These focus on the core principles of alone, apart, and always. The website includes educational resources, tips, and support.

VDSS collaborated with its public affairs department and developed a Safe Sleep 365 video ad and advertorial. The video played in 92 doctors' offices and four hospitals throughout the commonwealth, and the advertorial was featured in four parent and family magazines. Both have also been distributed to the regional practice consultants as resources for their teams. The advertorial remains available on the Safe Sleep 365 microsite, along with the safe-sleep video ad on the FUSION page.

Since January 2019, the Safe Sleep 365 microsite has had more than 4,993 views. VDSS has worked with the regions to distribute the advertorial and rack card; the Western region bought a billboard that displayed safe sleep information. The rack card is a publication developed by VDSS as part of the VDSS safe-sleep toolkit. This printed publication provides information regarding safe-sleep practices for parents and caregivers. VDSS continues to receive inquiries and positive feedback on the rack cards and advertorial, which were also placed on the FUSION page.

Safe-sleep door knockers and magnets were created and made available free to LDSS to provide to families. Safe-sleep door knockers remain available for LDSS distribution.

The Piedmont region developed a Public Service Announcement (PSA) about safe sleep practices as a result of a recommendation by the Piedmont Child Fatality Review Team and in collaboration with the Assistant Chief Medical Examiner in that region. This PSA has been shared with the other four regions to promote safe sleep practices.

VDSS collaborated with its public affairs department to develop an infographic on safe sleep practices to be shared by child welfare staff with families who have children in the home under the age of two, as a way to support the expansion of safe sleep education to families with children under the age of two that is now required in CPS guidance. This infographic is available on the FUSION page and the public website. Since becoming available, approximately 12,300 copies have been distributed throughout the commonwealth.

Regional Child Fatality Review Teams (CFRT) convene to examine deaths that LDSS investigated. More information on CRFT is included in the Efforts to Track and Prevent Child Maltreatment Deaths Section. Highlights of SFY 2022's regional recommendations were to enhance public awareness campaigns related to safe sleep practices while continuing to target under-reached populations, such as the recovery community, fathers, grandparents, older siblings, and non-familial caretakers; to improve local and state partnerships with community resources to promote safe sleep messaging to ensure families are receiving safe sleep education before child welfare involvement; and to provide more educational materials in multiple languages.

In response to their recommendations, VDSS enhanced collaboration across systems by providing safe sleep presentations and resources to Project Link (recovery community), Virginia Department of Education Childcare Licensing Division (childcare providers), and Virginia Department of Child Support Enforcement Family Engagement Program (fathers and other kin). VDSS partnered with Sleightight Hampton Roads, the "backbone" organization for a community wide-collective-impact project around safe sleep in the Eastern region. VDSS also increased collaboration within various internal programs in order to align safe sleep messaging and provide resources to families.

VDSS also created a brief 2023 survey to better understand the work being done by local agencies regarding safe sleep education and to learn more about the resources that currently exist in their localities. The survey was sent to 120 local agencies, and more than half responded. VDSS has been highlighting local agencies with great safe sleep practices at the Protection and Prevention PAC since then.

VDSS now offers the safe sleep infographic as well as other safety infographics, in English, Spanish, Chinese, and Vietnamese. VDSS continues to evaluate the need for materials in other languages by collecting data on the populations with which the local agencies interact. VDSS continues to host quarterly, interactive webinars called Lifelines. Periodically VDSS uses Lifelines to spotlight the topic of safe sleep education and documentation. The webinars discuss CPS guidance around safe sleep education, best practices in regard to documenting interactions involving safe sleep, and demonstrates how to use COMPASS Mobile features when interacting with families around the topic of safe sleep.

Safe Haven Campaign

Virginia passed its first Safe Haven law in 2004. During the 2022 session of the Virginia General Assembly, three bills were enacted related to Virginia's Safe Haven law. House Bill 16, Senate Bill 63, and House Bill 50 extended the period of time in which a parent could surrender their infant and receive

criminal immunity from prosecution for child abuse or neglect. Before this legislation, the law allowed up to 14 days after the child's birth. These bills extended that time to 30 days. House Bill 50 also outlined the installation and operational procedures for hospitals and emergency medical services agencies who voluntarily install newborn safety devices for the receiving children under the Safe Haven law.

House Bill 50 required VDSS establish a toll-free, 24-hour hotline to make information about the commonwealth's safe haven laws - which provide for relinquishment of an infant, infant-relinquishment locations, and support and resources available for parents - available to the public. It will make information about the hotline, including the toll-free number that may be used to contact the hotline, available on its website. VDSS was also required to undertake a campaign to increase public awareness of the commonwealth's laws providing for relinquishment of an infant and the hotline established pursuant to this act.

In order to comply with the legislation passed in 2022, VDSS entered into a contract with the National Safe Haven Alliance (NSHA) to provide the toll-free, 24-hour crisis hotline. NSHA began providing this service for VDSS in October 2022. Additionally, VDSS partnered with NSHA to produce the promotional materials needed for the Safe Haven public awareness campaign. NSHA helped VDSS decide to launch an initiative instead of a large-scale campaign, as this is a more proactive way to achieve the goal of increased awareness of the commonwealth's Safe Haven laws and the existence of the toll-free Safe Haven crisis hotline. VDSS launched the Safe Haven Awareness Initiative in November 2023.

In creating the initiative deliverables, NSHA adapted its existing copyrighted resource and training materials to reflect Virginia's Safe Haven laws. The deliverables consisted of:

Public Service Announcement (PSA)- Approximately three minutes in length, it included a brief overview of Virginia's Safe Haven laws while highlighting the Safe Haven crisis hotline.

NSHA Hotline Video- Approximately 30 seconds in length, it provided information about the Safe Haven crisis hotline.

Printed Safe Haven Toolkit- Contents included a state-specific NSHA brochure, state-specific NSHA posters in English and Spanish, state-specific pregnancy help cards in English and Spanish, and a Safe Haven flyer for Virginia providers.

Digital Safe Haven Toolkit- Contents included links to the PSA, NSHA hotline video, state-specific NSHA brochure, state-specific NSHA posters in English and Spanish, state-specific pregnancy help cards in English and Spanish, Safe Haven flyer for Virginia providers, and the Virginia Safe Haven training video.

Virginia Safe Haven Training Video- A link to the video was included in the digital Safe Haven toolkit.

Safe Haven Signs- NSHA will provide up to 100 signs for designated Safe Haven locations in Virginia.

Billboards- One billboard was placed in each of Virginia's five regions for a period of three months, starting on November 6, 2023.

Each LDSS received one printed version of the Safe Haven toolkit, shipped directly to them from NSHA. LDSS were encouraged to share items from the printed toolkit with staff and display some of the

materials in agency lobbies or another location where the materials would be most visible to the public. Items from the digital Safe Haven toolkit were to be used to share information on the LDSS webpage, County/City webpage, and on LDSS and County/City social media platforms. LDSS were also instructed to share these items with their community partners and designated Safe Haven locations by collaborating with the state’s health systems, fire programs, and emergency services programs, as well as through community outreach conducted by LDSS. When conducting community outreach, LDSS were advised to inform designated Safe Haven locations about the need for them to identify as such and help them to order a sign through the NSHA website.

As part of the statewide initiative, VDSS revamped the Safe Haven website to educate the public on the commonwealth's Safe Haven laws that provide for relinquishing an infant, infant relinquishment locations, and support and resources available for parents. VDSS included information about the toll-free, 24-hour Safe Haven crisis hotline on the website, as well as links to all the deliverables created during the initiative. Since October 2022, the Safe Haven microsite has more than 6,263 views. VDSS created a Safe Haven page on FUSION to provide staff with the same information as the public as well as access to the initiative deliverables. Since November 2023, FUSION has had more than 315 views. Before the launch of the Safe Haven Awareness Initiative, use of the Safe Haven hotline was low. After the launch of the Safe Haven Initiative, the number of calls received by Safe Haven hotline slightly increased.

Safe Haven Hotline Calls

Timeframe	Number of Calls to Safe Haven Hotline
October 2022-August 2023	17
September 2023	3
October 2023	4
November 2023	6
December 2023	1
January 2024	4

VDSS continues to promote the use of the Safe Haven initiative deliverables and the Safe Haven hotline. All of these things are available to LDSS and the public, free of charge.

CPS Guidance and the Virginia Administrative Code specifically addresses children under the age of four. Virginia Administrative Code (22VAC40-705-80-A1) and Section 3.8.8 of CPS guidance requires that LDSS respond to valid reports of abuse or neglect for a child under the age of two within 24-hours after receiving of the report. Sections 4.5.19 and 4.6.35.10 require that FSS refer children under the age of three for early prevention services provided by local Intake Toddler Connection of Virginia programs, as required by CAPTA. Lastly, Sections 4.5.6.7.1 and 4.6.11.1 require that FSS assess sleep environments and sleep practices with all families who have infants younger than two years of age. VDSS’s efforts will continue, as the population of young children at greatest risk of maltreatment, remains a top priority for VDSS (**CAPTA Plan**).

Preventing Sex Trafficking and Strengthening Families Act (HR4980)

VDSS continues to identify, track, and serve victims of child trafficking as another population at the greatest risk of maltreatment (**Protection Strategy 2.2**) VDSS has developed an online training course on identifying children and youth who are at risk of being victims of child trafficking or at risk of being victimized. This training is available to the public.

Since 2011, 234 victims of sex trafficking have been identified in Virginia's automated data system. In 2023, 27 children and youth involved with the child welfare system were identified as victims of sex trafficking. The victims identified were predominantly female (96%), White (59%), and adolescents (93%). The number of victims identified in 2022 and 2023 remained consistent. Based on the most recent recorded case type, 37% of victims were involved in foster care, 15% were involved with a human trafficking assessment, 15% were involved with In-Home Services, and 33% did not have a case type reported. These youth may still have been involved in a CPS investigation or family assessment.

The Code of Virginia was updated in July 2019, requiring LDSS to respond to all complaints or reports of child sex trafficking. The Code of Virginia establishes that the alleged victim's parent, caretaker, or any other person suspected of trafficking a child may meet the caretaker criteria needed to determine the validity of a complaint or report of sex abuse involving sex trafficking. It also allows LDSS to assume emergency custody of child victims of sex trafficking for up to 72 hours, until the parents can be located and their ability to protect the child from the trafficker can be assessed.

As a result of this legislation, VDSS developed program guidance on the child welfare system's new response to all complaints involving the human trafficking of a child. Changes were made to 22VAC40-705 Child Protective Services regulation to comply with the new legislation passed regarding the child welfare system's response to the trafficking of children in the state. VDSS also made several system enhancements to the child welfare information system to improve the system's ability to capture data on the prevalence of child trafficking. VDSS staff participated on a subcommittee of the Anti-Human Trafficking Coordinating Committee which met bi-monthly.

In 2023, LDSS completed 12 human trafficking assessments involving 14 children and youth. The children and youth involved in the human trafficking assessments were predominately female (79%), and adolescents (71%). In 2023, LDSS conducted 16 CPS investigations on allegations involving the trafficking of a child or youth. This is a 13% increase in the number of investigations in 2022 and more than 100% increase in the number of investigations since 2021. The outcomes of the 2023 investigations were four founded at level 3, five unfounded, and seven dispositions were pending. The investigations were suspended in accordance with policy and dispositions will not be rendered until the LDSS resumes the investigations.

VDSS intends to strengthen the LDSS response to child trafficking through the following efforts over the next two years, as reflected in the strategic plan. The continued implementation and monitoring of a statewide response to all reports involving child victims of trafficking will be done by seeking input and consultation from Parent Council, Policy Advisory Committees, Tribes, and Citizen Review Panels (CRP) to promote a consistent response to all reports of child trafficking by the child welfare system (**Protection Strategy 2.2**).

VDSS' case management system can identify and document children and youth who have been victims of child trafficking before entering, while in, or while on the run from foster care.

Preventing child trafficking and strengthening families includes addressing requirements for when a youth runs away from foster care, eliminating non-permanency foster care goals, and establishing reasonable and prudent parent standards. Foster care guidance was revised in 2015, 2017, and 2022 to support LDSS around expectations and requirements when a youth runs away from foster care. Foster care job aids have been updated to include reminders and prompts regarding those expectations and requirements. Foster Care Policy was updated in 2022 to clarify that LDSS must document a youth's missing status in the VDSS case management system immediately, but no later than 24 hours from notification that the youth is missing. Documentation must include a notification to law enforcement for inclusion in the National Center for Missing and Exploited Children (NCMEC).

VDSS also updated the child welfare information system in 2022 to add a specific field for NCMEC notification. VDSS is currently under a PIP regarding the new federal requirements until updated guidance can be released. VDSS developed online training to educate LDSS FSS; private-provider group home, residential, and therapeutic foster home staff; LDSS foster parents; private-provider foster parents; and other community-partner agency staff on child trafficking and appropriate services that can be offered to children and youth who have been victimized, as well as those who are at risk of victimization. VDSS worked to develop guidance and has also developed training and resources to support LDSS in implementing normalcy for youth in foster care. Work towards improving youth experiences in foster care through continuing efforts to ensure full implementation of normalcy will continue. SPEAKOUT, Virginia's Youth Advisory Board, will continue to be a key partner in this effort.

In 2023, VDSS partnered with NCMEC to further explore the resources available to communities and develop a plan to train LDSS, to ensure that they are making the required referrals and to enhance their understanding of the services that NCMEC provide when youth are missing. VDSS plans to partner with NCMEC in 2024 to provide training to LDSS.

Virginia Title IV-E PIP 2023-2024

For each child and youth described in 471(a)(9)(C)(i)(I) of the act, the state or Tribal agency shall report immediately, and in no case later than 24 hours after receiving, information on missing or abducted children to law enforcement authorities for entry into NCMEC and the National Crime Information Center (NCIC) database of the Federal Bureau of Investigation. The state or Tribal agency shall maintain regular communication with law enforcement agencies and NCMEC in efforts to provide safely recover a missing or abducted child or youth, including by sharing information pertaining to the child's or youth's recovery and circumstances related to the recovery. Where reasonably possible, the state or Tribe's report submitted to law enforcement agencies and NCMEC shall include 1) a photo of the missing or abducted child or youth; 2) a description of the child's or youth's physical features, such as height, weight, sex, ethnicity, race, hair color, and eye color; and 3) endangerment information, such as the child's or youth's pregnancy status, prescription medications, suicidal tendencies, vulnerability to being sex trafficked, and other health or risk factors.

As a result of the clarified federal language regarding missing youth, Virginia has entered into a title IV-E PIP. All affected program areas are in the process of revising their programmatic guidance in order to comply with the requirements set forth by 471(a)(9)(C)(i)(I).

Prevention and In-Home Services

Accordingly, this guidance modification will be reflected in the VDSS Child and Family Services Manual, Chapter B: Prevention, Section 2: Prevention and In-Home Services to Families. The guidance change will include the requirement that LDSS notify NCMEC and law enforcement when there is a missing child in an open child welfare case who is a victim or at risk of sex trafficking. This change

aligns with current written practice guidance that requires LDSS to identify, document, and determine appropriate services for children and youth at risk of sex trafficking. The 30-day public comment period in the Virginia Regulatory Town Hall has been completed for the proposed changes, with an effective date of February 2024. VDSS is in the process of communicating and training for these guidance changes.

Foster Care

Accordingly, this guidance modification will be reflected in the VDSS Child and Family Services Manual, Chapter E: Foster Care, Section 17: Managing Foster Care Services. The guidance change will include the requirement that LDSS notify NCMEC and law enforcement when there is a missing child youth who is receiving Chafee services, but is not in foster care. This change will require LDSS to make the required referral to NCMEC and law enforcement jointly with the legal guardian. The 30-day public comment period in the Virginia Regulatory Town Hall will be completed for the proposed changes, with an effective date of summer 2024.

Child Protective Services

This guidance modification will be reflected in the VDSS Child and Family Services Manual, Chapter C: Child Protective Services Section 4: Assessments and Investigations. The guidance change will include the requirement that LDSS notify NCMEC and law enforcement when there is a missing child or youth who is receiving Chafee services, but is not in foster care. This change will require the LDSS to make the required referral to NCMEC and law enforcement jointly with the legal guardian. The 30-day public comment period in the Virginia Regulatory Town Hall will be completed for the proposed changes, with an effective date of summer 2024.

Efforts to Track and Prevent Child Maltreatment Deaths

VDSS currently uses data from child deaths investigated by LDSS and determined to be founded when reporting the number of child maltreatment-related deaths to NCANDS. This data comes from information that LDSS workers report and document in the child welfare information system . A reported death must first meet the validity criteria to be determined valid.

The validity criteria are specified in regulation 22 VAC 40-705-50 B:

- The alleged victim child or children are under the age of 18 at the time of the complaint and/or report;
- The alleged abuser is the alleged victim child's parent or other caretaker;
- The LDSS receiving the complaint or report is then LDSS of jurisdiction; and
- The circumstances described allege suspected child abuse and/or neglect as defined in §63.2-100 of the Code of Virginia.

VDSS reports the number of child abuse and neglect fatalities caused by child abuse or neglect annually to NCANDS. This data only includes investigations of child death that a LDSS has determined to be founded for child abuse or neglect. VDSS works collaboratively with a number of entities, including VDH, OCME, the Division of Health Statistics, law enforcement, and attorneys. However, VDSS does not use information from the state's vital statistics department, law enforcement agencies, or OCME's offices when reporting child maltreatment deaths to NCANDS, due to each agency's different governing laws, policies, and roles. As described subsequently, the roles and tasks of each entity vary, making it challenging to use information from the collaborative partners beyond the scope of what is required to be reported to NCANDS. VDSS does not plan to expand the use of information from the state's vital

statistics department, law enforcement agencies, or OCME offices when reporting child maltreatment deaths.

VDSS continues to explore the extent to which the numbers of child deaths reported and investigated by other sources agree, considering various roles and tasks. The Code of Virginia, §63.2-1503 D requires that LDSS, on receipt of a complaint regarding the death of a child, report immediately to the attorney for Virginia and the local law enforcement agency and make all records available to them. The Code of Virginia, §63.2-1503 E requires that when abuse or neglect is suspected in any case involving the death of a child, the LDSS report the case immediately to the regional medical examiner and the local law enforcement agency. All cases that the OMCE investigates are made available to the Office of Vital Records.

The state child-fatality review team and Virginia’s five regional CFRTs continue to review child-death cases in a multidisciplinary group including social services, law enforcement, and the medical examiner. Over the past several years and since the establishment of the regional teams, the number of cases reported to and investigated by LDSS has increased significantly.

	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
Child-death investigations	124	118	143	139	170	164	173
Founded disposition	46	40	47	34	55	43	30
Unfounded disposition	69	71	80	88	93	93	96

As of February 26, 2024, there were 173 child-death investigations. Thirty deaths were found to be the result of abuse or neglect and 96 deaths were unfounded. There were 45 pending investigations. There was a slight increase (5.5%) in the total number of child-death investigations. In SFY 2023, there were 96 (55%) child fatality reports and investigations with an unfounded disposition. Of the 96 unfounded reports, 69 (72%) involved a child younger than one year of age. 52 of the 93 reports (54%) were sleep related.

VDSS staff continue to discuss ways to reduce child maltreatment deaths. Identified strategies include training (improve thoroughness for staff so they in turn can better educate families); better partnerships and collaboration with community stakeholders and providers (understanding the services they provide and the unique knowledge they have of the families they work with); improved screening of families (so they can receive the tools that will maximize their opportunities for success) ; and providing services to families when there is a high or very high risk following a CPS family assessment or investigation.

- Training - VDSS provides a two-day in-person training course on investigating child maltreatment deaths. *CWS2041: Child Fatality Investigations* includes investigation process and its - goals, roles, preparation, and requirements; collaborating with law enforcement, Virginia’s attorney, and other MDT members; understanding child fatality causes and SAFE sleep practices; interviewing involved parties; assessing and planning for the safety of siblings and other involved children; evidence collection, including crime scene observation and obtaining medical records; working with regional consultants; completing the Preliminary Child Fatality/Near Fatality form and the National Case Reporting Tool; understanding the role of and working with the Medical Examiner; understanding CFRTs and preparing for participation; and professional self-care and resources for

support and resilience. This course is included in the mandated training requirements for CPS workers and supervisors who conduct and supervise child death investigations.

- Partnerships and Collaboration - VDSS continues to work with the CFRT, CJA, DOE (childcare licensing), National Center for Fatality Review and Prevention, OCME, Office of the Children's Ombudsman, and the Family and Children's Trust Fund to build and expand existing partnerships and increase collaboration around the prevention of child deaths. VDSS joined the National Partnership for Child Safety (NPCS) in SFY2022. Since joining, VDSS has engaged with NPCS in process mapping to improve the internal VDSS child fatality staffing process and to assist with restructuring the VDSS' five regional child fatality review teams. VDSS collaborated with NPCS to present on the topic of adopting a safety science culture within child fatality reviews during a session at the CACs of Virginia annual conference. VDSS continues to participate in the NPCS infant safe sleep workgroup, which is focused on classification decisions and upstream approaches to unsafe sleep death investigations as well as the communications workgroup, which is focused on developing and implementing a national and regional/state communications strategy to broaden awareness about the partnership and safety science. VDSS participated in a webinar series with NPCS on innovative and evidence-based supports for caregivers with substance-use problems. The National Partnership for Child Safety continues to explore ways it can assist VDSS in preventing child maltreatment deaths.
- Technical Assistance - VDSS has an internal staffing protocol, including state and regional leadership, to review high-risk child-maltreatment deaths. High-risk child-maltreatment deaths have significant child welfare history, a current open child welfare case, involve an LDSS employee, have been in the media, or are deaths that the Code of Virginia requires to be reported to the Office of the Children's Ombudsman. The internal staffing protocol includes a review of the circumstances of the child's death, review of prior child welfare history, identification of the LDSS practice strengths and areas needing improvement, and development and monitoring of a technical assistance plan for the LDSS to be provided by Regional Practice Consultants. These reviews also identify opportunities for clarification and potential enhancements that to program guidance and for broader technical assistance and support to LDSS.
- Peer-to-Peer Outreach—VDSS has been working with several other states to learn about their efforts to prevent child maltreatment deaths. VDSS has been in contact with Arizona, Florida, Montana, New York, Oregon, and Washington. VDSS plans to use this information to make enhancements to their existing child death prevention efforts.

VDSS also engages in a plethora of activities with public and private stakeholders regarding preventing child maltreatment deaths. Regional CFRTs convene to examine deaths that LDSS investigated. CFRTs focus on identifying risk factors, trends, and patterns, developing recommendations, and creating action plans. A multidisciplinary CFRT is in each of the five VDSS regions. In SFY2023, the regional recommendations were once again focused on the topic of safe sleep, as 75 out of the 173 (43%) child deaths were sleep related. It was recommended to enhance public awareness campaigns related to safe sleep practices while continuing to target under-reached populations, such as the recovery community, fathers, grandparents, and childcare providers, to improve local and state partnerships with community resources and promote safe sleep messaging to ensure families get safe sleep education before child welfare involvement, and to provide more educational materials in multiple languages.

VDSS recently began the process of restructuring the five regional CFRTs. The goal in restructuring these meetings is to enhance the quality of the review process, enhance the quality of the recommendations developed during these meetings, and to increase capacity across programs within VDSS to strengthen prevention work. Moving forward, regional review teams will no longer review every child death that is

investigated by CPS. Instead, regional review teams will only review the child fatality investigations that meet the following criteria:

1. Current open DSS referral/case at the time of the fatality
2. Valid or invalid CPS report within last 12 months
3. Child died while in foster care (not from natural death and no complaint in foster home)
4. Child died in foster care on a trial home placement
5. Foster care case involving decedent or decedent's siblings was closed within the last 24 months

This is the same criteria that requires VDSS to notify the Office of the Children's Ombudsman when a local agency validates a CPS referral involving a child fatality (<https://law.lis.virginia.gov/vacode/title2.2/chapter4.4/section2.2-443/>).

Reducing the number of fatalities reviewed across the Commonwealth will mean, fewer meetings per year in each region. The regional review team meetings will be organized and facilitated by VDSS home office staff and will no longer be managed by the regional offices. Regional office staff will now participate on the regional review teams as members and will help guide the discussion and prevention recommendations.

VDSS developed a public awareness infographic on infant safe sleep. The infographic has been distributed to LDSS and key stakeholders; it is also posted on the public VDSS website. The infant safe sleep infographic as well as other safety infographics, are available in multiple languages including English, Spanish, Chinese, and Vietnamese. VDSS continues to evaluate the need for materials to be available in languages other than English by collecting data on the populations with whom the local agencies interact. VDSS, with input from the Parent Council, will continue to identify strategies to promote distribution with the general public.

VDSS also enhanced collaboration across systems by providing safe sleep presentations and resources to Project Link (recovery community), DOE Childcare Licensing Division (childcare providers) and Virginia DCSE Family Engagement Program (fathers and other kin). VDSS partnered with Sleptight Hampton Roads, the "backbone" organization for a community- wide-collective impact project around safe sleep in the Eastern region. Furthermore, VDSS increased collaboration within various internal programs in order to align safe sleep messaging and provide resources to families. VDSS hosts interactive webinars called Lifelines on a quarterly basis, spotlighting the topic of safe sleep education and documentation. The webinars discuss CPS guidance around safe sleep education and best practices in documenting interactions involving safe sleep education. It demonstrates how to use COMPASS Mobile features when interacting with families around the topic of safe sleep. VDSS will continue to use these themes to guide its work with local agencies and communities.

VDSS, in partnership with numerous state agencies and organizations throughout the commonwealth, developed the Virginia Plan to Prevent Child Abuse and Neglect (the prevention plan) in response to the 2020 Appropriations Act directive to create a comprehensive, coordinated plan to prevent child abuse and neglect. The prevention plan goal is that "all families, youth and children in the commonwealth are safe, healthy, and nurtured, and have equitable access to resources and opportunities to thrive in their communities." To see the plan, click [here](#). A summary of the plan can be found on the Legislative Information System website under published documents. Click [here](#) for more information.

PERMANENCY

Foster Care

Virginia law (§ 63.2-905) requires that foster care provide a “full range of casework, treatment, and community-based services for a planned period of time to a child who is abused, neglected, or in need of services.” All children in foster care are placed through a judicial commitment or a voluntary placement agreement with a LDSS or a licensed child-placing agency. Foster care services are provided to each child and family to either prevent foster care placement or, once a child is placed in foster care, to facilitate a timely exit to a permanent home. The LDSS have either legal or physical custody of children in foster care and are responsible for providing direct services to these children and their families.

On December 31, 2023, there were 4,325 children and youth between the ages of birth and 17 years in foster care. This is an increase in the overall number of children in care versus the same date last year, when 4,069 children and youth were in foster care. An additional 785 youth between the ages of 18 and 21 were also being served. This is a slight decrease to this population group from last year, when the number was 833. The youth ages 18 through 21 are receiving foster care services through Fostering Futures, Virginia’s extension of foster care program. In 2023, 54% of eligible youth were participating in Fostering Futures. This is a slight decrease from 2022 (55%), 2021 (56%) and 2020 (58%).

The foster care program also includes kinship guardianship assistance through KinGAP. VDSS promoted KinGAP use through revisions to guidance in July 2021, removing the requirement of approval for KinGAP arrangements for youth under age 14 by the regional permanency practice consultant, as well as additions to guidance that clarified steps to determine that adoption is not an appropriate goal for a child or family. VDSS has continued to see the number of youth who discharge to relatives through KinGAP increase to 81 youth in 2023, compared with 33 youth who discharged with KinGAP in 2022 and 27 youth who discharged from KinGAP in 2020. Despite the increase in KinGAP cases since the program began, KinGAP is still underused. As VDSS continues to focus on kinship options for families, it expects that the number of KinGAP cases will continue to increase and youth aging out of care will decrease (**Permanency Strategy 2.4**).

In 2022, State-Funded Kinship Subsidy was implemented to expand kinship permanency assistance options. This program provides assistance for youth and families who are ineligible for KinGAP but who are eligible to have custody of the child transferred to the kinship provider. Eight youth discharged with a state-funded kinship subsidy in 2022. In 2023, 19 youth discharged to relatives through a state-funded kinship subsidy. VDSS continues to promote KinGAP and state-funded kinship subsidy by offering educational opportunities and technical assistance about the differences between the two programs and how each can be used to reduce barriers to placing children with family and the importance of concurrent planning practices to support familial placements and achieve permanency for youth in foster care. VDSS also obtains feedback from LDSS regarding enhancements to practice and guidance that will improve outcomes within the KinGAP and State Funded Kinship Subsidy programs (**Permanency Strategy 2.4**).

In 2023, VDSS began promoting Kin First Now by assembling a VDSS team that travels to local agencies for two days to enhance or create an internal process that reinvests staff’s time on search, discovery, and assessment of relatives and fictive kin through a teaming approach. The Kin First Now practice promotes the urgent discovery and engagement of family at the first point of contact in the child welfare system and throughout permanency planning. More information on Kin First Now is included in **Critical Priorities**.

In 2023, VDSS implemented the Housing Support for Emancipated Youth Program, which provides time-limited monetary support for youth who may be eligible for Fostering Futures but are not yet participating

in Fostering Futures. Virginia's legislature established this program at the beginning of 2023. The housing support assistance is equal to the room and board portion of the maintenance payment for Fostering Futures. A youth may receive this support for a period of no more than six months (consecutive or non-consecutive) from the age of 18 until their 21st birthday. VDSS will continue to promote the program to ensure that eligible youth take advantage of it (**Permanency Strategy 3.1**).

VDSS continues to support increased use of family-based placements for children in foster care. On December 31, 2023, there were 4,325 children in foster care under the age of 18 with 3,374 (78%) in foster homes and 2,754 (64%) of these placed in non-relative foster homes. An additional 245 youth (6%) were placed in pre-adoptive homes. The percentage of children placed in kinship foster homes has increased to 14% (620) after remaining consistent at 12% for 2021 and 2022. VDSS continues to emphasize placing children with kin, advancing a Kin First culture with the addition of "fictive kin" to the code-based definition of kinship care on July 1, 2020, and clarifying the foster home approval process for immediate placement with kin. Of children in foster care under the age of 18, 14% (587) were in congregate care placements which is slightly higher than 12% in 2022. On December 31, 2023, 83% (652) of youth over the age of 18 in foster care were in independent living placements.

Virginia's permanency rate for CY2023 was 79%, which is a slight increase from 78% in CY2022. Virginia continues to have a high percentage of youth aging out of foster care without permanency, and the CFSR results show that achieving permanency for children in foster care continues to be an area needing focus, resulting in multiple planned activities in **Permanency Strategy 1**.

Regional permanency practice consultants have been tasked with providing ongoing reviews of all placements of children in congregate care, to ensure that such placements are medically necessary and to support the movement of these children to family-based placements as soon as possible (**Permanency Strategies 2 and 3**). Additional tasks include monitoring the use of the psychotropic medication oversight protocol and providing oversight for the provision of physical, mental, and behavioral health screening and services. The consultants maintain a list of the psychotropic medication consenters for each local agency to ensure protocols are being followed. Additionally, the consultants will review all cases where children have been in care for 24 months or longer and cases where youth are at risk of aging out of foster care, and assist LDSS to find permanent homes for these children while also building capacity to improve permanency outcomes in the future.

Regional resource family practice consultants have continued to support LDSS efforts to increase the number of children in foster care who are placed with relatives, as well as an overall increase in the number of children in foster care who are placed in a family-based setting. Resource family practice consultants have supported the implementation of changes and revisions to Resource, Foster and Adoptive Home Approval Guidance, effective January 2021, that placed priority on approving kinship foster parents when children enter foster care or whenever they are identified and assessed to be appropriate caregivers in accordance with the Diligent Recruitment strategic plan (**Permanency Strategy 2**). The consultants also continue to assist LDSS in developing data-driven recruitment plans to ensure that an adequate number of resource families are available to care for children in their home communities and that resource families represent the racial and ethnic makeup of children in foster care. More information is included in the Appendix D: Diligent Recruitment Plan.

The staff of regional offices also have the authority to provide temporary staff support to local departments experiencing higher than normal caseloads or staff shortages. In addition to these actions to support children's well-being and safety, the VDSS Commissioner has the authority to intervene when a LDSS fails to provide foster care services or make placement and removal decisions in accordance with law or regulation, or takes any action or fails to act in a manner that poses a substantial risk to the health,

safety, or well-being of any child under its supervision and control. In 2022, this authority was exercised with one case in a local agency. The attorney general's office filed a petition to intervene and VDSS and the regional office collaborated to direct casework.

Regional permanency practice consultants routinely provide technical assistance on foster care policy and procedures and are available for virtual and on-site technical assistance as needed. VDSS home office staff also provide program support for the implementation of older youth Chafee services and family support, stabilization and preservation services through regional training efforts, maintenance of current guidance, and technical assistance on foster care to all localities. More information about these activities is provided in the Chafee section of this CFSP.

Youth with High Acuity Needs

Beginning in 2021, VDSS has been addressing an increased number of youth with high acuity needs that have been at risk of displacement or without placements. A poll of LDSS conducted that year showed that between February and July 2021, 163 children were displaced for at least one night, many of them for more than one night. These youth spent the night in LDSS offices or hotel rooms, with LDSS providing 24-hour supervision. Often, LDSS had made upwards of 100 referrals for placement only to have the youth denied by them all.

In addition to collaborating with other state departments to address the issue, VDSS developed a process by which VDSS, in partnership with the regional office, provides technical assistance to agencies for each of these cases. As these cases arise, VDSS is notified, and, if the situation is not swiftly resolved, a case staffing to include state level partner agencies is scheduled. This lets VDSS gain information about the case and provide suggestions for moving forward including considering/re-considering family and fictive kin while also bringing resources from other state agencies to bear on the situation.

In April 2022, Governor Glenn Youngkin created the Safe and Sound Taskforce to resolve issues related to high acuity youth not having placements available to meet their needs. The task force brought together leadership from public, private, and non-profit agencies across the state to look at systemic issues that contribute to this problem (see **Collaborations Section**). Additionally, funding was made available to VDSS through the task force to support a number of strategies intended to reduce the displacement of youth in foster care. Using this funding, in 2022 VDSS developed several pilot programs including a professional foster parent model and a 'crisis-level' additional daily supervision payment to foster parents. These were implemented at the beginning of 2023. VDSS has continued to offer more intense support to agencies as they identify youth who are at risk of being without a placement. Using Safe and Sound Taskforce funding, VDSS hired three contractors who provide placement support to agencies by making placement referrals, following up on referrals, enhancing family engagement practices, facilitating FPMs, and sometimes making referrals for services that support placements. Additionally, the assistant director and foster care program manager have made themselves available in the evenings and weekends to support agencies in solving problems. This may result in assigning a placement support specialist to begin working on placements in the evenings and on weekends.

Most of the displaced youth have been in foster care for extended periods of time. Many are legally free for adoption but have no adoptive home prospects. Most have experienced significant placement instability before becoming displaced. VDSS continues to emphasize kin placement as children come into foster care so that youth have safety and stability in placements early on, to alleviate the problem of children developing high acuity needs while in foster care. Case staffing for youth with high acuity needs continued throughout 2023. A total of 80 youth were displaced 157 times for a total of 1031 days during 2023.

The work of the Safe and Sound Taskforce will continue into the foreseeable future. VDSS wants to hire additional placement support specialist contractors as well as Kin First Now coaches to further support the LDSS in not only securing placements for children, but also in family engagement activities. The Family Seeing contract will also be used to focus on the permanency plan for children once placements are secured and the LDSS is beyond the crisis. This is essential to ensuring that high acuity youth maintain stability while establishing a path to permanency.

In 2023 VDSS established a pilot program providing an Exceptional Circumstances Payment to families who were able to meet the needs of high acuity youth, in an effort to maintain youth in the community and reduce the use of congregate care. The payment is an additional \$3000 per month for up to three months, allowing foster parents to provide an increased level of support and supervision for a short period of time until the youth stabilizes. VDSS is developing guidance and establishing a uniform process for determining eligibility, so that this can be added to the title IV-E plan for approving the use of title IV-E funds to make this payment.

Use of Congregate Care

VDSS has developed an ongoing review process for children and youth placed in congregate care, in order to continue to assess medical necessity, support the movement of these children to family-based placements as soon as possible, and reduce the use of congregate care placements across the state. VDSS will continue this process to identify the children for whom congregate care is not appropriate and support timely discharge. It places priority on providing opportunities for children to connect with relatives and fictive kin and to identify relatives and fictive kin who may serve as a placement for these children. Each case is reviewed within three months of the child being placed in congregate care to ensure that discharge planning begins immediately. Following the initial review, regional permanency consultants support efforts to move children out of congregate care and into family-based settings through monthly follow-up with agencies. As trends are identified within each region, regional permanency consultants and resource family consultants assist LDSS in developing capacity to place children into family-based care more often and to transition children from congregate care placements more quickly.

In CY2023, regional permanency consultants reviewed 482 children and youth who were placed in congregate care facilities. The reviews involved partnering with LDSS workers and supervisors to discuss the case and develop action steps to overcome barriers to the child stepping down as quickly as possible. Permanency consultants followed up with the LDSS each month to track the progress of the action steps that were developed; they continue to do so until the youth is discharged to a family-based placement. Of the 482 youth reviewed, the majority were white (60%). Twenty-eight percent were Black or African-American and 10% were multiracial. Most of the youth placed in CY2023 were age 13 and older (81%). During the first quarter of 2023, permanency consultants began tracking whether the youth had someone, besides their workers, visiting with them every month. Of the 111 youth reviewed during that quarter, 80 (72%) of them had someone visiting every month; 31 (28%) did not. This focus provides an opportunity to intervene for youth who are without any permanent connections and are most likely to remain in congregate care for an extended period of time and/or eventually age out of foster care.

VDSS is currently analyzing the effectiveness of the congregate reviews and considering a different model of reviewing cases. The proposed model includes a sample of children in a variety of placements and with different permanency goals. This will allow agencies to get more comprehensive feedback regarding their overall practice, so that this feedback can be applied across cases. The goal is to improve

overall practice of LDSS, to include an increase of kinship placements, which will likely reduce the use of congregate care.

In 2023, VDSS developed an Enhanced Treatment Foster Care Program in an effort to reduce the use of congregate care. Three therapeutic foster care agencies in the state provide this service through a contract with VDSS. The foster families receive a monthly stipend in addition to the basic and enhanced maintenance for children that are placed in their homes. One foster parent must be available to the child 24 hours a day, so more than likely there is a stay-at-home parent. The foster parent receives specialized training and a higher level of support from the agency. The placement is meant to be short term (less than six months) and there must be a clear discharge plan at placement. These homes are a good fit for a youth who is being discharged from congregate care, but is not quite ready to return home, or a youth who has higher needs that cannot be addressed in a regular foster home, but who can remain in the community with the proper supports. As this program is just in its first year, its effectiveness has yet to be determined. However, contracts have been signed to enter into a second year of the program.

VDSS will continue to focus on reducing the use of congregate care over the next five years through **Permanency Strategy 4.1** by continuing congregate care reviews, increasing collaboration with the state psychiatric facility, and, through the Safe and Sound Taskforce, expanding and enhancing placements continuum.

Diligent Family Recruitment

LDSS provides approval and support for local resource families in Virginia. The VDSS Diligent Recruitment unit or Resource Family Program is responsible for developing resource family policy and guidance and overseeing multiple services and contracts that support resource families in Virginia, including the Contingency Fund, Faster Families Highway (as outlined in **Item 35**), and CRAFFT (as outlined in **Item 28**). The VDSS Resource Family Program continues to prioritize kinship foster families through a variety of program enhancements and interventions including:

- Kinship Waiver Process
- Kinship Notification and Appeal Process
- Kin First Now (as detailed in **Critical Priorities**)
- Kin and Fictive Kin Recruitment contracts (as detailed in Item 35)

Contingency Fund

The Contingency Fund is a resource offered to resource families who are approved through an LDSS. It is designed to minimize out-of-pocket expenses for resource families when a child placed in their home causes loss or damages (accidental or intentional) to the parent's home.

Kinship Waiver Process

In the kinship foster home approval process, LDSS may use temporary waivers for a period of six months to allow for the completion of pre-service training, mutual family assessment along with physical and tuberculosis screening or assessment of kinship caregivers. A physical home environment safety checklist was also developed to aid local departments in evaluating the safety of the home environment and to determine where permanent waivers may be used to ensure that children are placed with kinship providers. Regional resource family consultants support LDSS implementation of this guidance. From January to December 2023, 494 kinship waivers were submitted for kinship foster parents resulting in 643

children being placed in kinship foster homes. During same time frame in 2022, just 380 kinship waivers were submitted resulting in 456 children being placed in kinship foster homes. This marked increase in utilization of kinship waivers demonstrates Virginia's continued efforts to reduce barriers to placement with kin.

Kinship Notification and Appeal Process

LDSS are required to inform relatives in writing of the process related to seeking approval of a kinship foster parent (effective July 1, 2022). Local departments are also required to notify relatives in writing when they are denied approval as kinship foster parents, which in turn lets relatives appeal the decisions of local departments to the office of Appeals and Fair Hearings if they are denied approval. To support LDSS in complying with these requirements, VDSS developed a Kinship Foster Parent Approval Letter to be provided to identified relatives and fictive kin within 15 calendar days of a relative or fictive kin expressing the desire to become an approved kinship foster parent. To support a solution-focused assessment of relatives being considered for approval as foster parents, with LDSS input, VDSS developed the Permanency Assessment Tool (PAT). LDSS are required to use the tool to engage prospective kinship foster parents and facilitate an understanding of the role they will play in supporting reunification and permanency, to outline the requirements of the approval process and to identify supports (natural and paid) necessary to make placement possible. The PAT is intended to allow LDSS to recognize strengths that prospective kinship foster parents possess and to develop plans related to those strengths that remove barriers to immediately placing children with relatives when they are identified. LDSS must complete the PAT whenever relatives are considered for approval and are required to maintain a copy of the completed PAT in the child's foster care record. The PAT is one of the practice elements used in the Kin First Now intervention mentioned in **Critical Priorities**.

When LDSS determine that a relative is not eligible for approval or that placement with the relative is not in the best interest of the child, they must use the Relative Notification of Denial and Appeal letter to inform the relative of their decision. LDSS are required to send the letter by mail within 10 business days of the decision to deny approval, including the reasons for the denial. The letter also notifies relatives of their right to appeal LDSS decisions and requires that they notify the Office of Appeals and Fair Hearings in writing (by U.S. mail or email) of their intent to appeal. Relatives must notify the Office of Appeals and Fair Hearings within 30 calendar days of the postmarked date indicated on the Notification of Denial and Right to Appeal letter. Upon notification of a relative's intent to appeal a LDSS decision, the Office of Appeals and Fair Hearings must conduct a hearing and render a decision within 90 calendar days. If the LDSS decision is overturned, a more thorough assessment must be conducted to remove barriers to placement with the relative.

Family Engagement

In Virginia, the Resource Family unit is also responsible for overseeing, supporting, and promoting family engagement activities. In April 2023, to support LDSS in effective family engagement and family driven decision-making, VDSS partnered with a workgroup of local FPM facilitators to host the first meeting of the Commonwealth FPM Facilitator's Forum (CF3). FPMs are the mechanism through which Virginia promotes family driven decision-making to ensure that children who enter foster care are placed with family and surrounded by a support network. CF3 is a bimonthly forum in which facilitators all over the state learn about and share best practice in FPMs. Additional forums were held in June 2023, August 2023, October 2023, and January 2024 and addressed topics such as effective preparation of families, conflict management in FPMs, addressing staff adherence to the FPM model, and trauma-informed interactions with family members. The Resource Family Unit also supported the efforts of Family Seeing described in the **Assessment of Current Performance**.

Adoption

LDSS also provides direct adoption services to children in their custody with the permanency goal of adoption. The VDSS adoption unit is responsible for developing adoption policy and guidance and managing the adoption resource exchange, adoption initiatives, adoption finalizations, and the adoption disclosure processes. Virginia's adoption initiatives are designed and implemented to assist LDSS ensuring that children achieve permanency through adoption.

The adoption program uses a variety of resources to assist LDSS in achieving permanency via adoptions. The appropriation of state funding for adoption negotiators, stakeholder partnerships, increased use of resources (such as the MFA contract staff who assist with the completion of home studies) and reformed practice contributed to the increased number of youths in foster care with finalized adoptions over the last several years. Seven hundred forty-one children in foster care received a Final Order of Adoption during SFY2023. Of all the children who exited Virginia's foster care system for adoption, 30.4% did so in a timely way. A timely exit reduces the time spent in out-of-home care to less than 24 months. The federal goal for timeliness to adoption is 36.6%, and Virginia's goal is 45.75%.

VDSS administers AREVA, providing statewide recruitment efforts for children in foster care who are legally free for adoption. AREVA uses the national AdoptUsKids website. Heart Galleries are an opportunity to feature children through professional photographs and have been very effective in recruiting families for waiting children. VDSS has a similar relationship with Virginia's Kids Belong, in their production of professional video shoots for waiting youth (see **Collaborations section**). VDSS plans to continue these adoption recruitment efforts to explore numerous avenues for adoptive placements to improve timeliness to permanency and decrease the number of youth aging out of foster care (Permanency Strategy 4).

Adoption Recruitment

November is Adoption Awareness Month. In November 2023, VDSS helped choose the youth who were featured in *30 Kids in 30 Days - A Hand to Hold*, in partnership with Jewish Family Services and Connecting Hearts of Virginia. The 30 Days of Hope 2023 campaign was featured in the metropolitan Richmond viewing area on CBS Channel 6 and in the Piedmont and Western viewing area on WSLC Channel 10. The 30 Days of Hope campaign featured 30 children in November. Each campaign daily featured children available for adoption and shared information about fostering to adopt. Throughout November 2023, VDSS received more than 500 inquiries. VDSS plans to provide similar activities each November to promote adoption awareness, recruitment, and education (Permanency Strategy 1).

Family inquiry tracking through AdoptUsKids was implemented in August 2021, to support LDSS in responding to families with approved home studies who expressed an interest in featured children who are legally free for adoption. LDSS responses to inquiries concerning the child's availability included statements that the child no longer wished to be adopted, the child was placed with a prospective adoptive family, and the case was placed on hold while the LDSS reviewed home studies for the child. VDSS sends a comprehensive family inquiry list to the LDSS twice per month. VDSS follows up with the LDSS within 15 days of receipt of the inquiries to ensure family inquiries get responses. VDSS receives inquiry updates manually from the LDSS and uses these updates to update all recruitment platforms. VDSS is

working collaboratively to expand promotional efforts for youth awaiting adoption and plans to develop and provide resources to increase LDSS response when inquiries are received from the public.

As of November 2022, Virginia no longer displays photos of children on AdoptUsKids. In an effort to limit the digital footprint of children in foster care, Virginia has elected to provide photos only to inquiring families at the time of initial inquiries. From January 1, 2023, through December 31, 2023, a total of 2,415 inquiries from child and youth registrations came from AdoptUSKids and AREVA. Inquiries are tracked at initial inquiry and at 15-, 30-, and 90-day intervals after the initial inquiry. There was not a significant decline in inquiries after this change.

VDSS will partner with SPEAKOUT, youth, and young adults with lived experience in child welfare, to incorporate their feedback on photolistings and adoption recruitment efforts. This will help evaluate best practices for photolistings and other adoption recruitment strategies. VDSS plans to continue seeking feedback from SPEAKOUT concerning these and other topics over the next five years (Permanency Strategy 4).

As of December 2023, 1,257 children and youth were in foster care with the goal of adoption. Of those, 1,192 were legally free for adoption. Of those, 876 children and youth in foster care did not have an identified prospective adoptive placement. Approximately 368 had an identified adoptive placement and were in the process of being adopted. At this time, 208 children have profiles on AdoptUSKids. There are 288 cases active for recruitment, 127 cases on hold, and 380 cases in deferment.

Virginia Birth Father Registry

Virginia Birth Father Registry (VBFR) protects the rights of unmarried men (and their relatives) to children they may have (un)knowingly fathered. By voluntarily registering with VBFR before or within 10 days after a child's birth, a putative father (a man who is alleged to be a child's father) can protect his rights to his child(ren) and be notified in the event his child is placed for adoption or into foster care. VDSS is running a campaign to increase awareness and encourage unmarried men and their relatives to register in the Virginia Birth Father Registry. Performance remains very consistent across all platforms. The current campaign runs through June 2025, but VDSS plans to continue increasing awareness through similar campaigns in the future (**Permanency Strategy 1**).

International Adoption

Adoption agencies must adapt to standards governed by Virginia's Division of Licensing Programs through the Code of Virginia and Virginia Administrative Code to ensure the safety of children adopted intercountry and abroad. Agencies undergo oversight and monitoring by the Division of Licensing Programs to review case records, policies, and procedures and ensure compliance with state, federal, and program policies.

Virginia provides support and services to families of children adopted from other countries in a way that is consistent with services provided to all families with children adopted through VDSS. The Department of Behavioral Health and Developmental Services, Community Services Boards, and Family Assessment and Planning Teams are examples of agencies that offer mental health and supportive services. Virginia also makes prevention and treatment services available to families who have adopted a child from another country if there are allegations of abuse or neglect. In addition, when children adopted from other countries come into the custody of the LDSS, the child and family are provided protective and treatment services to return the child home safely.

In SFY2023, a total of 88 international adoptions were finalized. As with families adopting from the child welfare system, families with children adopted from other countries have equal access to post-adoption services. Services are funded using adoption savings funds, supplemented with additional financial support provided by state general funds. A family that adopts a child from another country is not eligible for Adoption Assistance unless the child meets the requirements outlined in the federal Child Welfare Policy Manual, Virginia's Code of Virginia, and the Virginia Administrative Code.

In SFY2023, six children adopted from another country entered foster care. In SFY2022, there were a total of 17, for a decrease of 65%. Of these six children, one was disrupted before the adoption was finalized. In three of the five adoptions that were disrupted after being finalized, the parental rights of the adoptive parents were also terminated. Families cited reasons as the child's behaviors and family systems issues as reasons that the adoptions disrupted or dissolved. The agencies involved and countries of origin were mostly unreachable. Data available for one child who was adopted from China and placed by Families Are All God's Children International adoption agency.

VDSS will continue to track international adoptions over the next five years, to identify additional resources that provide supportive services to children adopted from other countries (**Permanency Strategy 4**). VDSS continues to work on updating the public-facing website with informative language regarding post-adoption services for families who adopt children internationally.

Adoptive Savings (section 473(a)(8) of the Act)

VDSS conducted the sixth title IV-E adoption savings calculations and case reviews in 2023. As a result of this project, the state has approximately \$10,017,668 million in calculated adoption savings in 2023. VDSS spent more than \$3 million in 2023 on services to assist LDSS as well as support and sustain adoptive placements for youth and children adopted from foster care. A total of \$805,618 was allocated to the MFA consultant and specialist positions. These positions assist the LDSS in completing MFAs for prospective foster and adoptive families, which are required for a foster care or adoptive placement. In 2023, MFA specialists received more than 230 referrals from across Virginia and completed approximately 147 mutual family assessment home studies. Additional funding was allocated to support contracts with community partners that provide post adoption services and maintain of COMPASS mobile.

At least 30% of the adoption savings will be spent on post-adoption services, post-guardianship services, and services to support and sustain positive permanent outcomes for children who otherwise might enter foster care. At least two-thirds of the state's spending will comply with this 30% requirement, as required by P.L. 113-183 modified section 473(a) (8) of the act, effective October 1, 2014. Adoption savings will be used in the same manner over the next five years, funding services to support, sustain, and achieve timely permanency for adoptive placements via foster care adoptions.

During FFY2023, the number of applicable children to receive title IV-E adoption subsidy payments leveled off in comparison to the previous fiscal year. The general fund appropriation to spend towards adoption reinvestment remained the same as it was in FFY2022, but VDSS spending increased during FFY2023 as compared to FFY2022. VDSS continues to expand and add new programs focused on children at risk for entering foster care and children post adoption/post guardianship to spend down the unused adoption savings by the end of FFY2026. The estimated timetable for spending down the unused adoption savings will span over the next three federal fiscal years (FFY2024, FFY2025, and FFY2026).

Other Adoption Services

In addition to adoption services for children in foster care, VDSS preserves more than 180,000 adoption records that date back to 1942. VDSS provides services to persons who are at least 18 years old to obtain information from closed adoption records (adoption disclosure). VDSS also provides adoption services for children who are not in the custody of LDSS, as well as other court-ordered services, such as custody investigations and visitation.

Adoption and Legal Guardianship Incentive Payments

Virginia's adoption assistance program provides subsidies on behalf of children who are either eligible for title IV-E or Virginia supported assistance. Virginia may also provide non-recurring and special service payments for eligible children with special needs. Medicaid may be provided to assist in meeting a child's medical needs.

Based on data from 2023 Q4 of the title IV-E penetration report, the total allocation for title IV-E adoption assistance was \$140,378,583. Seven hundred and forty-one adopted children received services through Virginia state adoption assistance. The total allocation for state adoption assistance was \$14,938,016.

Adoption Incentive Funds

In FFY2021, VDSS received approximately \$736,000 in adoption incentive awards funding. The award period is October 1, 2020, through September 30, 2024. In FFY2022, VDSS received approximately \$888,500 in adoption incentive awards funding. The award period was October 1, 2021, through September 30, 2025. In FFY2023, VDSS received approximately \$30,000 and expected to receive another award for more allocation. The award period is October 1, 2022, through September 30, 2026. This speaks to an increase in the number of adoptions and the specific categories of children in foster care, as indicated in the award criteria.

In 2023, LDSS had the opportunity to apply for adoption incentive funds through proposal submissions. Approximately 56 of 120 agencies, applied and were awarded funds in excess of \$239,516. Local agencies used the funds to provide adoption training for post-adoption services, purchased adoption and trauma training materials for adoptive families, held recruitment initiatives for prospective foster-to-adopt families, and celebrated adoptions during adoption month in November (**Permanency Strategy 4**). VDSS is encouraging LDSS to be creative with adoption incentive funds. As of December 2023, the state has spent half of the FFY2021 award and has not spent any of the FFY2022 or FFY2023 award. There were no challenges or significant changes in making these funds available to LDSS during the 2023 fiscal year. However, some LDSS did not request or fully use these funds. Virginia plans to use any future adoption and legal-guardianship incentive funds in 2023 and 2024 to support adoption promotional services, a contract with Chapin Hall for data analysis, and foster care and adoption activities to support children and families statewide.

Adoption Month Proclamation and Awareness Events

Annually, VDSS seeks to have the governor issue a proclamation in support of National Adoption Awareness Month. In November 2023, VDSS assisted with the identification of youth who were featured in *30 Kids in 30 Days - A Hand to Hold*, in partnership with Jewish Family Services and Connecting Hearts of Virginia. The 30 Days of Hope 2023 campaign was featured in the metropolitan Richmond viewing area through CBS Channel 6 and in the Piedmont and Western viewing area through WSLC Channel 10. The 30 Days of Hope campaign featured 30 children in November. Each campaign daily

featured children available for adoption and shared information about fostering to adopt. Throughout the month of November 2023, VDSS received more than 500 inquiries. VDSS plans to provide similar activities each November to promote adoption awareness, recruitment, and education (**Permanency Strategy 4**).

In honor of National Adoption Awareness Month 2023, VDSS hosted a virtual adoption month webinar, consistent with the state theme Preserving Connections, titled Transracial Adoption: Preserving Cultural Connections. The webinar was designed to examine the importance of a youth's well-being as it relates to maintaining cultural connections to foster positive racial identity. VDSS plans to host similar events each November to promote adoption awareness, recruitment, and education. In December 2023, VDSS held its second annual permanency conference. Called Kin First Virginia: Achieving Permanency through Engaging and Empowering Families, this was a free, two-day in-person conference for LDSS staff. The conference provided a variety of workshops and resources for public and private community partners in family engagement, kinship, recruitment, foster care, pre- and post-adoption, and the Interstate Compact of the Placement of Children. VDSS is planning another Permanency Conference in the fall of SFY2024 to share resources, initiatives, best practices, and improved outcomes.

Adoption Contracts

VDSS incorporated informational language in all contracts that promotes the values of diversity, opportunity, and inclusion. This statement includes the following:

VDSS is a diverse, multi-racial and multicultural organization. As human service professionals, our success rests in our ability to cultivate inclusive environments, promote equitable outcomes, and demonstrate leadership through service. We all must choose to be informed, self-reflective and proactive in our advocacy. This includes constant evaluation of structures, norms and policies that perpetuate discrimination, racism, disparities, and exclusion.

Regional Post-Adoption Consortia Services

VDSS continues to support five regional post-adoption consortia that provide critical services and supports. These are available and accessible to adoptive families, regardless of where they reside in a region. These services are designed to help families build on their strengths to stabilize and to prevent adoption dissolutions (**Permanency Strategy 4**). The specific post adoption services provided by each of the five regional consortia include case management, peer support, parent training and education, mental health services, respite, and crisis support. Each consortium reports on the number of foster, domestic and international adoptive families they serve each contract period. In SFY2023, 61 international adoptive families received post-adoption services. In SFY2024, the Consortia will report the specific country of origin and the international adoption agency on record in their annual reporting for these families. United Methodist Family Services serves as the lead agency for the Eastern and Central post-adoption consortia. DePaul Community Resources is the lead agency for the Piedmont and Western post-Adoption consortia. The Center for Adoption Support and Education is the lead agency for the Northern post-adoption consortium.

DFS updated the public facing microsite web page [Foster and Adopt Children in Virginia - Post-Adoption Services Search](#) to list the post adoption services available from a consortium. Adoptive families can search zip code or town/city to locate local post-adoption service providers in their specific communities. In previous years, the consortia reported lackluster referrals from LDSS due to staff transitions. The referrals made were crisis related and came too late to prevent a disruption or dissolution.

Based on feedback from consortia members, DFS increased funding to each consortium to support a full-time outreach worker to continuously promote and educate LDSS staff and adoptive families on post-adoption services available in their region and how to access them. Contract changes were made to allow for consortia providers to connect with adoptive families prior to adoption finalization, in order to establish connection sooner. VDSS will monitor the effect of this contract change to assess if adoptive families access post-adoption services sooner and if there is a decrease in adoption disruptions and dissolutions.

For SFY 2023, a total of \$2,752,845 was allocated to regional post-adoption consortia services. Ninety-five percent of funds were expended by the end of the reporting period. Adoptive family activities reported by the regional lead agencies are as follows:

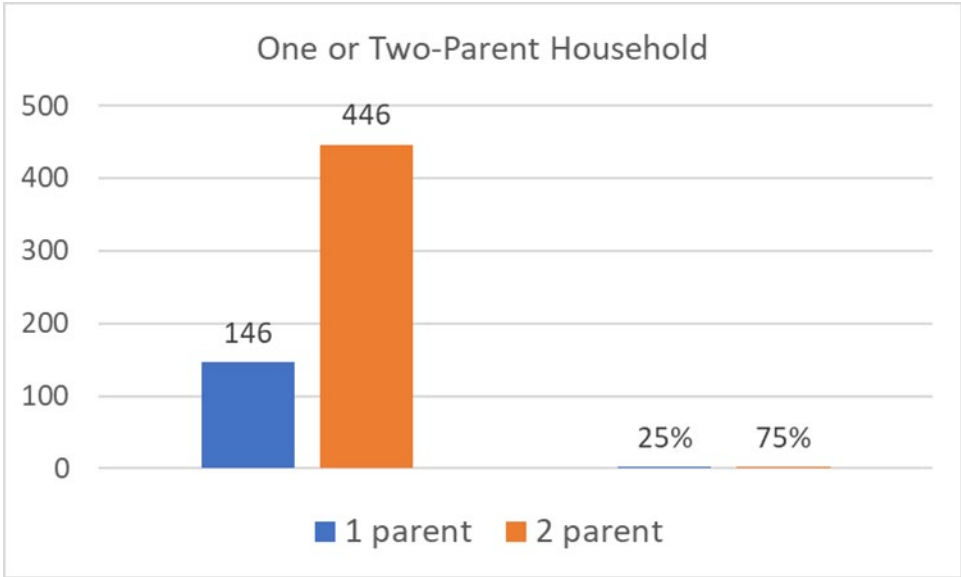
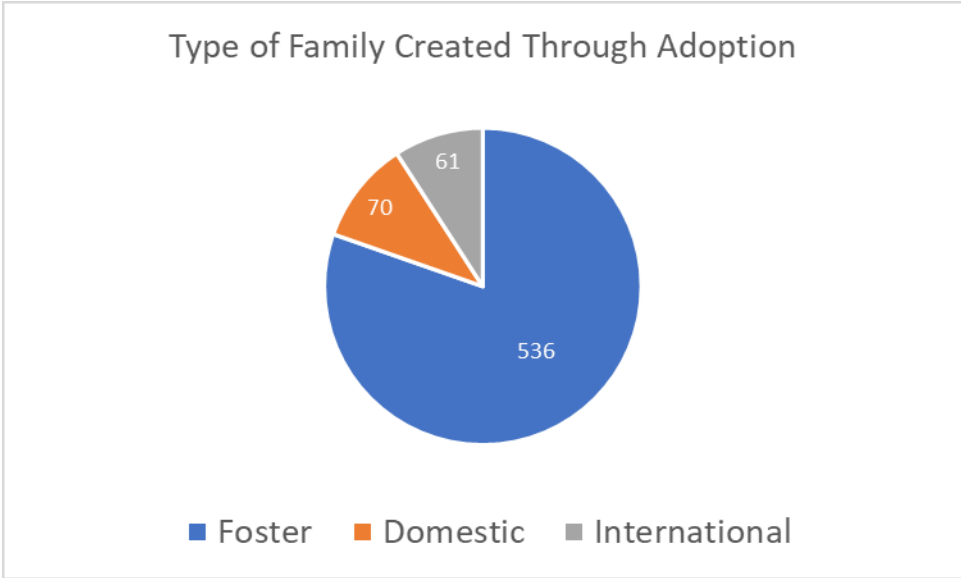
- Total number of adoptive families served was 679, an increase of 9.87% from the previous year;
- The total number of post-adoption service units provided by the five consortia was 44,815;
- The majority of families served received basic or enhanced case management services;
- Nine thousand hours of case management services were provided to families; and
- 121 individuals representing LDSS, CSBs, juvenile justice systems, schools, post-adoption service providers, health care providers, adoptive family organizations, and the faith community served as active members of consortia in planning and delivering priority services in their respective regions.

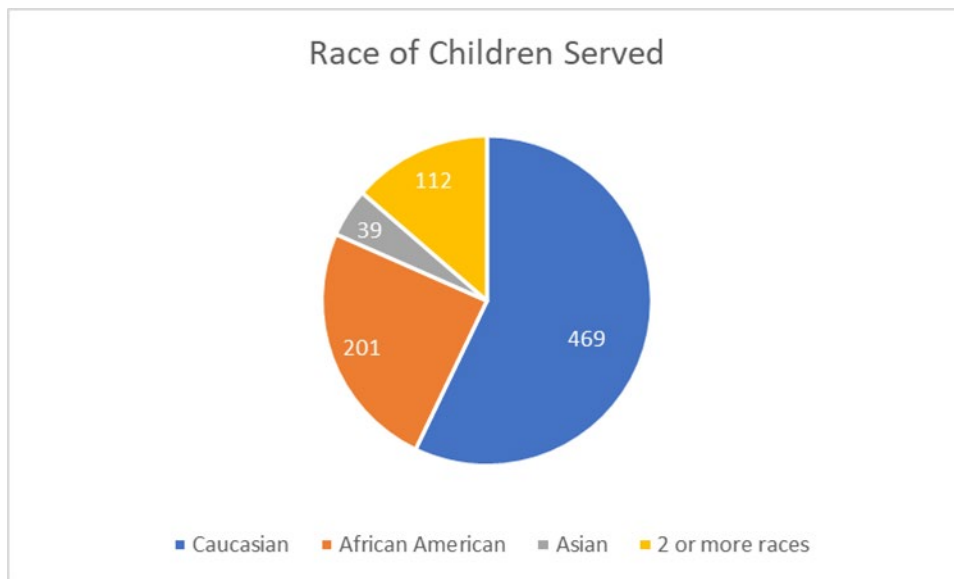
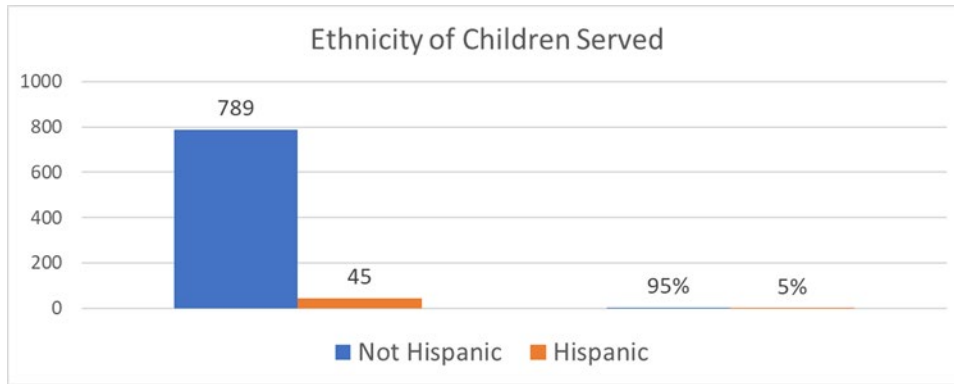
Enhanced Case Management Outcomes for SFY2023

Performance Measure	Decrease Percentage of Families at Risk of Threats to Permanency
a. Number of unduplicated families who experienced adoption threats to permanency resulting in legal instability BEFORE referral for comprehensive post adoption case management.	45%
b. Number of unduplicated families who experienced adoption threats to permanency resulting in legal instability AFTER six months of receiving comprehensive post adoption case management.	
c. Number of unduplicated families who experienced adoption threats to permanency resulting in residential instability BEFORE referral for comprehensive post adoption case management.	48%
d. Number of unduplicated families who experienced adoption threats to permanency resulting in residential instability AFTER six months of receiving comprehensive post adoption case management.	

In SFY2023, out of the 254 unduplicated families that received enhanced post adoption case management services, the five regional consortia reported four known adoption family dissolutions(1.6% of the total number of families that received the service).

Demographics of Adoptive Families Served





Adoption Through Collaborative Partnerships (ATCP)

The goals of the strategy of adoptions through collaborative partnerships are to:

- Increase the number of finalized adoptions for the pool of children prioritized within this contract;
- Use specific adoption processes (milestones) and provide services that prepare children and families for an adoptive placement and a final adoption;
- Support families through the stages of the adoption process; and
- Increase the pool of Virginia families interested, trained, qualified, and dedicated to adopting eligible Virginia youth in foster care.

The primary outcome VDSS expected from the ATCP program is to achieve finalized adoptions for a minimum of 600 children and youth in foster care between SFY2021 and SFY2023. The majority of adoptions will be of youth who are at high risk of aging out of foster care due to an excessive length of stay in the foster care system. An emphasis is on timely adoptions within 24 months of entering into care and on placing youth residing in congregate care with forever families.

The secondary outcome VDSS expected from the use of collaborative partnerships is to increase the pool of new/additional Virginia families trained, qualified, and dedicated to adopting eligible children. The pool of new/additional families ensures 1) available resources to meet the needs of Virginia’s children

who come into foster care and 2) home-study services and training for Virginia families who have limited access to adoption services through the LDSS where they reside.

In SFY2023, Children's Home Society, Commonwealth Catholic Charities, C2Adopt, DePaul Community Resources, Extra Special Parents, and United Methodist Family Services provided pre-adoption services throughout the state. Seventy-six LDSS received assistance from ATCP providers to finalize adoptions by the end of the reporting period.

This was the last year of the three-year ATCP RFA #FAM-20-076. The following output and outcome data represents the three years of RFA FAM-20-076 subrecipient activities:

- 1,047 unduplicated children and youth received pre-adoption services;
- 749 adoptions were finalized;
- The majority of finalizations were children/youth from category 2 (children and youth who are at high risk of aging out of foster care due to an excessive length of stay in the foster care system or residing in home-based or congregate care);
- 72% of the children and youth served were adopted;
- 199 finalized adoptions occurred within 24 months of entering into foster care;
- The average length of time between ATCP referral and finalized adoptions was nine months;
- 88 LDSS collaborated with ATCP subrecipients during the three-year grant cycle; and
- The three-year RFA goal of 600 finalized adoptions was exceeded by 24.8%, or 149 finalizations.

A set of new ATCP contracts were developed in March 2023 (FAM-23-020) to provide pre-adoption ATCP services for a five-year period. The grantees selected were C2 Adopt, DePaul Community Resources, Extra Special Parents, Commonwealth Catholic Charities, United Methodist Family Services, and a new grantee, Jewish Family Services. Children's Home Society of Virginia will also provide ATCP services. The subrecipients will work collaboratively with VDSS and LDSS to increase the number of children/youth placements with kin or fictive kin in the new grant cycle (**Permanency Strategy 2 and 4**). A total of \$2,016,250 was allocated towards the ATCP program for SFY2024.

Post-Adoption Consultant

In SFY 2022, DFS entered into a partnership with Child Trends, Inc. to help DFS design and implement an evaluation plan to understand if, and in what ways, the consortium model of providing post-adoption supports and services to families may influence outcomes for children and families. The evaluation design would span a continuum, from needs assessment (to understand the current context and where gaps exist), through process/implementation studies (to understand how the model is being implemented), and to outcome/impact studies (to understand how the model influences/causes observed outcomes).

In early SFY2023, Child Trends received VDSS Internal Review Board approval for each phase of the evaluation project. The study was planned to conclude in December 2023. However, interviews with youth, families, community and LDSS adoption case workers took longer than expected. The Child Trends contract was extended to December 31, 2024, to complete all aspects of the research and evaluation project. It is expected that findings will be shared with DFS staff and community partners when each stage of the evaluation is completed. One of Child Trends's initial recommendations is to implement the National Adoption Competency Training Initiative, to promote trauma-informed adoption practice. VDSS is currently consulting with C.A.S.E to develop an implementation plan to use this training resource. Child Trends will provide training and ongoing technical assistance to promote

adoption competence into SFY2024 (**Permanency Strategy 4**). VDSS will incorporate these findings and trainings to decrease adoption disruptions and dissolutions.

Relative and Fictive Kin Recruitment

In early SFY 2023, the Permanency Unit agreed to implement a new recruitment model that focuses on relative and fictive kin search and engagement services for youth residing in congregate care or placed in non-relative home-based care (**Permanency Strategy 2**). This decision was made in response to a Virginia data analysis from 2016 to –2020. It showed that children who entered foster care and were first placed with a relative spent four fewer months in foster care when compared to children who were not placed with a relative on entering care. Within this group, 96% of children exited foster care to permanency through reunification, custody transfer to a relative, or adoption by a relative. VDSS issued the RFP (RFP #FAM-23-019) to solicit experienced service providers equipped to work with LDSS to discover relatives and fictive kin and facilitate connections with children in foster care in order to facilitate placement in each of the five geographic regions of Virginia (Eastern, Central, Northern, Western and Piedmont). Four non-profit child welfare agencies submitted proposals and three were selected to implement the new model beginning in July 2023. Jewish Family Services, C2Adopt and United Methodist Family Services will begin introducing the model to LDSS in Virginia.

Adoption-Share, Inc.

Adoption Share's Faster Families Highway (FFH) is a web-based tool designed to increase the pool of locally approved foster families across the Commonwealth of Virginia and to provide a more streamlined process of intentional recruitment. VDSS and Adoption Share are leveraging technology to create a more modernized, efficient process for recruiting, engaging, and selecting families to meet the needs of children and families involved in foster care.

Adoption Share has the following work plan goals for the FFH:

- 25% increase in the total number of families in Virginia's resource family pipeline (interested through approved) from SFY2024, as measured by the number of families registered on Virginia's FFH on June 30, 2024, versus the same measurement at the end of the contract period.
- 25% increase in the total number of families recruited by LDSS from Virginia's resource family pipeline from SFY2024, as measured by the number of families recruited on Virginia's FFH on June 30, 2024, versus the same measurement at the end of the contract period.
- 25% increase in the total number of families approved by LDSS in Virginia's resource family pipeline from SFY2024, as measured by the number of families who have completed the approval process on Virginia's FFH on June 30, 2024, versus the same measurement at the end of the contract period.
- Advanced reporting from data collected in Family-Match regarding caseworker use and engagement on a dashboard for resource family recruitment, curation, and approval.
- Advanced monthly reporting from data collected in the FFH on the number of prospective resource families recruited, curated, and approved in Virginia.
- Advanced reporting from data collected in the FFH regarding the primary (age, location, sex, race, ethnicity, etc.) and secondary (foster care vs adoption goals, special-needs declaration, readiness scoring, etc.) demographics of prospective resource families recruited, curated, and approved in Virginia.

- Advanced reporting from data collected in the Family-Match Child-Specific Recruitment Portal regarding case activity and outcomes for children registered on Family-Match.
- Monthly status reports with data for progress tracking.

The Adoption-Share and VDSS collaboration succeeded in the initial training and implementation phase of the program, achieving all program goals.

As of Dec 31, 2023, 2,870 families began inquiries. Of those families, 1,723 (60%) have an interest in fostering. The remaining 40% have an interest solely in adopting. More information on the regional breakdown, race, and ethnicity of the families is included in **Item 35**.

Kidsave Weekend Miracles

In early SFY2023, VDSS met with the leaders of Kidsave International, a child welfare nonprofit organization based in Los Angeles, California, to discuss the feasibility of introducing the Kidsave Weekend Miracles™ evidence-informed intervention in Virginia. Weekend Miracles helps older children in foster care get legal or relational permanency before aging out of the foster care system.

For the past 17 years, the Kidsave Weekend Miracles™ program has helped older youth in foster care in the United States find adoptive families and life-long connections. The Weekend Miracles™ program gives caring adults the opportunity to connect with older children living in foster care. The youth in the program have no current prospects for adoption and lack a stable, enduring adult connection to help guide them into adulthood. Weekend Miracles™ helps move these youth out of the child welfare system and into permanent families, or at the very least into caring, stable relationship with adults.

The Weekend Miracles™ program is unique in that it includes both an adoption and hosting/mentoring component for older youth. It is designed to support the hardest-to-place youth from the ages of 9 to 16, mostly teenagers who have experienced multiple placements and have been in care for many years. Kidsave has extensive experience serving teens. On average, Weekend Miracles™ youth are 14 years old, have been in care for six years or more, and have moved placements at least seven times, because standard recruitment efforts have failed to find permanency for them.

Throughout 2023, VDSS negotiated with Kidsave to bring its program to Virginia. An implementation plan was agreed on and the organization began phasing in Kidsave Weekend Miracles in the Northern and Piedmont regions in February 2024. Kidsave Weekend Miracles will then be implemented in the other three VDSS regions, with the goal of having the program operating in all five regions by January 2026. In alignment with Virginia's efforts to decrease youth aging out of care (17.7% in 2023), the full implementation of this program across the state over the next five years will help target those children most at risk (**Permanency Strategy 4**).

MONTHLY CASEWORK VISIT FORMULA GRANTS AND STANDARDS FOR CASEWORKER VISITS

LDSS workers have been able to increase caseworker visits, despite receiving very few additional resources. They have consistently met the compliance expectation that 95% of children in foster care are visited face to face each month, as established in October 2014.

For the reporting period of October 1, 2022, to September 30, 2023, the face-to-face monthly visit rate was 97.62% and the in-residence visit rate was 84.39%. Virginia has met the federal standard for both monthly face-to-face contact and visits occurring in the child's placement for each AFCARS reporting period since October 2014.

Strategies to promote continued compliance include:

- Continued communication with the LDSS around the need to comply with both visitation expectations and timely and appropriate documentation. Regional permanency practice consultants continue to provide technical assistance, especially to LDSS whose compliance rate does not meet expectations.
- Transcription services, which reduce the administrative burden associated with the timely documentation of worker visits, are quickly available in OASIS.
- Implementation of a mobility solution that lets workers access OASIS components from the field. In combination with transcription services, this function helps LDSS complete documentation within the appropriate time frames. Additionally, COMPASS|Mobile uses reminders to help support timely completion of documentation requirements.
- Continued publication of a monthly visit report as part of the critical outcomes report available to all LDSS staff through SafeMeasures.® The report provides monthly updates on worker visits and lets users drill down to the worker level to identify where visit improvements should be made to reach and surpass the federal requirement. Additionally, users can apply a filter to identify when the narrative section of a worker visit has not been completed adequately. These reports facilitate supervisory oversight and intervention at the LDSS level, as well as identifying when technical assistance from the regional office may be beneficial.
- Continued focus on kin first culture and placing children in their home communities. When children in care are placed locally, travel time for workers is decreased. Virginia will continue to focus on family engagement strategies, efforts to improve permanency outcomes, and the minimization of traumatic effects on children coming into foster care by using local, family-based placements, for many reasons, including making it easier to visit with children regularly.
- Virtual visits were temporarily used as an emergency measure during the pandemic. LDSS have continued to supplement their monthly in-person worker visits with virtual contact, enabling workers to be more engaged with children and youth.
- Federal title IV-B funds to support worker visits have been used primarily to pay for travel costs associated with visitation, especially for children in residential placements out of state. Some LDSS have used the funds to purchase laptops or tablets to assist with the timely documentation of visits.

Strategies to promote the quality of worker visits:

- Foster care guidance emphasizes that worker visits be well-planned and focused on issues that are pertinent and meaningful to case planning. Caseworker visits should be focused on the child's well-being, safety, and progress towards permanency. Visit documentation should explain how the contact was meaningful and include information specific to the child's well-being, safety, and efforts to achieve permanency. Guidance also emphasizes the requirement that services workers must spend time alone with the child during the monthly visit to provide an opportunity for the worker to more adequately assess the child's safety, for the child to privately share any concerns, and for the child to provide input into their permanency plan.

- Job aids that identify the elements of quality worker visits have been provided to all LDSS and are also accessible on the intranet. The monthly worker visit checklist supports the worker in conducting well-planned visits that focus on well-being, safety, and permanency. The job aid includes reminders of worker’s responsibilities and sample questions to ask the child and caregiver, targeted towards assessing well-being, safety, and permanency. It also provides a template for documenting a quality worker visit. This job aide can be easily accessed immediately before each visit through COMPASS|Mobile.
- The contact screens in COMPASS|Mobile provide prompts for the service worker when completing their case notes ensure that service workers address well-being, safety, and permanency in documentation.
- VDSS incorporated case documentation training into new worker mandatory training requirements in July 2019. This emphasizes the essential components of effective documentation and the development of writing skills to enhance workers’ ability to document casework activity, including quality contacts.
- In addition to new-worker training, VDSS has developed and delivered additional training for supervisors and LDSS leadership. This emphasizes elements of quality visits so they can coach and monitor their FSS.
- Federal title IV-B funds are also used to pay for training to help staff understand the importance of having meaningful and purposeful visits with children in care, help staff gain skills in planning, preparing, engaging in, and conducting appropriate visits, and to provide small performance rewards to workers who successfully meet program expectations.
- VDSS created job aids to support virtual visits and uploaded them to COMPASS|Mobile to ensure quality virtual visits. The document provides extensive guidelines, including how to prepare for virtual visits, tips on how to engage families and children during virtual calls, and tools that local workers could use for general assessments to ensure the safety, permanency and well-being of youth and families. These job aids remain available to workers as many workers use a virtual option to supplement their in-person monthly visit.

Periodically, and especially during agency visits, regional permanency practice consultants review the LDSS’ performance reports in SafeMeasures® with supervisors and directors. This is an opportunity to provide agencies with information and technical assistance regarding monthly worker visits, in addition to ensuring that documentation is meaningful and addresses the child’s well-being, safety, and permanency.

JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD

Agency Administering Chafee (section 477(b)(2) of the Act)

VDSS is responsible for developing policies, procedures, and new programs as necessary to improve services to older youth throughout Virginia in accordance with the John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee) Program. Annually, VDSS provides the Chafee and Education and Training Voucher (ETV) funding package, describing the purpose and eligibility requirements of each program to Virginia’s 120 LDSS. Chafee and ETV funds are allocated to all LDSS with eligible youth, based on an approved plan and budget. VDSS provides programmatic oversight to LDSS’ Chafee and ETV programs through quarterly reports, Locally Automated System for Expenditure

Reimbursement (LASER) reports, and sub-recipient monitoring. In addition, VDSS offers training, technical assistance, resources, and tools to improve LDSS' performance in delivering services to eligible youth.

Description of Program Design and Delivery

The Chafee Program is a component of the VDSS foster care and the Fostering Futures (Virginia's extended foster care to age 21) programs and supports all youth who experience foster care between age 14 and age 23. The program provides critical resources to support youth in participating in age-appropriate, normative activities while in foster care and as they transition out of care. The purpose of this program is to provide flexible funding for the following:

- Helping youth attain a high school diploma and post-secondary education or vocational training;
- Training and opportunities to practice daily living skills, such as financial literacy and driving instruction;
- Achieving meaningful, permanent connections with caring adults;
- Engaging in age- and developmentally appropriate activities that promote positive youth development; and
- Experiential learning that reflects what peers in intact families experience.

Virginia's LDSS have the flexibility to design services that meet a wide range of individual needs and circumstances for youth who are in foster care, based on needs, local demographics, and available resources. These agencies are expected to coordinate services with local private agencies, providers, and community organizations engaged in activities relevant to the needs of older youth in foster care. Independent living (IL) services are provided to each eligible youth, age 14 or older, in foster care, regardless of the youth's permanency goal or living arrangement. Eligible American Indian or Alaska Native youth also receive these services. VDSS' guidance reinforces the need for all children and youth to learn life skills and engage in age- or developmentally appropriate IL activities. IL services are designed to help youth who are expected to remain in foster care until age 18, former foster care recipients between 18 and 23 years of age, and youth who were adopted or entered the KinGAP after age 16 from foster care, make the transition to self-sufficiency. Services include education, career exploration, vocational training, job placement and retention, training in daily living skills, budgeting and financial management skills, substance use prevention, and preventative health activities. The state establishes objective criteria to determine eligibility for benefits and services under these programs, ensuring fair and equitable treatment.

The Fostering Futures program provides much-needed support and assistance for youth who turn 18 in foster care, as they transition into adulthood. By providing maintenance payments and foster care services to participants, the program provides a safety net for young people to promote a safer transition to independence and reduce the risk of youth and young adults becoming homeless and victims of human trafficking. This program is also available to youth who turned 18 while committed to the DJJ and were committed directly from foster care. Two hundred and forty youth turned 18 and had Fostering Future status (54%) in CY2023.

VDSS has embraced the Youth Welfare Approach (YWA), which is a framework to help workers effectively engage youth in foster care so they can have the relationships, resources, and opportunities needed to support their well-being and success (**Permanency Strategy 1.2**). VDSS wants all youth to feel understood, involved in their service planning, and prepared for their future (**Permanency Strategy 4**). <https://capacity.childwelfare.gov/states/focus-areas/youth-development/youth-welfare-guide/>. The Kin First efforts in Virginia also align with YWA, and the strategic plan focus on increasing the number of

children placed with relatives along with the number of children in kinship placements will benefit this population (**Permanency Strategies 2.1 and 2.2**)

The YWA recommends shifting from a child-focused system that is reactive, case plan-driven, and protection focused to a youth-focused system that is proactive, youth-driven, developmentally framed, and normalcy oriented. In addition, the YWA highlights the “Good-Better-Best” Continuum that drives and evaluates practices to improve outcomes for youth. This concept illustrates how LDSS can move toward providing youth welfare-oriented services along a continuum, ranging from meeting minimum federal and other requirements (Good) to individualized and thorough provision that represents the optimal care for the young person (Best).

The YWA acknowledges that youth are the experts on their lives and should be trusted to make decisions about their futures. This approach aligns with the VDSS Practice Profiles, SPEAKOUT, and the Virginia CFSP Strategic Plan. Practice profiles operationalize the Virginia Practice Model in measurable, observable, behavior-oriented terms that provide a structure that describes how local workers do their work with children, youth, and families. Although all the skills in practice profiles can apply to working with youth, the key skills highlighted in the YWA are engaging, communicating, collaborating, planning, and advocating.

Activities and events on the YWA during 2023 include:

- Provided an overview of the YWA approach to the VDSS regional office via the regional roundtables;
- Provided two YWA “Train the Trainer” trainings for Project LIFE staff (i.e. capacity-building);
- Presented an overview of the YWA during the September Learning Community Call on Engaging Survivors at SAVES Demonstration Sites;
- Worked with CRAFFT to develop YWA training for resource parents; and
- Provided opportunities for LDSS staff to consider youth voices at the YWA workshop during the VDSS annual Permanency Conference.

VDSS will continue to collaborate with youth, LDSS and stakeholders to raise awareness of YWA and offer training and technical assistance to LDSS working with young people. VDSS will continue to promote the YWA to support youth participation in FPMs and Court (**Permanency Strategy 1**). VDSS will also embed the YWA into resource parent training as they work to increase the well-being of older youth in foster care (**Permanency Strategy 3.3**)

Serving Youth Across Virginia

VDSS ensures that the Chafee Program continues to serve all political subdivisions in the state, based on assessed needs. The program focuses on collaborating and coordinating IL services with other federal, state, and community-based agencies and providers to prepare youth to manage adult living successfully (**Permanency Strategy 3.1**). All 120 LDSS with eligible youth receive Chafee allocations and are responsible for providing IL services to youth. In 2024 and beyond, VDSS will provide technical assistance and resources on IL guidance as well as refine the technical assistance regarding mandates for youth age 14 and older in foster care (**Permanency Strategy 3**). In addition, Project Living Independently, Focusing on Empowerment (LIFE) (a public/private partnership) provides services to youth and supports LDSS professionals in all five regions (Central, Eastern, Piedmont, Northern, and Western) of Virginia and localities.

VDSS continues to use the six outcomes noted in the National Youth in Transition Database (NYTD) for evaluating efforts in preparing youth for adulthood, self-sufficiency, and interdependence as they exit the foster care system. The six desired outcomes are:

- Increase youth financial self-sufficiency;
- Improve youth educational attainment;
- Increase youth positive connections with adults;
- Reduce experience with homelessness among youth;
- Reduce high-risk behavior among youth; and
- Improve youth access to health insurance.

Serving Youth of Various Ages and Stages of Achieving Independence

Virginia continues to support youth of various ages and stages who experience foster care at age 14 or older in their transition to adulthood, by providing transitional services and opportunities to achieve meaningful, permanent connections with caring adults. LDSS engage youth in age- or developmentally appropriate activities, positive youth development opportunities, and experiential learning that is similar to what their peers in intact families' experience. Since Virginia has extended foster care (Fostering Futures) educational support and services (e.g., financial, housing, counseling, etc.) are available to youth participating in the program and recipients formerly in foster care between 18 and 23 years of age, and to those who exit foster care for adoption or KinGAP after attaining age 16, to complement their own efforts to achieve self-sufficiency. In accordance with FFPSA provisions, VDSS extended the eligibility of the ETV program to youth up to their 26th birthdays, while placing a five-year limit requirement on the total length of time in which they can receive a voucher.

VDSS has embraced the Youth Welfare Approach (YWA), which takes into account current research on adolescent and brain development, the impact of trauma, and normalcy to articulate the ways in which care for young people in foster care needs to be addressed differently than care for children. The YWA provides a framework for practice to effectively engage young people in their services and transition planning and to give them voice and choice. VDSS has engaged youth, young adults, and partners to provide input on expanding the array of services (i.e., transportation program, affordable housing).

A formalized life skills assessment and transition plan are required annually for each youth aged 14 and over, which includes the 90-day period before the youth turns 18 to 21 years of age. The Casey Life Skills Assessment is Virginia's preferred tool. Virginia's Chafee transition plan is available in the mobile application. VDSS wants to ensure that young people participating in the Chafee program are directly involved in designing their own activities to prepare them for adulthood and accept personal responsibility for their part. Realizing the importance of youth voice, engagement, and empowerment, VDSS has embraced the YWA where workers shift their focus from a child welfare system to a youth focused system by implementing practices that engage and support youth in the transition planning process. Youth and their case managers determine what services need to be provided to meet the youth's needs based on the results of this assessment.

In addition, in completing the transition plan, the worker and the youth have an opportunity to review the youth's rights and discuss the importance of designating someone to make healthcare treatment decisions on their behalf, if the youth becomes unable to participate in such decisions. In collaboration with internal and external partners, VDSS works to ensure that youth have permanent, lifelong connections to responsible, caring adults after leaving the foster care system. LDSS help to prepare youth for self-sufficiency by developing a transition plan that offers a combination of assistance in mastering life skills, educational/vocational training, employment, health education, family planning, and other related

services. Thus, VDSS and LDSS support young people by promoting legal and relational permanency and providing individualized services to promote physical and mental health and well-being. VDSS will continue to identify and engage birth parents, relatives, foster parents, Tribes, and other critical adults in youth's lives (**Permanency Strategy 1.1**).

Determining Eligibility for Benefits and Services

Annually, VDSS allocates its Chafee funds in two primary spending categories: Chafee allocations to LDSS and funding a contract for the provision of IL services currently provided by a private non-profit agency (Project LIFE). VDSS determines allocations to each LDSS based on their percentage of the statewide population of youth in foster care, 13 years of age or older, for the previous 12 months. Approximately 90% of Virginia's Chafee grant is spent on services to assist youth in building competencies that strengthen individual skills, promote leadership skills, and foster successful independence. VDSS also ensures that youth in foster care can participate in school and community activities that are a normal part of transition to adulthood. These services are paid for by Chafee funds or provided by VDSS, LDSS, and/or Project LIFE.

The following youth are eligible to receive Chafee Program funded IL services:

- All youth in foster care (including Fostering Futures) ages 14 and older;
- All youth who aged out of foster care at 18 years of age or older, but have not yet turned 23 and continue to receive services through the LDSS;
- All young adults who aged out of foster care on their 18th birthday, but have not yet turned 23 and no longer receive any services from the LDSS may receive limited assistance based on availability of Chafee Program funds;
- Youth who turned 18 while committed to DJJ and who were committed directly from foster care; and
- Youth who had been in foster care between the ages of 14 and 21 and left for some reason other than aging out, KinGAP, or adoption, may receive limited assistance based on availability of Chafee Program funds.

VDSS is actively working to build a culture that is inclusive, equitable, and respectful of all children and youth. President Biden signed Executive Order 13985, "Advancing Racial Equity and Support for Underserved Communities Through the Federal Government," which defined the term "equity" as the consistent and systematic fair, just, and impartial treatment of all individuals, including those who belong to underserved communities that have been denied such treatment. One such population is lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ+) youth in foster care.

Recent studies show that upwards of 30% of youth in foster care identify as LGBTQ+, according to the Human Rights Campaign Foundation). This means that all LDSS likely interact with this population on a regular basis. LGBTQ+ youth who reported having been in foster care had three times greater odds of reporting a suicide attempt in the past year than those who had not had a foster care experience. However, a youth's identity as LGBTQ+ does not put them at risk of suicide. The risk stems from experiences of minority stress including victimization and rejection from caregivers. Furthermore, these youth are overrepresented in the foster care system, making this work that much more imperative ([The Trevor Project](#)).[The Trevor Project](#)).

During 2023, VDSS posted a broadcast to celebrate National Coming Out Day. VDSS' goal was to call attention to the presence of this population among children in foster care in Virginia, underscore the

importance of this day, and acknowledge the courage it takes for youth in foster care to share their true selves and come out as LGBTQ+. The broadcast served as a reminder of the affirming care in which all children, youth, and families who interact with the child welfare system deserve. VDSS encourages LDSS to familiarize themselves with Section 17 of the Foster Care Chapter of the Child and Family Services Manual, which provides guidance to LDSS for working with youth who identify as LGBTQ+ to ensure that all the right supports and services be provided to these young people. VDSS also provided a presentation during one of the monthly Knowledge Break sessions for state staff on how to support these young people in and formerly in foster care. VDSS considered how Chafee funds may be used to meet the specific needs of LGBTQ+ young people as outlined in Executive Order 14075, “Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer and Intersex Individuals,” and has encouraged the LDSS to appropriately spend these funds to support the needs of the LGBTQ+ population.

It is widely known how important permanent connections are to all youth in foster care, but this fact makes it that much more urgent that youth in foster care who identify as LGBTQ+ have those affirming permanent connections. Youth who identify as LGBTQ+ deserve to be treated with dignity and respect and must be placed in an affirming environment that will support their safety, permanency, and well-being. The Broadcast and Knowledge Break provided several resources on how to support these young people. VDSS will continue to support professionals working with LGBTQ+ youth by providing educational information, training, and resources.

LDSS continue to work closely with the local CSA teams that are responsible for overseeing the planning of and for approving state funds for additional services for youth not covered by the Chafee funds. Together, LDSS and CSA teams share the primary responsibility for ensuring that youth in foster care are provided with the services needed to enhance their transition into adulthood.

FFPSA revised the limitation on the use of funds for room and board by clarifying that not more than 30% of the state’s Chafee allotment may be expended for room and board for youth who have aged out of foster care and have not turned 23. In Virginia, room and board includes security deposits, apartment application fees, utilities and telephone connection fees, emergency shelter, food, and rent payments, including payments for youth at risk of eviction. VDSS monitors expenditures by LDSS in the various IL service categories and has published this standard in the Chafee IL funding guidelines.

There are no restrictions on the provision of IL services to any eligible youth temporarily living out of state, although these services may be purchased and provided by local providers, rather than by LDSS or Project LIFE. Virginia’s Fostering Futures Program does not require participants to live in Virginia to maintain eligibility.

Virginia has many components under the umbrella of the Chafee Program, including credit checks, credit freezes, NYTD, SPEAKOUT, Youth Exit Survey, and the ETV program. The Housing Support Program and iFoster app are two additional initiatives that were added during 2023. Following are the descriptions and updates on these two programs and other programs’ activities, collaborations, new initiatives, and committees that occurred during CY2023 and plans for the upcoming years.

Credit Checks for Youth in Foster Care

The Preventing Sex Trafficking and Strengthening Families Act of 2014 and § 63.2-905.2 of the Code of Virginia requires that free annual credit checks be conducted for all youth (age 14 to 17) in foster care. VDSS conducts these annual credit checks and works with LDSS to discover and resolve cases of identity theft, fraud, and/or misuse of personal information. VDSS has a dedicated staff person to assist in

implementing the statewide credit check mandate. Credit reports are received from the credit reporting agencies (CRAs): Equifax, Experian, and TransUnion. VDSS provides youths' credit reports to the LDSS. The LDSS provides copies of the credit reports to the youth and retains additional copies on file. It is the LDSS' responsibility to assist in removing any erroneous or fraudulent information found in youth credit reports. LDSS have access to the credit check guidebook and sample letters of dispute forms developed by VDSS and found on the intranet, as well as additional technical assistance as needed. VDSS transmits youth credit reports to LDSS via secure electronic messaging. VDSS provides written guidance, training, and technical assistance to help LDSS identify and resolve problems detected in youths' credit records.

From January through December 2023, VDSS conducted credit checks for a total of 1,263 youth in care. Credit record irregularities (erroneous personal information, potentially fraudulent credit activity) were detected for 8.0% of these youth ($n = 101$). Protective items (fraud alerts, credit security freezes, minor child status notes) were found in the credit records of 18.9% of youth ($n = 239$).

VDSS tracks successful resolutions of credit record irregularities by measuring: the percentage of cases with protective items (fraud alerts; credit freezes) in credit reports. VDSS can show a steady increase, over the years, in the percentage of youth whose credit reports contain some kind of protective intervention, which may be attributed in part to the state's Credit Freeze requirement (outlined in the next subsection) to help mitigate the risk of fraud. While this measure is in place, it is challenging for VDSS to track successful resolutions of all irregularities (financial activities and/or personal data errors) observed in youths' credit reports for various reasons. For example, following the initial detection of irregularities in their credit reports, some youth exit foster care before receiving a second credit check, preventing VDSS from tracking resolution status. Additionally, the length of time required to successfully resolve detected irregularities may prevent VDSS from tracking resolution outcomes. LDSS staff turnover and/or staffing shortages may also complicate VDSS resolution tracking.

This table displays monthly and annual total numbers of youth in foster care (age 14 to 17) who received a credit check during CY 2023. Monthly and annual figures exclude duplicates, such as youth who received more than one credit check during the calendar year.

Annual Credit Checks for Foster Youth: January 1 – December 31, 2023			
Month	Number of youths	Protective items	Irregularities
January	100	15	9
February	92	15	6
March	122	28	13
April	116	28	10
May	106	32	6
June	103	15	9
July	110	13	9
August	101	20	7
September	103	15	9
October	105	19	9
November	61	15	5
December	144	24	9
Total	1263	239	101

In late 2022, the U.S. Department of Health & Human Services—Office of the Inspector General invited VDSS to participate in a national survey soliciting feedback regarding states’ implementation of the federal credit check mandate. VDSS submitted responses to this survey in early 2023, detailing credit check policies, practices, and implementation challenges identified by VDSS and/or communicated by LDSS throughout Virginia.

In April 2023, VDSS responded to a data request from the U.S. Department of Health & Human Services—Office of the Inspector General. The Office of the Inspector General requested annual credit check data for 10 randomly selected youth. VDSS responded to this request within two weeks of the initial contact.

Credit Security Freezes for Children and Youth in Foster Care

Per the Code of Virginia ([§ 63.2-905.2](#)), LDSS must initiate credit security freezes for children (ages infant to 15 years) who reach their six-month anniversary in foster care. A credit security freeze blocks the information on an individual’s credit report and can help prevent identity theft. VDSS continues to monitor LDSS compliance with credit freeze requirements for all eligible children in care. To help workers navigate freeze policies and implement best practices, VDSS provides written guidance, training, and technical assistance. SafeMeasures® includes the report “Credit Freeze Completed for Youth Under 16.” By reviewing this report on a regular basis, VDSS has seen a steady increase in the percentage of youth whose credit reports have protective intervention, which protects the youth from fraudulent activities while in foster care.

In 2023, VDSS continued to send credit freeze task reminder emails to LDSS to promote compliance with the credit freeze mandate as needed on an agency-by-agency basis and provide technical assistance and training to LDSS on request. In collaboration with LDSS, VDSS created additional guidance resources to assist LDSS with generating and submitting credit freeze requests. VDSS also conducted informal interviews and focus groups to clarify best practices and challenges surrounding LDSS implementation of and compliance with the credit freeze mandate.

From January through December 2023, a total of 1,285 children and youth in foster care (ages infant to 15 years) were eligible for credit freezes. The table below displays the number of freeze-eligible children and youth by calendar month.

Credit Freezes for Children and Youth in Foster Care: January 1 – December 31, 2023		
Month	Number eligible	Number completed
January	86	27
February	110	38
March	129	40
April	102	39
May	83	26
June	84	24
July	100	21
August	90	19
September	129	17

October	96	18
November	133	31
December	143	21
Total	1285	321
<i>Note. Number eligible = total number of individual children/youth who became eligible to receive credit freezes during the specified time period. Number completed = number of individual children/youth who received credit freezes during the specified time period. Data were extracted from SafeMeasures (Credit Freeze for Youth Under 16 report) on April 4, 2024.</i>		

In response to continued challenges related to credit freezes and concerns voiced by LDSS, in 2023 VDSS produced and disseminated an updated guidance tool to aid caregivers of children who have exited foster care with an active credit freeze. VDSS also produced and disseminated updated credit freeze request forms, tailored for each individual LDSS, as optional tools to assist localities in placing and lifting active credit freezes for youth in foster care. Children may exit care with an active freeze in their credit records for several reasons, such as 1) the LDSS with custody of the child may not have had sufficient advance notice of the child’s care exit date to execute a freeze removal; 2) CRAs’ responses to LDSS freeze removal requests are in some cases delayed; and 3) sometimes LDSS freeze requests are misinterpreted by the CRAs resulting in a delay in the freeze being removed. In 2024, VDSS will continue collaborative work with LDSS and CRAs to identify and remove barriers to implementation.

Youth Exit Survey

The Youth Exit Survey offers a platform for prioritizing and lifting the voices of older youth with experience in Virginia’s foster care system (**Permanency Strategy 1.4**) In accordance with [§ 63.2-905.5 of the Code of Virginia](#), VDSS administers the ongoing Youth Exit Survey to gather feedback from youth exiting the foster care system. Youth who leave care altogether, as well as youth who turn 18 and decide to remain in extended care (such as Fostering Futures), are eligible to take the survey. The Youth Exit Survey is not intended for younger individuals (youth younger than age 18 years) who leave care at any time before their 18th birthday. The focus of this survey is to learn about the relationships, resources, activities, and overall experiences of youth who have been in foster care. With the exception of the National Youth in Transition survey, this survey represents the active statewide effort by VDSS to solicit feedback directly from older youth aging out of foster care in Virginia. As such, it is an important way to hear from youth about what is working and what can be improved in Virginia’s foster care system. VDSS provides monthly eligibility lists and individualized survey information flyers to LDSS partners for dissemination to eligible youth. The Youth Exit Survey is available only in online form.

A total of 389 youth became eligible to participate in the Youth Exit Survey during CY2023. As of February 2024, VDSS has received responses from 51 of these youth, or approximately 13.1% of all youth in Virginia who became eligible to participate in 2023. From the survey’s initial statewide launch in July 2019 through December 2023, a total of 1851 young people have been eligible to participate, and VDSS has received responses from 217 youth (or 11.7% of the total population eligible during this period).

To promote and administer the survey, VDSS provides written guidance, training, and technical assistance to LDSS. To incentivize participation, VDSS offers a gift card to all eligible youth who choose to participate in the survey. In 2022, VDSS increased the value of gift cards to \$20 for each participating

youth and continued to offer the \$20 gift card incentive throughout 2023. VDSS will continue to periodically revise the Youth Exit Survey instrument as needed, improve marketing, and update administration protocols in efforts to encourage participation.

In 2023, VDSS shared a summary report of Youth Exit Survey results with LDSS colleagues and regional consultants. Aggregated exit survey response data were presented virtually during a Knowledge Break session for VDSS staff, and later shared with LDSS via email broadcast. Following these efforts there was a slight increase in the number of youths completing the Youth Exit Survey.

The Youth Exit Survey data provides a glimpse of young people's experiences with IL services and the foster care system. In 2024, VDSS will continue outreach efforts to encourage youth participation in the Youth Exit Survey, analyze response data, and strategize how survey results can be used to guide IL programming and LDSS staff training.

National Youth in Transition Database (NYTD)

IL services are a required part of a planned program of services provided to youth who meet assessed needs for permanency and development of life skills. LDSS workers document IL services provided to youth age 14 and older in OASIS. VDSS' goals are to collect and manage NYTD data, reporting accurate data as consistent with the requirements specified in the federal NYTD regulation, and using strategies that prove effective in evaluating data collection and reporting. Virginia has NYTD reports in SafeMeasures® (data pulled from OASIS), which gives LDSS and VDSS the ability to review, monitor, and track NYTD services and surveys regularly and improve services and performance outcomes. For 2023, VDSS collaborated with Project LIFE and offered regular, virtual check-ins to update LDSS and to strongly encourage them to reach out to eligible youth to participate in the NYTD survey and provide age and developmentally appropriate IL services to all eligible youth.

Surveyed Baseline Population

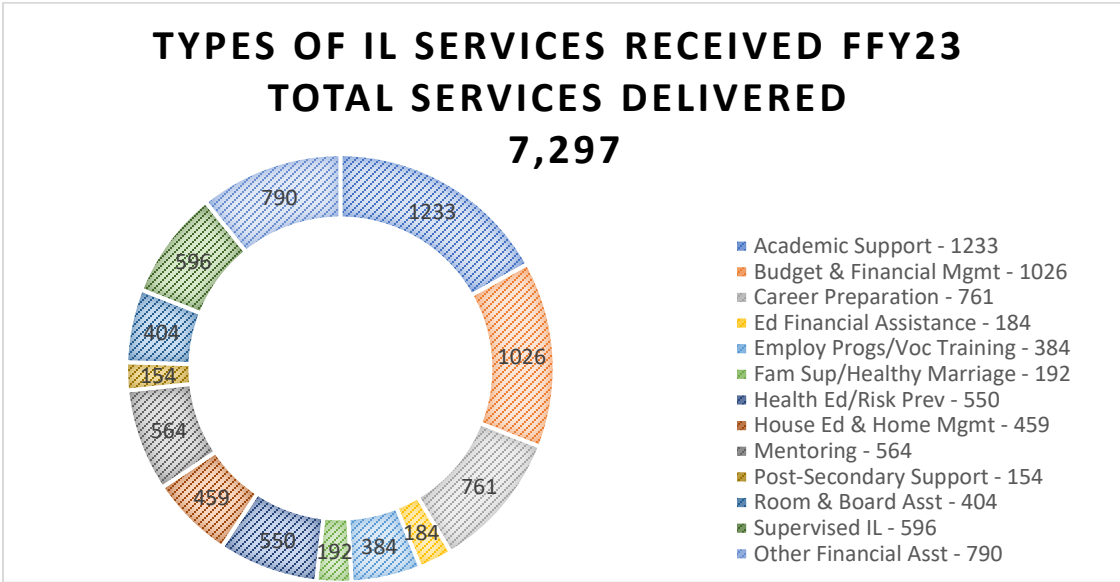
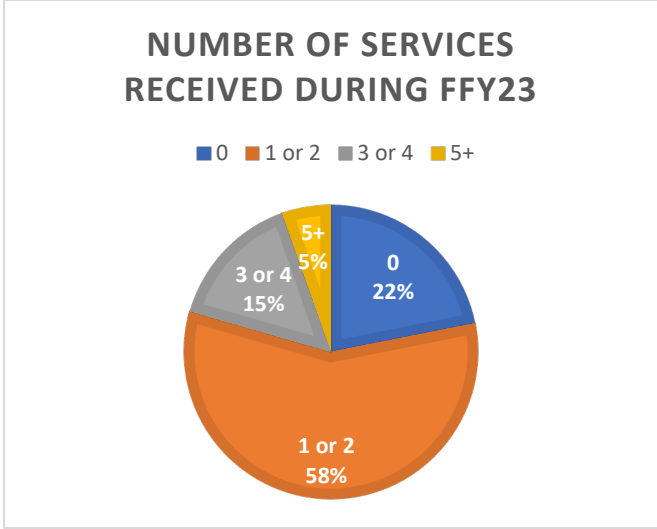
The LDSS administer the NYTD surveys to eligible youth and provide incentives to those who participate in the survey.

During NYTD reporting periods 2023A (October 1, 2022 to March 31, 2023) and 2023B (April 1, 2023 to September 30, 2023), LDSS administered the NYTD baseline survey to eligible 17-year-olds. A total of 383 youth were eligible; 330 completed surveys. Virginia exceeded the previous participation rate for surveying youth in foster care turning 17 years old, with 94.8% of the surveys completed within the required timeframe. Given that VDSS exceeded the recent targets, their efforts to engage youth in the survey will continue over the next five years.

All Virginia 2023 data submissions to the ACF complied with NYTD requirements. No penalties were assessed for the FFY2023 reporting year.

Served Population

More than 1,100 youth were reported as receiving at least one independent living service during FFY2023. All LDSS have the ability to monitor and track their NYTD services and surveys using reports provided in SafeMeasures®. VDSS regularly reminds LDSS of NYTD requirements and due dates through broadcast, emails, and virtual meetings. VDSS paid for or provided a total of 7,297 IL services during 2023 for eligible youth.



During 2023, VDSS shared the NYTD data and Virginia’s Snapshot (state’s profile) with IL Coordinators through broadcasts, newsletters and FUSION. This data and input from SPEAKOUT, youth, and other stakeholders were used to inform service delivery. VDSS continued to raised awareness with stakeholders to improve reporting of NYTD data and increase youth participation in NYTD surveys.

In 2024, VDSS staff will continue to provide training and technical assistance to LDSS to encourage eligible youth to participate in the NYTD survey and provide age and developmentally appropriate IL services to all eligible youth. In addition, VDSS will continue to improve collecting and reporting processes, analyze data, review trends, and update guidance and policy to improve services statewide for youth in and transitioning out of foster care based on the NYTD data. VDSS will actively involve youth by engaging them in focus groups on how best to stay connected. VDSS will also share data with IL coordinators, LDSS, and stakeholders through broadcasts, presentations, and training. VDSS will focus on efforts to involve youth, IL Coordinators, private providers, and other key stakeholders in developing

an effective process to share NYTD data and use the data to improve service delivery and refine program goals with an intentional focus on evaluating equitable and inclusive IL services throughout Virginia.

Medicaid

Youth in foster care who have an open case and were receiving Virginia Medicaid at the age of 18 are eligible for Medicaid up to age 26. VDSS continues to coordinate with DMAS and LDSS to implement provisions of the Affordable Care Act (ACA). All youth who turn 18 while in foster care are automatically evaluated for the Medicaid to 26 category by LDSS eligibility staff and switched over to that category to ensure continued Medicaid coverage, whether the youth chooses to continue to receive foster care services or not.

VDSS shared information with LDSS on the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act, which provides important changes for the mandatory Medicaid eligibility group serving youth formerly in foster care. The SUPPORT Act expands eligibility to individuals who were in foster care from other states and simplifies eligibility determinations and enrollment processes for this population.

During 2023, Virginia Medicaid and MCOs provided training titled “Building Positive Partnership for Youth in Foster Care” to LDSS, foster parents, private providers, and other key stakeholders. The training focus areas included:

- Medicaid services overview;
- Partnership between MCO and LDSS;
- MCO role in assisting LDSS;
- Care coordination; and
- Services available to youth in foster care.

The training was well received and provided important information to the stakeholders supporting youth. VDSS staff continues to participate in the MCO Foster Care Work Group in partnership with DMAS and MCO providers, working on solutions to strengthen communication and education between DMAS, MCO providers, LDSS, foster care providers, and youth in care and provide client-centered services to Medicaid-eligible youth in care. During 2023, VDSS presented to the MCO Foster Care Work Group and gave the representatives information about Fostering Futures and Chafee and ETV programs, to increase awareness that youth who receive Medicaid and reached age 18 in foster care are eligible for Medicaid to age 26.

Education Stability

VDSS continues to play a significant role in promoting the educational stability of children in foster care throughout Virginia, particularly in response to the Every Student Succeeds Act (ESSA) provision pertaining to children and youth in foster care. VDSS and the VDOE focus their efforts on improving the educational stability and attaining positive outcomes for children and youth in foster care. Collaborative efforts center on providing statewide joint trainings and technical assistance to local school divisions and LDSS regarding school stability elements and procedures. VDSS and VDOE collaboratively provide technical assistance to local school divisions and LDSS. They address questions and issues regarding providing appropriate notification of a student receiving foster care services, conducting the joint best-

interest determination process, enrolling students immediately, coordinating transportation, addressing special education requirements, and other relevant components.

VDOE and VDSS have been working on updating joint guidance, but there were numerous emergency guidance revisions during the pandemic. Guidance revisions were then placed on hold during fall 2023 because of VDOE funding contract delays. VDOE and VDSS will continue revising joint guidance once funding contracts are approved.

Additionally, VDSS and VDOE continue to collaborate to provide technical assistance and training regarding educational stability of children and youth in foster care. Each locality maintains two primary points of contact - one for the LDSS and one for the schools – that each can reach out to for consultation. VDSS and VDOE model the collaboration that LDSS and local schools should have to make joint best interest determinations by looping each other into all conversations and providing joint answers to difficult questions.

VDSS is a member of the State Special Education Advisory Committee (SSEAC), which lets VDSS bring considerations about children with disabilities who are also in foster care to the committee. VDSS also participates in a foster care work group with the VDOE. The foster care work group identifies outcomes to improve education stability for youth in foster care. With VDSS input, VDOE has created a draft application query tool, Student Longitudinal Schedule and Course Record, which would let VDSS and LDSS staff easily access students' school information.

Collaboration with Other Private and Public Agencies

VDSS has meaningful engagement with youth, LDSS, stakeholders, and organizations that are a part of the CFSP-related consultation and coordination process. VDSS also works collaboratively with several public and private agencies to ensure that youth in and formerly in foster care receive needed support as they work towards achieving independence.

- Central Region Independent Living Advocates for Youth (CRILAY): CRILAY is a joint meeting of public and private IL agencies and providers in the central Virginia region established to coordinate services and events that provide a regional voice for youth in foster care for successful transitions into adulthood. Youth with lived experiences are members role of this committee, which gives VDSS an opportunity to hear directly from youth and gain feedback on issues and challenges.
- Youth Housing Stability Coalition: This group of young people with lived experience, stakeholders, and organizations have come together to create a systemic response to the issues that affect the housing stability of youth ages 14 to 24 in the greater Richmond region, building on their collective strengths and intentionally working to address gaps. Because youth who experience foster care are at greater risk of experiencing housing instability, VDSS participation adds a valuable foster care system perspective and informs the state of current resources and challenges.
- Foster Youth to Independence (FYI): The FYI voucher is specifically for youth leaving foster care services and provides up to three years of housing support, with two additional years in special circumstances. At least nine localities in Virginia receive the FYI vouchers for eligible youth: Portsmouth, Newport News, Norfolk, Danville, Chesapeake, Charlottesville, Virginia Beach, Spotsylvania, and Arlington. The FYI gives young people a housing voucher to assist in

preventing homelessness among young adults with foster care histories. VDSS has been in communication with these localities to provide FYI information, support, and Chafee funding, if needed. Other LDSS want to use this valuable resource for eligible young adults, but are facing challenges with the FYI process and the local public housing authorities (PHA).

VDSS has been in communication with Virginia Housing's Housing Choice Voucher team, with the support of National Housing and Child Welfare. Virginia Housing is a public housing authority (PHA) established by Virginia to help Virginians attain quality, affordable housing. It oversees more than 30 housing agents throughout Virginia. A collaborative effort is needed to increase the utility of the youth FYI vouchers. The LDSS are reaching out to their local public housing authorities (PHA) for support with using this resource.

In addition, VDSS is constructing a list of regional case management services, which is a required component of the FYI program. VDSS has been in communication with young adults that have accessed the FYI voucher to get feedback regarding their experiences.

There is an ongoing need to raise awareness and provide education on how to implement the FYI Initiative and broaden affordable and accessible housing opportunities for youth transitioning out of foster care. In 2024, VDSS will work on bridging the gap between LDSS and local PHA by having open conversations about the barriers and next steps for FYI, connecting with other housing resources, and working with youth and key stakeholders to seek opportunities for youth engagement and voice on housing needs (**Permanency Strategy 5.2**). Future goals include developing joint trainings with PHAs for LDSS staff on navigating the FYI process throughout Virginia.

Housing Resource Line (HRL)

HRL was established in September 2020 to serve Richmond City, Henrico, Chesterfield, Hanover, Powhatan, Goochland, New Kent, and Charles City counties. It is a centralized access point to help connect residents to programs and services that will help address their housing needs. It helps them navigate resources ranging from rental options, financial assistance, repairs, legal aid, fair housing, and more. Main objectives include: 1) point residents toward resources for which they are eligible to save them time in their search; and 2) help service providers receive inquiries only from those who meet their eligibility requirements. VDSS attends HRL's quarterly committee meetings, composed of representatives from other housing programs and community partners. VDSS shared with the group information on Fostering Futures, Chafee Program, ETV Program, and the Foster My Future website. HRL's website: <https://pharva.com/housing-hotline/>

Project LIFE

Project LIFE is a program of United Methodist Family Services (UMFS) with and funded by VDSS. Project LIFE provides IL services statewide to youth in and transitioning out of foster care, as well as support to LDSS. UMFS is an independent 501(c) (3) corporation in the Commonwealth of Virginia and an equal opportunity agency. No one is denied care, assistance, or employment based on race, religion, national origin, color, disability, gender, veteran/military status, sexual orientation, ancestry, or marital status. Project LIFE's contract has been modified over the years to meet the needs of VDSS, youth, and stakeholders. Project LIFE supports permanency for older youth in care through the coordinating and enhancing IL services by collaborating with LDSS, private providers, and community stakeholders.

Great Expectations Program

Great Expectations helps Virginia's youth in foster care and foster care alumni/ae access a community college education, supports their educational attainment and academic success, and assists with the transition from the foster care system to adulthood. The program helps young people establish and maintain personal connections with a coach and receive the community support they need to live

productive and fulfilling lives. This initiative of the Virginia Foundation for Community College Education is in partnership with VDSS and LDSS, workforce investment boards, one-stop centers, community colleges, alternative-education providers, other public agencies, school-to-career partnerships, and employers. (<http://greatexpectations.vccs.edu/>)

Virginia Workforce Investment Act Youth Services Programs

Local programs and career centers provide transitional employment services for Virginia's most vulnerable youth.

Youth Housing Stability Coalition

The coalition is composed of various LDSS, community partners, and youth. It builds alliances and a common knowledge base among those serving youth experiencing homelessness and works to end housing instability in Richmond, Henrico, and Chesterfield.

Job Corps

Funded by Congress for the first time in 1964, Job Corps is presently the nation's largest career technical program. Youth in the Job Corps receive housing, medical treatment, and career planning to help them succeed in the program and earn a family-sustaining wage.

Ready to Achieve Mentoring Program (RAMP)

RAMP is a pilot program through the Department for Aging and Rehabilitative Services (DARS) for students who are in the foster care and justice system ages 14 to –21, who are eligible for DARS transition and education services. VDSS participates in planning meetings as subject-matter advisory expert on youth in foster care. Designated LDSS are points of contact in each pilot region.

Fostering Responsible Parents in Virginia

In 2021, the DCSE was awarded the Charting a Course for Economic Mobility and Responsible Parenting Grant from the Federal Office of Child Support Enforcement, within the U.S. Department of Health and Human Services. DCSE has partnered with the foster care team and DJJ on this project. The objectives are: 1) to adapt existing responsible parenting training materials to educate teens and young adults on the financial, legal, and emotional responsibilities of being a parent, and 2) take what is learned during the curriculum delivery portion of the project to create a mobile-friendly game with a "choose your own path in parenting" theme. DCSE will support the project and partner programs with digital marketing. This is a three-year grant ending tentatively in June 2024. The first year permitted time for planning, signing Memorandums of Agreement (MOA) and finalizing contracts.

During 2023, the project team submitted an Institutional Review Board (IRB) packet for approval. The project in its current format with delivery to youth aging out of foster care was found to be exempt from IRB requirements. The team was able to initiate the delivery of the Responsible Parenting curriculum and optional evaluation before and after testing. Youth aging out of foster care had the opportunity to engage with the curriculum during this project period. The Project Team met every other week to discuss updates and provide planning input.

After developing a logic model for the program as a whole and developing theory of change models for each of nine modules, the evaluation team selected 16 metrics based on a review of relevant literature to form the basis of a quasi-experimental longitudinal, (pre-test/post-test) quantitative evaluation of the program's impact. This is based on participant responses to a Qualtrics based survey consisting of 23 content-related items, both before engaging with the nine modules and immediately after. For 2024, the project team will continue to collaborate with partners and ask that youth participate in the survey and nine modules. Youth will be compensated for their participation in this project.

Don't Go Alone Mentoring Program

A new initiative in northern Virginia, this program serves youth ages 18 to 24 who have aged out of foster care or lack a healthy support system. It matches them with a mentoring family who agrees to be a part of their lives. VDSS provided information on the Chafee and ETV programs to support youth in this initiative.

Capacity Building Center for States (Center for States)

The Center for States assists public child welfare organizations to build capacity “to strengthen, implement, and sustain effective child welfare practice and achieve better outcomes for children, youth and families.” (Capacity Building Center for States - Child Welfare Capacity Building Collaborative) VDSS Youth Services Team participate in webinars and focus groups facilitated by the Center for States. These provide opportunities for networking, increase understanding and awareness on various youth-related topics, and offer resources.

2023 New Collaborations/Initiatives

Center for Advancing Policy on Employment for Youth (CAPE-Youth)

CAPE-Youth is a U.S. Department of Labor, Office of Disability Employment Policy-funded policy development and technical assistance center supporting the development, implementation, and integration of evidence-based effective practices and policies for improving transition outcomes for youth and young adults with disabilities. It is a part of the ongoing effort to ascertain the best practices in interagency collaboration among state agencies and organizations serving transitioning youth and young adults with disabilities. During 2023, VDSS was invited to participate in the Youth and Adult Systems Collaboration Study, a research initiative of CAPE-Youth. VDSS participated in the study and an all-day CAPE-Youth event called “Empowering Collaboration to Support Youth Employment Outcomes” with other state agencies. The objectives for this event included:

- Learn how frequency of collaborative practices, knowledge of state partners, types of collaboration practices, and confidence in serving different vulnerable youth populations relate to employment outcomes;
- Learn about resources and tools to measure collaboration within their networks and how they can be applied; and
- Identify areas for improvement in their collaborative networks.

iFoster

The 2022 General Assembly of Virginia directed VDSS to collaborate with the national nonprofit iFoster. The goal was for VDSS staff to develop and facilitate the iFoster portal/app to include resources specific to Virginia and localities and address the problems surrounding obstacles to youth who are in or formerly in foster care, caregivers and guardians who support the youth, and professionals in child welfare organizations. These resources can include workforce development assistance, educational opportunities, housing and living stipends or discounts, financial supports, internship and employment opportunities, and other resources that are available in Virginia. iFoster has partnered with other agencies in other states to create state specific resources in a convenient, free and easy to use account and virtual platform.

VDSS seeks a centralized, accessible place for information on resources and supports for current and former youth in foster care. iFoster provides the ability for a secure portal to be created where users can specify their needs and store key documents and their own resources on the account. Virginia’s 120 LDSS in Virginia can also use these services, learn more about resources that may be available on national,

regional, and local levels, and be encouraged to support the youth they serve by using iFoster itself as a resource.

VDSS created a position to support this project. The person in this position will strongly encourage all state and local agency employees working with youth to join and use the iFoster app with youth in and transitioning out of foster care to help them attain self-sufficiency. This collaboration is necessary and valuable. It lets VDSS and LDSS offer more support to youth in various placement settings. In late 2023, VDSS implemented this initiative in partnership with iFoster. For CY2024, VDSS and LDSS will provide resources to iFoster that are state- or locality-specific in a program template document that iFoster provides. VDSS will also promote the use of the iFoster app in 2026 (**Permanency Strategy 3.1**).

Housing Support Program

Section 63.2-905.1:1 of the Code of Virginia provides time-limited housing support to youth who are not participating in the Fostering Futures Program at any point between the ages of 18 and 21 for a period of no more than six months (consecutive or non-consecutive). The assistance is equal to the room and board portion of the maintenance payment for Fostering Futures. Youth may take advantage of the assistance at any point between the age of 18 until their 21st birthday, so long as they have not received the maximum six months of assistance. Although the implementation date of this program was May 1, 2023, the program extended eligibility to youth who turned 18 on or after July 1, 2022. LDSS notified youth who met the criteria of their right to enroll in this program.

Eligibility criteria includes that the youth, on or after July 1, 2022:

- Turned 18 while in foster care, or turned 18 while in the custody of DJJ but was in the custody of the LDSS immediately prior to commitment,
- Is between the ages of 18 and 21, and
- Is not participating in the Fostering Futures Program.

The youth's caseworker must notify the youth of this resource before their 18th birthday in foster care and information about this program must be included in the youth's transition plan. VDSS hired a designated staff person to implement the HSP, provide technical assistance to LDSS, and monitor and track youth data.

From June 2023 to December 2023, the Housing Support Program processed 13 applications and approved 11 applications. Approximately \$37,000 was spent to support youth through the Housing Support Program in 2023. VDSS will continue to promote the Housing Support Program throughout this CFSP (**Permanency Strategy 3**).

Virginia Driving Assistance Program (VDAP), also known as Youth Driving Assistance Program

VDSS currently offers support for youth in foster care to obtain driver's licenses and other transportation needs through Chafee funds administered by the LDSS. However, there was no formal statewide guidance or program to support and empower youth in foster care to drive. Therefore, VDSS has actively pursued processes to help support youth currently or formerly in foster care to gain driver's education, licenses, and transportation assistance. In a 2018 study conducted by the Virginia Commission on Youth of the eligible youth in foster care in Virginia who were able to drive, only 5% of this population had obtained their driver's license. This statistic demonstrates the loss of typical milestone opportunities for youth in foster care face, compared to their peers who are not in care.

The catalyst for this process of overcoming barriers and challenges was the additional funding available through Division X of the Consolidated Appropriations Act of 2021. This created an amazing and necessary opportunity for driving and transportation assistance and support for youth in and formerly in foster care. Using these funds, VDSS implemented a six-month Transportation Assistance Program (TAP) to serve this population of current or former foster youth ages 15 ½ to 23 years old, to help them gain learner's permits, driver's licenses, driving education, and vehicles. VDSS hoped to create an intentional process for independence, normalcy, and achieving a lifelong skill. The implementation of this program also led to VDSS participating in Paving the Way. Division X provided technical assistance through Paving the Way to support states creating a driver's program for the first time and provide concrete recommendations to what the next steps and goals should be for the program.

VDSS pulled together a diverse group of subject-matter experts from VDSS, LDSS, foster parents, youth with lived experience, nonprofits, IL organizations, and the Department of Motor Vehicles (DMV). VDAP's objectives are to identify barriers related to driver's education and vehicle needs, create solutions, collaborate, invite new partners, and ultimately create a statewide driver's assistance, education and support program for youth, based on recommendations from Paving the Way.

Members of the VDAP workgroup have offered great insight and support in addressing current barriers. To tackle specific recommendations gathered in the Paving the Way report, the VDAP workgroup created three sub-workgroups. Sub-workgroup one works on DMV barriers and solutions, driving hours, and driver education. This includes documentation requirements, proof of residency, the optional court licensing ceremony, understanding the regulations around driving hours and driver education, and the accessibility of driving hours and education courses. Sub-workgroup two focuses on car insurance, payment of car insurance, finding insurance companies willing to insure a young driver, assisting minors in obtaining their own insurance, and foster parent education. Sub-workgroup three is dedicated to caregiver support of youth driving and additional supports for caregivers, including foster parents, kinship parents, and program staff. This includes increasing the comfort level of caregivers and providing education around youth driving, payments for caregivers, and covering the costs of accidents. The three sub-workgroups are working together to come up with solutions to these challenges.

For 2024, VDSS will continue its efforts towards creating pathways to support youth transitioning to adulthood. VDSS will use VDAP to better ensure that youth are involved in these choices and have strong, well-informed advocates interested in their well-being. VDSS will partner with the DMV to streamline the process for youth in foster care to obtain their driver's license (**Permanency Strategy 3.2**). In addition, VDSS will implement a statewide driver's license program along with developing and sharing materials related to supporting youth in foster care to obtain their driver's license (**Permanency Strategy 3.2**).

Transportation Assistance Pilot Program (TAPP)

VDSS requested and was awarded additional Chafee funding for FFY 2023 to support the driving and transportation needs of Chafee eligible youth. TAPP guidelines are similar to those of the Division X TAP. Chafee funds can be used to alleviate as many barriers as possible to ensure youth receive the services and support necessary to meet their individualized driving and transportation needs. Costs could be related to:

- Learner's permit
- Driver's license
- Auto insurance-for the youth or to reimburse a foster parent who has added the youth to their policy
- Driver's education- classes and testing fees, practice lessons, practice hours, license fees
- Purchasing an automobile (up to \$4,000)

- Basic car repairs and maintenance

VDSS hired a part-time Youth Services Specialist with lived experience in foster care to assist in implementing the TAPP. The Specialist is also working with the VDAP Workgroup and meets with many individuals that support this work to hear what has been done in the past and to implement actions moving forward. In addition, the TAPP Specialist created documents to support foster care stakeholders and youth in getting behind the wheel. One such document is a graphic illustrating the process of and requirements for getting a learner's permit, getting a driver's license, and purchasing a vehicle, plus a list of insurance companies that will cover youth in foster care on policies for a named owned or non-owner. This document also includes information related to many of the frequently asked questions identified by the VDAP Workgroup. The specialist is also working on creating a list of private driving schools across Virginia. This listing will highlight the schools that localities are using successfully and companies willing to offer additional services to youth in foster care, such as additional hours behind the wheel and services to areas that do not have driver's education available in the public high schools.

Although Virginia has always allowed LDSS to use Chafee funds for driving and transportation needs, the additional Chafee funds let VDSS serve more youth. For example, in a single quarter (from September 1, 2023, through November 30, 2023), 31 LDSS spent a total of \$44,103.04 to support 58 youth in their driving journey. Twenty-two of the 70 transactions were for driver's education or behind-the-wheel lessons, six were for vehicle purchases, eight assisted with car insurance, and 11 covered repairs or parts to keep youth mobile. The remaining 47 transactions covered such expenses as DMV fees for learner's permits, licenses, ride share, bus passes, and gas. The budgeted \$200,000 was allocated to LDSS by mid-January 2024. VDSS expects that these funds will be spent by May 2024, which illustrates the demand for funds to meet the needs of these youth.

VDSS was notified in October 2023 that additional funds were awarded to Virginia for the TAPP program.

Undocumented/Immigrant Youth Workgroup

Another gap exists in engaging with public and private sectors around support for undocumented youth in foster care, as this population is ineligible for Chafee funds. Virginia has a growing noncitizen community that includes immigrants and undocumented youth. This is a population that is underserved, marginalized, often overlooked, and lacks tangible supports and resources. A young adult with lived experience in foster care and as an undocumented immigrant reached out to VDSS to inquire what support is available for this group of young people. Another undocumented young adult was overwhelmed trying to secure housing and navigate life as she prepared to transition out of foster care. She reached out to VDSS for guidance.

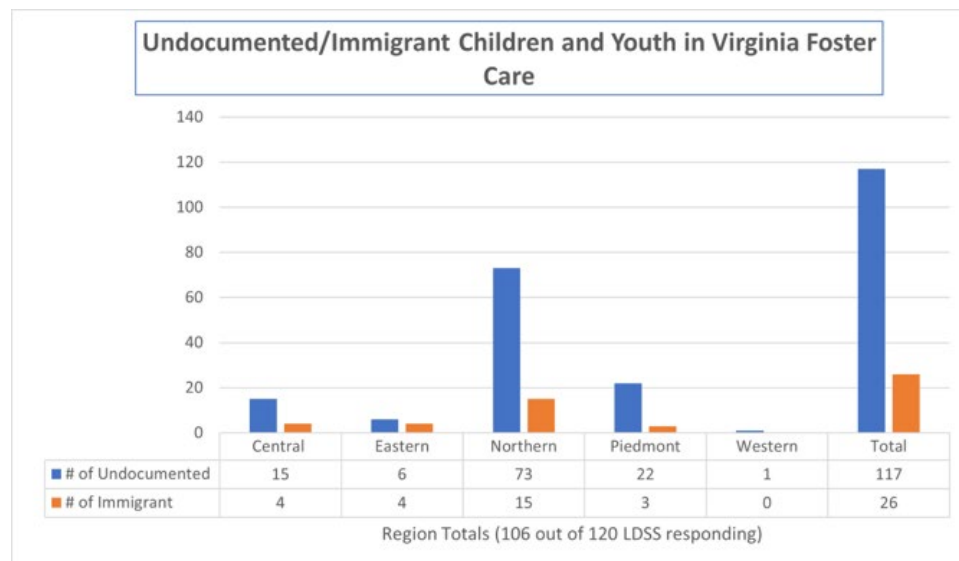
As a result, a group of eight individuals – the VDSS Youth Services Team, the young adults with lived experience, and a representative from the Office of New Americans (ONA) - started a discussion about undocumented youth experiencing foster care in Virginia and what obstacles and challenges they face. Determining the impact of a youth's immigration status on the services and funds they can receive is a significant challenge, especially since they cannot use federal Chafee and ETV funds. Additional obstacles faced by these youth include a lack of resources, less opportunity for self-sufficiency, lack of guidance and best practices surrounding undocumented and immigrant youth in foster care for workers, and difficulty tracking down important documents (such as birth certificates, identifications, or passports from birth countries).

The small group developed into a larger workgroup that now has approximately 27 members: the foster care team, LDSS, ONA, and CSA, as well as two private nonprofits, lawyers, and youth with lived experience in foster care and undocumented immigration status. One of the first topics the workgroup discussed was bringing in organizations with experience supporting this group living in Virginia. Learning about this distinctive population will promote social justice and ensure better practice as VDSS searches for tangible supports and resources.

VDSS hopes to develop a guide for LDSS, which will include how to consider a youth’s unique experiences, trauma, and needs in working with this population. It will also include the steps for youth to become eligible for citizenship via different pathways, including SIJ, VAWA, U, and T Visa. VDSS continues to increase its knowledge in this area and has attended trainings held by the Center on Immigration and Child Welfare, housed at the School of Social Work at New Mexico State University, and a webinar by Workforce Innovation and Opportunity Act (WIOA) titled “Providing Services to Immigrant Workers and Refugees-Starting with Truth.”

Lastly, because there is limited data, literature, and research at the state level regarding immigrant or undocumented youth in foster care, VDSS sent out a questionnaire to all LDSS IL points of contact to determine what Virginia’s rates of immigrant or undocumented youth in Foster Care. The questions VDSS asked in the questionnaire included:

- Number of undocumented children and youth in foster care/Fostering Futures at your LDSS (as of November 1, 2023);
- Number of Immigrant Lawful Permanent Residents (LPR) in foster care/Fostering Futures at your LDSS;
- What questions do you have regarding working with undocumented children and youth in foster care?; and
- Any additional feedback you would like to add,



VDSS is using this information to better understand how localities could support and assist this population. For 2024, VDSS will continue its efforts in collaborating with key stakeholders to develop: 1)

guidance for LDSS to work effectively with this population; and 2) a resource directory for youth and professionals in child welfare.

Youth Voice and Engagement Activities

Youth engagement is an effective way to ensure that youth voices and choices are incorporated in service planning, policy, committee work, and legislation. VDSS is striving for meaningful youth engagement where young people are key decision-makers. At the state level, VDSS engages and empowers youth with lived experience in foster care through SPEAKOUT, employment opportunities, partnering with Project LIFE on youth-driven activities and events, and providing training and technical assistance to LDSS on the Youth Welfare Approach.

During 2023, members of the VDSS Youth Services Team served on the LEx (Lived Experience) Community of Practice Engagement Committee, led by VDSS Office of Trauma and Resilience Policy. This committee aims to coordinate and collaborate around LEx engagement efforts in Virginia. This includes taking the lead to research and draft policies on identified priorities related to engaging individuals with lived experience. Activities for this committee included:

- Attended quarterly meetings to help represent youth voices and services;
- Presented on SPEAKOUT's compensation and recruitment efforts for those with lived experience; and
- Assisted with planning meetings.

In this strategic plan, VDSS will hire an LEx project manager, develop a formal process for LEx stakeholder participation in the development and review of guidance, and implement an LEx review process (**Permanency Strategy 3**).

SPEAKOUT

SPEAKOUT, Virginia's Youth Advisory Board, includes youth ages 15 to 26 who have experienced or are currently in the Virginia foster care system. Board meetings are virtual and occur monthly for one to two hours; in-person meetings are held at least twice a year. SPEAKOUT members make a difference in the way youth are served in the foster care system by providing feedback directly to the VDSS, LDSS, other state agencies, legislators, and community partners. Members' thoughtful insights help inform foster care policy, regulations, guidance, and practices (**Permanency Strategy 3.5**). SPEAKOUT participants help improve the Virginia foster care system for current and future youth in foster care, develop advocacy and leadership skills, and receive compensation for participation.

A young professional with lived experience shared that "as a VDSS Youth Development Specialist/SPEAKOUT Liaison with lived experience, I understand the many struggles youth face. So I have leveraged my personal experience in order to be a support for a diverse group of young adults and teens on SPEAKOUT (Strong Positive Educated Advocates Keen on Understanding the Truth) Youth Advisory Board."

Goals for SPEAKOUT during 2023 were to retain and successfully recruit young adults and youth, and to host monthly listening sessions with each member to personally ensure that all needs are being met. Conducting monthly one-on-ones let the liaison be proactive not reactive to the youth's needs, and also promoted healthier advocacy skills. Because of the monthly listening session, the liaison has successfully

grown and retained the board from three members to 10 diverse teen and young members ranging in age from 15 to 24. Currently, the board has three young men and seven young women, each with a different experience and demographic. Over the course of the year, more than 25 youth and young adults applied to be a part of the Youth Advisory Board. However, only a select few were able to uphold their commitment.

Part of SPEAKOUT’s role is to regularly share its input on Virginia’s child welfare system. For example, during 2023, one of the SPEAKOUT members participated on the Thriving Families Safer Children committee and was an integral partner in the development of Virginia’s Strategic Plan to Prevent Child Abuse & Neglect, providing input into goals and objectives.

During 2023, VDSS provided monthly SPEAKOUT updates, which let members decide what areas and initiatives to work on in their strategic plan. VDSS compensated SPEAKOUT members for their time serving on the board, committees, and panels. SPEAKOUT participated in the following events and activities:

2023 SPEAKOUT Events and Activities

Event/Activities	Purpose	# SPEAKOUT Members Involved
Virginia Commonwealth University (VCU) School of Social Work research	A study about school stability as well as the overall academic experiences of youth in foster care.	1
Undocumented/Immigration youth work group	Seeking resources and support for undocumented and immigrated youth.	1
Youth Driving Assistance Program- Driving License	Focus group created to find ways to help youth with independent skills get their driver's license, insurance, and other driving/transportation needs.	2
Thriving Families, Safer Children	<p>A SPEAKOUT member serves on the Thriving Families Committee and receives compensation for her work as a person with lived experience. Youth traveled to Arizonia to be one of few youths to speak on how to get youth involved and engaged in a youth group.</p> <p>Thriving Families, Safer Children- is an initiative that provides resources and support for jurisdictions, localities and communities that create, build and collaborate with people who have lived experience, and others in developing a family resources center framework that focuses on advancing primary preventive initiatives.</p>	1
Fostering My Future website	<p>Fostering Futures is a foster care program available to teens and young adults in foster care after they turn 18. SPEAKOUT members helped revise the</p>	6

	VDSS Fostering My Future website to make it more youth friendly and easy to navigate.	
Knowledge Break	Members shared information with VDSS staff about recruitment and the benefits of joining SPEAKOUT.	3
Christian Alliance for Orphans	The Christian Alliance for Orphans unites more than 250 respected organizations and a global network of churches in shared initiatives to grow and guide effective responses for the world's most vulnerable children, from foster care and adoption to family strengthening and care for vulnerable children worldwide. The conference was in Oklahoma.	1
National Adoption Awareness Event	A SPEAKOUT member was one of three panelists speaking on the importance of "Empowering Youth: Finding Points of Connection," in Washington, D.C.	1
Project LIFE Conferences	Members attended Project LIFE's spring and fall youth conferences to share information about SPEAKOUT and recruit new members. At the fall conference, SPEAKOUT members provided a workshop on transition planning.	6

For 2024, SPEAKOUT members will continue to participate in several initiatives that elevate the voice of those with lived experience in foster care to help improve Virginia's child welfare system. Goals for the next years include:

- Continue to retain and recruit a diverse group of young adults and youth;
- Create opportunities for the youth to be creative and share in different settings and on different platforms;
- Continue to conduct monthly one-on-one meetings allowing the liaison to be proactive rather than reactive to the youth's needs, as well as promote healthy communication and advocacy skills;
- Create more training to support the needs of youth in foster care or transitioning out of foster care;
- Create an extended network of young adults and youth for SPEAKOUT members to mentor;
- Partner with SPEAKOUT members to provide input and promote best practice guidelines around how to have difficult conversations with youth (**Permanency Strategy 1.2**);
- Partner to develop training for LDSS and FPM facilitators from the youth perspective (**Permanency Strategy 1.4**).

VDSS will continue to compensate SPEAKOUT members for their participation.

Project LIFE

Project LIFE's goal is to coordinate and enhance the provision of IL and permanency services to youth statewide. VDSS and LDSS benefit from community partnerships and additional support from a contractor that provides IL services statewide. A partnership with United Methodist Family Services has helped VDSS and LDSS meet the goals of the Chafee Program, the federal requirements for the provision of opportunities to develop adult living skills, and the tenets of the Virginia practice model, which emphasizes children's rights to permanency. It is essential that VDSS has an integrated approach to achieving permanency while offering comprehensive preparation for adulthood for all children and youth. Project LIFE continues to prepare young people for advocacy opportunities and strengthen their natural supports and connections with stable adults. This contract emphasizes positive youth development and engagement for youth and provides training and technical assistance to LDSS staff.

VDSS's practices and philosophy include a strong focus on the need for older youth in care to achieve permanency and have permanent connections to responsible adults, as well as improved skills to successfully manage adulthood. Project LIFE is an expert in positive youth development (PYD) and incorporates the principles in youth activities. The delivery of child welfare services in Virginia is directed by the children's services practice model, which describes how services are to be delivered to children, youth, and families, and supported by practice profiles that demonstrate how core activities should be set in action. Although all the practice model's principles are important, the following four principles are the core of VDSS' Chafee program:

- We believe in youth-driven practice;
- We believe all older youth need and deserve a permanent family;
- We believe in partnering with others to support child and family success in a system that is family-focused, child-centered, and community-based; and
- We believe how we do our work is as important as the work we do.

VDSS contracts with United Methodist Family Services, a private provider that delivers statewide services in all five regions of Virginia. Statewide coverage is important to ensure inclusion and equality, and that all eligible youth have access to IL services. Also, it is vital that all LDSS have access to support in meeting the needs of youth in each of the state's regions. The contractor incorporates the core beliefs of the children's practice model into their program, and demonstrates sensitivity to cultural, socio-economic, and community influences. In addition, the staff have knowledge of the consequences of trauma, which affect the development and functioning of youth in and transitioning out of foster care. They demonstrate awareness of the devastating effect that adverse childhood experiences can have on youth by altering their physical, emotional, cognitive, and social development. During 2023, Project LIFE continued to focus on positive youth development and engagement for youth, training, implementation of the Youth Welfare Approach, and technical assistance for LDSS.

During FY2023, Project LIFE began operating under a hybrid model, combining virtual and in-person events and activities. A reduction in youth participation due to lack of interest in virtual events is an ongoing challenge. Project LIFE has seen an increase in youth participation with in-person events and activities.

These tables display the number of youth in each region who participated in virtual events, as well as the types of services provided, from January 1, 2023 to December 31, 2023.

January 2023 – June 2023 Numbers of Youth Served by Region

Region	Numbers of Youth Served
Central	62 (34.64%)
Eastern	95 (53.07%)
Northern	33 (18.44%)
Piedmont	15 (8.38%)
Western	0 (0%)
Total	205 (179 Unduplicated Youth)

Types of Services Provided for Youth

Services	January–March (Q3)	April–June (Q4)
	Cumulative Totals of Youth Participation	Cumulative Totals of Youth Participation
Advocacy opportunity	14	10
Advocacy training	5	64
Casey Life-Skills Assessment (CLSA)	1	1
Community engagement	17	60
Daily living	21	76
Education	6	37
Employment/career development	15	46
Financial literacy	32	45
Good credit	38	67
Housing/home life	0	0
Leadership opportunity	0	19
Leadership training	5	0
Permanency	0	11
Public speaking training	0	0
Real world	0	60
Relationship building	11	51
Self-care	14	73
Statewide conference	0	64
Transition planning	1	3
Youth Adult Partnership (YAP)	0	0
Total	180	687

July 2023 – December 2023 Numbers of Youth Served by Region

Region	Numbers of Youth Served
Central	66 (36.87%)
Eastern	26 (14.53%)
Northern	75 (41.9%)
Piedmont	29 (16.2%)
Western	16 (8.94%)
Total	212 (179 Unduplicated Youth)

Types of Services Provided

Services	July–September (Q1)	October–December (Q2)
	Cumulative Totals of Youth Participation	Cumulative Totals of Youth Participation
Advocacy opportunity	5	71
Advocacy training	20	68
Casey Life Skills Assessment (CLSA)	11	0
Community engagement	28	77
Daily living	34	12
Education	9	0
Employment/career development	13	78
Financial literacy	17	27
Good credit	4	74
Housing/home life	2	4
Leadership opportunity	2	26
Leadership training	20	0
Permanency	0	80
Public speaking training	0	0
Week of LIFE	0	0
Relationship building	21	4
Self-care	14	90
Statewide conference	0	65
Transition planning	8	68
Youth Adult Partnership (YAP)	0	22
Total	210	769

Project LIFE plans and implement two statewide youth conferences each year. Youth are involved in the planning and presenting workshops. During the weekend of May 5 to 7, 2023, Project LIFE provided a hybrid statewide youth conference in the Eastern region with in-person and virtual participants for selected workshops. The conference took place in Virginia Beach, Virginia. The total 64 youth that attended represented all five regions (15 from Central, 20 from Eastern, 11 from Piedmont, four from Western, and 14 from Northern). Seventeen young adults were involved in planning and co-facilitating workshops throughout the conference.

This conference’s theme was “Dream LIFE Plaza,” with specific hands-on and interactive life skills workshops connecting the youth to a practical experience approach for youth engagement. Project LIFE provided an incentive-based system of plaza perk money to simulate an economic system throughout the weekend. For a youth engagement and fun activity, the youth participated in a bowling outing. Youth were able to socially engage with their peers and build new connections.

During November 10 to 12, 2023, Project LIFE provided a hybrid statewide youth conference in the Northern region with in-person and virtual participants for selected workshops. This conference took place in Fredericksburg, Virginia. The 65 youth that attended represented four regions (15 from Central, 22 from Eastern, 14 from Piedmont, none from Western, and 14 from Northern). Nineteen young adults were involved in planning and co-facilitating workshops throughout the conference. This conference’s theme was “Beyond This Moment,” with specific hands-on and interactive life skills workshops

connecting youth to post-foster care services and resources. It featured former Project LIFE participant Cordelia Cranshaw facilitating her "Survivor to Thriver" workshop, which is a featured workshop series from her organization, Acts of Random Kindness in Washington, DC. The VDSS SPEAKOUT members also facilitated workshops about transition planning with several different role-play scenarios in which youth could actively engage.

Project LIFE also hosted the IL coordinator committee's meetings for all five regions. During these meetings, VDSS provided state updates and addressed questions from local IL Coordinators, private providers, and community partners. Project LIFE also provided a monthly newsletter announcing state, regional, and local updates, events, and activities for youth, LDSS and private providers.

In collaboration with Project LIFE, VDSS will continue to have monthly virtual check-ins with LDSS to provide state updates and a brief overview of NYTD, Chafee, and ETV programs, funding, other IL topics, and new initiatives. Project LIFE will continue to sponsor youth conferences and events and collaborate with VDSS and youth to introduce the Youth Welfare Approach statewide. It will continue to plan conferences and provide training, technical assistance, resources, and tools to support youth and LDSS in delivering services to eligible youth. Project LIFE launched a Youth Welfare Approach webpage on the Project LIFE website to provide tools and resources for Virginia's working professionals and youth.

Education and Training Vouchers (ETV)

The ETV program provides federal and state funding to help youth in and transitioning out of foster care receive post-secondary education, training, and services necessary to obtain employment by covering the expenses associated with college or vocational training programs. Annual vouchers of up to \$5,000 are available for each eligible youth. VDSS administers the ETV program and LDSS process ETV student applications, disburse funds to educational vendors, and monitor the progress and needs of ETV students. VDSS responds to inquiries and provides training and technical assistance to LDSS, youth-serving agencies, alumni/ae of foster care, and resource parents. Although the ETV program is integrated into the Chafee program's overall purpose and framework, this program has a separate budget authorization and appropriation from the general program.

Vouchers are available to youth who are otherwise eligible for Chafee services under the state program and are at least 14 years of age. In accordance with FFPSA, Virginia extended ETV benefits up to age 26 for eligible youth, including those who left foster care through adoption or the Kinship Guardianship Assistance Program (KinGAP) at age 16. Students may participate in the ETV program for a maximum of five years, whether or not the years are consecutive, as long as they are enrolled in a postsecondary education or training program and making satisfactory progress toward completing that program.

Each year, the LDSS complete an ETV application and submits the number of eligible youths in their locality to VDSS. Eligible youth are those who will be or are attending post-secondary education institutions or vocational training programs within the fiscal year. VDSS divides the available allocation by the number of eligible youths in Virginia, resulting in the base amount per youth. The funding is then allocated to LDSS in accordance with the number of eligible youths they anticipate serving. All localities are eligible to participate in the ETV program.

Over the next five years, VDSS will continue to operate the ETV program efficiently by ensuring the total amount of ETV does not exceed the total cost of attendance, avoiding benefits duplication while maximizing resources. These resources include workers using the cost of attendance calculator when

assisting students in completing the ETV student application, along with determining and documenting all financial aid the youth receive.

Annual Reporting of Education and Training Vouchers Awarded

Name of State/ Tribe: VIRGINIA

	Total ETVs Awarded	Number of New ETVs
<u>Final Number: 2022-2023 School Year</u> (July 1, 2022 to June 30, 2023)	131	72
2023-2024 School Year* (July 1, 2023 to June 30, 2024)	130*	62*

Comments:

*Estimated numbers for school year 2023-2024.

Many youth continue to face job and income losses, decreased social support, and increased mental health difficulties even after the pandemic. This seems to affect the numbers of youth pursuing post-secondary education.

VDSS staff continued to distribute marketing materials that are targeted to a broad audience, including young adults who are not connected with an LDSS. Agency collaboration has made professionals, resource parents, and other stakeholders better equipped to assist youth in educational attainment, a significant predictor of successful transitioning to adulthood.

During 2023, VDSS focused on providing technical assistance, education, and support to LDSS. VDSS conducted monthly check-ins for LDSS to provide state updates and highlight Chafee, ETV, and other related IL topics. These were also opportunities for LDSS to ask VDSS questions.

For 2024, VDSS plans to do more outreach, create a Spanish version of the ETV flyer, develop a Student Orientation PowerPoint (geared towards youth), and hire a person with lived experience to fill the ETV Administrative Specialist position. VDSS will continue strategic efforts to improve ETV program access and bring awareness about the ETV program to youth, LDSS supervisors, workers, and key stakeholders. VDSS will also develop a youth focus group to discuss barriers and solutions to accessing ETV services.

VDSS continues to seek to increase participation in the ETV program in Virginia. VDSS will continue to use various strategies to improve and foster young people’s participation. In addition to coordinating Virginia’s ETV program, VDSS continues to support its partnership with the Great Expectations program. This nonprofit organization is unique to Virginia and works directly with youth in foster care or foster care alumni/ae attending community college. Great Expectations is primarily funded through donations and fundraising efforts. This core initiative helps strengthen Virginia’s postsecondary education assistance program and promote academic achievement and educational stability.

The Great Expectations program, established 2008, helps youth who have experienced foster care gain access to higher education, workforce training, and employment opportunities. Great Expectations helps at-risk young people develop the skills they need to transition successfully from the foster care system to living independently. The program is now available at 23 community colleges, so that youth in foster care across Virginia have access to one-on-one coaching and support services. During 2022-2023 school year, 562 students participated in the Great Expectations program. Forty-nine graduates, 14 transfers, and 23 students earned a credential last year. Because most of the youth in or formerly in foster care are eligible for the full Pell grant, their tuition and fees are covered at the community colleges. ETV funds may not have been needed.

In addition, youth and young adults may be eligible for the Community College Tuition Grant. This tuition grant pays for tuition and fees at Virginia Community Colleges for youth formerly in foster care or adoptees with special needs who have graduated from high school or obtained their GED and meet eligibility requirements. It is based on financial need.

The Virginia Appropriations Act of 2022 included funding that lets youth with foster care experience receiving post-secondary education remain in the dorms while attending a Virginia public college or university during scheduled breaks in the academic year when no other housing alternatives can be secured. The act requires Virginia's institutions to provide no-cost access to housing for eligible students. VDSS posted the institutional points of contact at Virginia four-year public institutions on the VDSS interagency website.

Cooperation in National Evaluations

In late 2022, the U.S. Department of Health & Human Services-Office of the Inspector General invited VDSS to participate in a national survey soliciting feedback regarding states' implementation of the federal credit check mandate, as described in the **Credit Check section**.

VDSS will continue to cooperate in any national evaluations of programs' effects in achieving the Chafee Program's purpose.

Chafee Trainings

VDSS did not offer an annual in-person regional training in 2023. However, VDSS provided virtual training and technical assistance over the phone to individual LDSS, as requested, for new workers and overall staff development.

DOE and VDSS will continue to provide planned joint educational stability training across Virginia and offer workshops specific to LDSS and school divisions. Collaborative training will be provided in other forums, such as the annual CSA conference.

Information about training regarding youth development, normalcy for youth in foster care, and permanency for youth for LDSS staff, foster parents, adoptive parents, and staff of congregate care facilities is provided in Appendix E-2: Title IV-E Pass Through Training.

For 2024, VDSS plans to provide virtual Chafee and ETV training for LDSS and collaborate with LTD on developing of eLearning courses for LDSS on the Chafee program and requirements, NYTD, ETV, credit checks, and educational stability, which can be accessed at any time. VDSS will involve youth in

the training by providing them with opportunities to share their stories and highlight the benefits of Chafee, ETV services, and the Youth Welfare Approach in assisting them in preparing for adulthood.

Consultation with Tribes

In Virginia, American Indian or Alaska Native children experiencing foster care are eligible for the same benefits and services under the Chafee program as other children in foster care. VDSS will continue to share information about the Chafee and ETV programs as part of ongoing efforts to build relationships between VDSS and the Tribes. VDSS and LDSS remain responsible for providing child welfare services and protections for Tribal children who are under state jurisdiction. VDSS does not differentiate between Indian children and non-Indian children with respect to the availability or provision of benefits or services. None of Virginia’s Tribes requested to develop an agreement to administer, supervise, or oversee the Chafee or ETV program. In 2023, VDSS provided a presentation to the Tribes on Chafee and ETV programs.

CONSULTATION BETWEEN VIRGINIA AND TRIBES

Virginia has 11 state and federally recognized tribes. None of the Tribes in Virginia are designated as the title IV-E agency for their Tribe, so VDSS continues to be responsible for providing child welfare services and protections for Tribal children. VDSS has made concerted efforts to build relationships with members of the state and federally recognized Tribes. A project manager led these collaborative efforts, allowing for easy continuity of contact between VDSS and the Tribes and building trust between the Tribes and government officials.

In 2021, VDSS added another staff person to support collaboration and ICWA compliance. This staff member, who currently works in the QAA unit as the title IV-E In-Home QAA Supervisor, has a personal Tribal connection as their family are members of a federally recognized Virginia Tribe. The staff person’s extensive knowledge of Native American culture, Virginia’s Tribes, and child welfare programs has helped elevate the continued collaboration between VDSS and Virginia’s Tribes. This staff person officially took over as VDSS’ Tribal Liaison in 2024 after the prior liaison moved to another position within VDSS.

The Chafee/ETV information on Tribes is located in that section of the CFSP.

The link to the 2025-2029 CFSP and subsequent APSRs will be shared with Virginia’s Tribes when they are approved. The reports are also posted publicly for Tribal partners to access at any time.

Federally and State-Recognized Tribes	
Pamunkey Tribe*	Chickahominy Indian Tribe*
Eastern Chickahominy Indian Tribe*	Upper Mattaponi Indian Tribe*
Rappahannock Indian Tribe*	Monacan Indian Nation*
Nansemond Indian Nation*	Cheroenhaka (Nottoway) Tribe
Nottoway Tribe	Patowomeck Indian Tribe

Mattaponi Tribe	
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*Federally Recognized Tribes

Federally Recognized Tribes

<https://www.govinfo.gov/content/pkg/FR-2019-02-01/pdf/2019-00897.pdf>

Virginia State-Recognized Tribes

<https://www.commonwealth.virginia.gov/virginia-indians/state-recognized-tribes/>

VDSS continues to cultivate meaningful relationships with many of the 11 Tribes, using consistent, transparent communication at quarterly roundtable meetings (**Permanency Strategy 1**), one-on-one calls, emails, and in-person visits with Tribal leaders. The roundtable meetings are an opportunity for Tribes to share questions and concerns around child welfare matters, as well as build and share their understanding of ICWA laws. Built into the roundtable meeting agendas is the opportunity for Tribes to share any experiences and processes encountered either at the local or state level that could inform practices, including education and training needs. VDSS also shares roundtable materials with all Tribal representatives who are unable to attend the meetings, in addition to posting the meeting materials publicly on the VDSS website.

VDSS routinely shares information with all 11 Tribes via email to the Tribal Chiefs, Assistant Chiefs, Tribal Administrators, and ICWA Representatives. Consultation with the Tribes is primarily conducted via the quarterly roundtable meetings. The roundtables have representation from both the state and the federally recognized Tribes, with members attending as they are available. In 2023, the following Tribes and representatives were present at the meetings.

- Cheroenhaka (Nottoway) Indian Tribe: Chief Walt “Red Hawk” Brown
- Chickahominy Indian Tribe: Chief Stephen Adkins, Lindsay Johnson, Susann Brown
- Chickahominy Indian Tribe Eastern Division: Morgan Martin, Melanie Stewart, Kayla Locklear
- Nottoway Indian Tribe: Yvonne Epps-Giddings
- Upper Mattaponi Indian Tribe: Reggie Tupponce, Wilma Hicks

These meetings have been used to share information and seek feedback on the CFSP/APSR and other topics. (Information on how Tribal partners were engaged in the development of the CFSP is included in **Strategic Planning**). For example, VDSS shared information on the Thriving Families, Safe Children Family Resource Center, in hopes that a Tribal community would be interested in applying for the grant opportunity. VDSS also discussed the Safe Sleep Initiative and Family Violence Prevention and Services Grant. ACF presented about title IV-B Tribal funding and published a new guide and videos that were developed for Tribal leadership who may be interested in applying for that funding. VDSS also highlighted their Kin First priorities and shared information on FFH, this time with updates on the number of perspective foster parents who indicated they were members or citizens of a Tribe. Feedback from the Tribal leaders was to ensure that LDSS were verifying citizenship and not going by the honor system. The Tribes also expressed interest in hearing more about the Child Advocacy Center and Human Trafficking. The IL Youth Specialist gave an overview of Chafee and ETV programs. Although they were not able to attend the roundtable, Lois Custalow of the Mattaponi Indian Tribe and Adrian Compton of the Monacan Indian Nation also expressed interest in protection topics to be presented during the roundtable meetings. The roundtable meetings have also been a source of collaboration with other federally supported programs, such as improving indigenous health through the Family Nutrition Program offered through Virginia’s SNAP.

VDSS created a second Tribal-specific eLearning: Engagement of Native American Families. At the time of this report, the eLearning was in the final stages of completion; it is set to be launched in spring 2024. Creating this training would not have been possible without consultation and collaboration with Virginia’s Tribes. During one of the roundtable meetings, the Tribes suggested that engagement should be a focus, and that LDSS should learn how to ask parents about Tribal affiliation and citizenship. The Tribal leaders will have the opportunity to provide input on the eLearning before the final version is released. Both the Engagement of Native Americans and Introduction to ICWA eLearnings will be made available publicly for our other community partners to access.

In 2023, VDSS identified two ICWA cases that involved an out-of-state tribe, the Oneida Indian Nation in New York. In this scenario, the LDSS received approval from the Oneida Indian Nation to move forward with an adoption proceeding. VDSS was also made aware of an investigation conducted by the Office of the Children’s Ombudsman involving an ICWA case that resulted in a report. One of the recommendations from this report was for the LDSS to consider reviewing resources and seeking out training for child welfare staff regarding ICWA and referred to the VDSS 2022 CWSE5020: Introduction to ICWA eLearning as a resource. The recommendation also suggested ensuring that agency workers inquire about Indian status, which reinforced the need for the new eLearning in development.

See the following data for more information.

Children served by VDSS Child Welfare Who Identify as American Indian or Alaska Native

Statewide Quarterly Average January – June 2023

	Number of Children by CPS Report Type	Percentage American Indian or Alaska Native Children
Referrals	64,173	0.42%
Accepted	25,932	0.3%
Family assessment	20,172	0.28%
Investigated	6,978	0.34%
Founded	2,273	0.18%

Source: VCWOR, CPS Reports, Child Demographics Quarterly Reports 1/1/2023 -3/30/2023 (note, as of 3/14/2024, this is the most current information available) and OASIS query

Data Collection Method for CY2023:

Children in Foster Care Who Identify as American Indian or Alaskan Native

Statewide Jan.-Dec. 2023	Male	Female
All children in foster care services*	3,715	3,510
American Indian or Alaska Native Children	1	3
Age at current removal		

0-3 years	0	1
4-10 years	1	1
11-14 years	0	0
15-16 years	0	1
17-18 years	0	0
Over 18	0	0
Diagnosed disability		
Yes	1	0
No	0	3
Unknown	0	0
Case plan goal		
Adoption	0	3
Relative placement	0	0
Return home	1	0
Other	0	0
Exits from care		
Reunification	1	0
Adoption	0	0
Custody transfer to another agency	0	0
Custody transfer to other relative (without KinGAP)	0	1
Still in care	0	2

Source: OASIS Active Foster Care monthly reports CY2023, unduplicated children based on most current occurrence in monthly reports. Additional sources for diagnosed disability and reason for discharge: OASIA via ROASIS, system information.

*Total child counts will be higher than what standard, point in time or subset, reporting provides (entries or exits during the year, or in care on last day of the year)

Data Collection Method for CY2023:

Occurrence of Indian Status Case Contact: Cases/Children Active During 2023 in Foster Care

	CY2023
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	Number	Percentage
Active cases during year	4,863	100%
Cases with Indian status contact	3,107	64%

Source: OASIS Active Foster Care monthly reports for CY2023 and OASIS system data, via ROASIS for contact with purpose Indian Status. For CY2022, the Cases with Indian Status Contact was 66%, so there was a 2% decrease in the documentation of “Indian Status” in Foster Care cases.

Demographics: Children served by In-Home Cases Identified as American Indian (NEW Data Report)

Statewide January - December 2023	Male	Female
All children in In-Home cases	6,052	5,996
AIAN Children	4	11
Age at case start		
0-3 years	0	2
4-10 years	3	4
11-14 years	0	3
15-16 years	1	1
17-18 years	0	1
Over 18	0	0

Over the next five years, VDSS will continue to focus on compliance with ICWA through Permanency Strategy 1.1 and the Measures of Progress indicated in Permanency Strategy 1. As indicated in the CFSP strategic plan, VDSS plans to establish a baseline of data for ICWA in the first year of the CFSP. While VDSS has captured ICWA screening data for the past five years, limitations on that data have become clearer over time. Now that VDSS has made significant system changes in accordance with the AFCARS 2020 Final Rule, there is an opportunity for better, more reliable data collection regarding ICWA compliance. A new ICWA tab was created in OASIS to capture ICWA data in foster care cases. This tab is mandatory and workers are not able to move forward if this screen is not completed.

As part of Permanency Strategy 1, VDSS will be updating data reports within SafeMeasures for LDSS, regional, and home office staff to better monitor ICWA related data points. While VDSS works on those SafeMeasure reports over the next year, initial data taken from AFCARS reporting indicates that determination of ICWA status is happening in over 87% of cases compared to the prior data collection of 64%. VDSS will continue to build out the data reports so that staff can monitor every stage of the ICWA determination process from agency inquiries to tribal notifications.

While general training was offered on all the new AFCARS related OASIS screens at the time of the OASIS update, VDSS recognizes that targeted support for the ICWA screens may be warranted. VDSS plans to develop a micro-learning in collaboration with the Tribes to support worker’s timely completion of the ICWA determination screens.

Once the SafeMeasures reports have been updated, VDSS staff plan to use them to identify American Indian/Alaskan Native children to conduct deeper case reviews to ensure ICWA compliance. SafeMeasures will also be working on updating reports to allow staff to identify children and youth who identify as American Indian/Alaskan Native as well as other races. Currently, many of the reports only

display that the child identified as multi-race without providing the additional detail of the multiple races, which was another limitation of the current data reporting.

In addition to these efforts to monitor ICWA compliance, VDSS will also be utilizing public affairs expertise within the department to update and maintain public facing sites and documents to reflect current information regarding ICWA and tribal collaborations in Virginia.

New Data Collection Method referenced in CFSP 2025-2029:

Initial Baseline:

ICWA Determination of Children in Foster Care Under 18 (AFCARS 24A: 10/1/2023 - 3/31/2024)

	Number	Compliance Percentage	Percentage of Population
Number of Children in Foster Care Under 18	5,234	N/A	100%
Number of Agency Made Inquiries	4,565	87.22% (4565/5234)	N/A
Number of Children Eligible for Membership in a Federally Recognized Indian Tribe	8	N/A	0.15% (8/5234)
Number of applications of ICWA	8	N/A	0.15% (8/5234)
Number of state notifications to tribes	8	100% (8/8)	N/A

TARGETED PLANS AND APPENDICES

Please see attached for the following plans and appendices:

Appendix A: CWAC Membership

Appendix B: Family First Prevention Services Plan

Appendix C: Health Care Oversight and Coordination Plan

Appendix D: Diligent Recruitment Plan

Appendix E: Training Plan

Appendix E-1: Virginia Child Welfare Staff and Provider Training Plan

Appendix E-2: Virginia Title IV-E Training Plan Matrix

Appendix E-3: Virginia Master Family Services Child Welfare Training Matrix

Appendix F: Virginia Continuity of Operations Plan (COOP)

The 2024 COOP for the DFS is attached. This plan is confidential and protected under FOIA. Therefore, it will be submitted to the Children’s Bureau, but is not posted on the public-facing website. The COOP plan was not activated for a natural disaster during 2023.

Virginia's child welfare services are carried out in a state-supervised and locally-administered system. As part of local government, LDSS must develop individual emergency procedures as they are aware of emergency resources and supports within their area, as well as the unique disasters to which each region of the state is particularly exposed. These procedures must include how to remain in communication with their workforce who are displaced in the event of an emergency. If child abuse or neglect is reported during the emergency or disaster, it will be handled by the locality where the alleged abuse/neglect occurred. If the state office is forced to close or relocate due to a disaster, service provision will continue to be offered through LDSS who will respond, as appropriate, to new child welfare cases in their area. LDSS that are in counties and cities that border other states have working relationships with those states and services could be provided there if there are adequate resources available to help. VDSS continually maintains the Active Foster Care Report in an Excel file on a secure jump drive. The jump drive is in the possession of the Foster Care Program Manager, so that during an emergency or disaster, information regarding children in foster care will be available outside the automated child welfare data base. The automated child welfare data base is the system of record and requirements for system backup is outlined in the agency's Continuity of Operations Plan (COOP). The LDSS shall ensure foster families and providers develop plans that help protect their families and provide communication information for use in emergency situations, such as the Emergency Plans Form. In the event that the foster family or other provider needs to evacuate, information regarding the whereabouts of children in foster care and contact information shall be communicated to the LDSS. If the LDSS cannot be reached, the information shall be communicated to VDSS via the hotline and VDSS will enter the information into OASIS.

In an emergency or disaster, VDSS staff will be available through the state hotline's toll-free number for community contact, including sharing information with other states, around needs related to child welfare, to give service referral information, and to notify the state office of displaced clients in the event that the situation affects the LDSS and the local office cannot be reached. The toll-free number will be given to the media and disseminated to LDSS. The regional offices serve as operation centers for service referrals and information throughout the state, including assistance with psychotropic medication. [The Community and Volunteer Services Division at VDSS operates the "211" information and referral hotline that is available for locating services and assistance state-wide.] The VDSS website will highlight alternative contact information for divisional staff to make it easier for clients and other states to contact the necessary people.

VDSS continues to assess gaps in the disaster plan that may affect specific populations, to ensure that disaster and COOP plans address disparities for marginalized groups, including people of diverse racial and ethnic backgrounds. VDSS will work to ensure that information during emergencies is accessible to children and families, using resources identified in ACF's letter [Using Your Disaster Plan to Advance Equity in Disaster Response](#).