VIRGINIA'S FIVE YEAR STATE PLAN FOR CHILD AND FAMILY SERVICES

2020-2024

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

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Commonwealth of Virginia
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FREQUENT ACRONYMS

AART	Adoption Assistance Review Team
APSR	Annual Progress Services Report
AREVA	Adoption Resource Exchange of Virginia
DBHDS	Virginia Department of Behavioral Health and Developmental Services
DTD	Division of Training and Development
CAPTA	Child Abuse Prevention and Treatment Act
CBCAP	Community-Based Child Abuse Prevention
CIP	Court Improvement Program
CFCIP	Chafee Foster Care Independence Program
CFSP	Child and Family Service Plan
CFSR	Child and Family Services Review
CJA	Children's Justice Act
CPMT	Community Policy and Management Teams
CPS	Child Protective Services
CSA	Comprehensive Services Act for At-Risk Youth and Families
CSB	Community Services Boards
CQI	Continuous Quality Improvement Unit
DFS	Division of Family Services
DJJ	Virginia Department of Juvenile Justice
DMAS	Virginia Department of Medical Assistance Services
DOE	Virginia Department of Education
ETV	Education and Training Vouchers
FACES	Virginia's Foster, Adoptive, and Kinship Parent Association
FACT	Family and Children's Trust Fund
FAPT	Family Assessment and Planning Teams
FFY	Federal Fiscal Year
HPAC	Health Plan Advisory Committee
ICPC	Interstate Compact for the Placement of Children
ILP	Independent Living Program

LDSS	Local Departments of Social Services
MCO	Managed-Care Organization
NRC	National Recourse Center
NYTD	National Youth in Transition Database
OASIS	Online Automated Services Information System
OCS	Office of Comprehensive Services for At-Risk Youth and Families
PAC	Permanency Advisory Committee
PIP	Program Improvement Plan
PRT	Permanency Roundtable
PSSF	Promoting Safe and Stable Families
QSR	Quality Service Review
RFP	Request for Proposals
SDM	Structured Decision-Making
SEC	State Executive Council
SFY	State Fiscal Year
VDH	Virginia Department of Health
VDSS	Virginia Department of Social Services

1 EXECUTIVE SUMMARY

Since the development and implementation of the 2014-2019 Child and Family Services Plan (CFSP), the Virginia Department of Social Services (VDSS) has achieved several advancements and successes, and realized various lessons learned, which have informed the development of the 2020-2024 CFSP. As VDSS continues to strive to achieve the best outcomes for the children and families in the Commonwealth, VDSS is focusing on critical areas for change, to include: creating strong policies and procedures, ensuring all state and local workers complete foundational training, and addressing state infrastructure by hiring dedicated project managers and change-management specialists. Other critical changes include the incorporation of change management, implementation science, and Three Branch teaming approaches to implementation in major state efforts, such as the renewed installation of the practice model, reducing child fatalities, the Safe Sleep Campaign, Family First, Transcription Services, COMPASS, the Butler Training Study, and the Child and Family Services Review Program Improvement Plan (CFSR PIP).

The importance of the evaluation of these implementation projects is also a priority for VDSS moving forward. For example, VDSS is partnering with Rutgers University to evaluate the operationalization of the practice model through the implementation of the practice profiles and working with child trends in the evaluation of diversion practices, in order to create a standard response throughout the commonwealth. Finally, VDSS has a committed focus on using data to drive decisions, support recommendations, and conduct thorough root-cause analysis. This is evident in this Child and Family Services Plan (CFSP), as well as in other recent work. This data-driven focus, along with our commitment to create and implement a comprehensive Continuous Quality Improvement (CQI) system, is another critical piece of lessons learned. It was also recognized that the state needed a clear path to outcomes emphasizing a change-management implementation approach, with a focus on a teaming model where joint accountability for the overarching goal of engagement is at the center or the core of all efforts and practices. CQI is critical in creating a strong foundation in any statewide strategic planning effort, specifically as VDSS is focused on achieving outcomes by shared accountability, teaming, change management, and implementation processes. Because VDSS does not have an established CQI model, the primary focus for the CFSP is developing a foundational, administrative CQI system that complements existing work at all levels of child welfare operations.

The Child Abuse and Prevention Treatment Act (CAPTA) Plan is also a key influencer in the development of the VDSS strategic plan, in that it outlines the need for prevention services in the field. The CAPTA Plan highlights the need for coordination in serving those in need of child abuse prevention and treatment. Victims of child abuse and neglect can often be served in their own homes and communities, and the CAPTA Plan demonstrates those services within the Commonwealth of Virginia. This plan includes critical strategies that are reflected in the strategic plan.

In December 2018, the Virginia Joint Legislative Audit and Review Commission (JLARC) studied the foster care and adoption services delivered by VDSS and LDSS. This report resulted in 34 recommendations for improvement that run the gamut from early intervention, all the way to post-permanency. Many of these recommendations resulted in corresponding commonwealth legislation that was signed into law in 2019 and has been aligned in the strategic plan.

The COMPASS Program is a multi-phased project that will integrate web-based tools that accelerate

service delivery and improve outcomes for Virginia's children and families as a mobile solution as the federally approved CCWIS. Equipping our staff with industry-leading tools is a major step and core focus in advancing our mission to accelerate service delivery and improve outcomes for VDSS.

The Families-First Prevention Services Act (FFPSA) is a key priority for the Commonwealth. As an early adopter, in February 2018 VDSS assembled a dedicated project team to implement the Three Branch model in support of the implementation. This new law is quite broad and provides the opportunity for the commonwealth to redesign the child welfare delivery system to one which focuses on preventing abuse and neglect, while ensuring foster care is used as necessary. This key influencer is found throughout the strategies of the strategic plan.

In 2017, VDSS participated in round 3 of the CFSR. The results of the CFSR served as the impetus to strategically focus on a root cause analysis process, which consisted of both qualitative and quantitative analysis. In following the Capacity Building Center for States Change-Management approach, VDSS began developing a PIP by conducting a comprehensive root cause analysis with technical assistance (TA) support from the Center for States. This analysis consisted of extensive problem identification, data mining, data analysis, conducting focus groups and surveys, and enhancing methods to gather regular input from LDSS and stakeholders. Goals, theories of change, and strategies were identified to directly address the root causes impacting VDSS's ability to fully achieve outcomes. This root cause analysis was not only the foundation for the PIP, but also serves as the foundation for this CFSP, as it represents the review of current performance data, the assessment of agency strengths and areas needing improvement, and the selection of goals and objectives for improvement in the CFSP. The PIP implementation will follow the change management, implementation science, and teaming approaches, supported by foundational CQI processes, as VDSS recognizes that a robust CQI system is vital to improve services and supports for children and families, ensure effective use of resources, and achieve targets and desired outcomes.

As VDSS embarked upon a journey towards developing the 2020-2024 CFSP and the corresponding strategic plan, a transparent, data-driven and collaborative approach ensued. So did a focus on the Children's Bureau priorities of child welfare practice that support the well-being of children and families; community-based, collaborative programs that support families; foster care as a support to families, not a substitute for parents; and a strong, healthy child-welfare workforce to achieve better outcomes. In addition, the shared accountability and an approach of aligning current and future activities was embraced by state, regional, and local staff, as well as our partners (see Appendix A).

During the PIP problem-identification process, and throughout feedback sessions and surveys, stakeholders were engaged to include families, youth, tribes, and other critical partners to provide valuable insight into the adaptive needs and practices across all programs. This analysis revealed that, while policy supported the necessary technical requirements and provided guidance on successful family engagement, the adaptive engagement practice efforts were not at the center in everyday practice throughout the commonwealth. As a result, VDSS has aligned current initiatives, (i.e. PIP goals and strategies, JLARC requirements, state and federal legislative mandates, Family First implementation goals and strategies, and VA CAPTA plan strategies) to ensure family and community engagement are reflected in all practices, which will ultimately lead to better outcomes.

The principal goal of the CFSP—family and community engagement—provides the guiding framework for important practice changes put forth in this plan. VDSS is committed to the principles and values of

the practice model that center around family engagement and is described in the Collaboration and Vision section of this plan. The practice profiles of the practice model were developed with the intention of placing engagement at the center of the 11 skill sets, recognizing that good casework practice is not possible without the fundamental skill of engagement. This supports the rationale for placing engagement as the center of the goal in the CFSP strategic plan, allowing VDSS to lay a firm foundation by prioritizing a focus on engagement.

As the 2020-2024 CFSP strategic plan took shape, several themes emerged: engagement with families and communities; implementation approaches to include the Three Branch model; continuous quality improvement; collaboration; and prevention to include Family First initiatives.

These five themes will be highlighted and elaborated upon throughout the CFSP document, as these key focus areas have been identified in the root cause analysis as either gaps or areas needing improvement. The goals, objectives, and strategies related to these five themes will reflect attention to adaptive practices and change management, and will follow a change management/ implementation approach that will be data-driven and grounded in CQI principles.

2 ORGANIZATIONAL STRUCTURE AND VISION

STATE AGENCY ADMINISTERING THE PROGRAMS

The Virginia Department of Social Services (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. It is part of the larger Virginia Social Services System (VSSS), which is a partnership of three 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,
- Virginia League of Social Services Executives (VLSSE), which represents the 120 Local Departments of Social Services (LDSS), and
- Virginia Community Action Partnership, an association of community action programs across the state.

Organizational Structure

VDSS at the state level includes the governor-appointed State Board of Social Services, which is responsible for advising the commissioner, adopting regulations, establishing employee-training requirements and performance standards, and investigating institutions licensed by the department.

VDSS support areas include:

- Finance and general services,
- Organizational development,
- Information systems,
- Legislative affairs, and
- Operations.

VDSS program areas include:

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

Five regional offices oversee community and local organizations, including:

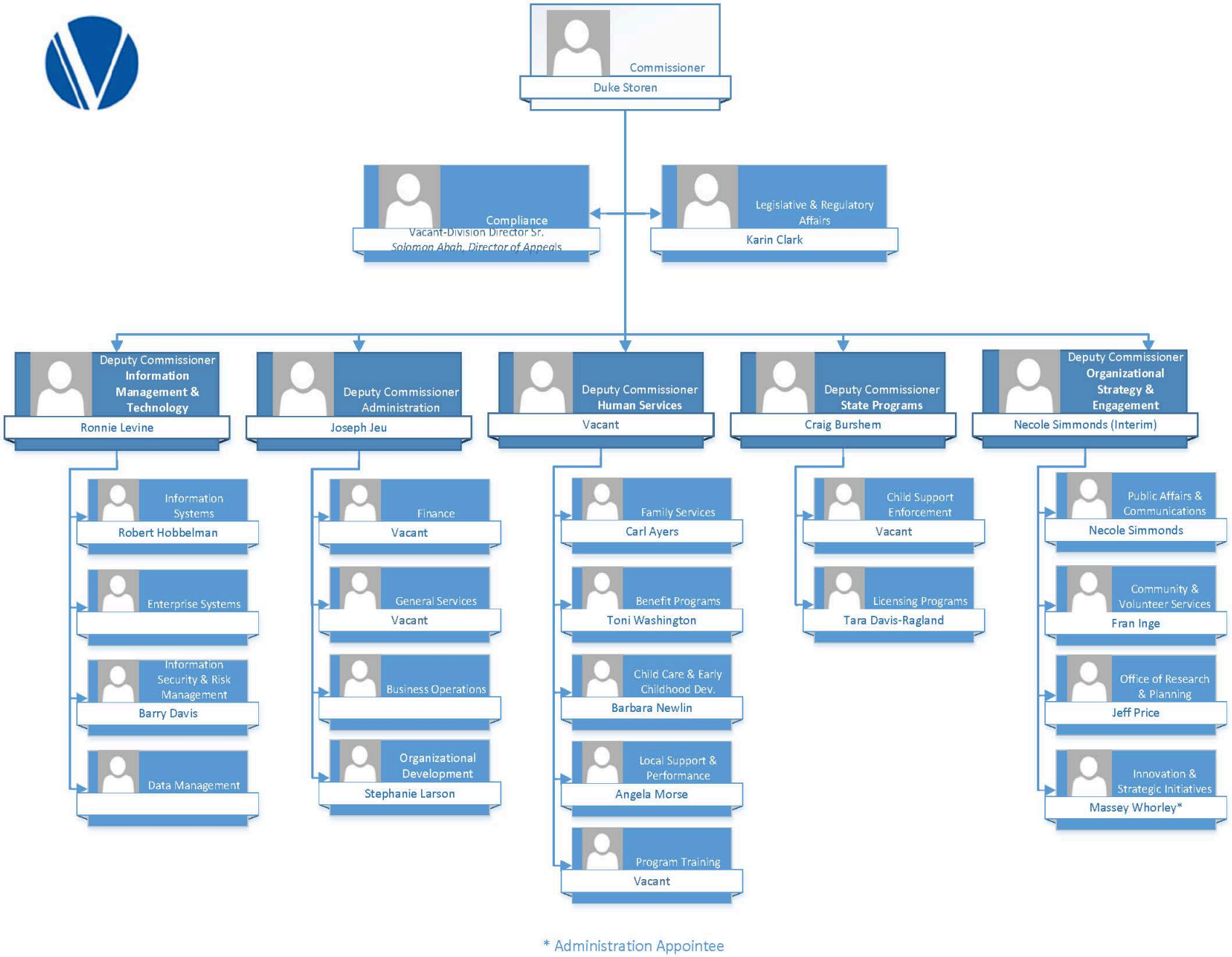
- Child welfare services,
- 22 district offices for the Division of Child-Support Enforcement, and
- 8 field offices for the Division of Licensing program.

The Division of Family Services (DFS) promotes well-being, safety, and permanency for children, families, and individuals in Virginia. It is responsible for providing leadership and developing policies, programs, and practice. DFS leadership is committed to providing guidance, training, technical assistance, and support to local agencies. DFS collaborates with state-level partners in the following program areas:

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

Child welfare programs are state supervised and locally administered by 120 local Departments of Social Services (LDSS).

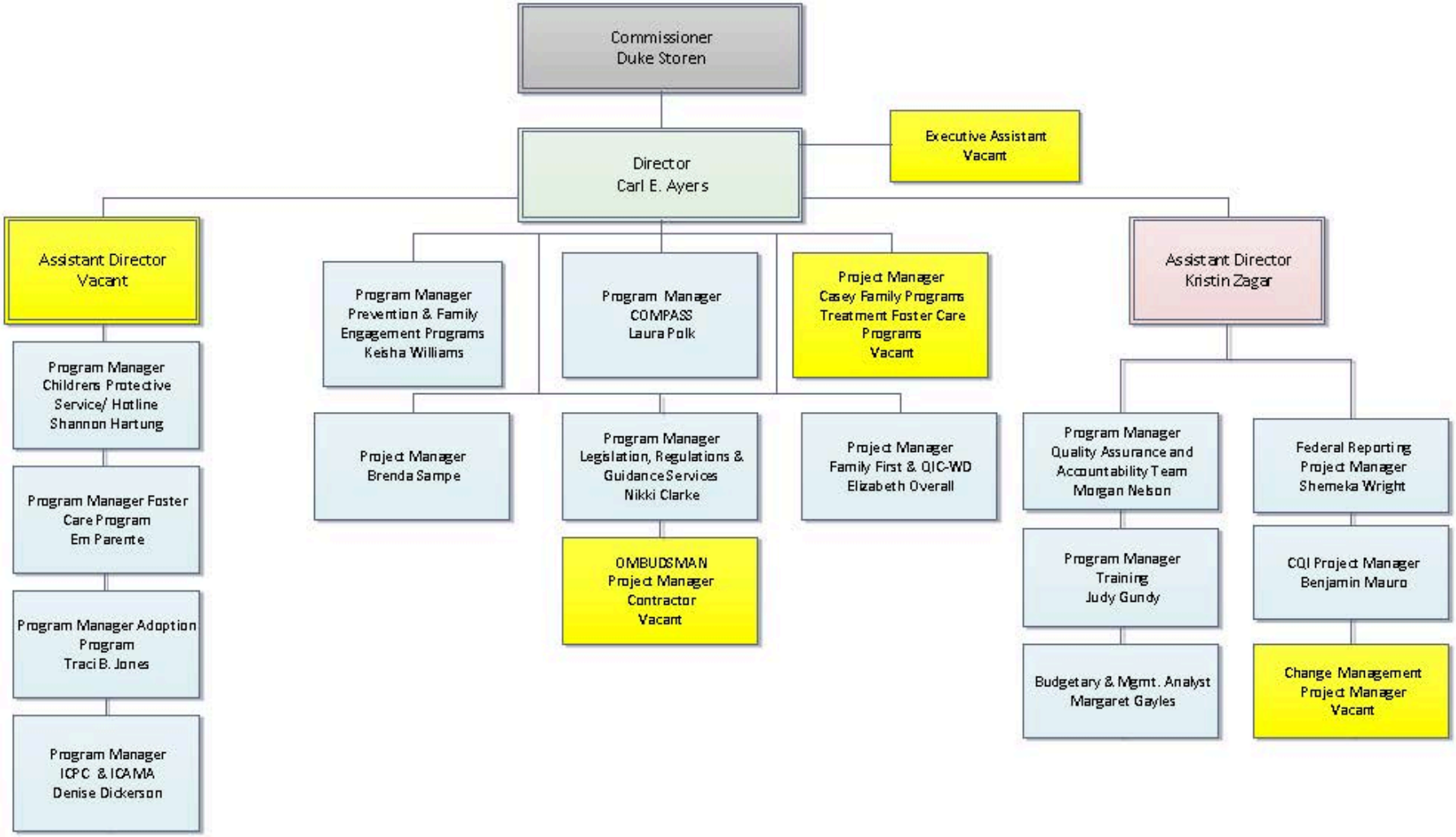
The VDSS and DFS organizational charts follow.



* Administration Appointee

VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

FAMILY SERVICES (DFS)



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VISION

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 SYSTEM PRACTICE MODEL

The Virginia Children's Services System Practice Model sets forth a vision for the services that are delivered by all child-serving agencies across the commonwealth, 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 our decision-making. It is present in all of our meetings and in every interaction that we have with a child or family. Decisions that are based on the practice model will be supported and championed. Guided by this model, our process to continuously improve services for children and families will be rooted in the best of practices, the most accurate and current data available, and with the safety and well-being of children and families as the fixed center of our 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.

Practice Informed

The tenets of the practice model are thoroughly overlapping and integrated with the state's CFSP plan for 2020-2024 and round 3 CFSR PIP. The state's data management and reporting requirements will provide adequate, timely, and relevant reports to track both short-term indicators of success and longer-term outcomes for Virginia families and children. Successful CQI is defined by constant and consistent tracking of quantitative and qualitative information. Data is VDSS's primary tool for tracking progress towards outcomes, evaluating performance improvements, and identifying indicators of successful family engagement. The structure provided by the five-year plan supports integrated implementation of data-reporting, to track identified goals and outcomes while also meeting federal compliance requirements.

VDSS focused on the implementation of the practice model by creating a learning collaborative with 20 LDSS in 2014. The learning collaborative made a substantial investment in supporting these LDSS by operationalizing the 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.

In recognition of the holistic well-being of children, the practice profiles were designed with a trauma-informed lens. Each profile also contains skill subsets, including youth, family, and caregiver voice; critical thinking; respect for family privacy, information, and roles; and transparency, honesty, and ethics. The profiles describe caseworker practice across a spectrum of proficiency, operationalized in three categories: optimal, developmental, and unacceptable. This ensures the model is teachable, learnable, and doable as vision and values are transformed from paper to practice; thus, resulting in creating the desired practice at the local level. Over the past three years, the practice profiles were implemented throughout the state. Rutgers University is in the process of evaluating the implementation processes and the impact of the practice profiles on the original 20 localities.

These findings will further inform state process. Other input includes results of the 2017 CFSR, which indicate a lack of family-engagement practices throughout prevention, safety, and permanency services. As a result, Virginia has committed to fully engaging families and communities as a PIP core goal and as the goal in the CFSP. The following box depicts the organizational thought process that led to the decision to develop a comprehensive system of continuous quality improvement, while staying focused on the problem and open to information from many different sources.

Alignment with Children's Bureau Focus

In February 2019, the Administration for Children and Families, Children's Bureau provided guidance (ACYF-CB-PI-19-02) for this CFSP. Within that guidance, four primary areas were highlighted 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 highlighted areas include:

- Child welfare practice that supports the well-being of children and families,
- Community-based, collaborative programs that support families,
- Foster care as a support to families, not a substitute for parents, and
- A strong, healthy child-welfare workforce to achieve better outcomes

Well-being is very important to VDSS, so much that the language has changed in the commonwealth, as represented in a word-order change in this report: from safety, permanency, and well-being to well-being, safety, and permanency. All areas remain a priority, but VDSS recognizes that children must be well throughout their involvement in the various stages of the child-welfare system for long-term success.

In addition, VDSS functions in a way that reflects the community-based, collaborative programs through its state-supervised, locally administered approach. VDSS provides policy, guidance, and support to LDSS, but it is VDSS's primary role to develop systems of care that reflect the communities they serve, providing unique, local practices.

VDSS is highly focused on increasing the recruitment and retention efforts for relatives, so that they can serve as foster care and long-term supports to families, versus the high utilization of foster homes. In addition, VDSS is recruiting and retaining foster homes that align with a focus of also supporting biological parents throughout the out-of-home care portion of the child welfare continuum. These areas are key as foster care supports families, versus attempting to replace them.

Finally, there is an entire VDSS objective focused on a strong, healthy child welfare workforce (strategic plan objective 4). This plan prioritizes building, training, and retaining a workforce in alignment with these other priorities, a workforce that supports the challenging positions required to carry out such a system of care. In addition, Virginia was selected, through a competitive national application process, as one of 8 sites to participate in the Quality Improvement Center for Workforce Development (QIC-WD). The QIC-WD was established in 2016 and is funded through a five-year cooperative agreement with the Children's Bureau. Staff turnover in child welfare agencies is typically up to 6 times the national average turnover rate across all industries. High turnover is just one example of costly workforce issues that can negatively impact vulnerable children. Through 2021, QIC-WD will work with Virginia to address and study potential workforce solutions, focused around the implementation of our technological improvements and how these assist in supporting and retaining our local workforce. In 2017, QIC-WD focused research around the implementation of transcription services for all family services specialists. In late 2019, it will focus its research on the implementation of the mobility solution.

Overall, VDSS is in lock step with the Children's Bureau, as shown throughout the CFSP and, and should no doubt be closer to achieving these goals in 2024.

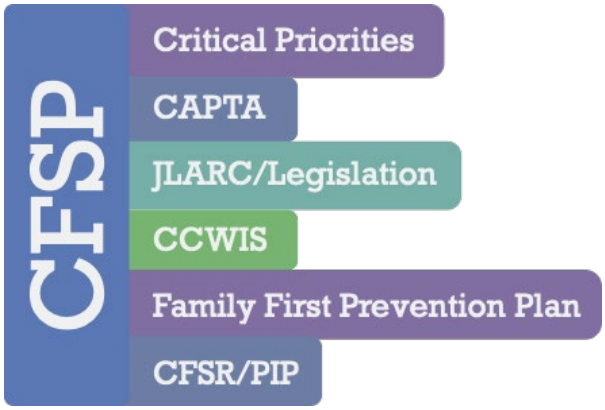
3 STRATEGIC PLANNING

As VDSS began to develop the CFSP, and specifically the strategic plan portion of the CFSP, VDSS wanted to make sure that this process was intentional, inclusive, transparent, data-driven, and aligned with current initiatives and requirements. VDSS leadership wanted to ensure that the focus is on outcomes, aligning work and new legislative requirements, and using the PIP root cause analysis and problem identification as a jumping-off point to create consistency, support alignment, and avoid duplication. Another leadership recommendation included ensuring that VDSS focus on joint accountability to outcomes, moving away from "us vs. them" to a "royal we," meaning that all of us—state leadership, regional offices, LDSS, and partners—are accountable for improving outcomes for children. This would be accomplished by building the CFSP strategic plan, based on identifying strategies to address the items identified in the root cause analysis (see PIP). In order to ensure outcomes are met, leadership intentionally supported an integrated alignment approach to include current initiatives, Family First, PIP, JLARC, and CAPTA. This alignment allows focus and attention to outcomes and avoids duplication, as well as ensuring that strategies address items identified in the root cause analysis.

ALIGNMENT PROCESS

VDSS took a multi-pronged approach to stakeholder engagement in development of the CFSP strategic plan that included not only state, but also local leadership, along with the meaningful engagement of stakeholders across the state.

In January 2019, the State Child Welfare Leadership team participated in a two-day session to build the foundation of the strategic plan. This effort included not only building an understanding of the day-to-day work of this team, but also resulted in categorizing that work in the five objectives of the eventual Strategic plan.



One month later, the State Leadership Team joined regional leadership to develop the goal and objectives of the strategic plan. This goal and objectives included the influential priorities of the department, along with many of those day-to-day tasks that corresponded. The team spent two days in this session working towards the development of the overarching goal and five objectives. It was also determined that these objectives would act as the pillars of the strategic plan.

In March 2019, the state leadership team, regional directors, regional consultants, policy specialists, and state supervisors gathered together for the next iteration of the strategic planning session. In this session, the state leadership helped guide the local leadership through strategic planning activities similar to those done in previous sessions. This work led to the development and refinement of the

strategies included in the strategic plan.

Upon completion of these leadership meetings, the information developed was shared with a variety of stakeholder groups for input. During these groups, a brief presentation of progress thus far was made. Then the group had an opportunity to participate in an open dialogue with feedback collected. These facilitated sessions were done with the larger group and/or breakout groups, depending on the size of the group. An open-ended survey was then sent to all participants. Additionally, a foster parent survey was also distributed across the state, with the opportunity to provide feedback related to the objectives of the strategic plan. The broader survey also continued to be distributed to multiple groups, for a total of 323 responses. All responses have been catalogued and cross-checked to the strategic plan, with a substantial majority of responses included in the final strategic plan. The stakeholder groups included can be found in Appendix A.

Through the development process, the strategic plan has been updated and redistributed to the participants in the last meeting, and adjustments have been made accordingly. The strong inclusion of stakeholder engagement and collaboration in the PIP root cause analysis led to an ongoing inclusion process throughout the development of the CFSP. This engagement was not just perfunctory. It was the meaningful engagement that is a key component of the CFSP strategic plan, particularly as the focus of the continual-collaboration feedback loops takes place. Stakeholders and collaborators are strong voices throughout the CFSP strategic plan, focused not only on collaboration but also on outcomes. Overall, VDSS has received positive feedback from stakeholders regarding this intentional approach of continuous inclusion, and plans to build on that momentum through the CQI process.

RATIONALE AND THEORY OF CHANGE

As mentioned, a root cause analysis process was conducted from February 2018 through March 2019. Although this process was initiated to support the PIP process, the analysis and results were used as the basis to inform the CFSP strategic plan. Throughout the strategic planning timeline described earlier, it became clear that VDSS should focus attention on engagement practices with families and the community.

Acknowledging that the practice profiles were recently implemented and are currently undergoing evaluation, the following was observed of the supervisors and workers who participated in the PIP focus groups and survey: 53% reported “always” or “sometimes” using the practice profiles in supervision, while 30% reported they “never” use the practice profiles in supervision. This was because, during the initial implementation and testing period from 2015 to 2017, the practice profiles were implemented in approximately 60 pilot agencies, but not consistently throughout the state. VDSS recently received the preliminary report from Rutgers University School of Social Work (footnoted previously), which provides valuable lessons learned in implementing to fidelity going forward. As we move into the development of the 2020-2024 CFSP, Virginia’s big goal is to focus on family and community engagement, and we will utilize the extensive root cause analysis, problem identification, and strategies developed as part of the PIP to serve as a foundation to the CFSP strategic plan.

We realize that family engagement requires a shift from the belief that agencies alone know what is best for children and families, to a belief that requires the family to fully participate in decision-making and taking an active role in working toward change. VDSS has further operationalized family engagement through the establishment of the child and family team meeting structure. These meetings are less

formal than the team decision-making meetings, or family partnership meetings (FPMs), but facilitate family and youth involvement in discussions about case and service planning.

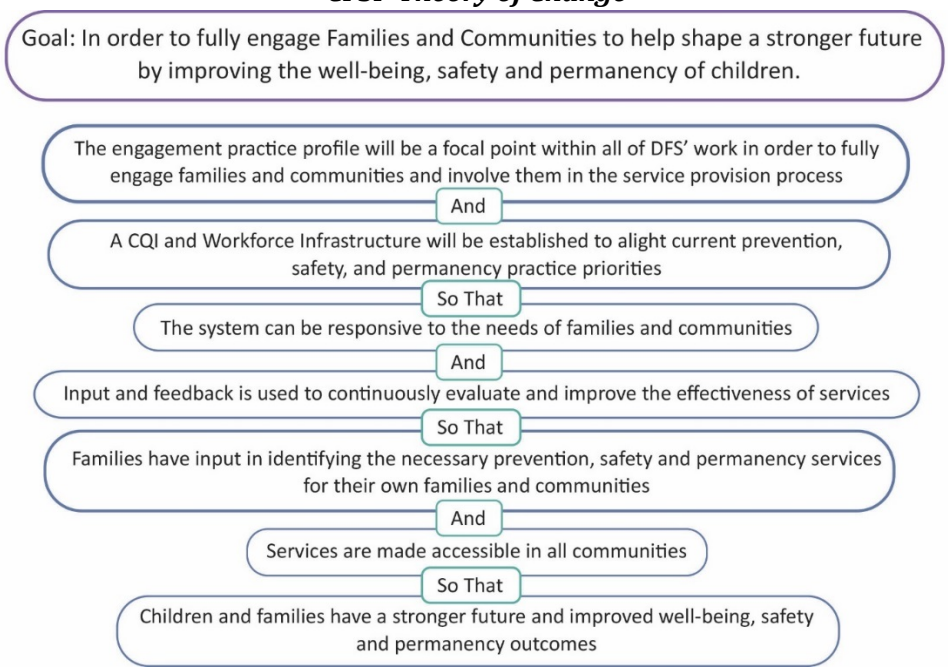
Although family engagement practice obviously encompasses much more than a series of meetings, each of these meetings represents a critical measure of the degree to which family involvement is occurring in local practice. Since implementation, data showed positive trends in the number of meetings held; however, from 2014 to the beginning of 2016, the number of meetings plateaued, and the engagement process began to stagnate. In response, beginning in early 2016, VDSS instituted an incentive plan providing additional funding to LDSS for each FPM held that met all policy requirements. Since that time, the total number of FPMs held has continued to increase. However, even with an increase in meeting occurrences, agency case reviews and monitoring revealed that FPMs are not held consistently at all required decision points.

Focus group and survey results also showed that inviting relatives to participate in FPMs and in child and family team meetings was the main strategy for engaging relatives in permanency planning for children in foster care. Other potential strategies included encouraging relative and family participation in service planning, approving relatives as foster parents, providing regular visitation, and ensuring that more emphasis is directed toward providing families with resources. Feedback and data also suggested that when relatives come forward and the child's custody is transferred to them, children tend to exit foster care within the first 90 days.

For children in foster care, practice guidance states that the worker should have contact with the parent(s) at least every month, if the goal is return home. When asked about the primary ways that workers engage parent(s) to work toward reunification as methods of practice, the top three responses were: 1) facilitating visitation between parents and children, 2) regular phone calls, and 3) inviting parent(s) to participate in activities with children (i.e., doctor's appointments). It was also noted that visits between parents and children are based on the parents' cooperation.

Overall, qualitative and quantitative analysis demonstrated that workers and supervisors understand policy and expectations. However, there is a gap in applying these expectations in practice (i.e., adaptive processes), which influences the ability to fully engage families. This in turn affects safety, regular contacts, assessments, service planning, monitoring of services, ensuring individualized services are available, concurrent planning, visitation with parents and siblings, timely permanency, and worker turnover. As a result, implementing practice profiles, supervisor training, and a coaching model together will focus on providing supervisors with knowledge and skills to supervise and coach staff in applying concepts learned in training and utilizing the practice profiles to focus on building competencies and increasing family engagement practice skills. As we move into the 2020-2024 CFSP strategic plan, Virginia will focus on installing the engagement profile in the 20 PIP localities by hiring capacity-building coaches to help support LDSS leadership, infrastructure needs, training, and coaching as it relates to the engagement profile. Additionally, regional round-table groups or communities of practice will provide support and feedback to help ensure consistency and fidelity. Each year (2022, 2023, 2024), a new LDSS cohort will install the engagement profile, and specific outcomes will be measured and reported via the CQI process.

CFSP Theory of Change



STRATEGIC PLAN

Throughout the planning process described, the theme of better engagement with families and communities continued to emerge. Because engagement is central to the practice profiles, thus central to effective practice, the VDSS leadership team agreed to focus on one overarching goal and ensure all objectives, strategies, tasks, and activities supported engagement. By focusing on one goal with five objectives, VDSS can better focus on improving current practice while focusing on outcomes.

Evidence-based

The goal is to serve and engage families and communities to help shape a stronger future by improving the well-being, safety, and permanency of children's situations. The focus of serving and engaging families is the key priority in the CFSP strategic plan, along with the PIP and the VDSS practice model.

The engagement of families and communities are demonstrated in the goal, objectives, and strategies related to the CFSP strategic plan.

The objectives included in the CFSP framework include the five priority areas of protection, prevention, permanency, CQI, and workforce. These objectives consider the recommendations of the overall stakeholder groups and also align well with the other current initiatives and priorities in the state, including the CFSR/PIP. The focus on workforce and CQI allow for overarching categorical approaches to these broad topic areas as necessary for success in the remaining priority areas of protection, prevention and permanency. The well-being of children and families is also a priority for VDSS, as stated in the overarching goal. Well-being remains a priority and is included within each of the objectives, given its need to cross systems and goals.

VDSS has identified strategies that fall under each of the priority objective areas. Each strategy is designed to make progress in expanding and strengthening the range of existing services, developing new types of services, and reaching additional children in need of services, per the alignment with the overarching priority areas for VDSS.

Each strategy aligns with one of the priority areas of the 2019 CFSR/PIP, FFPSA, JLARC legislation, CAPTA, and other priorities and have been mapped to the specific priority of alignment to ensure that the overarching vision and goal align with the continued implementation of the CFSP strategic plan over the next five years.

As part of the strategic planning process, VDSS has developed benchmarks and timeframes for interim targets to ensure progress is made not only in the two-year PIP implementation, but also in the five-year CFSP implementation. It is critical that VDSS track not only overarching progress, but also measures of implementation milestones, such as key activities completed or process measures.

In the past, the VDSS CFSP strategic plan has focused primarily on process measures. The 2020-2024 CFSP strategic plan will instead be a data-driven process that will focus on measurable outcomes.

Implementation Supports/ Training and Technical Assistance

VDSS worked closely with the Center for States on the PIP analysis and the development of the PIP framework. VDSS is currently receiving Technical Assistance (TA) from the Center for States on CQI, diligent recruitment, and LGBTQ initiatives. Additional TA is not needed for 2020.

Strategic Plan Alignment Key

The acronyms below are included in the alignment section of the Strategic Plan.

Strategic plan alignments	Acronym	Description
Business process reengineering	BPR	Reengineering of business processes through information technology and systems.
Child Abuse Prevention and Treatment Act	CAPTA	Child Abuse Prevention and Treatment Act Plan outlines the need for prevention services in the field. It highlights the need for coordination in serving those in need of child-abuse prevention and treatment.
Congregate care - FFPSA	CC	Family First Prevention and Services Act strategies focused on congregate care.
Court Improvement Program Strategic Plan	CIP	Court Improvement Program Strategic Plan outlines activities and strategies for the Court Improvement Program throughout the year.
Evidence-based services - FFPSA	EBS	Family First Prevention and Services Act strategies focused on evidence-based services.
Family-based placements - FFPSA	FBP	Family First Prevention and Services Act strategies focused on family-based practices.
Family First Prevention Services Act	FFPSA	Family First Prevention Services Act signed into federal law in 2018.
House bill	HB	House bill passed by Virginia legislature and signed into law in 2019.
Joint Legislative Audit and Review Commission (report)	JLARC	Joint Legislative Audit and Review Commission report focused on evaluation and improvement of child welfare in Virginia.
Kinship Guardianship Assistance Program	KinGap	Kinship Guardianship Assistance Program to provide formal funding and support to kin.
Prevention Services	PS	Services focused on prevention.
Program Improvement Plan	PIP	Program Improvement Plan as a result of the CFSR that provides a plan for improvement.
Recommendation-FFPSA	R	Overall recommendations of Families First Prevention Services Act.
Qualified Residential Treatment Program	QRTP	Families First Prevention Services Act language regarding newly funded and supported residential program.
Senate Bill	SB	Senate Bill passed by Virginia legislature and signed into law in 2019.
Advanced Planning Document	APD	A recorded plan of action to request funding approval for a project to the Children's Bureau that will require the use of automated data-processing services or equipment.
Operational Advanced Planning Document	OAPD	A recorded plan that is used to request project funding for maintenance and operations (M&O) of CSE systems when no major development or enhancements are being done.

CFSP Strategic Plan

Goal: To serve and engage families and communities to help shape a stronger future by improving the wellbeing, safety, and permanency of children.

Protection Objective

Provide protection to Virginia's children through the timely response of child maltreatment reports with a primary focus on engagement to mitigate risk and safety concerns.

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
1. Ensure a primary focus on engagement through the Virginia Practice Model and Practice Profiles	1.1 Hold structured meetings facilitated by a neutral moderator during critical decision points.	JLARC 13 CAPTA I.E, II.E	• 20 PIP LDSS implementation by July 2021 • % Regional implementation by 2024	• All 20 PIP LDSS are implemented by June 30 2021 • All 5 regional plans are developed in 2022 • Implementation in regions by 2024	• % annual change in FPM and CFTM use • 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024	• Specific Engagement training and coaching will be provided to LDSS staff- this training is based on the practice profiles • TA on implementation and practice will be provided by Capacity Building Coaches (employed by VDSS) as well as TA provided by Regional Consultants • The Practice Profiles initial implementation of 20 LDSS (between
	1.2 Install the Engagement Profile of Virginia's Practice Model	JLARC 14 PIP 1.1 CAPTA I.E, II.A				
	1.3 Develop and/or enhance the knowledge, skills and abilities of workers in an effort to deliver consistent	PIP 1.2 and 1.3 CAPTA I.E				

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	engagement practices.					2015-18) were evaluated and we are expecting final results in the coming months. Additional evaluations are not planned at this time. VDSS CQI process will be utilized throughout the implementation process to monitor and evaluate progress.
2. Respond to reports of abuse and neglect with a timely consistent response.	2.1 Develop and initiate timelines for contact with child through child protective services.	PIP 2.1 CAPTA I.A, I.C	June 2021	• Increase timely face to face response with identified victim and increase use of individualized safety services early in the process • Annual maintaining of progress towards	• 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024	• Training and coaching are built into the implementation plan and will be provided by internal training staff and Regional Consultants as part of the implementation process for current workers. CPS New Worker training will

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	2.2 Provide Timely array of services to protect child(ren) in the home or current placement.	PIP 2.1, 2.2, 2.3 JLARC 11 CAPTA I.C, I.E		PIP goals		train new staff. • TA provided by State staff to regionals and LDSS will support implementation efforts to include change management components, communication, implementation strategies, timelines, etc. • TA will be provided to LDSS as needed by Regional Consultants. • Internal CQI process will evaluate and monitor the implementation and progress made.
	2.3 Establish case practices and protocol that ensure safety services are provided with consistency in decision-making.	PIP 2.3PIP 2.1, 2.3 CAPTA I.A, I.C				
3. Implement and monitor a Statewide response to all	3.1 Engage with stakeholders to receive input on Virginia's response	HB2597SB1661	• 3.1 target-December 2019• 3.2 Target-December 2021•	• Developed and implemented response to victims of child	• # of service referrals •# of screens completed	• VDSS is seeking consultation from subject matter experts for TA and

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
reports involving victims of Child Trafficking	to victims of child trafficking.		3.3 Target- yearly December 2022-24	trafficking• Completed policy guidance• Completed technical assistance curriculum *E-VVS online training developed	• 10% increase in CFSR Items 1, 2, 3, 12, 13, 14 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024	implementation support• VDSS is looking into incorporating training via the Sex Trafficking Training Learning Experiences offered by the Center for States• VDSS will seek partnership in formal evaluation activities and will utilize our CQI process to monitor. *VCU research completed - e-VVS deemed a reliable tool.
	3.2 Identify and utilize technical assistance from Subject Matter Experts to help support the development, implementation, and evaluation of Virginia's response to victims of child trafficking.	CAPTA I.N				
	3.3. Develop and implement policy guidance on the completion of Child Trafficking assessments.	CAPTA I.B				
	3.4 encourage the use of the Virginia Victimization screen by local stakeholders to identify victims of child trafficking.					

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
4. Provide support to those who report abuse and neglect.	4.1 Develop and implement Mandated Reporter Online Reporting System--VaCPS	CAPTA I.I	• 4.1Target- June 2020 • 4.2 Target- June 2021 • 4.3 Target- June 2022 • 4.4 Target- June 2020 and ongoing • 4.5 Target- December 2022	• Completion and implementation of VaCPS • Completed development of training curriculum • Completed business process reengineering	• Percentage of Hotline staff trained • 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024	• Training will be developed and delivered by VDSS training staff and will be offered to current hotline staff and incorporated into new worker training • TA supports are provided by training staff, IT staff, CQI staff, and change management staff • VDSS will use our CQI process to monitor and evaluate progress.
	4.2 Identify and implement strategies that will standardize and streamline the State Hotline business process.	Business Process Reengineering CAPTA I.L				
	4.3 Develop and implement a training curriculum for Hotline staff.	CAPTA I.L				
	4.4 Enhance the quality of service provided by the State Hotline by identifying technological barriers.	CAPTA I.L				

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	4.5 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.	CAPTA I.L				

Prevention Objective Develop and establish a Virginia child welfare prevention program that targets resources and services to prevent abuse and neglect so that children can remain safely at home or with kin caregivers.

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
1. Develop prevention workflow to include prevention services including planning, case management Processes, practice guidance & training.	1.1 Identify various levels of prevention services, funding streams, service availability & gaps in services (primary – CBCAP, Healthy Families, VOCA, PSSF, DVPS; secondary; tertiary)	PS1 PIP 2.3 CAPTA III	• June 2020 • June 2021 • June 2022 • Yearly	• Completed plan identifying preventions services, funding streams, service ability, & gaps in services • Completed In-Home Policy Guidance • Percentage of In-Home cases using new Policy Guidance (25%, 50%, 75%, 100%) • Completed development of In-Home training • Completed PP Plan • Approval of	•Annual % increase in families served by Kinship Navigator program • % annual change in staff that have received training on In-Home Policy Guidance • Kinship navigator and Kinship guardian assistance program caseload •# if localities	• Specific In-home Training will be developed and provided by VDSS staff, current staff (supervisors/workers) will receive training and training will be incorporated into new worker training. • State staff will provide TA via implementation project management. Also, change management staff, CQI staff, and prevention specialists will provide TA to LDSS as needed. Capacity Building
	1.2 Develop and Implement In-Home Policy Guidance to provide consistency for In-Home cases (including Diversion cases).	JLARC 2; PS1 PIP 2.2 CAPTA I.Q				

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	1.3 Identify In-Home Workforce Professional Development Needs	PIP 2.2 CAPTA I.Q Workforce		collaborative Primary Prevention Plan by VDSS and VDH •Maintaining 5 regional programs through federal grant funding •Adding 1 new regional program once grant funding has been completed	participating in Resource Mapping events and utilizing the on-line Resource Directory • 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024	Engagement coaches will also provide coaching support. • VDSS will use our CQI process to monitor and evaluate progress. • As part of Family First Implementation activities, VDSS may engage in a full evaluation. *Awarded contract for development of resource directory
	1.4 Develop and provide training aligned to engagement, coaching and supervision.	PIP 2.2				
	1.5 Monitor and Maintain a kinship navigator	FBP3				
	1.6 Promote use of Referral and Response Protocol and Resource Mapping Facilitator's Guide to encourage referrals to appropriate service providers					

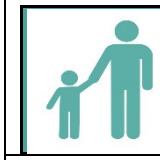
Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	1.7 Promote Primary Prevention activities for long-range skills building for at risk children and youth.	FVPSA				
2. Advance the implementation and sustainability of evidence-based trauma informed services.	2.1 Create informed services that effectively improve child safety, ensure permanency and promote child and family wellbeing.	PIP 3.1 CAPTA I.C	• 2.1 - June 2020 • 2.2 - January 2020 • 2.3 - August 2021	• Evidence-based practices identified for all areas and implemented ·Identification of EBS providers that receive Family First Funding · Expansion of EBS providers that receive Family First Funding as the Federal Clearinghouse	• UPLC organizational improvements documented on post assessments • % increase in services to underserved populations (VAdata) · Number of children and/or caregivers who receive EBS through Family First Funding	• This strategy not require specific training needs • The state will provide TA supports via project management, change management, financial support, community partner coordination, and communication supports with partners and LDSS. • The state has partnered with The University of Richmond to conduct
	2.2 Increase and/or enhance evidence-based services consistent w/FFPSA focus on trauma, mental health, Substance abuse, In-home parent skill programs.	EBS1; EBS2; EBS3				

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	2.3 Increase access to domestic violence services for underserved populations through the delivery and funding of the Underserved Population Learning Collaborative	FVPSA		are developed	•% annual in crease in children and/or caregivers who receive EBS through Family First Funding	and analyze survey results • Ongoing involvement of UPLC Workgroup and Virginia Underserved Population Advisory Committee
3. Improve ease of access to prevention services and funding.	3.1 Strengthen partnerships in order increase potential funding streams to better meet the needs of children and families.	PS2, R3 PIP 2.2 CAPTA III.B	June 2020	• Annual accounting of funding streams and resources • Implementation of new prevention contracts •Use of LSC Grant Application Development Menu for Funders	• # of active prevention contracts • % of contracts using trauma informed practices • 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase	• Training will be developed and offered to local staff and community partners. • The state will provide TA supports via project management, change management, financial support, community partner coordination, and communication supports with partners and LDSS. • The state has
	3.2 Collaborate with partners to identify and decrease barriers to family engagement, current planning, service provision (including	PS2CAPTA I.E, CAPTA I.CChap H CW Manual				

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	domestic violence services) and timely permanency.				between April 2022-October 2024	partnered with The University of Richmond to conduct and analyze survey results. • The LSC-developed menu for funders will be presented to all grant administrators
	3.3 Collaborate with partners to develop and implement prevention contracts (CBCAP; HHF, VOCA, PSSF, DVPS).	PIP 3.1 CAPTA III.B				
	3.4 Clearly define Maintenance-of-Effort MOE as it relates to Family First.					
	3.5 Incorporate trauma informed practices into funding solicitations (RFAs) intended for local stakeholders.					

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
4. Create a well-designed and rigorous evaluation system for Family First funded services.	4.1 Establish clear goals, outcomes and objectives of monitoring EBS vs. QA vs. family outcomes.	PIP 2.1, JLARC 30	2020-2024	• Defined implementation plan for EBS • Established goals, outcomes and objectives of monitoring EBS vs. QA vs. family outcomes • Monitoring plan developed • Monitoring plan implemented • Monitoring plan evaluated bi-annually	• # of programs referred to federal clearinghouse • 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024	VDSS will seek external evaluation supports to evaluate the implementation and effectiveness. The evaluation team will provide training and technical assistance. VDSS will incorporate the evaluation into our CQI processes as appropriate.
	4.2 Develop a monitoring plan to maintain fidelity of programs.					
	4.3 Identify policies and procedures that support Virginia-specific programs that demonstrate positive outcomes that can be referred for federal clearinghouse.					
5. Identify children and youth who have experienced	5.1 Promote use of e-VVS	CAPTA	2020-2021	• Wave 3 Pilot agency usage of e-VVS • Post-pilot usage	•# of e-VVS's administered •# of child/youth	Ongoing maintenance of and updates to e-VVS and online training courses

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
crimes and connect them to needed services	5.2 Develop online trainings to ensure fidelity to the LSC guiding principles			of e-VVS • Training development completed	victims identified •# of online trainings completed •# of toolkit downloads from website	
	5.3 Promote use of Linking Systems of Care toolkit resources, including e-VVS, online training, LSC R&R Protocol, LSC Trauma-Informed Organizational Self-Assessment					



Permanency Objective; Virginia's children in foster care will have improved permanency outcomes.

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
1. Increase family engagement and placements based on individual needs for children/youth.	1.1 Enhance birth family engagement through involvement in planning and decision making whenever possible.	PIP 1.1, 1.2	• Target-2024, yearly updates • 1.2 June 2020 • 1.3 June 2020 • 1.4 October 2021	• Engagement plan developed based on identified engagement points • Monitoring plan for parent visits established • Notification system developed for cases with over 5 months between parent visits • Annual maintaining of progress towards PIP goals	• % of cases using concurrent planning and decision making • % of cases with at least one caseworker visit every two months • 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024	• Specific Engagement training and coaching will be provided to LDSS staff- this training is based on the practice profiles. • TA on implementation and practice will be provided by Capacity Building Coaches (employed by VDSS) as well as TA provided by Regional Consultants. • CQI process will be utilized throughout the implementation process to monitor and evaluate.
	1.2 Identify and ensure engagement points with birth parents; relatives/foster parents; residential staff and other critical adults in youth's life, including the child/youth.	JLARC 6, 13, PIP 3.1, R3C; CC1 and CC2				

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	1.3 Ensure caseworker visits with birth parents at least every two months.	JLARC 13				
	1.4 Monitor the frequency of birth parent visits.	JLARC 13 PIP 3.1				
2. Partner with the CIP to Identify and improve court processes to expedite permanency for children and youth in foster care.	2.1 Ensure timely court hearings and processing of court orders.	CIP Priority 4 Outcome, 1 PIP 3.3 JLARC 17, 18	Targets- July 2021	• Identification of all cases needing a review of TPR eligibility • Complete list of acceptable reasons for not filing TPR after 15 months of foster care • All localities submitting reasons for not initiating TPR in foster care cases open for 15+ months	•10% of timely TPR Petitions • % of cases with Permanency Planning hearings after 15 months of foster care if no termination occurs • 10% increase in CFSR Items 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase	• TA will be provided by stat staff and CIP staff to regions and LDSS • Training will be jointly developed and delivered by VDSS and CIP to supervisors, workers, GAL, attorneys, judges, CASA etc. • VDSS and CIP CQI process will monitor and evaluate progress.
	2.2 Develop the focus on the post adoption cases and ensuring long-term permanency for adopted youth.					
	2.3 Continue concurrent planning options during contact points.	CIP Priority 4, Outcome 5 JLARC 19 JLARC 16 JLARC 17 PIP 3.3				

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	2.4 Court orders to locate relatives and extended family members for placement.	CIP Priority 4, Outcome 4 CIP Priority 7 JLARC 4 JLARC 5 PIP 3.3			between April 2022-October 2024	
3. Increase the number of children in family-based settings by Strengthening Diligent Recruitment of foster families.	3.1 Embed Family Recruitment and retention throughout the length of the case life.	CIP Area 7, Outcome 1 PIP 3.2 JLARC 4,5,6,10,15 FBP 1-4 Kingap	• 3.1, 3.2, 3.3, yearly updates • 3.4, 3.5, 3.6 September 2020 and yearly updates	• Annual percent change of children in family-based settings • Family recruitment and retention implemented throughout entire length of the case • Completed resource parent recruiting and retention strategic plan • Implemented resource parent recruiting and retention strategic plan • Completed model licensing standards for foster care placements • Annual review of	• % increase in children in family-based settings • % decrease in children placed in congregate care • % of children in relative care • # of foster homes serving sibling groups • % of caregivers receiving new caregiver training • 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10%	• The Center for states will provide TA support on recruitment efforts. The state staff will provide TA implementation supports to LDSS and regional staff. • Training will be developed and delivered by VDSS training staff and incorporated into new worker training. • VDSS CQI process will monitor and evaluate progress.
	3.2 Increase the number of children placed in the care of relatives when removal from the home is necessary.	PIP 3.2 JLARC 4,5,6,7,10,15 FBP 1-4 Kingap				
	3.3 Develop and implement statewide strategic plan for recruiting and retaining foster parents. and kinship guardian assistance program	JLARC 8PIP 3.2				

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	3.4 Increase the number of foster homes to serve sibling groups.	PIP 3.2		all children placed in residential care • Implemented qualified residential treatment program • Finalized training improvements for caregivers	increase between April 2022-October 2024	
	3.5 Design Virginia-specific model licensing standards for foster care placements.	FBP4				
	3.6 Increase family-based foster care placements and reduce the number of youth who are placed in congregate care while maintaining oversight.	JLARC 11, 12				
	3.7 Implement qualified residential treatment program (QRTP) requirements as it relates to Family First.	FBP3				
4. Increase availability, accessibility and	4.1 Implement the Youth Exit Survey (YES) statewide.		• 5.1 June 2022 • 5.2	• Finalized and implemented YES • Data analysis and	• # of Youth Exit	• Specific training will be developed and provided by VDSS staff (training

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
effectiveness of Independent Living (IL) services to support successful transition to adulthood.	4.2 Continue to collect and analyze quality data through NYTD to indicate Virginia's trends, barriers, and gaps in IL services.		ongoing yearly • 5.3 December 2021 • 5.4 June 2021 • 5.5, 5.6, 5.7, 5.8 ongoing yearly	evaluation system in place for YES results • Defined feedback loop to provide NYTD data to youth and key stakeholders • Updated guidance on Fostering Futures • Annually analyzed credit check data shared with youth and stakeholders	Surveys taken • Annual % change in Youth Exit Surveys taken • Continued data analysis via NYTD • % of eligible youth participating in Fostering Futures • # of months which Fostering Futures participants remain in the program • # of ETV participants • % of cases where identified credit check issues have been resolved • 10% increase in CFSR Items 4, 5, 6, 12, 13, 14, 15 reviews by	unit and Foster Care unit), current staff (supervisors/workers) will receive training and training will be incorporated into new worker training. Youth voice (panels, videos, written content) will be incorporated. • State staff will provide TA via change management staff, CQI staff, and IL/ETV/Chafee specialists will provide TA to LDSS as needed. Capacity Building Engagement coaches will also provide coaching support. • VDSS will use our CQI process to monitor and evaluate progress.
	4.3 Update Fostering Futures guidance to address practice issues; promote quality engagement of older youth receiving services	JLARC 23				
	4.4 Incorporate principles of Positive Youth Development and Youth Engagement in training and services for youth.	PIP 1.1				
	4.5 Increase participation in the Education and Training Voucher (ETV).					

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	4.6 Increase compliance with expectations around the use of skills assessments, transition plans, and team meetings to support youth transition to adulthood.	JLARC 22			PIP completion in April 2022. Additional 10% increase between April 2022-October 2024	
	4.7 Compile and analyze annual credit check data to improve technical assistance and training for LDSS workers.					
	4.8 Continue commitment to soliciting youth voice and incorporating feedback into VDSS decisions.					
5. Increase the well-being of children in foster care.	5.1 Create a Director of Health and Safety position and Recruit additional members for Health Planning	JLARC 3	• 5.1 October 2019 • 5.2 July 2021 • 5.3 July 2021	• Hired Director of Health & Safety • Developed reporting and data sharing structure for Director of Health & Safety findings and	• # of mental health and trauma-focused services available • % of workers trained in	• VDSS training staff will develop training for supervisors and workers • The Director of Health and Safety, Foster Care Program Manager and regional office staff will

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	Advisory Committee.		• 5.4 ongoing yearly	recommendations • Completed development of Psychotropic Medication Protocol and Training • Implemented Psychotropic Medication Protocol and Training • High-risk case review process established and implemented • Data sharing agreement with Department of Education to get complete information on school attendance for children in foster care • Annual maintaining of progress towards PIP goals	Psychotropic Medication Protocol • % of children in foster care prescribed psychotropic medications • 10% increase in CFSR Items 1,2 ,3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024	provide TA on implementation and policy guidance. • VDSS will use CQI processes to evaluate and monitor progress.
	5.2 Collaborate with partners to address service needs, gaps, and barriers.	CC1CC2PIP 3.1				
	5.3. Develop and implement Psychotropic Medication Protocol and Training per the Health Oversight Policy.					
	5.4 Maintain successful strategies for school stability for youth in foster care.					
6. Collaborate with Leadership from Tribes to Ensure VDSS Support	6.1 Notification of Indian parents and Tribes of state proceedings		2020-2024	•Formalized and regular roundtables established to share knowledge and ides	•# of ICWA cases collaborated on between states •% of LDSS	•TA implementation supports are provided by the Center for States and Tribal partners. TA

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	involving Indian children and their right to intervene			•Formalized methods for collaboration and shared knowledge of ICWA laws •Technical Assistance developed for how ICWA and Federal laws interact •Formal guidelines developed on ICWA and cultural competencies	trained in ICWA cases and the rights of parents	will also be provided in identifying NICWA cases, and properly training Tribes in responding to NICWA case claims •Annual attendance of the NICWA Conference
	6.2 Placement preferences of Indian children in foster care, pre-adoptive, and adoptive homes					
	6.3 Create guidelines to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption					
	6.4 Tribal right to intervene in state proceedings, or transfer proceedings to the jurisdiction of the tribe					

Workforce Objective To invest in and recruit and maintain a well-trained workforce that is prepared, knowledgeable and skilled to support the prevention, protection, and permanency outcomes for the children we serve.

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
1. Provide staff with innovative technology to assist with practice in the field and allow the workforce flexibility in how, when and where casework is completed.	1.1 Continue work with the Quality Improvement Center on Workforce Development. 1.2 Implement Compass Mobile application	PIP 4.2 PIP 4.2 CAPTA I.A	• 1.1 July 2022 • 1.2 September 2021 • 1.3 June 2024 • 1.4 Ongoing	• Full implementation of Compass Mobile • Full implementation of Compass CCWIS system	• Annual % changes in staff retention rates • # of Compass Mobile users • 10% increase in CFSR Items 1,2 ,3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10%	• TA implementation supports are provided by the QIC-WD and by private provider, Red Mane. Additional TA project management supports and change management are provided to LDSS by state staff. • Training is developed with the support of the QIC, and state staff

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	1.3 Implementation of Compass CCWIS system.	APD CAPTA I.A			increase between April 2022-October 2024	• develops and deliver training to supervisors and workers. Training is incorporated into new worker training. • The QIC-WD is providing evaluation TA on 1.1. • VDSS will also use our CQI process to monitor and evaluate.
	1.4 Continue to update OASIS, the current child welfare system of record to meet federal and state requirements. Status updates provided through the submission of yearly Operational Annual Planning Document (OAPD).	OADP CAPTA I.B				
2. Increase the retention and recruitment of a workforce that is aligned to both their role and the communities they serve.	2.1 Expand the Child Welfare Stipend Program.	JLARC 32,3,9,26, 27, 34, 24, 25 PIP 4.1 CAPTA I.J	• 1.1 Ongoing yearly updates • 1.2 June 2020 • 1.3 Ongoing yearly updates	• Annual cohort update from Stipend Program • Annual worker retention/turnover update • Average caseload of 15 or below	• # of participants in Child Welfare Stipend Program • Average caseload per locality • Turnover and retention rates • Annual % change in turnover and retention rates	• VDSS provides stipend program TA supports to LDSS and students; VDSS will also provide TA supports to LDSS to help maintain foster care caseloads of 15 or less. • VDSS offers new worker training to stipend students. • VDSS will use CQI processes to evaluate and monitor progress.
	2.3 Reduce caseloads for those foster care workers carrying caseloads of more than 15 children.					
	2.4 Decrease turnover rate for case workers and increase retention					

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	of two years or more.				• 10% increase in CFSR Items 1,2 ,3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024	
3. Follow Butler Study recommendations by providing more advanced training supporting and enhancing supervisor skills and coaching.	3.1 Create Child Welfare Leadership Institute.	PIP 4.1	June 2021	• Development of Leadership Institute curriculum • Implementation of Leadership Institute	• # of participants in Family Services Leadership Institute • Annual % increase in participants • 10% increase in CFSR Items 1,2 ,3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024	• VDSS training team provides implementation TA, project management, change management, and communication support to LDSS. • VDSS training team will provide training • VDSS CQI process will evaluate and monitor progress.
	3.2 Support cohort learning and peer-to-peer networking.					

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
4. Hire additional staff and provide workforce resources as suggested by JLARC report.	4.1 Increase workforce to support caseworkers special populations, and broader workforce.	JLARC 26-28 JLARC 34	June 2020	• Child Welfare Ombudsman office created • Ombudsman reports and recommendations regularly reviewed and implemented • Recruiting and retaining strategy developed and implemented	• # of positions hired	• VDSS receives support from our Office of Development with recruitment and hiring. • Training will be provided to new staff. • VDSS will utilize CQI process to determine needs, and track outcomes.
	4.2 Create independent office of Child Welfare Ombudsman.	JLARC 32				
	4.3 Identify LDSS assistance needs with recruiting and retaining case workers.	JLARC 9 JLARC 26; 28 CAPTA I.J				

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.

Continuous Quality Improvement (CQI) Objective Strengthen Virginia's CQI system by applying data to inform, manage and improve practices and outcomes for permanency, safety and well-being.

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
1. Create foundational CQI system that is data driven and outcome focused to support overarching engagement strategy.	1.1 Create written policies, practices, and procedures describing foundational administrative CQI structure.		• Written policies and procedures by December 2019 • Training development completed by December 2019 • Training and	• Written CQI policies and procedures finalized and incorporated into programmatic operations • Reporting structure related	• % of staff at each level trained in CQI operations	• Assist leadership in CQI training via the CQI Training academy • Technical assistance provided by the Center for States for evaluation plan and CQI Training Academy implementation

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	1.2 Develop reporting structure for communication, data, and program improvements that are connected to outcomes and inform service improvement.	PIP 1.1, 2.1, 2.2, 4.2	technical assistance provided through 2024 • Statewide implementation plan completed by June 2020 • Implementation of administrative CQI system across entire state through 2024	to outcomes developed and used to inform management decisions • Training developed and incorporated into staff development plans • Administrative CQI system implemented and operationalized		• Training on data-driven management decision making
	1.3 Create training program for all staff levels with a focus on CQI operations and data consumption					

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	1.4 Create a CQI implementation plan for a statewide administrative CQI system, and a system for tracking outcomes related to federal reporting requirements					
2. Develop a comprehensive data plan across all programmatic areas	2.1 Perform a review of data sources, methodologies, and storage in all programmatic areas.		• Complete Data Plan review – December 2019 • Implement recommendations from Data Plan – 2020-2022 • Develop and implement dashboards – 2020-2024 • Connect data to outcomes – 2020-2024	• Data plan finalized and recommendations incorporated into daily operations • Completed plan for data analysis and dissemination	• % of LDSS with a completed readiness assessment • Usage rate of reporting dashboards • % of LDSS and staff trained in data-driven management practices	• Training on new dashboards will be provided to VDSS, LDSS, and Regional Staff • Readiness assessments will be completed with technical assistance from the Center for States
	2.2 Develop tools to assess organizational data readiness and provide comprehensive data-informed management training.					

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	2.3 Create functional dashboards to communicate data and progress towards outcomes for all levels of organization and types of users.					
	2.4 Identify opportunities to coordinate and connect data entry, data sources, and databases within the Division of Family Services.					
	2.5 Connect DFS data to desired outcomes for the CFSP, PIP, IV-E, JLARC, and all other reporting requirements					
	2.6 Develop systemic capacity to analyze and disseminate data and outcomes	PIP 1.2, 2.1				

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
3. Integrate current QAA review process into CQI model.	3.1 Ensure CQI components are factored into case reviews in IV-E reviews, CFSR, QSR, and Sub-recipient monitoring, and identify opportunities to align the review processes.		• Report findings of CANS Assessment in case planning (JLARC 2) to Virginia Board of Social Services by July 2020 • Submit plan to phase in structured comprehensive annual quality assurance reviews to Virginia Board for Social Services (JLARC 30) by June 30, 2020	• All JLARC recommendations incorporated into CQI & QAA operations • All serious case-specific or systemic safety-related concerns from 2017 and 2018 recommunicated	• % decrease in children in foster care for more than 36 months • % of children in each locality in foster care for over 12 months, 24 months, and 36 months	• QAA staff will provide technical assistance on opportunities to combine QAA reports into the CQI model
	3.2 Incorporate JLARC recommendations into QAA process and align the OSRI tool with CQI process					
	3.3 Quarterly conduct structured reviews to ensure state and federal compliance, communicate areas for improvement to LDSS, work with LDSS to resolve	JLARC 29				

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	identified opportunities for improvement, monitor performance and report to Virginia Board of Social Services.					
	3.4 Develop a plan to phase in annual quality assurance reviews for a representative sample and report findings to the Virginia Board for Social Services.	JLARC 30				
	3.5 Continue conducting agency case reviews at all localities, examine the results of agency case reviews, work with localities on identified opportunities for improvement, and monitor progress.	JLARC 31				

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	3.6 Develop a list of children in foster care for more than 36 months, review each case, and respond with required technical assistance or referrals to minimize unnecessarily lengthy stays in foster care.	JLARC 20				
	3.7 Prepare reports each quarter to provide: • Percentage of children in each locality in foster care for over 12 months, 24 months, and 36 months. • Regional and state average lengths of stay in foster care.	JLARC 21				

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	3.8 Review all information collected via agency case reviews from 2017 and 2018, and re-communicate all serious case-specific or systemic safety-related concerns from the previous reviews. A letter from the commissioner should be submitted to the House Health, Welfare and Institutions Committee and the Senate Rehabilitation and Social Services Committee to certify all safety-related concerns identified have been resolved no later than	JLARC 1				

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	November 1, 2019.					
4. Develop systemic capacity to analyze and disseminate data and outcomes	4.1 Create routine processes for collecting, organizing, and tracking data related to outcomes.		• 2020-2024	• Longitudinal data sets created and used to improve services and identify trends in services	• # of data trainings provided annually •# of available reports	• Training will be developed and provided for VDSS staff on improving data consumption and use in daily operations
	4.2 Develop organizational capacity to store and analyze longitudinal case and cohort data					

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	4.3 Define dedicated processes for data analysis and regularly available data-related trainings for staff at all levels.					
	4.4 Develop a human-centered design process to translate data and outcomes for use by a broad range of stakeholders and disseminate reports to explain progress towards outcomes					

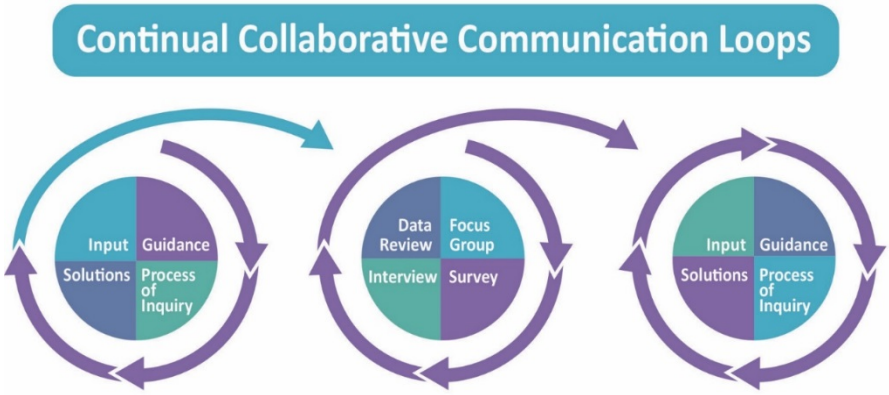
4 CRITICAL PRIORITIES

COLLABORATION

VDSS believes that strong partnerships lead to better outcomes, as our practice model states. We believe that how we do our work is as important as the work we do. This not only holds true for our direct service practice with children and families, but also with the work we do across agencies, stakeholder groups, and communities throughout the commonwealth. Collaboration is key to ensuring that all those across the commonwealth dedicated to serving children and families share their passion and expertise to achieve the best possible outcomes.

Continual Collaboration Communication Loops

Collaboration is not a one-time event, but rather continual collaborative communication loops where avenues are available for offering input, guidance, and solutions. Oftentimes, more information is needed and we conduct a process of inquiry to drill down on the issue of focus. We then re-engage focus groups, surveys, interviews, and data-mining as needed. Once we have additional understanding, we provide updates and then return to the process of seeking input through guidance and solutions, leading to another process of inquiry as necessary, and continue this process throughout the project or program implementation. This diagram depicts this process.



Many other state agencies intersect regularly with those involved with the child welfare system. VDSS recognizes the importance of jointly cooperating with other state agency partners to develop joint polices and guidance that positively affect children and families served by VDSS. This collaboration ensures the guidance developed meets the needs of various agencies and gives each agency an opportunity to provide input into both policy and practice. An example of this is the work between VDSS and the Virginia Department of Education (VDOE). VDSS recognized the importance of working cooperatively with VDOE to implement requirements such as the Fostering Connections Act and Every Student Succeeds Act. It was imperative that those knowledgeable in the relevant subject matter areas jointly develop policies and procedures to achieve the intended outcomes. This resulted in joint guidance that was shared by both agencies and is now leading towards improved outcomes for children served by both VDSS and VDOE.

As previously mentioned, there are 120 LDSS across the commonwealth, all of which are locally administered. Although VDSS publishes the policies and procedures for each program, this is done

through a collaborative process. 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 input provided by the LDSS and recognizes that they are the experts on the work that they carry out on a day-to-day basis. Without comprehensive input, the decisions made by VDSS would not be nearly as effective in achieving the desired outcomes.

The collaborative approach demonstrated by VDSS mirrors that of the approach LDSS take with local stakeholders and families through engagement practices. Through collaboration with community stakeholders, creative solutions are implemented 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. Additionally, VDSS and LDSS will continue to capitalize on opportunities to engage with parents and families engaged with the child welfare system.

Lived Experience

In addition, birth parents, foster parents, and youth are critical voices throughout the collaborative engagement process. Youth are engaged through SPEAKOUT, a youth-centered advocacy model that leverages the lived experience of youth in and exiting foster care. Foster parents are engaged in a variety of ways through LDSS, to include foster parent support/advocacy groups, surveys, and other tools to support recruitment and retention. Additionally, VDSS provides $382,000 to fund the foster parent support warm line operated by Newfound Families. Birth parents and families of origin continue to be a focus of the engagement model through the Practice Profiles with Child Welfare Advisory Committee (CWAC), exploring potential increased engagement through that formal group (Permanency Strategy 1).

Tribal Consultation

Virginia DSS has 11 state and federally recognized tribes. There has been renewed engagement in the past several months as the Commonwealth continues to build bridges with tribal communities. The collaboration with these 11 tribes has already proven to be invaluable, as it has led to multiple productive roundtable meetings, as well as the recent joint attendance at the National Indian Child Welfare Act (NICWA) conference.

This communication has helped direct future efforts to continue not only to collaborate further with tribes, but to address specific topics such as understanding state tribal and commonwealth roles under the Indian Child Welfare Act (ICWA), identifying tribal resource parents, and creating notification processes. Additionally, continued partnership with the Court Improvement Program (CIP) (Permanency Strategy 2) will focus on addressing court adjustments specific to tribal needs. The VDSS 2020-2024 strategic plan has a solid focus on continued engagement with these critical leaders (Permanency Strategy 6).

Three Branch Model

In addition to establishing partnerships and collaborations, and hosting stakeholder meetings, VDSS has also utilized a Three Branch model to support collaborative implementation efforts. This model is based on the National Governor's Association, National Conference of State Legislatures, and Casey Family Programs' Three Branch Institute, which began in 2009. Virginia has been a participant in three previous Three Branch Institutes, with significant success in improving the child welfare system. The Three Branch

model is a collaborative team composed of not only representatives from state, legislative, and court leadership, but also several state- and community-based agencies that respond to the needs of children and families, redefining the responsibility of child welfare to all agencies that serve children and families. The Three Branch model serves as a successful leadership group to enact legislative, financial, and policy changes to improve the child welfare system. The current implementation of the Three Branch model for Family First is included on pages 77-79.

Court Improvement Program

Although VDSS actively engages regularly and continually with partners, the partnership between VDSS and the Court Improvement Program merits highlighting. Over the years, VDSS has considered the CIP a pivotal partner in achieving well-being, safety, and permanency outcomes for children, particularly children involved in foster care. VDSS and the CIP collaborated closely in the PIP problem identification and root cause analysis process. The CIP organized a root cause analysis session with judges, attorneys, and VDSS to explore barriers to achieving permanency. Additionally, VDSS and the CIP hosted a joint court and community stakeholder meeting in order to determine joint strategies leading to permanency for children in foster care and through adoption. As a result of this partnership, LDSS and local courts had the opportunity to contribute to the tasks and activities in both the PIP and the 2020-2024 CFSP. Therefore, this court-community workgroup will lead the development and implementation of these strategies. This is another example of how the joint accountability will drive the focus on achieving better outcomes (Permanency Strategy 2).

Child Welfare Advisory Committee

In addition to collaborations with local departments, there are many existing stakeholder groups that meet regularly to provide input, guidance, and feedback. One of the more diverse stakeholder groups is the Child Welfare Advisory Committee (CWAC). This committee has representatives from LDSS and other state agencies that serve the child welfare population, representatives from private child-placing agencies and non-profit organizations, resource families, the Court Improvement Program (CIP), and members of Virginia's tribes. It is a long-standing group, as it was formed as the original stakeholder group to support the PIP development following the first round of the CFSR. Over the years, the CWAC group has continued to serve as the main advisory group to identify issues, concerns, and solutions as related to PIP and CFSP development. As VDSS moves into the 2020-2024 CFSP, the CWAC group will continue to evolve to support the goals and outcomes identified. Plans include updating the charter, adjusting meetings schedules, and ensuring all partners have opportunities to participate in various implementation workgroups.

Practice Advisory Groups

VDSS also operates three practice advisory groups to help guide the continuous collaborative communications loop approach. There are three local advisory committees composed of LDSS staff, to advise child welfare programs across the continuum. The Permanency Advisory Committee (PAC), CPS Advisory Committee, and Prevention Advisory Committee advise the child welfare programs in DFS on improving well-being, safety, and permanency for children and families across the commonwealth. These groups serve as a mechanism for consistent stakeholder input into VDSS activities. In addition, each of these groups is charged with assisting VDSS to align policies and guidance to promote a seamless best-practice continuum, improve coordination and integration, and provide consistency across all LDSS in the commonwealth.

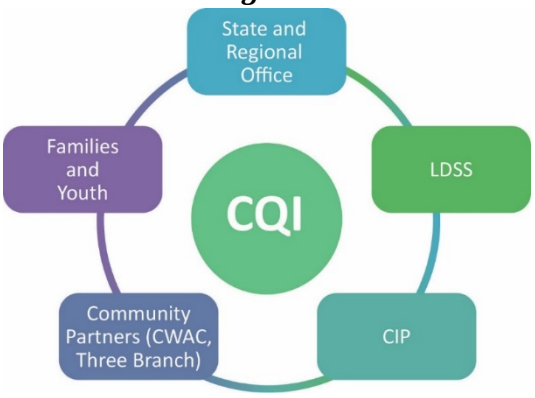
Additional Collaborations

Throughout the 2020-2024 CFSP document, multiple references are made as it relates to engaging collaborators, partners, youth, parents, and foster parents. The CQI focus of the document also includes critical checkpoints and ongoing engagement of these key partners throughout the development and implementation of the CFSP. Please see Appendix A for a full list and description of partner organizations.

IMPLEMENTATION APPROACH

Virginia has benefitted from and been trained in implementation science, where the strategies of *teaming* and *shared accountability* are integral to successful implementation of any change initiative. VDSS used or is using these strategies for the practice model installation, the Quality Improvement Center for Workforce Development (QIC-WD), the Comprehensive Permanency Assessment and Safety System (COMPASS), Supervisor Training Academy, and Services Model Training Implementation Team[i] projects. The current Performance Implementation Plan (PIP) planning process involved topic-focused workgroups that were established to develop the strategies and activities, and to support implementation in a sequenced manner throughout the exploration, pre-implementation, implementation, and sustainability periods. The figure depicts a brain-like structure, with accountability connecting the various teams and administrative levels.

Teaming Structure



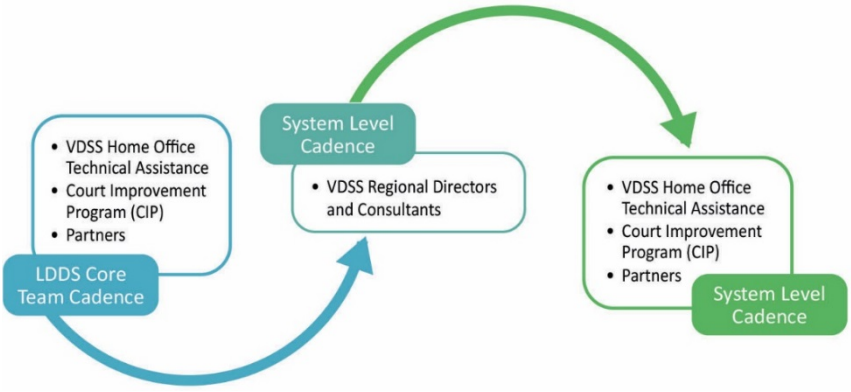
Taken together, the concepts of teaming and shared accountability ensure that all stakeholders are committed to shared outcomes. To support transparency, the work of local teams, CIP, and work groups (as well as support activities performed by state and regional partners) are reviewed and discussed at each implementation meeting. Rather than view accountability [as the failure] and related ramifications of failing to achieve an objective, VDSS's conceptualization of shared accountability uses teaming, feedback loops, and CQI activities to keep all participants fully informed and invested in outcomes. (See CQI section for CQI process.)

Implementation team in-person meetings with state and regional partners, the Court Improvement Program, work groups, and LDSS teams are held regularly as determined by the project. During the meetings, LDSS teams and work groups participate in a transparent reporting structure where progress on each strategy is reviewed, feedback is received, concerns are addressed, and real-time adjustments are identified as action items. During these meetings, data is also studied and immediate next steps are identified to ensure consistency and alignment to the strategies and implementation process. To bolster shared accountability, entities that both complete (and fail to complete) agreed-upon activities are recognized during the full implementation meetings as a reflection of the principles of transparency. The goal, however, is to lift up and recognize teams and work groups with complete and exemplary work as models. In this view, mistakes and omissions are learning opportunities, as opposed to failures.

Shared accountability, or developing a cadence of accountability, is built into integrated change monitoring of the state PIP. To establish a focus on accountability in a system with decentralized

oversight, each LDSS, each region, and each state leadership involved in implementation activities will engage in a readiness process that includes developing a comprehensive accountability strategy to track successes and concerns in real time. Structured CQI processes ensure that strategies and activities are installed and monitored consistently within and across regions and within proposed timeframes. The cadence of accountability is depicted below, highlighting communication and interdependence across organizational levels:

Communication and Interdependence Model



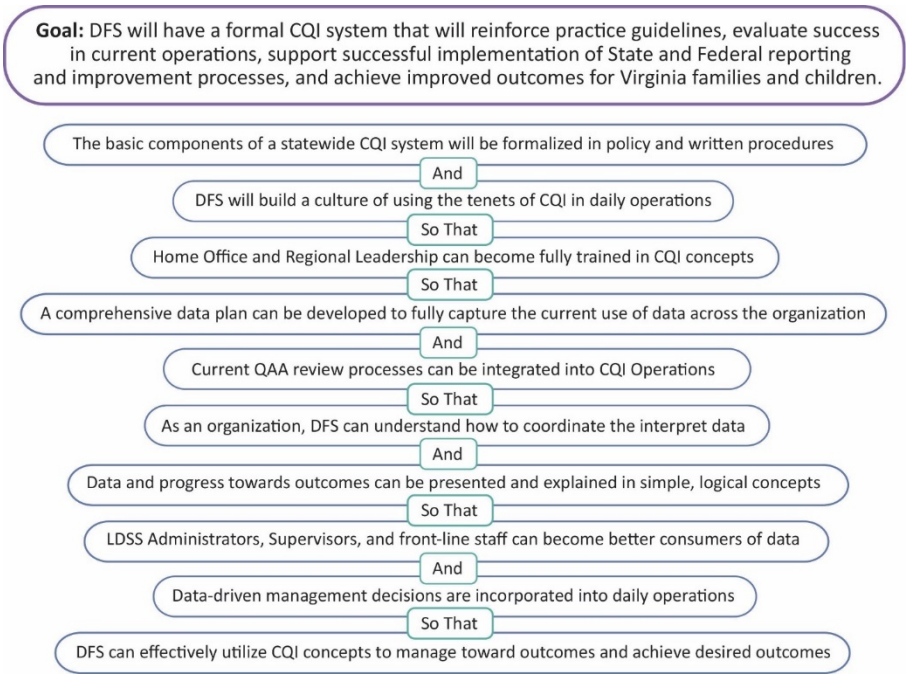
To ensure consistent and efficient monitoring and reporting on progress, VDSS has hired dedicated project managers to coordinate project implementation goals, strategies, and tasks. The project managers are charged with the critical tasks of developing and monitoring the implementation plan, working with VDSS leadership and the steering committee to adjust as warranted, and maintaining clear and consistent communication.

CONTINUOUS QUALITY IMPROVEMENT (CQI)

CQI Vision

Virginia recognizes that a robust CQI system is vital to improve services and supports for children and families, ensure effective use of resources, and achieve targets and desired outcomes. An effective system integrates the quantitative and qualitative measures toward an integrated system that thoroughly captures data processes to properly inform policy and service provision at all levels. This is inclusive of building out a comprehensive data plan allowing examination of the many data sources, while also identifying opportunities to incorporate the different qualitative and qualitative aspects of the case review system. Our approach is both data-driven and practice-informed.

CQI Theory of Change



Data-driven

A system that uses data for decision-making requires two things: access to data and processes for making decisions. Continuous quality improvement should provide the necessary information to make good decisions. This requires quantitative indicators of progress, qualitative case reviews, comparisons over time, cross-system data, and adequate reporting. Short- and long-term reporting supplements mandatory federal requirements tied to funding, including Titles IV-B, IV-E, the CFSP, and the PIP and CFSR. The five-year period of Virginia's CFSP covers the timeframe during which an integrated system of accountability will be developed. Given the structure of child welfare services in Virginia, data capacity and structures of accountability need to be developed at all three levels of operations: state, regional, and local.

To achieve a foundational, administrative CQI system, DFS' CQI program managers will formalize the basic components of CQI operations into policy and written procedures. As more components of the child welfare system incorporate CQI functionality into their operations, the formalized procedures and

practices will guide services at all levels to ensure best-case practices are implemented at all levels. All completed policies and procedures will be reviewed semi-annually to determine if any changes or updates are required.

The CQI program managers will build CQI concepts into daily operations and management in all program areas, and work closely with change-management staff to address adaptive changes within the organization. Focal points of CQI in daily operations will be the use of data in management decisions, improved understanding and consumption of data at all organizational levels, and the provision of improved training and technical assistance. In conjunction with the Center for States and other technical assistance partners, an evaluation plan will be put in place to annually measure progress and develop benchmarks for CQI uptake.

The CQI program manager will develop a comprehensive data plan, as part of its data quality collection initiative, to define and explain how data is used in all program areas. The data plan will identify opportunities to incorporate data-driven decisions into program management and consolidate data collection and reporting efforts. It will also crosswalk all databases that DFS incorporates into its work and create business process maps for data that is not stored in the case management database. The data plan and business process maps will be reviewed annually with program staff to ensure they are accurate and identify any opportunities to improve operations.

Once the foundational CQI system is in place, the program managers will provide training, technical assistance, and coaching to the regional offices to assist in the CQI concepts spreading throughout the operations in all LDSS across the state. Regional consultants will be critical in providing comprehensive CQI development and support at the LDSS level. The means of support will be developed over time, with LDSS input, and will include roundtables, regional peer-to-peer support networks, and collaboration between regional offices. With support from the CQI program mangers, regional consultants will provide technical assistance and coaching across all five regions to help develop a culture of and systems for CQI in LDSS agencies across the state.

As Virginia's entire child welfare system moves towards implementing CQI into daily operations, data interpretation and coordination will become a regular concept in case management and service provision. This shift in culture and understanding will result in LDSS administrators, supervisors, and front-line staff becoming better consumers of data, and understand how to ensure data quality through the use of technology and transcription services. They will also be the organizational leaders in improving the quality of data collected through the use of technology, transcription services, and mobility innovations. Better consumption of data will then result in data-driven management decisions, and an ability for Virginia's child welfare system to effectively use CQI concepts to manage toward, and eventually achieve, improved outcomes.

Resources

The agenda is ambitious. DFS intends to build a system of continuous quality improvement by using quantitative and case-review data toward informing, managing, and improving practice outcomes for children in Virginia. Specific system improvement strategies include:

- Building a culture and capacity to integrate a robust CQI system
- Establishing the infrastructure and foundation to support the CQI process
- Creating a training program for state and regional leadership to be fully trained and knowledgeable in CQI concepts

- Integrating regional offices, LDSS, and stakeholders into the CQI process
- Integrating current QAA operations into the new CQI system
- Establishing formal feedback and communication loops to allow for stakeholder input
- Enhancing and improving use of data-driven management decisions in daily operations

In response to the identified need to build a foundational, administrative CQI system, VDSS-DFS hired a CQI project manager to develop and lead CQI efforts at the state, regional, and locality level. The goal of this position is to build out a CQI system that provides CQI solutions and implementation for all levels of child welfare service provision. This model is currently being developed with participation from programmatic staff, regional offices, and localities and requires an organizational shift towards managing by data and using data-driven approaches to improve services in all programmatic areas. The CQI improvement strategies that will be implemented in the immediate future are outlined in the 2020-2024 strategic plan. These strategies will support reporting and progress towards outcomes for all of DFS' federal reporting requirements.

Successfully implementing these strategies requires a workforce properly trained in the fundamental components of continuous quality improvement: data, analytics, and critical thinking. VDSS intends to update training and expectations for all staff around use of data in their work, as part of full participation in CQI activities and creating an organization with readiness to implement CQI concepts into daily operations. Because of DFS' structure, a key component of the CQI vision will be technical assistance provided regionally. As a state-supervised, locally administered system, DFS recognizes the challenges in implementing a robust CQI system in all 120 LDSS. As a part of the CQI system, DFS will build in regional support for technical assistance, coaching, and support to account for the challenge of the system's size. The regional office staff will be critical in this shift in organizational culture and in providing technical assistance and training to all LDSS in their regions. The regional office and state leadership staff will undergo the CQI Training Academy program, provided by the Child Welfare Capacity Building Collaborative, as outlined below, to fully ground the steps towards a CQI system in the daily work of child welfare. This work will be started in the last quarter of fiscal 2019 and will continue throughout 2020-2024.

The CQI Training Academy takes participants through the basics of CQI and firmly grounds the training in the world of child welfare.
A summary for the training plan:

- Participants: regional office directors, regional consultants, and state office leadership
- Timeline: May 2019-October2019 for training, ongoing for continued CQI commitment
- Format: CQI Training Academy courses combined with extra reading materials and group work
- Time commitment: Approximately eight hours per month

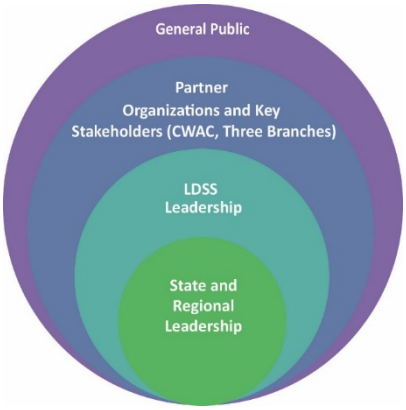
In addition to CQI training for leadership staff, the CQI program will continuously develop training and technical assistance opportunities for LDSS staff. Part of this training will come in conjunction with the CQI PIP workgroup. While the outputs from the workgroup are primarily focused on PIP implementation LDSS, the lessons learned will apply to LDSS across the state of Virginia. The CQI program will use products of the workgroup to support CQI implementation in all regions, while using the PIP implementation process as a form of pilot program for new training resources. The PIP workgroup is divided into two subgroups: measurement and evaluation, and CQI technical assistance.

The measurement and evaluation subgroup is primarily focused on developing measurement and evaluation methodologies for all PIP measurement items. This includes defining intervals to track data, performing data analysis to identify opportunities for outcome improvement, identifying trends in data, and recommending strategies for reaching outcome goals.

The technical assistance (TA) subgroup is primarily focused on supporting and developing CQI capacity at all PIP localities. This includes identifying opportunities to provide TA, developing data consumption and data management webinars and trainings, and providing assistance in nuanced data analysis to find specific areas where each LDSS will have to maintain performance, monitor current services, or improve the foundation of the services they are providing.

The CQI process is not independent of our established partners and collaborators. The CQI program's feedback model will gather input from the system's many stakeholders and incorporate that input and feedback into program analysis. The previous diagram outlines the information-sharing process. A key point within DFS' communication strategy will be transparency in communications and around the data we use. DFS will use the same base dataset to communicate results and progress towards outcomes. By using one foundational data-reporting source, DFS will be able to gather input that is informed by the same underlying set of data points and system information.

Feedback Model



The difference in level of communication will be dependent on confidentiality and communication priorities. State and regional leadership will require detailed analysis of trends that cover entire regions and the state, LDSS directors will require data that pertains to their performance and the opportunities they have to improve outcomes for children and families, partner organizations will need data related to specific programmatic and systemic progress, and the general public will need data that explains the general health of the entire system. Transparency is important in this process to effectively communicate outcomes to the public and to maintain a high level of trust between our many partners.

CAPTA

CAPTA provides federal funding and guidance to states in support of prevention, assessment, investigation, prosecution, and treatment activities, and provides grants to public agencies and nonprofit organizations, including Indian tribes and tribal organizations, for demonstration programs and projects. Additionally, CAPTA identifies the federal role in supporting research, evaluation, technical assistance, and data-collection activities, establishes the Office on Child Abuse and Neglect, and establishes a national clearinghouse of information relating to child abuse and neglect. CAPTA also sets forth a federal definition of child abuse and neglect. In 2015, the federal definitions of "child abuse and neglect" and "sexual abuse" were expanded by the Justice for Victims of Trafficking Act to include a child who is identified as a victim of sex trafficking or severe forms of trafficking in persons.

The Child Abuse Prevention and Treatment Act (CAPTA) was reauthorized in 2010, Public Law 111-321. States are required to prepare and submit a state plan that will remain in effect for the duration of the state's participation in the grant program. The plan must be prepared and submitted annually, describing how the funds provided under CAPTA were used to address the purpose and achieve the objectives of the grant program (section 108(e)). In Virginia, CAPTA funds align and support the overall goals for the delivery and improvement of child welfare services, title IV-B, and the goals and strategies outlined in Virginia's Program Improvement Plan (PIP).

Virginia's CAPTA plan includes targeted efforts to assure the safety of children within their homes by improving local department staffs' ability to properly identify and assess safety and risk factors within family systems and provide protective and rehabilitative services by focusing on the development and improvement of worker training, supervision, and formal tools. Emphasis has been placed on working with children under the age of two, children in out-of-family settings, substance-exposed infants (including the development of plans of safe care), receiving and responding to concerns of child abuse and neglect, and children diverted from foster care. Additionally, Virginia's CAPTA plan focuses on enhancing local department staffs' ability to utilize a strength-based, child-centered, family-focused, and culturally competent approach when working with children and families. Lastly, Virginia's CAPTA plan focuses on the continued development of an accessible array of community-based services across the commonwealth. The service array includes primary, secondary, and tertiary prevention efforts, as well as treatment services.

JLARC/Legislation

The Joint Legislative Audit and Review Commission (JLARC) conducts program evaluation, policy analysis, and oversight of state agencies on behalf of the Virginia General Assembly. JLARC has three main goals. These include an informed legislature, compliance with legislative intent and effectiveness, and efficiency and cost savings. The commission completes its work as directed by the general assembly (GA).

In 2017, the Joint Legislative Audit and Review Committee was directed by the GA to study foster care and adoption services under VDSS. The staff evaluated the extent to which LDSS follows requirements to ensure the safety and wellbeing of children in foster care and managed cases, appropriateness of foster care placements, efforts to place children in permanent homes, and the role of VDSS in supervising LDSS services. In December 2018, the commission released a report with 34 total recommendations, many of which required legislative and/or executive action.

The recommendations are far reaching and include additional staff, relative engagement, permanency, staff recruitment and retention, visitation, kinship guardianship assistance, court changes, reporting, supervisory spans of control, oversight, and others.

Based on conversations with JLARC and the general assembly, the recommendations were prioritized in SB1339, which was signed into law by Governor Ralph Northam on March 18, 2019. These JLARC recommendations are highlighted throughout the strategic plan, as highlighted in the alignment section of the plan. Each of the objectives include JLARC recommendations, given their broad instruction.

STATEWIDE INFORMATION SYSTEMS

Statewide information systems is represented in the CFSR/PIP as item 19 and is described here. VDSS relies heavily on the functionality of and information maintained in several in-house legacy systems: Online Automated Services Information System (OASIS) (workforce objective strategy 1); the Structured Decision Making (SDM) tool, the Adoption Resource and Research Information System (ARRIS); and the Virginia Enhanced Maintenance Assessment Tool (VEMAT).

Legacy System	Purpose	Interface
Online Automated Services System (OASIS)	Supports adoption, foster care, CPS intake, investigations, ongoing case management , independent living, foster/adoptive family provider management	SDM, ARRIS
Structured Decision Making Tool (SDM)	Web-based assessment instrument to formalize child protective services intake, safety, and risk business rules	OASIS
Adoption Resource and Research Information System (ARRIS)	Client-server application utilized by DFS staff to track finalized adoptions and interstate placements	OASIS
Virginia Enhanced Maintenance Assessment Tool (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

OASIS is the primary application and system of record. It was a transfer solution from Oklahoma. The transferred system, Oklahoma's KIDS, was customized to meet Virginia's needs and launched as OASIS in 1997. At the time of the transfer and initial implementation, OASIS supported only the adoption and foster care programs. Since 2000, OASIS has been used to support Child Protective Services (CPS) intake, investigations and ongoing case management along with independent living and prevention and foster/adoptive family provider management.

OASIS currently gives the department the ability to collect and maintain demographics, characteristics, placement location, and goals for every child in foster care. In preparation for migrating data to a new CCWIS-compliant system, VDSS has several committees to oversee implementation, training, and data governance related to data from this system This stakeholder engagement is critical to the success of the migration to the CCWIS system.

OASIS interfaces with the SDM tool and ARRIS, while VEMAT is utilized as a stand-alone application. The web-based SDM Tool is used as an assessment instrument to formalize Child Protective Services Intake, Safety, and Risk business rules. ARRIS, a client-server application, is utilized by DFS staff to track finalized adoptions and interstate placements. VEMAT, a web-based application, is used by both VDSS and LDSS staff to assess a child's level of need for additional daily support and supervision.

The existing legacy systems do not fully support all ACF federally prescribed requirements, nor do they effectively support an integrated business model. Proposed changes to Adoption Foster Care Analysis Reporting System (AFCARS) fields will require extensive changes to OASIS that could potentially take longer than allowed to implement. The deficiency in these existing legacy systems poses challenges to the efficiency of data collection and prevents the management of payments to foster care providers.

OASIS is currently supported in PowerBuilder 12.6 Classic. Since the initial deployment, the department has continued to enhance the system by adding new functionality to meet the changing needs of the programs and technological innovations. OASIS is built on obsolete technology and consequently it is rigid to modifications.

The department currently employs two PowerBuilder developers to maintain and update OASIS and ARRIS. A third PowerBuilder developer handles production tickets. VEMAT and SDM are maintained and updated by an in-house Java developer. OASIS, SDM, ARRIS, and VEMAT use an enterprise-wide common authentication repository, Oracle LDAP (OUD_, to verify user's login credentials.

Due to the limited number of staff with required PowerBuilder skills, OASIS has become difficult to support 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 costs of maintenance significantly outweigh the estimated cost of replacement.

Although OASIS provides the foundation for automation of child welfare services, it is incapable of meeting VDFS operational requirements. OASIS and the other in-house applications require duplicate entry of information, support cumbersome data-entry processes, and lack major capabilities required to effectively support our programs, including financial management, electronic document management, mobile utilization, and interoperable functions. OASIS will continue to be utilized as the legacy system until a new CCWIS system can be implemented (Workforce Strategy 1.4).

VDSS entered into a contract with the National Council on Crime and Delinquency (NCCD) in December 2008 to provide SafeMeasures®, a web-based application that provides data analytics through reports and dashboards. SafeMeasures® currently features more than 150 reports, a critical outcomes scorecard, and features such as My Upcoming Work and My Calendar. SafeMeasures® receives nightly data extracts from OASIS.

The VDSS Office of Research and Planning, in collaboration with DFS, is in the process of developing an in-house reporting system that will provide data analytics to the DFS and LDSS. The ability to develop in-house reporting capabilities will allow for quicker and more agile development of reports (not relying on outside vendors) that are identified by VDSS and LDSS to assist with identifying areas needing improvement and/or attention supporting the well-being, safety, and permanency needs of children.

VDSS held joint-application requirement (JAR) sessions, which consisted of 32 meetings with 252 attendees. In addition, interviews with VDSS leadership and key stakeholders took place, resulting in key considerations being documented prior to requirements of the gathering process for CCWIS.

Business process requirements resulting from the JAR work include functional system requirements that streamline, enhance, and support the business processes of the end user. The areas of improvement discussed in JAR sessions, as the foundation for requirements related to business processes, included

the following:

- The need to create, manage, and track notices and alerts related to relevant, worker-specific, workload tasks;
- The need for a case-management system that supports the work being completed by the individual, regardless of the area of services in which that person works;
- The ability to complete, configure, and make determinations within various mandatory assessments;
- The ability to generate and configure reports;
- The incorporation of financial processes into a case management system;
- A case-management system that will support best practice for each step along a business process; and
- The addition of worker-specific dashboards.

Document management requirements are being designed to meet the goal of VDSS and partnering agencies to have paperless business processes. The areas of improvement discussed in JAR sessions included the following:

- The need to generate, customize, and send client notifications from within a case-management system;
- The need to create, upload, and store case documentation;
- The creation of a more streamlined process for documents that will allow easier access to information by LDSS when assessing history, tracking progress and outcomes of services, and allowing capturing of histories of children and families served; and
- The goal of capturing history to help identify services that may have been previously successful or unsuccessful, should LDSS have future encounters with the same family and/or children.

Portal requirements will give youth, foster and adoptive parents, and providers access to relevant information within a case-management system through an external portal. The areas of improvement discussed in JAR sessions included the following:

- Youth desire the ability access to their case information and the resources used to support them while in care and after they find permanency or age out of the system;
- Foster and adoptive parents desire the ability to access information, record or update information, and communicate regarding the youth in their home; and
- Providers desire the opportunity to view relevant, historical information and update that information for youth in care who utilize their services.

Mobility requirements are the foundation of a mobile case management device that would allow LDSS workers to complete case-related functions when away from their home office. Ultimately, this would reduce the need for workers to return to an office setting to complete documentation, allowing the maximization of time spent in the field, effectively using resources, and enhancing client relationships. The areas of improvement discussed in JAR sessions included the following:

- The need for workers to have electronic access to case information they deem necessary while in the field;
- The need for a mobile solution in the field to have the capacity to interface with the case management system;
- The need for a mobile solution in the field to have the capability to record information when the device is offline to account for the lack of internet access within certain geographic areas of the

commonwealth, and sync to the case-management system when the device becomes connected;
- The need for the mobile device to have basic communication functionality, to ensure workers are connected to both their clients and their colleagues; and
- The need for a mobile solution that contains information on foster and adoptive homes, so workers are not dependent on calling back to their office to determine where potential placement exists.

A mobile solution should track and report on where client homes are, where foster and adoptive homes are, and where the worker is. Moving towards a mobility solution has already begun in Virginia, as described in the subsequent COMPASS overview.

Overview of CCWIS process

VDSS's mission to promote the well-being of the citizens of Virginia through the delivery of essential services and benefits to ensure families are strengthened and individuals achieve their highest level of self-sufficiency. Current in-house applications fall short of the department's vision of integrated and coordinated child welfare services. In addressing this limitation and the other challenges and shortcomings posed by the existing applications, the department is committed to acquiring a system(s) that will meet the ACF federally prescribed CCWIS requirements conforming to the Commonwealth of Virginia and the department's enterprise architecture standards, and effectively align with the Virginia Local Government and Commonwealth Child Welfare Program practice requirements.

As part of a multi-year plan, DFS requires a CCWIS-compliant system. Once implemented, CCWIS will be fully compliant with commonwealth and federal requirements (Workforce Strategy 1.4). It will also provide uniform and reliable information about children currently under the jurisdiction of VDSS, supporting the department's service delivery and all associated day-to-day case-management activities.

VDSS has invested a significant amount of time and resources in the development of functional and non-functional requirements of a potential CCWIS system. 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.

The VDSS CCWIS solution is currently in Program Phase 1, which includes procurement and project initiation along with the mobility solution. The CCWIS solution will replace the legacy systems hosted at VDSS (OASIS, SDM, ARRIS, and VEMAT) with a new system called COMPASS.

In late 2019, VDSS will provide innovative technology to those who report abuse and neglect by creating, developing, and implementing a mandated-reporter online reporting system (Protection Strategy Plan 4.1) called VaCPS. The system will allow mandated reporters (MR) to report allegations of child abuse/neglect through an online website. This secure website is an innovative way to minimize wait times for mandated reporters and decrease the number of reports the LDSS has to enter into the online case-management system. The goal is that, by reducing the number of report, and time to enter the reports currently required by LDSS, LDSS can redistribute staff to provide direct services to children and families. Upon statewide implementation, the goal is to increase the usage of VaCPS by all 120 localities and mandated reporters across Virginia. This technology will assist mandated reporters and LDSS in ensuring timely capturing of children who maybe be at risk of abuse and/or neglect, and increase validation of referrals that require action to be taken by LDSS (Protection Strategy 4.2).

Through efforts beginning this year, VDSS is working to allow LDSS workers access to the CIP case-management system by 2020. Workers will have the ability to access the system, allowing them to retrieve court orders in a timelier manner (Permanency Strategy Plan 2). This access will allow workers to utilize court orders to assist in locating relatives and extended family members for placement consideration (Permanency Strategy 2.4). This effort will result in engagement of more timely service referrals for those identified relatives, and maintain connections with families and communities for improved outcomes.

VDSS is in the initial stage of writing the RFP for an enterprise licensing system to support the licensing of foster families. Family Services is a party to this RFP and anticipates that the new licensing system will allow for better identification of available family-based settings and the identification of areas throughout the commonwealth for diligent recruitment efforts (Permanency Strategy 3). The goal is to increase timely placement in family-based settings, and processing of relatives as approved placement providers, to achieve timely permanency. The new licensing system will have data exchanges with the child welfare system of record. This is a 36-month initiative and the department hopes to complete implementation in 2022.

The COMPASS Program

The COMPASS Program is a multi-phased project that will integrate web-based tools that accelerate service delivery and improve outcomes for Virginia's children and families as a mobile solution (Workforce Strategy 1.2). Equipping our staff with industry-leading tools is a major step and core focus in advancing our mission to accelerate service delivery and improve outcomes for Virginians.

In September 2018, VDSS took the first step in introducing innovative digital solutions through COMPASS by partnering with RedMane Technology as the vendor for the COMPASS Mobile application, which will significantly enhance the real-time case-management capabilities of our local workforce. The selection of the COMPASS mobile app is in direct response to the feedback we received from JAR sessions conducted across the commonwealth. In feedback we received from nearly 300 staff members, the need to perform their job while in the homes of children and families was overwhelmingly expressed.

Mobility requirements are the foundation of a mobile case-management device that would allow LDSS workers to complete case-related functions when away from their home office. Ultimately, this would reduce the need for workers to return to an office setting to complete documentation, maximizing time spent in the field, effectively using resources, and enhancing client relationships. In addition, the mobility requirements will allow the completion of SDM tools within the mobile application, which should increase consistency in decision-making across the commonwealth (Protection Strategy 2.3).

Through this technology, workers will have the ability to complete case documentation, assessments, and plans more efficiently, as well as access robust reporting, analysis, and dashboards. New tools such as e-signature capability and ready access to demographics and forms will enable our front-line staff to reduce the amount of time spent at the computer and increase quality engagement with children and families.

VDSS is currently in the design and data interface phase of our COMPASS mobility application. Our vendor, RedMane Technologies, and VDSS are currently on track to implement a phased rollout across the Commonwealth beginning in October 2019, with full implementation by early 2020.

In addition to the additional efficiency and effectiveness that COMPASS will bring to staff, it is also a route to potentially decreasing front-line staff turnover due to frustrations with current technology and other job functions.

FAMILY FIRST PREVENTION PLAN

Prevention services in Virginia are provided across the prevention continuum, which include primary, secondary, and tertiary activities. Both LDSS and VDSS provide services across the continuum in the commonwealth. VDSS has not historically supported a mandated requirement to LDSS to provide prevention services. However, with the passing of the Family First Act, over the next five years VDSS will be enhancing our prevention services and programs 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.

In Virginia's locally administered child welfare system, Virginia's LDSS have the flexibility to design services to meet a wide range of individual needs and circumstances for youth and families based on needs, local demographics, and available resources. 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. There are several localities in Virginia that have maximized local funding opportunities, along with the OCS, to provide prevention services for children and families, despite not having a mandated prevention system in Virginia.

The Family First Prevention Services Act (Family First) will enable the use of federal funds under parts B and E of Title IV of the Social Security Act. These funds will provide enhanced support to children and families and prevent foster care placements through the provision of mental health treatment services and substance abuse prevention and treatment services; in-home, skill-based parenting programs; and Kinship Navigator services. Family First is the first major modernization and overhaul of Title IV-E and IV-B funds in over three decades, and represents a significant milestone in ongoing efforts to transform the child welfare system.

VDSS launched a multi-system and community-based approach to the implementation of Family First in June 2018. VDSS is utilizing a Three Branch model, based on the National Governor's Association, National Conference of State Legislatures, and Casey Family Programs' Three Branch Institute, which began in 2009. Virginia has been a participant in three previous Three Branch Institutes, with significant success in improving the child welfare system. The Three Branch model is a collaborative team composed of multiple state and community-based agencies that respond to the needs of children and families, redefining the responsibility of child welfare to all agencies that serve children and families. The Three Branch model serves as a successful leadership group to enact legislative, financial, and policy changes to improve the child welfare system.

The Three Branch team is led by a leadership team of two individuals from each branch of the government (judicial, executive, and legislative). The leadership team works with the home team, which includes approximately 50 senior-level decision-makers across the state and all branches of government. All leadership and home team members serve on a workgroup with additional members in order to carry out the goals and activities of each group. There are approximately 110 members among the four workgroups. (See Appendix B for a list of specific Family First stakeholders.) The workgroup makes recommendations to the home team, which is then responsible for synthesizing recommendations in coordination with other child welfare advisory groups for the leadership team.

Members were selected based upon several factors: 1) role within the child welfare system 2) expertise with finance, evidenced based services, prevention, foster care placements, operations, and/or leadership; 3) their ability to make decisions on behalf of their agency (senior-level individuals); and 4)

their willingness to serve. A broad range of participants ensure representation from each branch of the government and all state child-serving agencies, community-based provider associations, local government associations, and child and family advocates.

The Three Branch team created four workgroups to support the implementation of Family First: Prevention, Evidenced-Based Services, Finance, and Appropriate Foster Care Placements. Each workgroup has developed a vision, communication plan, and strategy for implementation/operation, as well as identifying data-sharing needs, system/IT needs, and legislative needs. Each workgroup has an extensive work plan, which groups have been working through since the workgroups started in June 2018.

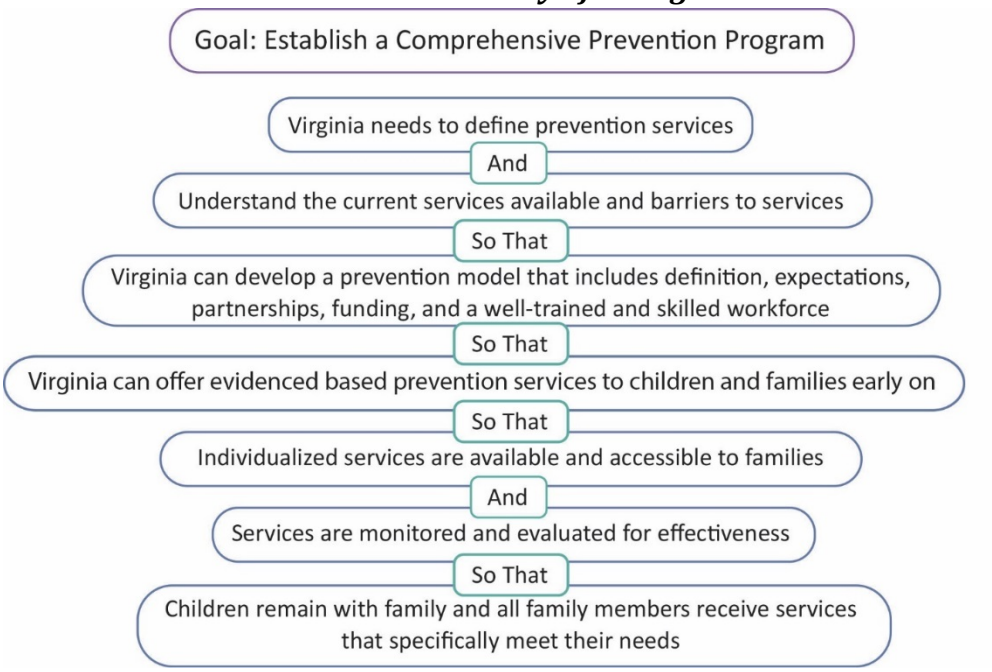
Our primary goals for each workgroup are as follows:

- Prevention Services Workgroups: Target resources and services that prevent foster care placements and help children remain safely in their homes (Prevention Strategy 1).
- Appropriate Foster Care Placements Workgroup: Ensure children maintain family connections needed for healthy development and emotional well-being while finding safe, permanent homes for children as quickly as possible. Safely reduce the inappropriate use of non-family based placements; when a non-family based placement is needed, ensure children are placed in the least restrictive, highest-quality setting appropriate to their individual needs (Permanency Strategy 1, 3, and 5).
- Evidence-Based Services Workgroup: Advance the implementation and sustainability of evidence-based, trauma-informed services that appropriately and effectively improve child safety, ensure permanency, and promote child and family well-being (Prevention Strategy 2).
- Finance Workgroup: Build capacity and leverage resources to provide effective services to prevent foster care placement while ensuring financial accountability (Prevention Strategy 3).

VDSSs goals for the Three Branch model include using data to improve decision-making and ensure services provided are informed by outcomes; promoting reliable, accurate, transparent and timely two-way communication among stakeholders throughout the implementation of Family First; acknowledging that true transformation will take time, and implementation will continually be monitored and updated to meet emerging needs; and collaborating and partnering with systems across the state as the key to successful implementation of Family First. Every person and every organization, provider, and system has an important role to play.

Over the next five years, VDSS will focus on developing a comprehensive prevention program guided by the Family First legislation. The Prevention Services program will play an integral role in targeting resources and services that prevent foster care placements and help children remain safely in their homes or with relatives when possible (prevention strategies).

Prevention Theory of Change



Service Description and Oversight

Beginning in 2019, the Prevention Services program will play an integral role in targeting resources and services that prevent foster care placements and help children remain safely in their homes or with relatives when appropriate. Specifically, programmatic efforts have and will continue to focus on the following: developing the prevention services workflow, including prevention services planning, case management process, and practice guidance and training; improving ease of access to prevention services; and ensuring quality of programs and services through implementation of a quality assurance and continuous quality improvement process (Prevention Strategies 1, 2, 3). This approach aligns with the concept that prevention services are an integral part of the continuum of all child welfare services. The Prevention Services program will leverage collaboration with the Prevention Advisory Committee and internal Family Services programs, to develop a repertoire of prevention strategies and best practice guidelines that can be used by LDSS in their delivery of prevention services.

VDSS intends to serve all three target populations for Family First funding, as defined within the law. A "candidate for foster care" in Virginia is a child identified in a prevention 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 that are necessary to prevent the entry of the child into foster care are provided. The term includes a child whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement. "Imminent risk" means a child and family's circumstances demand that a defined case plan is put into place within 30 days; the plan must identify interventions, services, and/or supports, and absent these interventions, services, and/or supports, foster care placement is the planned arrangement for the child. "Candidates for foster care" are children who are known to the child welfare system through a referral to the child abuse and neglect hotline. In SFY 2018, VDSS served 28,173 children in CPS ongoing and prevention cases. These children received ongoing, in-home services to prevent removal from the home. 61% of CPS ongoing and prevention cases received a referral for mental health, substance abuse, or parent skill-based training –

all services eligible for reimbursement under Family First. The second target population is youth who have been adopted and are at risk of an adoption disruption/dissolution. The third target population is pregnant or parenting youth who are in foster care.

In order to inform our service selection, implementation, and evaluation process, the Evidence-Based Services workgroup designed a stakeholder survey and distributed it electronically via an internet link. The survey was designed to gather stakeholder perceptions regarding evidence-based practices (EBPs), current gaps in Virginia child welfare service offerings, availability of specific EBPs across the commonwealth, and additional insights and comments regarding the implementation of evidence-based services.

A total of 657 child welfare stakeholders participated in the survey. Of these, 16.6% of respondents were clinicians (*n* = 109), 34.6% were brokers (*n* = 227) (those who refer for services), and 48.9% were senior leaders (*n* = 321). Most participants had their master's (60.9%) or bachelor's (29.4%) degrees. Employment settings included public child welfare (28.4%), child/family mental health (12.7%), educational settings (8.9%), juvenile justice (6.4%), and others. Respondents reported an average of 15.5 years in child welfare (range: 1-27 years). Across Virginia, 22.5% (*n*=139) of respondents were located in the northern region, 23.8% (*n*=147) in the central region, 20.4% (*n*=126) in the eastern region, 22.0% (*n*=136) in the Piedmont region, 8.6% (*n*=53) in the western region, and 2.6% (*n*=17) working statewide or across two or more regions.

All stakeholders (clinicians, brokers, and senior leaders) were asked to respond to a core set of questions regarding attitudes and perceptions toward EBPs, EBPs offered by their agency, perceived gaps in services in child welfare-related services in their community, and additional comments and insights regarding Family First. Each survey also had one supplemental area of inquiry: clinicians offered more detailed information about aspects of their perceptions and attitudes toward EBPs, brokers were asked to provide specific information regarding the availability and accessibility of Family First-related services in their community, and senior leaders were asked to describe their familiarity with 30 (10 adult, 20 child/family) specific EBPs considered "well-supported" by the California Clearinghouse of Evidence-Based Practices in Child Welfare (at the time of survey design, 9/2018). For all qualitative items (gaps, additional comments), a codebook was created to collate all responses. Then responses were coded by two coders (research assistants) to create quantitative indicators for each identified code. In this report, results are provided across respondents, and a regional perspective based on VDSS' five regions is provided when appropriate.

In regard to the services supported for reimbursement under Family First, respondents of the survey provided the following results. A total of 75 individuals described at least one parenting-related need and gaps. A total of 110 parenting-related needs and gaps were provided by respondents. Nearly a quarter—24.7%—of respondents who provided us with a response described something in the area of parenting, and 23.6% of the total gaps described involved parenting. Most described a specific need or gap within parenting, and these are detailed in the subsequent table. As can be seen, almost half of parenting-related gaps identified related to tangible supports for caregivers. Fifty-one respondents described gaps related to substance use. A total of 62 gaps were described. This represents 16.8% of respondents and 13.3% of all gaps described. Many respondents described more specifically caregiver or youth substance use service needs and gaps. Sixty-eight individuals described a gap or need related to mental or behavioral health, with a total of 83 gaps described. This represents 22.4% of respondents and 16.9% of all gaps described. Many respondents described more specific areas of mental/behavioral

health.

All respondents were asked to list programs and treatments provided by their agencies that they believed were evidence-based, or that they thought were working well and were unsure whether they were considered evidence-based. Across respondents, more than 200 programs, treatments, and models were listed. Regarding the programs currently supported under Family First, the following results were obtained:

EBP Name	Number of Senior Leaders	Never Heard of It	Heard of It Only	We Don't Offer It, But It's Available In Our Community	We Have Some Training In This Or Use It Rarely	This Is Regularly Used At Our Agency
Motivational Interviewing	59	0 (0.0%)	1 (1.7%)	4 (6.8%)	11 (18.6%)	43 (72.9%)
Multi-systemic Therapy	96	15 (15.6%)	20 (20.8%)	31 (32.3%)	9 (9.4%)	21 (21.9%)
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	96	1 (1.0%)	8 (8.3%)	13 (13.5%)	14 (14.6%)	60 (62.5%)
Healthy Families America	95	41 (4%)	20 (21.1%)	20 (21.1%)	6 (6.3%)	8 (8.4%)
Nurse-Family Partnership	95	64 (67.4%)	17 (17.9%)	10 (10.5%)	3 (3.2%)	1 (1.1%)
Parent-Child Interaction Therapy	92	31 (33.7%)	31 (33.7%)	10 (10.9%)	13 (14.1%)	7 (7.6%)

EBP Name	Northern	Central	Eastern	Piedmont	Western
Functional Family Therapy	3	6	1	0	0

Parents as Teachers	3	1	4	0	1
Methadone Maintenance Therapy	Available across the commonwealth, but not reported by stakeholders on this survey. Review of other reports will be necessary to characterize current patterns of access to this (and potentially other medication-assisted treatments) for parents involved with child welfare.				
Families Facing the Future	Not currently available in Virginia				

Based on the stakeholder feedback on evidence-based services, VDSS plans to utilize the eight programs that proposed evidence-based practices in the Title IV-E Prevention Services Clearinghouse that exist in Virginia. VDSS intends to expand the offering of evidence-based practices as the federal clearinghouse continues to approve programs. As described earlier, each of the services currently exist in Virginia's child welfare system except for Families Facing the Future.

In preparation for implementation of Family First, through the Three Branch team, VDSS requested and ultimately received $851,000 from the Virginia General Assembly to support providers in enhancing their evidence-based service delivery, specifically for services listed in the Title IV-E Prevention Services Clearinghouse. VDSS plans to utilize these funds to develop a request for proposal (RFP) and/or offer statewide training for providers, in order to enhance service delivery throughout the state (Prevention Strategy 2).

In addition to the evidence-based services previously referenced, VDSS plans to offer Kinship Navigator services throughout the commonwealth (Prevention Strategy 1.5). VDSS received a grant from the Children's Bureau for $379,246 for use from October 1, 2018-September 30, 2019. With the grant, VDSS developed six regionally located Kinship Navigator programs involving 40 localities (33% 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. Currently, we are providing technical support to five regionally located Kinship Navigator programs, as one of our sites was unable to hire a kinship navigator position, despite concerted efforts to do so. Our programs are diversified and were created to meet the needs of their particular communities; however, all of the programs provide information, referral, outreach, and advocacy. Many of our programs use creative strategies, such as strategically placed electronic kiosks, to assist families with applying 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 technical assistance to each program on a quarterly basis by hosting conference calls that allow programs to communicate with one another and problem-solve, as well as talk on an ad hoc basis in between conference calls.

Currently, we have spent approximately $95,000 of our $379,246. Much of the remainder will likely be spent over the next two quarters, now that our programs have hired staff and are providing services, and our contract with 2-1-1 VIRGINIA was executed in March 2019. In the first two quarters of the

federal fiscal year, we served 69 youth and 57 kinship caregivers. Fifty-four 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. Thirty-five kinship families received outreach, training and/or supportive activities, including case management, support groups, and social support activities.

Our Kinship Navigator programs continue to strive to problem-solve challenges that arise in providing Kinship Navigator services. Challenges our programs have identified include:

- Regionally located programs require a considerable amount of travel. In our rural areas, this could mean travelling several hours to visit a family.
- Engaging school systems has been challenging, as many of our school systems only recognize kinship families when they have formal legal arrangements.
- Lack of financial assistance and appropriate housing options are major barriers to kinship families in general.

VDSS applied in March 2019 for second-year funding of $462,832. If this additional funding is granted, VDSS will continue to work with the six regionally supported programs to align services with evidence-based Kinship Navigator programs, as defined in the federal clearinghouse.

Upon further guidance from the Children's Bureau, VDSS will update the Family First Prevention Services Plan to reflect the services of the federal clearinghouse, noting whether each service is rated as promising, supported, or well supported. Additionally, VDSS will update the plan to reflect how the state plans to implement the programs and monitor the evaluation plan for ongoing fidelity to the practice model and to a CQI loop for monitoring outcomes and improving practice.

Evaluation Strategy

VDSS intends to utilize Title IV-E administrative funds to hire an evaluation team to develop the evaluation plan as further guidance from the Children's Bureau is provided. The evaluation team may include staff hired by VDSS, including evaluation specialists, researchers, fidelity monitoring specialists, and data visualization specialists who will work closely with VDSS' CQI team or a contract with University Partners to provide evaluation support (Prevention Strategy 4).

Areas of evaluation may include:

Child Safety

Measures of child safety will come from OASIS records and SDM tools. Measures include substantiated and unsubstantiated reports and re-referrals during the two-year reporting time frame. The SDM safety tool includes items regarding a number of aspects of safety consistent with the Federal Clearinghouse Handbook description of measures that assess neglectful, aggressive, or abusive parenting behavior, as well as global determinations of safe, provisionally safe, and unsafe.

Child Safety Measure	**Data Source**	**Time Frame**	**Feasibility/Supports Needed to Report**
Substantiated Reports	OASIS record	Every 12 months	Flag in OASIS regarding FF

			eligibility
Unsubstantiated Reports	OASIS record	Every 6 months	
Re-referrals	OASIS record	Every 6 months	
Caretaker caused serious physical harm or plausible threat to cause harm	Safety assessment-safety factors	Baseline (initial), 6 months, 12 months, 24 months	
Caretaker fails to protect child from serious physical harm or threatened harm by others	Safety assessment-safety factors	Baseline (initial), 6 months, 12 months, 24 months	
Caretaker's explanation for the injury is questionable or inconsistent with the type of injury and the nature of the injury suggests safety might be of concern	Safety assessment-safety factors	Baseline (initial), 6 months, 12 months, 24 months	
Family is refusing access to the child	Safety assessment-safety factors	Baseline (initial), 6 months, 12 months, 24 months	
Child is fearful of caretaker, other family members, or others in the home	Safety assessment-safety factors	Baseline (initial), 6 months, 12 months, 24 months	
Caretaker fails to provider supervision necessary to protect child from potentially serious harm	Safety assessment-safety factors	Baseline (initial), 6 months, 12 months, 24 months	
Caretaker fails to meet the child's immediate needs for food, clothing, shelter, or medical/mental health care	Safety assessment-safety factors	Baseline (initial), 6 months, 12 months, 24 months	
Physical living conditions are hazardous and immediately threatening	Safety assessment-Safety factors	Baseline (initial), 6 months, 12 months, 24 months	
Caretaker's substance use is currently and seriously affecting their ability to supervise, protect, or care for child	Safety assessment-safety factors	Baseline (initial), 6 months, 12 months, 24 months	
Caretaker's behavior towards the child is violent or out of control	Safety assessment-safety factors	Baseline (initial), 6 months, 12 months, 24 months	
Caretaker describes or acts towards the child in predominately negative terms or has unrealistic expectations	Safety assessment-safety factors	Baseline (initial), 6 months, 12 months, 24 months	
Child sexual abuse is suspected	Safety assessment-	Baseline (initial), 6	

and child safety is an immediate concern	safety factors	months, 12 months, 24 months	
Caretaker's physical, intellectual, or mental health seriously affects their ability to supervise, protect, or care for child	Safety assessment-safety factors	Baseline (initial), 6 months, 12 months, 24 months	

Child Permanency

Measures of child permanency will come from OASIS records. Measures include length of placement if child is placed out of the home, placement disruption (number of moves within period of evaluation), stability of placement, reunification, and whether the child was placed with family (for children who enter foster care).

Child permanency measure	**Data Source**	**Time Frame**	**Feasibility/Supports Needed to Report**
Y/N child placed outside of home	OASIS record	Every 12 months	Flag in OASIS regarding FF eligibility
Length of placements (if any)	OASIS record	Every 12 months	
Placement disruption & stability of placement	OASIS record	Every 12 months	
Reunification	OASIS record	Every 12 months	
Kinship placement	OASIS record	Every 12 months	

Child Well-Being

Child well-being will be assessed in two ways. First, general measures of child well-being will be gathered from SDM measures, which are reliably reported by family-services specialists. Second, specific measures of child well-being will be reported by providers (contractual obligation).

General child well-being can be reliably reported by case workers. The table below outlines aspects of general child well-being that will be analyzed and reported utilizing the Family Strengths and Needs Assessment. The domains assessed are consistent with the domains in the Federal Clearinghouse Handbook regarding behavioral and emotional functioning, social functioning, cognitive functions and abilities, educational achievement and attainment, physical development and health, substance use, and delinquent behavior.

Child Well-Being Measure	**Data Source**	**Time Frame**	**Feasibility/Supports Needed to Report**
Emotional and behavioral adjustment	Family Strengths And Needs Assessment	Baseline, 6 months, 12 months, 24 months	Ensure item-level information can be

	(CSN1)		exported, ensure training is provided regarding time frame of reporting, ensure child-level information can be exported reliably (all children in family are rated on same FSNA)
Supportive and nurturing family relationships	Family Strengths and Needs Assessment (CNS2)	Baseline, 6 months, 12 months, 24 months	
Child development	Family Strengths and Needs Assessment (CSN4)	Baseline, 6 months, 12 months, 24 months	
Medical/Physical	Family Strengths and Needs Assessment (CSN3)	Baseline, 6 months, 12 months, 24 months	
Cultural/community identity	Family Strengths and Needs Assessment (CSN5)	Baseline, 6 months, 12 months, 24 months	
Substance use	Family Strengths and Needs Assessment (CSN6)	Baseline, 6 months, 12 months, 24 months	
Education	Family Strengths and Needs Assessment (CSN7)	Baseline, 6 months, 12 months, 24 months	
Peer/Adult Social Relationships	Family Strengths and Needs Assessment (CSN8)	Baseline, 6 months, 12 months, 24 months	
Delinquent/CHINS behavior	Family Strengths and Needs Assessment (CSN9)	Baseline, 6 months, 12 months, 24 months	

To balance these evaluation needs with confidentiality rights of clients, as well as differences between reliable and valid measures of child well-being across the developmental span and across evidence-based services, providers will be contractually obligated to report on where clients fall among the validated ranges of clinical measures. This will vary by service. For example, for youth receiving TF-CBT, an appropriate outcome would be whether they fell into the clinical, subclinical, or normal range on the UCLA-PTSD Index. For PCIT, an appropriate measure would be the BASC-2 (externalizing subscale). The contractual obligation will require that providers report whether the client falls in the clinical, subclinical, or normal range of functioning, using the validated language of the specific tool. Providers will report at the beginning of treatment and every six months or when treatment concludes, whichever comes first.

As VDSS works to implement Family First and evidence-based services, we will need to address the

feasibility/supports needed to report on the EBP outcome-specific measures. Although it is incredibly important to understand the outcomes of not only the EBP, but also of overall child wellbeing, the commonwealth currently does not support a centralized reporting data system across agencies that would allow for the collection of this type of data with ease.

Adult Well-Being

Adult well-being will be assessed similar to child well-being, and in two ways. First, general measures of adult well-being will be gathered from SDM measures, which are reliably reported by family services specialists. Second, specific measures of adult well-being will be reported by providers (contractual obligation).

General adult well-being can be reliably reported by family services specialists. The table below outlines aspects of general adult well-being that will be analyzed and reported utilizing the Family Strengths and Needs Assessment. The domains assessed are consistent with the domains in the Federal Clearinghouse Handbook regarding parenting, parent/caregiver mental or emotional health, parental substance use, criminal behavior, family functioning, physical health, and economic stability.

Adult Well-Being Measure	**Data Source**	**Time Frame**	**Feasibility/Supports Needed to Report**
Substance use/misuse	Family Strengths and Needs Assessment	Baseline, 6 months, 12 months, 24 months	Ensure item-level information can be

	(SN1)		exported, ensure training is provided regarding time frame of reporting, consider processes to identify primary/secondary caregiver by identity (e.g., parent, kinship caregiver)
Emotional stability	Family Strengths and Needs Assessment (SN2)	Baseline, 6 months, 12 months, 24 months	
Sexual abuse (parenting)	Family Strengths and Needs Assessment (SN3)	Baseline, 6 months, 12 months, 24 months	
Basic needs (parenting)	Family Strengths and Needs Assessment (CSN4)	Baseline, 6 months, 12 months, 24 months	
Parenting skills	Family Strengths and Needs Assessment (SN5)	Baseline, 6 months, 12 months, 24 months	
Household relationships/domestic violence	Family Strengths and Needs Assessment (SN6)	Baseline, 6 months, 12 months, 24 months	
Caregiver abuse/neglect history	Family Strengths and Needs Assessment (SN7)	Baseline, 6 months, 12 months, 24 months	
Social/community support system	Family Strengths and Needs Assessment (SN8)	Baseline, 6 months, 12 months, 24 months	
Physical health	Family Strengths and Needs Assessment (SN9)	Baseline, 6 months, 12 months, 24 months	
Communication skills	Family Strengths and Needs Assessment (SN10)	Baseline, 6 months, 12 months, 24 months	

To balance these evaluation needs with the confidentiality rights of clients, as well as differences between reliable and valid measures of adult well-being across evidence-based services, providers will be contractually obligated to report on where clients fall among the validated ranges of clinical measures. This will vary by service. For example, urine drug screens will be expected for substance use treatment. Validated parenting measures will be expected for parenting interventions. And measures of mental health symptoms or functional impairment will be expected for behavioral health interventions. The contractual obligation will require that providers report whether the client falls in the clinical, subclinical, or normal range of functioning, using the validated language of the specific tool, for example, positive or negative urine drug screen. Providers will report at the beginning of treatment and

every six months or when treatment concludes, whichever comes first.

As VDSS works to implement Family First and evidence-based services, we will need to address the feasibility/supports needed to report on the EBP outcome-specific measures. Although it is incredibly important to understand the outcomes of not only the EBP, but also of overall child well-being, the commonwealth currently does not support a centralized reporting data system across agencies that would allow for the collection of this type of data with ease.

EBP Usage
Per contracts with providers, general information regarding EBP usage will be collected. This includes number of sessions attended and specific EBP being used.

Fidelity to EBP Models
To avoid confirmation bias and to tailor evaluation to the specific models implemented, fidelity to EBP models will be evaluated using independent evaluators. During initial implementation, evaluation will be tied to a specific EBP service (i.e., an evaluator will be hired for TF-CBT fidelity and a separate evaluator will be hired for MST fidelity). Partnerships with other state agencies utilizing these approaches will be leveraged when possible.

Demographics
We plan to investigate the demographics of individuals served under Family First. This will include information collected in the OASIS system on clients within a Family First case to include parents, caregivers, and children. We plan to report on age, race/ethnicity of child, gender, and relationship to the child.

Comparison to Treatment Prior to Family First
In addition to collecting baseline data for each family served under Family First, we will also conduct an investigation to gather a general snapshot of all families served prior to Family First. In other words, by understanding the general rates of these domains, using the agreed-upon definitions in this evaluation plan, we will be able to compare our Family First population and answer questions about how Family First may be increasing child well-being, permanency, reunification, and safety. This will utilize data from 2018.

Understanding the Family First Population and EBP Selection
The ongoing results of this evaluation plan will inform us about the Family First service population in Virginia. As we bolster and expand prevention efforts, it is expected that the Family First service population will draw from youth currently in foster care, as well as families who are at risk but are not currently identified. Thus, utilizing this data to better understand the families who comprise this population will inform future work. For example, what proportion of services are ultimately responding to a caregiver's individual need (e.g., substance use), a family system need (e.g., parenting intervention), or a child need (e.g., child behavior problem)? By understanding the profiles of the Family First population across the areas of child well-being, safety, and permanency, we will be able to inform future initiatives (e.g., the selection of appropriate EBPs based on fit and need).

Increase and Better Understand Kinship Care in Virginia
The ongoing results of this evaluation plan will inform Virginia's broader effort to increase kinship care. By evaluating kinship caregivers' well-being, services can be further targeted to support kinship

caregivers as well as improve our Kinship Navigator programs.

Improving Fidelity and EBP Usage
Based on the measures we receive from providers, we will consider whether VDSS support is needed regarding measurement. For example, are clinicians reliably accessing the appropriate measures, or are there barriers to accessing these measures, even when oversight by EBP staff is provided? Is there variation across different EBPs? A regional view will be utilized for program improvement. Outside evaluators providing reporting on fidelity will be asked to also take this regional view in the reporting of their results.

Inform Implementation Procedures
For each EBP, model of implementation will be tracked (e.g., trainings/consultation calls, site visits, and community-based learning collaboratives). This will allow us to compare usage and outcomes across services, then consider implementation procedures that work and don't work in Virginia.

Improve Evaluation Efforts
During the course of this evaluation, we will engage in ongoing discussions with stakeholders regarding improvements to the evaluation process. Key issues include ensuring that data capture systems are improved in a manner consistent with Family First: in other words, more flexible data capture approaches that can gather and collate well-being measures for multiple caregivers (e.g., parents, kinship caregivers, foster parents). Currently, data regarding primary and secondary caregivers is collected as part of the FSNA, but there is no data capture process to identify these caregivers. This will be increasingly important as Family First is implemented.

Improve Cross-System Coordination
Family First provides an opportunity to continue to improve cross-system coordination, particularly as services span child, family, and adult interventions across parenting, substance use, and mental health domains. As other statewide initiatives are concurrently in development (e.g., substance use treatment, behavioral health redesign), we will utilize the results and process of this evaluation to consider efficiencies in evaluation and coordination across sectors through the Three Branch team.

Evaluation Waiver Request
VDSS intends to request evaluation waivers for all programs in the federal clearinghouse that are well-supported, as well as programs that have routine monitoring by the national EBP program. Upon release from the federal clearinghouse, VDSS will update the Family First Prevention Plan with full details and waiver requests on the programs.

Monitoring Child Safety
The Prevention Services Program has begun to develop guidance for LDSS to support prevention services casework. The guidance will include information on assessing, monitoring, and overseeing candidates for foster care while a case is open. Guidance will also include information on completing the prevention plan for each child, to include assessing the services that are needed for the child and child's family. Upon completion, the Family First Prevention Plan will be updated to reflect the process for ensuring and monitoring child safety.

Consultation and Coordination
As described in detail above, VDSS is utilizing the Three Branch model in order to implement Family

First. This model ensures a collaborative and coordinated approach to implementation with other state agencies, including DBHDS, DMAS, DJJ, VDH, OCS, and CIP, as well as public and private agencies providing and/or advocating for child and family services in Virginia (Appendix B) (Prevention Strategy 1.1, 3.1, 3.2, and 3.3). Children and families involved in the child welfare system are served by a variety of state agencies. VDSS acknowledges that, without the close partnership of other agencies, Virginia would not be able to offer a full continuum of care for children, parents, and caregivers who receive prevention services.

Medicaid is the largest payer of behavioral health services for children in Virginia. VDSS is working closely with DBHDS and DMAS on the Children's Behavioral Health redesign, which will promote a robust array of outpatient services, integrated behavioral health services in primary care and schools, and intensive community-based and clinic-based supports shifting from a crisis-oriented approach towards prevention and early intervention. VDSS' coordination with this redesign is integral to success in ensuring children, regardless of funding source, have access to high-quality, evidence-based, and trauma-informed services.

VDSS is also working closely with DJJ, which previously rolled out evidence-based programming for youth served by the juvenile justice system. DJJ has systematically stood up functional family therapy and multisystemic therapy throughout the commonwealth to serve youth. DJJ has been an asset to VDSS throughout the implementation process, sharing lessons learned and resources, which made the implementation successful.

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 is a collaborative partner who serves on the Three Branch leadership team and is advancing policies that support the implementation of Family First, as well as a broad continuum of care to meet the holistic needs of children and families.

Additionally, VDSS is aligning with the Children's Cabinet and the Governor's Trauma-Informed Care Working Group around their work on trauma-informed care in Virginia. Virginia Executive Order 11 requires a coordinated effort across state agencies, with external stakeholders and local communities, to foster systems that provide a consistent, trauma-informed response to children with adverse childhood experiences and build resiliency of individuals and communities. The 2018 Appropriation Act included the language "develop strategies to build trauma-informed systems of care." The working group established a trauma-informed framework based on the Substance Abuse and Mental Health Services Administration (SAMSHA) trauma-informed care to include the four R's:

- Realizes the widespread impact of trauma and understands potential paths for recovery;
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively resist re-traumatization.

As VDSS continues to work towards the implementation and sustainability of Family First, we will continue to follow the Governor's Trauma-Informed Care Workgroup and recommendations for trauma-informed work to ensure consistent delivery across all child-serving agencies in Virginia.

Child Welfare Workforce Support

In Virginia, local agencies make referrals to providers who are skilled in providing evidence-based services for children and families. The local agency child welfare workforce utilizes a multidisciplinary approach, the FAPT, to identify services that are needed for children and their families. In order to support providers who are skilled in providing evidence-based services for children and families, VDSS intends to utilize the $851,000 that was appropriated in 2019 to advance the training and availability of evidence-based programming. VDSS intends to support providers become training in specific evidence-based services as it relates to the federal clearinghouse (Prevention Strategy 2). Additionally, through collaboration with DBHDS, they offered training for providers on trauma-focused cognitive behavioral therapy (TFCBT) and parent-child interaction therapy (PCIT), to ensure that the larger child welfare provider community is skilled in the delivery of these evidence-based programs.

Child Welfare Workforce Training

As referenced throughout the strategic plan, VDSS intends to enhance our entire child welfare workforce training program (Workforce Strategy 3). Additional information related to VDSS's training program can be found in the 2020-2024 Training Plan Attachment. Specifically related to Family First, VDSS will hire a curriculum developer to work closely with the prevention services team to design a training curriculum for child welfare workers to ensure that staff:

- Are qualified to identify and make referrals for trauma-informed and evidence-based services;
- Can develop appropriate child- and family-specific prevention plans;
- Can conduct risk assessments; and
- Assess children and their families' needs.

There are several training programs currently provided for child welfare workers that will support the delivery of prevention services:

- CWSE4015 Trauma-informed Practice in Child Welfare and Trauma-informed Child Welfare Practice: Identification and Intervention
- CWS1071 Family-Centered Case Planning
- CWS4020 Engaging Families and Building Trust-Based Relationships
- CWS5307 Assessing Safety, Risk, and Protective Capacity
- CWSE6010 Working with Families of Substance-Exposed Infants
- CWSE5501 Substance Abuse
- SUP5710 Foundations of Coaching
- SUP5701 Principles of Leadership
- SUP5704 Critical Issues in Family Services Supervision
- SUP5705 Trauma-Informed Leadership

As the prevention services program team develops guidance for VDSS's prevention program, we will identify a series of training courses for child welfare workers who will deliver prevention services (Prevention Strategies 1.3 and 1.4). The Family First Prevention Services Plan will be updated to reflect the required training series for prevention services workers.

Prevention Caseloads

As the Prevention Services Program develops guidance and standard policies for the prevention program, caseload standards will also be addressed. Prior to implementing Family First, the prevention plan will be updated to reflect caseload standards.

Assurance on Prevention Program Reporting

VDSS will report to the secretary such information and data as the secretary requires with respect to the Title IV-E prevention program, including information and data necessary to determine the performance measures.

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

The strategies and key activities listed in the VDSS Program Improvement Plan (PIP) identify new strategies and build on existing improvement activities currently in implementation by the Virginia Department of Social Services (VDSS) to positively influence safety, permanency, and child well-being outcomes. These strategies have been integrated throughout the CFSP strategic plan and are highlighted in the alignment column. The PIP strategies and activities will be implemented using the implementation strategies mentioned on pages 63-64. This includes emphasizing collective accountability, CQI processes, and teaming. Additionally, stakeholder involvement follows our continual collaborative-communication loop model, where input, guidance, and solutions are provided in a variety of ways to include surveys, focus groups, interviews, etc. Updates on progress to date to achieve or maintain substantial conformity are based on the quarterly review data analysis. These targets are not only reported in this section, but will also be reflected strategic plan updates.

The third round of Virginia's Child and Family Services Review (CFSR), conducted between April 1, 2017, and June 1, 2017 indicated that, although progress was made towards improving our child welfare system, there are still areas needing improvement. Specifically, VDSS is not in substantial conformity with seven out of seven CFSR outcome areas and three out of seven systemic factors.

Key areas for concern include the following:

- 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 percent);
- Low rates of staff completion of mandated training; and
- Inconsistent practice and performance throughout the state.

VDSS worked closely with the Capacity Building Center for States, utilizing a collaborative process to review CFSR results, which consisted of extensive problem identification and root cause analysis with local staff and stakeholders to identify goals and potential strategies through multiple focus groups and surveys. An important source of stakeholder feedback and input was the Child Welfare Advisory Committee (CWAC).

A second significant stakeholder-engagement process occurred with Virginia's Court Improvement Program (CIP) to obtain feedback from court community stakeholders (i.e., attorneys for local departments of social services, attorneys for parents, guardians ad litem, and juvenile and domestic relations district court judges). Focus was placed on CFSR items 5 and 6 (timely establishment and timely achievement of permanency goals), and item 23 (filing of petitions for termination of parental rights in

accordance with required provisions). Efforts included CIP refining and distributing surveys to 119 juvenile and domestic relations district court judges and to 1,526 attorneys who represent local departments of social services or who serve as counsel for parents and/or as guardians ad litem for children. The purpose of the surveys was to obtain court and community input to inform the development of strategies and activities for this program improvement plan. Fully 34% of juvenile and domestic relations district court judges and 16% of attorneys and guardians ad litem completed the surveys.

To further involve court community stakeholders in developing a program for plan improvement, VDSS and CIP jointly planned and conducted a daylong meeting with 18 local teams. This meeting was held on November 30, 2018. Teams included a juvenile and domestic relations district court judge, attorneys who represent local departments of social services, guardians ad litem for children, parents' counsel, LDSS staff, and court-appointed special advocates. The meeting provided court-community stakeholders and local agency staff an opportunity to meet collectively to hear and consider the CFSR findings and the results of root cause analysis work completed in relation to items 5, 6, and 23. Participants also received statewide and local data related to permanency, including the timeliness and permanency of reunification, the timeliness of adoptions, and children in foster care for long periods of time. Using the information presented, local teams were invited to meet on their own, and then with other localities from their regions, to develop strategies for consideration and possible inclusion in Virginia's PIP. The input of these teams has been further refined by CIP and VDSS and is included in this program improvement plan.

In addition to this joint meeting, CIP arranged its November 5, 2018, advisory committee meeting agenda to include time for members to complete root cause analysis work on CFSR items 5, 6, and 23. CIP's advisory committee consists of juvenile and domestic relations district court judges; a juvenile and domestic relations district court clerk; representatives from VDSS, the office of the attorney general, and the Department of Criminal Justice Services; counsel for local departments of social services; guardians ad litem for children; court-appointed special advocates, and representatives from the office of the executive secretary.

Based on the findings, it is evident that major tenets of the Virginia Children's Services Practice Model (i.e., focus on safety, involving family, maintaining family connections, and timely permanency) can be more fully operationalized throughout state, regional, and local program administration[ii].[1]

As a result, this PIP will focus on four goals, to include:

- The overarching themes of family engagement
- Safety practices
- Permanency practices
- Workforce

[1] In 2017, VDSS, Rutgers University School of Social Work and Casey Family Programs partnered to study how the practice model is implemented across the state to generate "lessons learned" regarding implementation drivers. . . . . .

CFSR/PIP Framework

The PIP's principal goal—family engagement—provides the guiding framework for important practice changes put forth in this document. For example, family engagement encompasses all skill sets necessary to accomplish concurrent planning as a primary practice response. VDSS is committed to the principles and values of the practice model. The practice profiles were developed with the intention of placing "engaging" at the center of the 11 skill sets, recognizing that good casework practice is not possible without the fundamental skill of engagement. This is also the rational for placing engagement as the first strategy in the PIP. Further, given the evidence of uneven adaptation of the full set of practice profiles, VDSS will lay a firm foundation by focusing intensively on engagement. The engagement, safety, permanency, and workforce goals reflect integration across the items and system factors.

Goal 1: Engagement. Ensure youth and families are involved in all aspects of decision-making across the child welfare continuum to achieve safety, permanency, and overall well-being.
Items 1-18 and systemic factors 20, 23, 24, 26, 27, 29, 30, 31 are addressed in the engagement goal.

Update on Current Performance: VDSS believes that the skill and practice of engagement is the core of the work we do, from the first contact through case closure. When family engagement occurs, families are involved in all aspects of case planning, decision-making, identifying individualized solutions, being open to receiving support and resources, and participating in services. Family engagement practices are imbedded in safety and risk assessment, concurrent planning, and diligent recruitment.

Virginia Children's Services practice model, adopted by the Virginia Department of Social Services (VDSS), as well as by the Department of Juvenile Justice and the Department of Behavioral Health and Development Services, is the gateway to building relationships with families. The basic principles 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.

VDSS focused on the implementation of the practice model by creating a learning collaborative with 20 LDSS in 2014. The learning collaborative made a substantial investment in supporting these LDSS by operationalizing the practice model through the joint development of VDSS's practice profiles. The practice profiles are composed of 11 key skill sets describing the core activities and behaviors associated with each function of the practice model. This ensures the model is teachable, learnable, and doable as vision and values are transformed from paper to practice, thus creating the desired practice at the local level.

Over the past three years, the practice profiles were implemented throughout the state. Rutgers University is in the process of evaluating the implementation processes and impact of the practice profiles on the original 20 localities. Acknowledging that the practice profiles were recently implemented and are currently undergoing evaluation, the following was observed of the supervisors and workers who participated in the PIP focus groups and survey: 53% reported "always" or "sometimes" using the practice profiles in supervision, while 30% reported they "never" use the practice profiles in supervision. This was due to the fact that, during the initial implementation and testing period from 2015 to 2017, the practice profiles were implemented in approximately 60 pilot agencies, but not consistently throughout the state.

VDSS recently received the final report from Rutgers University School of Social Work (footnoted earlier), which provides valuable lessons learned in implementing to fidelity going forward. To address implementation fidelity in the listed strategies, the results of the aforementioned evaluation were used to identify the need to hire three capacity-building coaches who will work with the LDSS on readiness and consistency. They will also offer regional communities of practice to address consistency across the five regions in the state. Additionally, training and coaching will be provided by the regional consultants as needed. Measures of success include LDSS completing self-assessments, installing the practice profiles, and hiring capacity-building coaches, as outlined in the 2020-2024 CFSP.

Family engagement requires a shift from the belief that agencies alone know what is best for children and families, to one that encourages the family to fully participate in decision-making and taking an active role in working toward change. VDSS has further operationalized family engagement through the establishment of the child and family team meeting structure. These meetings are less formal than the team decision-making meetings, or family partnership meetings (FPMs), but facilitate family and youth involvement in discussions about case and service planning.

Although family engagement practice obviously encompasses much more than a series of meetings, each of these meetings represents a critical measure of the degree to which family involvement is occurring in local practice. Since implementation, data showed positive trends in the number of meetings held; however, from 2014 to the beginning of 2016, the number of meetings plateaued and the engagement process began to stagnate. In response, beginning in early 2016, VDSS instituted an incentive plan providing additional funding to LDSS for each FPM held that met all policy requirements. Since that time, the total number of FPMs held has continued to increase. For example, in June 2018 more than 600 child and family team meetings and more than 1,200 FPMs were held. However, even with an increase in meeting occurrences, agency case reviews and monitoring revealed that FPMs are not held consistently at all required decision points.

Focus group and survey results also showed that inviting relatives to participate in FPMs and child and family team meetings was the main strategy for engaging relatives in permanency planning for children

in foster care. Other potential strategies included encouraging relative and family participation in service planning, approving relatives as foster parents, providing regular visitation, and ensuring that more emphasis is directed toward providing families with resources. Feedback and data also suggested that when relatives come forward and the child's custody is transferred to them, children tend to exit foster care within the first 90 days.

For children in foster care, practice guidance states that the worker should have contact with the parent(s) at least every month, as long as the goal is return home. When asked about the primary ways that workers engage parent(s) to work toward reunification as methods of practice, the top three responses were (1) facilitating visitation between parents and children, (2) regular phone calls, and (3) inviting parent(s) to participate in activities with children (i.e., doctor's appointments). It was also noted that visits between parents and children are based on the parents' cooperation.

Overall, qualitative and quantitative analysis demonstrated that workers and supervisors understand policy and expectations. However, there is a gap in applying these expectations in practice (i.e., adaptive processes), which influences the ability to fully engage families. This in turn affects safety, regular contacts, assessments, service planning, monitoring of services, ensuring individualized services are available, concurrent planning, visitation with parents and siblings, timely permanency, and worker turnover. As a result, implementing practice profiles, supervisor training, and a coaching model together will focus on providing supervisors with knowledge and skills to supervise and coach staff in applying concepts learned in training, and utilizing the practice profiles to focus on building competencies and increasing family engagement practice skills.

Update on Progress to Date to Achieve or Maintain Substantial Conformity
Please see the chart on page 110.

Planned Activities
See strategic plan:

- Protection objective, strategy 1
- Prevention objective, strategies 2, 3
- Permanency objective, strategies 1, 2, 5

Goal 2: Safety. Ensure safety for children through timely response to reports of child maltreatment and by thoroughly assessing and addressing identified risk and safety issues to prevent reoccurrence and prevent placement and re-entry when possible.

Items 1, 2, 3, 12, 13, 14 and systemic factors 20, 26, 27, 29, 30, are addressed in the safety goal.

Update on Current Performance: Virginia was not in substantial conformity with safety outcome 1. Children are, first and foremost, protected from abuse and neglect. The outcome was rated as an area needing improvement (ANI) and was substantially achieved in 67% of the cases reviewed. Safety outcome 2 was rated as a strength and substantially achieved in 67% of the cases reviews. Virginia performed higher in foster care cases (70%) and differential response cases (71%), but much poorer on in-home cases (44%). Specifically, item 2 was substantially achieved in 71% of the cases, with foster care at 62%, in-home cases at 75%, and differential response cases at 80%. Item 3 was substantially achieved in 67% of the cases, with foster care and differential response cases performing at or about 70% and in-home cases performing at 44%.

During the CFSR case review and subsequently through the child welfare case reviews, findings highlighted concerns with timeliness of initiating investigations and family assessments, assessment and monitoring of risk and safety issues, the limited engagement of families in completing comprehensive assessments of needs, and the provision of safety services. The frequency and quality of caseworker engagement of families in the assessment and case planning processes varied statewide. The results of the cases reviewed and stakeholder interviews highlighted the inconsistency in case practice and performance, resources, and services across LDSS. Variation in the interpretation of laws, policies, standards, funding, and resources may contribute to the identified inconsistencies in practice and outcomes.

In looking at timeliness of initiating investigations and family assessments, data analysis demonstrated that neither worker turnover rates, the type of abuse, distance, race, and gender of the victims and of the alleged abusers, nor the day of the referral significantly affect timeliness of initiating investigations. Town hall events with supervisors and workers identified the following barriers:

- Delay in assigning cases;
- Difficulty locating clients;
- Lack of information in the referrals;
- Lack of time when assigned multiple R1s in the same day;
- Lack of time to make a second contact when the first contact attempt was unsuccessful;
- Not following SDM screening protocols consistently; and
- Family resistance.

Because 67% of the cases were initiated on a timely basis, we will focus efforts to address the remaining percentage of cases by enhancing worker awareness of the effect of delays on the child's safety, supervisor triage protocols, and utilizing real-time data and CQI processes to ensure timeliness.

Further data analysis and feedback from town hall events showed that although safety and risk tools were completed, alleged victims and household members were not always seen and involved in the planning, and services were not initiated. Additionally, feedback from town halls, stakeholder events, and survey responses highlighted that during investigations, workers did not initiate services, tending to view "making a finding" as their primary role. Further identified barriers included:

- Services were not immediately and consistently available;
- Family was unreceptive to services;
- Workers waited to transfer/open cases; and
- Workload demands delayed getting services in place.

Virginia's differential response system showed differences in the way workers viewed their roles, depending on whether they were responding to an investigation or family assessment. Service provision was more of a focus in family assessments, and although services were not immediately available and workload demands delayed getting services in place similarly in investigations, workers did acknowledge service provision as part of their role. Additionally, it was clear that workers and supervisors did not fully understand the difference between safety services (e.g., immediate daycare) and risk-prevention services (e.g., mental health treatment).

Town hall event feedback also highlighted worker and supervisor lack of understanding of assessment tools and lack of belief in the tools' usefulness. As a result, there is an obvious disconnect in overall

practice regarding the connection between timeliness, visits, family engagement, service array, use of tools to help inform decision-making, importance of remediating safety needs, initiating services, and quality documentation. Town hall participants provided several solutions that focused on training as a solution. However, nearly 90% of staff completed mandatory training and all workers have access to additional training opportunities. This suggests that more of a focus is needed on LDSS directors and supervisors identifying time for workers to attend advanced training, utilizing transfer of learning activities upon completion of training, and supervisor coaching techniques to help workers connect training to case practice.

Much of CPS practice, guidance, and training focuses on intake, investigations, and family assessments. CFSR findings demonstrate that in-home cases were performing at 75% for item 2 and 44% for item 3. About 85% of high and very high cases are opened, which is expected because Virginia requires staff to open these cases. Of the open cases, data reflects that documented visits with children and family members are about 50%, the family strengths and needs assessment (FSNA) tool is completed about 75% of the time, while service plans are completed about 87% of the time. It is a positive finding that tools are utilized and safety plans are developed and documented; yet the data suggests that service plans are created without family involvement and information from the FSNA tool.

To support providing services identified by using the FSNA tool, it is important for services to be easily available. In the feedback and town hall events, themes of inconsistent approval of services and lack of safety services within regions and between LDSS emerged. The majority of services are funded through the Office of Children's Services through the Children's Services Act (CSA). Each LDSS has a CSA community policy and management team (CPMT) and services are approved by a family assessment planning team (FAPT), which is made up of LDSS, CSA, providers, parents, and foster parents. Because LDSS has a different local CSA dollar match and approval depends on the individual FAPT teams, it is difficult for services to be consistently available and consistently approved in a locally administered, state-supervised system. Strategy 2.3.3 and 3.1 address the lack of services, approval of services, and inconsistency of services.

There is not a strong foundation for in-home case practice. This has led to inconsistency in practice, assessments, visits, and documentation. VDSS currently offers one training on in-home case practice and assumes that other foster care training courses can supplement in-home training. In-home work with children at high or very high risk requires a skill set that focuses on family engagement and establishing a relationship, identifying individualized needs, creating and monitoring case plans and progress with families, while continually assessing safety and risk. Attention to in-home case practice at both the supervisor level and worker level is needed to create consistency in practice. Using the SDM and FSNA tools to create individualized case plans, and establish a frequent visitation schedule focusing on quality contacts to empower family members to participate in case planning, and support case decision-making through consistent use of the FSNA.

Town hall events identified that workers utilized supervision to make decisions when considering a removal, creating safety plans, seeking funding, clarifying guidance, considering personal safety, helping think outside of the box, and identifying services. Staff also uses team staffing sessions to assist with decision-making. Although supervisors are engaged at specific decision points, survey results indicate that about 50% of the time, workers receive formal supervision every other week. About 50% receive supervision once a month. Additionally, most of the time supervisory sessions fail to include coaching and utilizing practice profiles. Limitations identified include supervisors carrying caseloads and making

decisions on cases on behalf of workers. This is consistent with the feedback that challenges our workforce experiences, at both the direct worker and supervisor level, potentially has a negative impact on overall performance with the CFSR outcomes.

Update on Progress to Date to Achieve or Maintain Substantial Conformity
Please reference the chart on page 110.

Planned Activities
See strategic plan

- Protection objective, strategies 1 and 2

Goal 3: Permanency Practices. Improve permanency outcomes for children in foster care through concurrent planning, birth parent engagement and service provision, timely and quality court hearings, placement of children with relatives, improved recruitment, and engagement of service provision to foster and adoptive families.

Items 4, 5, 6, 8, 10 11, 12, 13, 14, 15 and systemic factors 20, 22, 23, 24, 26, 29, 30, 33, 35, 36 are addressed in the permanency goal.

Update on Current Performance: Virginia is not in substantial conformity with permanency outcome 1. During the on-site review, the outcome was substantially achieved in only 18% of the 44 applicable cases. A rating of ANI was received for associated Items 4, 5, and 6.

With regard to item 4, 70% of the 44 applicable cases reviewed during the CFSR were rated as a strength. Placement changes were planned in only 40% of 20 applicable cases. Review of placement data for the cohort of children who entered and exited care from July 2011 through March 2017 showed 40% of children with one placement, 21% of children with two placements, and 20% of children with three or more placements. The data further showed that the number of placements went up as the child's length of time in care increased, although this aggregate number would also include cases where placement changes were related to the goal.

In general, increasing the number of approved foster homes (there are approximately 2,600) will provide youth with an opportunity to enter into a placement that is conducive to meeting their health, safety, and well-being needs. An identified barrier is that the state does not have aggregated racial or ethnic demographic data for approximately 50% of the statewide foster and adoptive parent population. As a result, the state is unable to ensure diligent recruitment of foster and adoptive parents statewide who reflect the racial and ethnic diversity of the children needing foster and adoptive homes.

A particular gap, as identified by LDSS staff, are foster home placements for teenagers (approximately 38% of the foster care population) with foster parents who are trained and have supports necessary to meet the needs of older children (e.g., intensive case management, specialized services for children, etc.). Participants at town halls reported that LDSS struggle to find appropriate foster home placements for sibling groups, African American children and youth (approximately 30% of the foster care population), and teenagers, especially those who exhibit challenging behaviors or special needs. It was further reported that treatment foster care parents are no better equipped to support children who exhibit difficult behaviors than are LDSS-approved foster parents. Foster parent burnout and increasing/escalated needs of the child were identified by LDSS staff as the top two reasons foster

parents decide to no longer foster children. Strategy 3.2 specifically addresses these issues, as a comprehensive diligent recruitment strategic plan will be developed by the diligent recruitment workgroup made up of state/regional staff, LDSS staff, stakeholders, and foster parents. This plan will address data collection as well as determining the number and types of foster and adoptive homes needed as it relates to the foster care population.

CFSR findings related to items 5 and 6 indicate that Virginia must make significant improvements in establishing appropriate permanency goals for children and in making concerted efforts to achieve reunification, guardianship (i.e., relative placement), adoption, or other planned permanent living arrangement. During onsite reviews, appropriate permanency goals were established in a timely manner in 64% of 42 applicable cases. Concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement were made in 25% of 44 applicable cases.

For children with the goal of reunification, concerted efforts were made in 37.5% of the cases reviewed during onsite reviews. Data available for state fiscal year 2018 (July 1, 2017-June 30, 2018) show that 58% of the children who were in foster care eight or more days and who exited to reunification, exited in fewer than 12 months. The median length of stay in foster care for these children was ten months.

In the town halls, LDSS staff identified safety issues as a delay in reunification, noting that safety could not be addressed expeditiously (within six months) when the reason for entry into foster care included parental substance abuse. Staff also cited the resolution of non-safety related circumstances, (e.g., inadequate employment or housing) that arise or are identified after the child enters foster care as a prerequisite for considering reunification. Barriers to addressing identified problems included:

- Limited access to providers who complete assessments;
- Limited or lack of services to address substance abuse, mental health, and trauma needs;
- Limited resources to address unstable housing; and
- Inadequate transportation resources for parents.

Another barrier identified by LDSS staff to moving more quickly towards reunification is workload pressures in relation to increasing the number and length of visits between children and parents. Agency staffing issues was also one of the top three barriers identified by court community stakeholders to visitation between the child and his/her parents and siblings being of sufficient frequency and quality to maintain and promote the continuity of these relationships. The lack of available visitation monitors/supervisors and the lack of community visitation facilities were the other two most frequently identified barriers.

In town halls, workers identified the use of family partnership meetings (FPMs) as helpful for concurrent planning. Several workers also noted LDSS' practice of meeting more frequently with parents and relatives as helpful in moving cases along the permanency timeline. However, LDSS struggle to implement FPMs as required by guidance (prior to a placement change and prior to developing a foster care plan). This is reportedly due to large caseloads; conflicting priorities; difficulty in coordinating schedules with the family, relatives, and professionals; lack of facilitator availability; and limited or no access to transportation for the parent. Involving relatives in concurrent planning may also be difficult because of parental resistance to relative involvement, difficulty obtaining names and/or contact information for potential relative resources, and time and effort required to make ongoing efforts to involve relatives.

The results of the survey of LDSS staff point to a difference in the degree to which relative engagement is embraced as a strategy for permanency planning. Similar to the input received in town halls, LDSS staff survey data show "inviting relatives to participate in FPMs/child and family meetings" as the most frequently selected strategy for successfully engaging relatives in permanency planning (selected by 33% of respondents). The second and third most frequently selected strategies were "providing visitation with the child" and "[encouraging] relative/family input/involvement in service plans" (selected by 24% and 19% of respondents, respectively). Only 18% of respondents identified the actual process of approving relatives as foster parents as a strategy or opportunity for successfully engaging relatives. Improved concurrent planning practices through which increased numbers of relatives are approved as foster parents could help children maintain close ties with family members and improve permanency outcomes.

Survey responses from court community stakeholders identified the lack of concurrent planning as the top barrier to establishing and achieving permanency goals. This category of responses included the following themes:

- The concurrent goal is not being worked.
- Insufficient consideration/identification of the concurrent goal.
- Insufficient understanding among parents of what is required of them.
- Insufficient planning/discussion about the concurrent goal.
- Insufficient screening of relatives to provide a permanent home for the child.
- Lack of family/relative identification/engagement early in the case.

Responses also showed that, while the concurrent plan goal is frequently stated at court hearings, the details about the concurrent plan goal (e.g., the services provided as part of the concurrent goal, the steps taken to promote the concurrent goal, etc.) are not presented in court with the same frequency.

With regard to permanency through adoption, Virginia has made significant progress. It would be remiss not to note that Virginia set records in state fiscal years 2017 and 2018, with 747 and 820 finalized adoptions respectively. Combined, the number of adoptions in these two state fiscal years is 32% higher than the 1,188 finalized adoptions in state fiscal years 2015 and 2016.

Despite this achievement, work remains to be done in Virginia to promote permanency through adoption. In cases reviewed during the CFSR, reviewers found concerted efforts to achieve permanency through adoption in only 19% of 26 applicable cases. Additionally, data available for state fiscal year 2018 (July 1, 2017-June 30, 2018) show that children who exited foster care to a finalized adoption during this period were in foster care a median average of 29 months. Of the children who became free for adoption in the preceding state fiscal year (2017), only 13% exited foster care in fewer than 12 months.

Virginia's CFSR identified the filing of termination of parental rights proceedings in accordance with required provisions (i.e., termination of parental rights is filed for all children in foster care for 15 of the last 22 months, or the foster care plan documents the compelling reasons not to file to terminate parental rights) as an ANI. In cases reviewed as part of the onsite review, 63% of petitions were filed in a timely fashion, or exceptions were noted in the case records. Barriers to timely filing, as identified during stakeholder interviews, included a missing/absent parent and the reluctance of LDSS counsel to file for termination of parental rights in cases in which the agency may not prevail.

Court community stakeholders identified a reluctance to initiate termination of parental rights proceedings as the top barrier to timely petition filings. This category of survey responses centered around agencies giving a parent additional time to complete services and indicated that additional time is provided because the start of services was delayed, the nature of the service is not conducive to completion within the time frame required, or the parent is making progress towards completing services/remedying the circumstances that brought the child into foster care. When parents are making progress towards completing services, local departments do not believe they have sufficient evidence to support termination of parental rights.

In Virginia, a LDSS may, under identified circumstances, petition the court for approval of an interim foster care plan at the time of the first permanency planning hearing (i.e., the permanency hearing held within 12 months of a child entering foster care). An interim plan may be approved by the court for a maximum period of six months, if the court finds that marked progress is being made towards reunification or toward achieving the identified permanency goal. (See VA Code § 16.1-282.1). Almost 80% of court community survey respondents indicated that the LDSS always or often requests approval of an interim plan. This response rate suggests that interim plans are routinely requested and approved, at least in part to give parents additional time to complete services.

Survey respondents were also asked to indicate the extent to which they agree with the following statement: *The child's length of stay in foster care, as it relates to the requirement that a termination of parental rights petition be filed for a child in foster care 15 of the last 22 months, is addressed in foster care hearings*. Sixty percent moderately agreed (31%), slightly agreed (21%), or did not at all agree (9%) with this statement. When interim plans are approved, the LDSS and court community must be mindful of the approaching timeframe for filing termination of parental rights proceedings.

Input from members of the Virginia court improvement program's advisory committee related to barriers to timely filing for termination of parental rights also included insufficient discussion about where the child's case is on the time line in relation to the requirement to file for termination of parental rights (i.e., that the child's length of stay in foster care is approaching, has reached, or has passed the 15 of 22 months requirement for filing or documenting compelling reasons not to file a petition for termination of parental rights), and agency requests for approvals of interim plans to give parents more time to complete services.

Strategies 3.3 and 3.4 were developed to address barriers related to relative identification and engagement, and the timely filing of termination of parental rights petitions. Although these strategies can stand alone, we expect that the activities outlined in strategy 3.3 will pave the way for timely termination of parental rights petitions, assuming a higher priority permanency goal is not achievable leading up to the 15 of 22 months threshold.

Permanency Outcome 2. Virginia is not in substantial conformity with permanency outcome 2. During the on-site reviews, the outcome was substantially achieved in only 30% of the 44 applicable cases reviewed. The three items with the lowest ratings were visiting with parents and siblings (item 8, 35%), relative placement (item 10, 34%), and relationship of child in care with parents (item 11, 30%). In regards to visitation, LDSS made concerted efforts to ensure frequency of visits were sufficient to maintain or support continuity of the relationship with mothers in 48% of the cases and with fathers in 50% of the applicable cases. The quality of the visits was sufficient to maintain or promote the

continuity of the relationship with mothers in 55% of the cases and with fathers in 67% of the applicable cases. In town hall meetings, the most frequently cited successful strategy for engaging parents in case planning was the provision of visitation with the child or children, as this is often the best opportunity for workers to engage face-to-face with parents.

However, workers reported wide differences in practice between agencies. Many reported that all visitation began with one hour of supervised visitation each week at the LDSS office. Initial visits were generally supervised by the assigned foster care worker. In some agencies, additional staff (case aides or service support workers) were assigned to assist with facilitating visits. Some workers reported that they were able to access funding to contract with a provider to offer therapeutic visitation to parents who needed additional support and coaching regarding parent-child interactions. Other staff reported that the delays in accessing funding or their localities' unwillingness to fund this type of services creates significant barriers to providing additional visitation.

The child's current or most recent placement with a relative was rated a strength only 7% of the time. However, in 100% of those cases the child's placement was considered stable and appropriate to his/her needs. Despite previous efforts to increase the use of relatives as foster parents, the current statewide relative foster parent placement rate remains 5%. In the statewide staff survey, only 50% of respondents reported that their agency approves relatives as foster parents. About 29% of respondents reported that their agency does not approve relatives because family is not available or willing. Respondents also reported that the top three barriers to relatives being approved are associated with relatives not completing the training/approval process, financial hardship, and lack of interest or involvement. It was also noted that relatives do not want to negatively affect their family relationships. Virginia's lengthy list of barrier crimes is frequently cited as a challenge to approving relatives to foster family members. For relatives who submit to a background check for the purpose of becoming a potential relative placement, 90% of relatives are identified as eligible, which is contrary to the general belief that relatives can't meet the approval process. The low overall rate of placement with relatives, however, suggests that many relatives may be screened out for consideration by the LDSS prior to the point of submitting to background checks, due to worker assumptions that barrier crimes will not be approved.

Concerted efforts to promote, support, and otherwise maintain a positive nurturing relationship between the child and the mother was found to be a strength in 37% of applicable cases and with the father in 39%. Review of the CFSR cases indicates that there is a tendency to focus on the parent from whom the child was removed in regards to maintaining a relationship. Additionally, workers are not routinely enlisting foster parents as resources to support birth parent involvement in meeting the needs of the child.

Virginia is also not in substantial conformity with well-being outcome 1, as it was substantially achieved in only 25% of 44 foster care cases reviewed. Assessing and providing services to meet the needs of the child, parents, and foster parents (item 12) was found to be an ANI, because only 25% of the 44 applicable cases were rated a strength. Local departments of social services did better with assessing the child's needs (77.27%) than providing appropriate services (59.46%). This was also true for mothers, where assessments were conducted in 44.83% of the cases, but appropriate services were provided in only 37.93% of the cases. For fathers, assessments were conducted in only 20% of the cases, and appropriate services were provided in only 21.74% of the cases.

In town hall meetings, workers expressed concerns about the challenges in assessing parents' needs and providing appropriate services. They cited parental non-compliance, lack of transportation, and unavailability of services as particularly challenging. When barriers to providing services to parents were specifically addressed, workers noted that difficulty in quickly accessing funding for services based on their particular locality practices is an additional barrier.

Involvement of the child and family in case planning was rated a strength in only 41% of 39 applicable cases. The child was most frequently involved (73.08%). Mothers were involved in 48.28% of cases and fathers were the least involved, participating in 26.09% of applicable cases. Foster care practice guidance recommends the use of monthly child and family team meetings which bring parents, older children, foster families, services providers, relatives, attorneys, and court-appointed special advocates (CASA) representatives to the table to review progress, discuss challenges or barriers, and make adjustments to the family and/or child's service plan as needed. Where the LDSS are using this model, agency case reviews find a much higher level of ongoing communication and engagement with all birth and foster parents. Where this model is not routinely used, efforts to engage the parents and monitoring and adjustment of services is frequently cited as areas needing improvement. In the town halls, while acknowledging that regular child and family team meetings were beneficial in moving cases forward, workers cited difficulties in engaging parents and relatives as reasons not to hold these meetings.

Although worker visits are consistently occurring on a monthly basis with 95% or more of the children in care, contact with child (item 14) was found to be a strength in 77% of applicable cases. A closer look at the CFSR cases and the results of VDSS's agency case review process indicate that workers are not maximizing the effectiveness of the time they spend with children. In particular, they are not systematically assessing safety or adjusting the frequency of their contacts based on case circumstances.

For worker contact with parents (item 15), the pattern of worker visits with the mother was found to be sufficient in only 31% of cases reviewed, and the quality of the contact was found to be sufficient in only 36% of cases. For the father, the pattern was found to be sufficient in only 22% of applicable cases, and the quality was found to be sufficient in only 29% of cases. A closer look at the CFSR and agency case review findings indicate that workers tend to make greater efforts to engage the parent from whom the child was removed.

Review of permanency data suggests that permanency outcomes are not substantially different among children based on individual demographic characteristics or between agencies based on size or region. Moreover, Virginia's agency case review process has identified similar challenges and inconsistencies in efforts to implement concurrent planning and birth parent and relative engagement practices in multiple agencies in all regions.

Enhancing family engagement practices and workforce issues will be addressed in separate goals. PIP strategies for permanency will focus on enhancing practice areas that are underdeveloped (assessment and support of foster parents to prevent placement disruption, visitation of child with birth parents, use of relatives as foster parents) and addressing systemic barriers to timely achievement of permanency (availability of services, timely court hearings, and foster parent recruitment.)

Update on Progress to Date to Achieve or Maintain Substantial Conformity
Please reference the chart on Page 110.

Planned Activities
See strategic plan

- Permanency objective, strategies 1, 2, 3, 4, 5

Goal 4: Workforce. Improve the consistency in practice to ensure safety, permanency, and well-being outcomes by investing in a well-trained workforce that is prepared, knowledgeable, and skilled.

Systemic factors 26, 27, 32, 33 are addressed in the workforce goal.

Update on Current Performance: VDSS currently has a high turnover rate for child-welfare workers, with the overall highest turnover rate of 41.6% for new family services specialist I positions. The highest rate within this category (61.1%) occurs in small agencies with fewer than 20 employees (an increase of 14.4% from the previous year), and 50% in medium-sized agencies with between 21 and 80 employees. Additionally, supervisors in small agencies are leaving their agencies at a rate of 26.1%, while medium-sized agencies have a much lower turnover rate, at only 12.6%. Large agencies have a rate of 22.3%. New workers are not staying in their positions long enough to complete required training, which takes approximately two years from the date of hire.

VDSS is taking a dual approach to address the challenging issue of retention. First VDSS contracted with the University of Denver's Butler Institute for Families to assess the family services training model, conduct a nationwide scan of training systems, and make recommendations to improve the division's training system. The study included a review of Virginia documents, including Training System Task Force Report, 2016 Local Social Services Training Needs Assessment, Five-Year State Plan for Child and Family Services' training section, and the Virginia Child and Family Services Review (CFSR). The study also included a training system self-assessment performed by the leadership team, which consisted of staff surveys sent to 2,717 VDSS staff, which had a 52% response rate); 13 listening sessions conducted in all five regions, with a total of 147 participants; and completion of a national scan, using surveys and follow-up telephone interviews of state child welfare training systems located throughout the United States. VDSS is implementing the primary recommendation of the Butler study, as summarized in strategy 4.1. The component of our approach to improved retention is using technological solutions to provide immediate access to allow workers to document in real time using transcription services and mobility under strategy 4.2. Taken together, VDSS is optimistic about the multiplier effect of an adaptive and technical approach to improving retention.

Update on Progress to Date to Achieve or Maintain Substantial Conformity
Please reference chart on pages 110.

Planned Activities
See strategic plan

- Workforce objective, strategies 1, 2, 3

Well being Outcomes 1, 2, 3

Update on Progress to Date to Achieve or Maintain Substantial Conformity

Please reference chart on pages 110. Items 17 and 18 have been achieved and strategies identified including psychotropic medication protocols will continue. Item 16 continues to be addressed, see Independent Living, Fostering Futures, and Permanency Objectives 4 and 5, specifically Strategy 5.4.

Planned Activities

See strategic plan

- Permanency Objectives 4 and 5

Overall Update on Progress to Date to Achieve or Maintain Substantial Conformity

The PIP includes a prospective baseline and a stratified selection of localities representing the diverse geography and population of the state. The Virginia child welfare system is divided into five regions: northern, eastern, central, Piedmont, and western. Each of the five regions contains a cross-section of city and rural population centers.

To ensure a statewide representative sample, the state will stratify the sample by all five regions, based on the percentage of caseload size. The stratification within each region will use baseline proportions of the number of core cases reviewed. The state plans to review 70 PIP identified cases in each six-month measurement period. These 70 cases (44 total foster care cases and 26 total in-home services cases) will be randomly selected throughout the five regions during the six months of the PIP measurement period. To ensure that Virginia's implementation plan is taken into account, a minimum of 44% (31) cases each measurement period will represent the identified PIP core localities. The remainder of sites in each region will be pulled using regional proportion of state caseloads. Virginia will pool cases from core PIP implementation sites in each region and rely on distribution of random sample, meaning some core sites could be excluded from the random sample.

During the six months of the PIP measurement period, Virginia proposes using a rolling quarterly sample to review the 70 cases divided by region. The number of foster care and child protective services (CPS) cases will remain the same each measurement period. Each measurement periods will consist of two quarterly sample pulls. During each quarterly rolling sample, Virginia will review 22 foster care cases and 13 in-home cases. In addition, Virginia will have rolling six-month measurement periods, advancing the six-month measurement period every quarter after the baseline period. For example, Feb-July 2018 = baseline period, May-October 2018 = measurement period one, August 2018 – January 2019 = measurement period two. The following chart represents our progress to date to achieve or maintain substantial conformity. The PIP baseline is the percentage of applicable cases reviewed that rated the specified CFSR item as a strength. The baseline sampling error represents the margin of error that arises in a data collection process as a result of using a sample, rather than the entire universe of cases. The PIP goal is calculated by adding the sampling error to the baseline percentage.

For the CFSR/PIP, VDSS is only required to show and meet measurement standards on ten items (1, 2, 3, 4, 5, 6, 12, 13, 14, 15 shaded in grey). Although VDSS is only required to measure, report, and meet standards for the ten PIP items, VDSS is committed to reviewing and measuring all 18 items.

For the required ten PIP items (shaded in grey), to show completion and that the standard has been

met, the requirement is to stay within the 2% threshold for PIP measurement and reporting purposes. Green font indicates the items that have achieved the performance standard. The blue font indicates items where the number of applicable cases did not stay within the 2% threshold of baseline applicable cases. The PIP goal has been met for three out of the ten required items (3, 4, and 14) and for five of the non-PIP required items (7, 8, 10, 17, and 18). VDSS will continue to meet the applicability threshold for the required ten items; however, the blue goal indicators will be utilized to provide measurement and reporting standards for the eight non-required PIP items, regardless of the threshold standard.

Progress to Date Regarding Substantial Conformity

The following chart represents our progress to date to achieve or maintain substantial conformity. The green highlights indicate items achieved within a 2% threshold of the baseline applicable cases, and the blue indicates items where the number of applicable cases did stay within the 2% threshold of baseline applicable cases. For the ten PIP identified goals, which are shadowed grey, we have to stay within the 2% threshold for PIP measurement and reporting purposes, but internally we will still use the blue goal indicators to provide measurement and reporting standards for the eight items outside of the PIP goals.

CFSR items Requiring Measurement	Item Description	PIP Baseline[3]	Baseline Sampling Error[4]	PIP Goal[5]	Measurement Period 1[8] Performance	Measurement Period 2[8] Performance	Measurement Period 3[9] Performance	Measurement Period 4[9] Performance
Item 1	Timeliness of initiating investigations of reports of child maltreatment	76.9%	0.105764658	87.5%	68.0%	69.6%	73.9%	71.43%
Item 2	Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care	67.6%	0.102695604	77.9%	60.6%	60.0%	74.2%	71.43%
Item 3	Risk and safety assessment and management	48.6%	0.076463402	56.2%	50.0%	58.6%	58.6%	58.57%
Item 4	Stability of foster care placement	70.5%	0.088040698	79.3%	61.4%	72.7%	86.4%	70.45%
Item 5	Permanency goal for child	65.9%	0.091469348	75.1%	72.7%	72.7%	65.1%	74.42%
Item 6	Achieving reunification, guardianship, adoption, or other planned permanent living arrangement	38.6%	0.093958765	48.0%	38.6%	34.1%	30.2%	27.27%
Item 7	Placement with siblings	63.2%	0.141650859	77.3%	55.0%	87.5%	92.6%	81.48%
Item 8	Visiting with parents and siblings in foster care	33.3%	0.096620974	43.0%	46.2%	51.6%	51.7%	51.28%
Item 9	Preserving connections	62.8%	0.094351576	72.2%	52.3%	52.3%	58.1%	60.47%
Item 10	Relative placement	46.5%	0.097361264	56.2%	52.4%	59.5%	58.5%	58.54%
Item 11	Relationship of child in care with parents	34.2%	0.098509078	44.1%	48.4%	47.6%	52.0%	50.00%
Item 12	Needs and services of child, parents, and foster parents	38.6%	0.074469600	46.0%	27.1%	30.0%	42.9%	32.86%
Item 13	Child and family involvement in case planning	35.3%	0.074178588	42.7%	29.9%	41.3%	43.8%	34.78%
Item 14	Caseworker visits with child	57.1%	0.075710050	64.7%	55.7%	65.7%	64.3%	61.43%
Item 15	Caseworker visits with parents	34.4%	0.075993421	42.0%	19.0%	22.4%	41.5%	41.54%
Item 16	Educational needs of the child	83.7%	0.072062207	90.9%	85.7%	87.8%	86.4%	82.61
Item 17	Physical health of the child	72.2%	0.078018440	80.0%	72.7%	81.8%	90.4%	84.00%
Item 18	Mental/behavioral health of child	39.1%	0.092106121	48.3%	58.0%	76.6%	59.5%	52.17%

Although most of the systemic factors were integrated into the engagement, safety, permanency, and workforce PIP goals, this section provides additional information on systemic factors 19, 20, 21, 25, 28, 32, 33, 34, and 36.

Item 19: Information Systems

Please see pages 71-76.

Item 20- 21: Case Review

During round 3, CFSR items 21 was identified as an area needing improvement and item 22 was rated as a strength. Information in the statewide assessment demonstrated that Virginia routinely ensures that a periodic review by the court for each child in foster care occurs no less frequently than every six months. Judicial hearings resulted in active court involvement to monitor case planning, contributing to goal achievement and permanency for children.

To ensure that Virginia continues to have a healthy and robust case review system there is a requirement in the code of Virginia regulation, as well as guidance, that each child in foster care and each family receiving ongoing child protective services (CPS) have a written case plan (item 20) and that VDSS continues to ensure that all parties have input into the development of case plans through the use of family partnership meetings or child and family team meetings. The code of Virginia 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). The case reviews described in the following chart ensure not only that the code is met, but also ensure well-being, safety, and permanency outcomes are achieved.

In response to new federal requirements, VDSS first issued broadcast #9531 on January 14, 2016. The broadcast served to highlight the new federal requirements and provide LDSS the means to capture them in the OASIS foster care service plan and service plan review. In addition to the broadcast, DFS also provided job aids to support LDSS in complying with case plan requirements.

The education and health screens in OASIS now facilitate the collection of required information. New reports permit the information to be printed and attached to the service plan and review and submitted to the court. The independent living transitional plan has been modified to meet federal requirements, has been attached to the service plan and review, and will be updated at least annually.

Timeliness of foster care service plans are monitored through a proxy measurement of the timeliness of court hearings. The court must receive the plan prior to the hearing, which is generally 30 days in advance, or 14 days prior for the dispositional hearing. A court hearing would not ever be held without a plan. An example of the report used by DFS to monitor these court-hearing dates is provided as an attachment to this report.

Items about client service plans were included in the DFS stakeholder surveys conducted in spring and summer 2016. Responses serve to validate the need for the new DFS case monitoring process piloted in fall 2016 and begun formally in January 2017. More about this initiative is provided for Systemic Factor III: Quality Assurance. Highlighted items include:

- The case planning process is well monitored for provisional changes, as nearly 57% of LDSS

supervisors send their case plans back to workers for these changes. DFS asserts this as a strength for children and families in the case planning process.

- Of concern is the relatively large proportion of foster parents (14.6%) who believe that they are not involved in the foster child's case planning. This is an item for further investigation, follow-up, and monitoring in the future.
- CASA responses were also less than 10% negative for the LDSS utilizing family partnership meetings (FPM) or a similar type of meeting when doing case planning.

VDSS continues to ensure that all parties have input into the development of case plans through the use of family partnership meetings or child and family team meetings. The release of OASIS 4.4.0.9 on November 28, 2018 included additional fields to document that youth were provided the opportunity to invite up to two people to team meetings, as well as the names of the individuals the youth chose. VDSS uses SafeMeasures® to monitor the use of family partnership meetings, as foster care guidance requires that a family partnership meeting be held prior to the filing of court documents in preparation for each hearing. The November 2018 release of foster care guidance included clarification around the documents that are required to be completed for each court hearing, as well as with administrative panel reviews. VDSS contracts with a vendor to provide transcription services for workers in all local departments of social services. This service aids workers in more accurate and efficient documentation of case activities, which ultimately ensures proper case planning.

Regarding periodic reviews (item 21), the code of Virginia 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) VDSS uses and provides a guide developed specifically for attorneys and judges who handle child welfare cases. 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 review, considerations include the child's safety, the continuing necessity for foster care placement, compliance and 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 is viable. When possible and appropriate, a projected date for reunification, adoption, or other permanency goal is identified as well.

SafeMeasures® includes the approved court hearing status report. This report shows whether or not the child in placement has had an AFCARS-approved court hearing on the hearing/review screen according to the timeline provided by the juvenile and domestic relations district courts timeline for child dependency cases. The hearing types include 60-day dispositional, court review, permanency planning, and administrative panel review hearing. VDSS monitors the SafeMeasures® report regularly. Because the LDSS are permitted 30 days to enter the court hearing information, DFS always looks at reporting from two months earlier. When the percent of timely hearings drops below 90%, the regional foster care consultants are provided with information about specific LDSS. They then reach out to those LDSS to encourage and insure timely data entry. In most cases, the LDSS have simply failed to enter the hearing/ panel review information appropriately. On one occasion, when one LDSS was actually not having hearings as required due to staff shortages, the consultant and regional director worked with the LDSS director to develop an action plan to improve compliance.

Once the case is at initial foster care review, the next case is scheduled at the time of the current case.

For example:

- The four-month foster care review is scheduled at the end of the initial foster care review.
- The initial permanency planning is scheduled at the end of the four-month foster care review.
- The second permanency planning is scheduled at the end of initial permanency planning, if an interim plan is approved at initial permanency planning.
- The annual foster care review is scheduled at the end of initial permanency planning case, or at the time of the current annual review.

To support courts with scheduling cases/hearings on a timely basis, the juvenile case management system (JCMS) includes an electronic scheduling feature that lists the court's events and time periods. The clerk identifies the court event to be scheduled and selects the applicable time period. The scheduling feature then identifies possible hearing dates within the statutory time guidelines. The court picks a date convenient to the parties and attorneys. Approximately 70% of juvenile and domestic relations district courts use this scheduling feature. Courts not using this feature identify court dates manually, which involves the court identifying the next court event and required time frame and counting the number of days on a calendar.

Virginia's court improvement program (CIP) recommends against continuances, except under extenuating circumstances (i.e., a party or attorney is ill, service of process has not yet been completed, etc.). To support the potential of a continuance, CIP encourages courts to schedule all cases early, prior to the last date permitted by the applicable timeline requirement. If a case is scheduled early enough, the court can often reschedule it within the required time guidelines if necessary. The process for scheduling cases prior to the four-month foster care review stage is dependent upon how the child is entering foster care and the hearings associated with that particular case type (i.e., abuse or neglect, at risk of abuse or neglect, relief of custody or entrustment agreement, or disposition of a child in need of services, child in need of supervision, etc.).

At the dispositional hearing, the judge decides who should have custody of the child. 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 will identify a goal for timely reunification or other permanent placement. 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.

In Virginia's most recent Title IV-E review, the following were noted as strengths (Virginia 2016 Title IV-E Foster Care Eligibility Review, page 7):

Court Orders

As seen in the previous IV-E review, all court orders reviewed included the required judicial finding. As such, there were no error cases or non-error cases with ineligible payments because a required judicial finding was not made. All court orders reviewed included explicit and timely documentation of contrary to the welfare or best interest and reasonable efforts findings. Court orders also were individualized to be child-specific. These explicit and child specific details are important to help maintain a level of accountability, guide future court determinations with respect to achieving permanency and provide clarity for establishing eligibility. Many court orders reviewed also contained specific instructions on actions to be completed to move the cases towards achieving the permanency plan.

Frequent Permanency Hearings

Cases reviewed found frequent permanency hearings resulting in timely judicial determinations and court involvement to monitor case planning and progress toward goal achievement for the child. Virginia continues to work with the CIP to monitor timeliness of these hearings and ensure that DFS is obtaining timely findings that the agency is making reasonable efforts to finalize a permanency plan for a child.

Reviews completed timely/not timely from SafeMeasures® (2016-2018)

Court Hearing Status (children in care Dec 2016– ec 2018	Dec 2016	Jun 2017	Dec 2017	June 2018	Dec 2018
Current	86.1%	85.3%	84.0%	85.0%	83.5%
Not Current	6.6%	7.3%	7.9%	6.4%	9.2%
Not Found	0.8%	0.8%	1.2%	0.9%	1.2%
In Care <60 Days	6.5%	6.6%	6.9%	7.7%	6.1%
Total	100%	100%	100%	100%	100%

The rate of reviews completed in a timely fashion in SafeMeasures® has been down slightly since July 2018 (85%), to an average of 82% between January and March. This trend will need to be studied further to understand the cause. Guidance released in July 2018 synchronized an adoption report required by the state of Virginia and the periodic review schedule. It was anticipated that this would prevent issues that had been occurring when the LDSS completed the adoption progress report instead of the periodic review. It is not clear how this change might have affected this measure, but the potential for an unintended consequence will be considered in efforts taken to determine the cause for the trend.

Items 22, 23, 24: Permanency Hearings, TPR, and Notifications

These items are addressed in in the engagement, safety, and permanency sections (see pages 96-101).

Item 25: QAA System

VDSS Quality Assurance System (QAA) factor 25 was found to be in substantial conformity. VDSS's QAA case review philosophy is shared accountability and collaboration between the state, local agencies, and collaborative partners. VDSS's tiered-system approach includes case reviews done by workers and supervisors, court case reviews, VDSS QAA reviews, sub-recipient monitoring, and federal reviews. VDSS's quality assurance (QAA) system operates distinct, yet coordinated review types (reference chart follows), which create standards to evaluate the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures. Over the years Virginia has built a strong QAA process that provides results that are meaningful and useful to

the LDSS, region, and state and improves outcomes for children and families around well-being, safety, permanency, and funding. Refer to Appendix D.

The case review process is designed to use targeted observations to assist the local department in maintaining areas of practice noted as strengths and support growth in areas noted as needing improvement. The review does not address all guidance and practice expectations in any of the child welfare programs.

Through the case review process, VDSS intends to:

- Increase consultant face-to-face availability and the development of supportive relationships with LDSS staff, with sensitivity to staff turnover;
- Use targeted observations to support appreciative inquiry and development of LDSS strategies to enhance practice;
- Facilitate opportunities to explore with LDSS how to use training and practice profiles to support LDSS staff development;
- Utilize data collected to assess systemic issues and identify state-level responses or supports as needed by region or throughout the state; and
- Provide a written report documenting findings of the review and strategies identified by the LDSS to support the development of cross-program areas of practice that affect timely and appropriate child and family outcomes.

The reviews include face-to-face interaction with staff, supervisors, and the local department director. They include on-site debriefing meetings where findings from the reviews are discussed with agency leadership and staff. During the debriefing, the regional consultant may connect the LDSS with a program consultant for specific technical assistance, resource material, and direct suggestions for practice improvement. Follow-up and any required agency actions taken on the report focus on providing support for practice enhancement, including the use of the coaching strategies and the practice profiles, in encouraging staff development. This may include providing additional resources or facilitating discussions between LDSS with similar challenges or goals, or who can support each other.

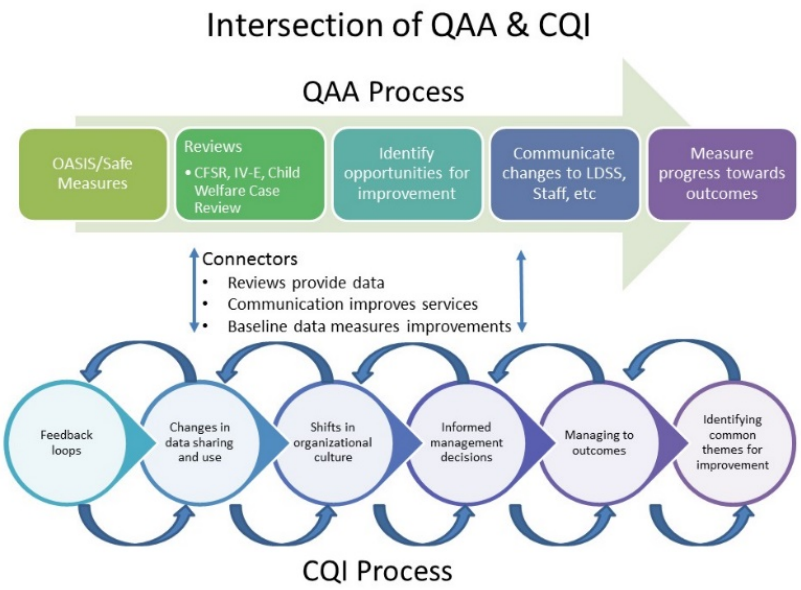
Virginia was found to be in substantial conformity with the federal standards. The review, Virginia has continued to build on the existing case review/QA system to include a more formalized process of supporting VDSS with the use of data to inform management, improve practice, measure effectiveness, and assist with guidance development. The CFSR review process has been approved by the VDSS federal partners to include all federal requirements regarding sampling, case eliminations, and completion of the federal instrument. Following the federal CFSR review, Virginia has been able to build its CFSR review process to the level of only requiring 25% secondary oversight of CFRS cases, which demonstrates federal confidence in the process and skill of reviewers. The results of the CFSR reviews will be used in the aforementioned CQI process.

In September of 2019, the Commonwealth of Virginia will undergo its federal Title IV-E foster care review. To prep for this review, as of July 1, 2018 the shared fiscal accountability for Title IV-E foster care error rate was reduced to 0%. The shared fiscal accountability matrix details the review process and progression for the local department of social services (LDSS) base on the percentage of errors found during the Title IV-E ongoing review. Failure to meet the 0% threshold requires the agencies to create corrective action plans to address the issues found during the review and opens the agency to subsequent follow-up reviews.

Ultimately, the goal of the case review system is to help VDSS improve child welfare services and achieve outcomes for families and children who receive services: safety, permanency, family and child well-being. Virginia continues improve the case review system and ensure that the data and performance measures collected during the review process will be used to build a strong CQI system.

Currently the QAA system is used to ensure compliance and provide feedback to LDSS management on areas needing improvement, however we are building out a comprehensive CQI system that identifies the themes regionally and statewide within our review system. In the graphic following, the current QAA process for DFS is outlined. The graphic highlights the compliance focus of the QAA case review process that moves linearly through a defined set of steps and eventually produces a set of findings and recommendations for each isolated review. The CQI process outlined in the graphic shows the CQI iterative process that continuously evaluates results and practice, and is informed by the case review process. The CQI system envisioned for DFS will incorporate the data made available by the case review system outlined previously, and incorporate the findings into daily operations at all levels.

As VDSS incorporates QA and monitoring across the state of Virginia into a CQI system, the case review system will identify alternatives and validity in meeting performance outcomes. An integrated system will also highlight Virginia's commitment to the philosophy of shared accountability. This is already seen in VDSS's transparency in outcomes and performance data. Title IV-E quarterly reporting has changed to include local and regional outcomes, which has led to stronger engagement from localities to reduce their error rate and to find new ways to improve their own outcomes.



Another strategy to increase locality accountability, as of July 1, 2018, is that the shared fiscal accountability for Title IV-E foster care error rate was reduced to zero percent. The shared fiscal accountability matrix details the review process and progression for LDSS based on the percentage of errors found during the title IV-E ongoing review. Failure to meet the 0% threshold requires the agencies to create a corrective action plan to address the issues found during the review and opens the agency to subsequent follow-up reviews. These examples show what an integrated QA and CQI system is already producing for VDSS, and highlights the opportunities of informing daily work with case review data.

DFS' CQI system is designed to use all available data sources to inform improvements. A specific focal point is identifying opportunities for including CFSR reviews and case review data into the statewide CQI system. The statewide CQI system will use data from reporting databases and case reviews to identify trends regionally and begin developing improvement-planning processes for each region with input from LDSS in each region. This model is already seen in the PIP implementation plan (see pages 63-64)

and will be further developed for the entire state throughout the 2020-2024 CFSP.

Some of the specific data tools that DFS will use to analyze and disseminate data include VCWOR, SafeMeasures®, case review themes and data, and the Chapin Hall Data Center. VCWOR is maintained by the VDSS ORP and provides reports directly from the state electronic case-management system OASIS. It is the report of record and includes measures of CPS, foster care, well-being, and adoption. Safe Measures, from the National Council on Crime and Delinquency (NCCD), lets state and local agencies obtain data 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 will obtain longitudinal case histories of children and families in contact with the child welfare system as well as comparison data from other states. CQI is in the process of sharing these data with localities on request, and identifying specific analytic reports to share with small to mid-size agencies that lack staff to perform research or analysis (CQI strategies 1, 2, 3 and 4).

Items 26, 27: Staff and Provider Training

These items are addressed in the engagement, safety, permanency, and workforce sections on pages 107-109. Additional details on specific courses are described subsequently.

In May 2018, DFS training implemented the use of the required training console on its statewide learning management system (LMS), which is the COVLC, so all new workers are automatically informed of their training requirements and training is tracked within set time periods for completion. Supervisors are also sent automated emails with training requirements. The use of the LMS required training console has greatly improved the tracking of completion of required training for new FSS workers within designated mandated time frames, at a rate of 97% completion for fiscal year 2019.

Data for the number of all classroom course completions, both in-service and ongoing training, involves 51 classroom courses in fiscal year 2018:

- 511 training events
- 8549 course completions
- 17,765 online course completions with 87 online modules
- 4 additional online courses available on the VDSS public website: Mandated Reporters, General and Educators, Sex Trafficking, and Normalcy

Federally mandated training courses for CPS, foster care, and adoption:

- 5 eLearning courses
- 3 mandated-reporter courses (online CPS)
- 29 classroom courses
- 4 two-day cohort network supervisor series—adding fifth, on supervising trauma recovery, in fiscal year 2019
- 8 annual subject-matter expert workshops/webinars—advanced on-going training that offers 24 hours of continuing-education requirements

Specialty ongoing courses – hot topics, guidance, and data-needs driven

- 16 additional eLearning courses
- 2 coaching courses
- 1 training for trainers—three classroom days

- 3 new blended courses that combine eLearning and classroom
- 12 FSWEB recorded webinars on transmittal training, psychotropic medication, CPS appeals, CPS guidance refresher, coaching, implementation of the practice profiles, case documentation, Title IV-E funding, best-practice webinar series for child welfare leadership

New child-welfare workers trained (fiscal year 2018 new-worker completions)

- CPS – 325 (22 sessions)
- Foster care – 270 (17 sessions)
- Adoption – 129 (10 sessions)
    - Total: 724 new child-welfare workers per year

As of April 30, 2018, the number of filled positions for first two years of employment:

- FSS I – 248
- FSS II – 1159

The first two years of employment is the time period for completing all mandated training under the current training system. With the instillation of the academy model, this time frame is reduced to 16 weeks, with a change from classroom learning to on-the-job training.

The COVLC reporting consul provides the data necessary to run descriptive analytics for each course or all courses over a given time period. This is extremely helpful for macro-level descriptive analytics, including survey completion rates and total reported level of understanding gained through a given training event. This information must be broken down by agency, however, to properly measure according to the Kirkpatrick evaluation model. Courses are not specific to agency, and so courses are not reflective of the organizational factors that affect learning and are inherent to each agency. Also, the mandated training analysis must be broken down by agency and not by course, as the CQI measures needed to evaluate the impact of a training event according to the Kirkpatrick evaluation model necessitate supervisor feedback for stage 3 on whether learning has transferred to behavior. VDSS is organized at the agency jurisdictional level, in a state-supervised locally administered system, and the mandated training analysis must illustrate this if information is to be properly disseminated and recommendations administered. Family services training conducted an annual evaluation survey analysis where workers reported significant training satisfaction and impact on classroom surveys. Macro-level descriptive statistics, divided by course, have helped inform the project to this point.

New Services Training Academy Implementation:
In April 2018, family services training established a 22-person advisory model training implementation team with an 18-month commitment, tasked to develop an implementation plan based on the recommendations of the study of our training system done by the Butler Institute for Families. The implementation team consists of regional directors, local directors, supervisors and workers, training staff, and additional statewide subject-matter experts who will join committees based on identified need, including PIP agencies. This implementation team was given the following guiding principles to direct their work:

- Establish goals and objectives to prioritize the development of a training-academy model.
- Develop an implementation plan for the new services training model system.
- Develop an implementation timeline with specific goals and tasks needed to create a new training academy.

The 18-month implementation project included the following goals:
Short-term goals for the first six months (April-October 2018):

- Update schedules weekly on FUSION and send to regional consultants.
- Improve LMS access to reports for case reviews.
- Follow up with states on LMS uses, staff capacity, and innovation with technology.
- Review states' academy models and evaluation process.
- Develop communication plan.
- Review implementation science.
- Identify resources and staffing.

Mid-term goals for the first 12 months (October 2018-April 2019):

- Academy foundational strategies prioritized and roadmap developed.
- Competencies of basic academy curriculum and ongoing/advanced curriculum.
- Resources required for development of academy.
- Plan created for curriculum revisions and development.
- Plan for simulation labs and resources needed.
- Staff certification process developed
- University partnerships explored for robust, level-four evaluation system.

Long-term goals for first 18 months (May-October 2019):

- Identify resources and positions needed for implementation and submit budget narrative for legislative package.
- Develop plan for robust, competency-based curriculum.
- Identify key markers for testing knowledge, skills, and abilities.
- Develop plan for using portfolios to track workers Knowledge, skills and abilities through coaching tools at agency.
- Transfer learning with supervisors with specialized Transfer of Learning (TOL) training to leadership institute with PIP.
- Identify plan for coaching from simulation labs to reinforce learning and support transition to OTJ agency.
- Develop plan for implementation and evaluate certification process
- Develop robust evaluation measures tied to agency outcomes.
- Plan for 2020 academy model implementation.

Item 28: Foster and Adoptive-Parent Training

The purpose of foster and adoptive-family training is to enhance the knowledge, skills, and abilities of current and prospective foster and adoptive families in order for them to meet the needs of children receiving services funded by Title IV-E and/or the commonwealth. Training is composed of two major components: pre-service training and in-service training.

Pre-service training provides prospective foster and adoptive families with knowledge, skills, and abilities that prepare them to meet the needs of children. Agency-approved provider regulations (22VAC40-211) require specific core competencies consistent with the parent resource for information, development and education (PRIDE) pre-service curriculum. PRIDE is made available to LDSS who wish to use this as their training curriculum. LDSS that do not use PRIDE are able to purchase or develop an

alternative curriculum and submit a copy to VDSS for approval.

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 annually to determine training needs; the determination is practiced uniformly and fairly across families and involves the family in determining training needs. Although a specific number of hours is not specified, ten hours of in-service annually (per parent) should be considered the minimum acceptable amount, with no more than half of these hours obtained utilizing self-paced training methodologies (e.g., online courses, self-study books, etc.). The ten hours of in-service training is recommended and encouraged, but not mandated by LDSS for their foster and adoptive parents. The in-service training hours are provided as a guideline to allow providers opportunities for discussions and review related to the child's well-being, safety, and permanency. A guideline for in-service training is provided, rather than a mandate, so that a family in progress towards fulfilling the ten hours does not have a child unnecessarily removed from their home.

The VDSS adoption and foster recruitment consultants continue to provide formal training to LDSS staff around diligent search, family engagement, working with relatives, adoption matching, support of foster and adoptive families, and other topics on an as-needed basis. Using the PRIDE curriculum, the community resource, adoption and foster family training (CRAFFT) program promotes the well-being, safety, and permanency of children through the training of LDSS foster and adoptive parents to meet the needs of children in Virginia's child welfare system. CRAFFT's goal is to increase the knowledge and skills of foster and adoptive parents through the development and delivery of standardized, competency- based, pre-and in-service training, as required by VDSS. The standardized curriculum used are the PRIDE training curriculum and *A Tradition of Caring* (Kinship PRIDE). CRAFFT delivers commonwealth-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 can 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:

- Development and delivery of additional in-service training for foster and adoptive families, based on input from families as well as local agencies and VDSS;
- Development and maintenance of a regional training plan, updated as needed, based on the results of the needs assessment demonstrated in LDSS' local training plans;
- Close work with the regional adoption and foster recruitment 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;
- Collaboration with the regional adoption and foster recruitment consultants around the delivery of the newly revised mutual family assessment course (CWS 3103), which covers both assessment skills and a review of foster and adoptive family approval policy and is team taught;
- Collaboration with LDSS and Virginia's adoption, foster, and kinship association, NewFound Families, to promote membership, participation in the annual NewFound Families conference/training, and development of relationships with regional NewFound Families board members and NewFound Families staff; and
- Conducting regularly scheduled regional roundtable meetings with LDSS staff and other key stakeholders to provide training and resources regarding foster and adoptive parent development and support, informing agencies of current commonwealth or program initiatives related to foster and adoptive-parent training, and allowing agencies to collaborate, exchange

resources, and share challenges and solutions.

The CRAFFT program has continued to be of support to LDSS as it relates to training needs for prospective foster, adoptive, and kinship placements. A training position for the western region has been restored. The focus of CRAFFT remains to ensure that LDSS families receive adequate training, centered on core competencies identified in the current local department resource, foster, and adoptive family home approval guidance. CRAFFT coordinators have been partnering with LDSS to respond to training needs. Intentional and timely support has been a focal point to meet the training demands throughout the state. Notably, for some LDSS, there is evidence of collaborative efforts, as reflected through regional trainings or training offered to multiple agencies. 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 has maintained the facilitation of scheduled roundtables, which is another opportunity to bridge communication between CRAFFT, LDSS, and community partners. The meetings highlight positive training experiences and provide an environment to dialogue regarding needs. Additionally, the discussions support sharing information that is pertinent to enhancing training efforts and what is working well within respective LDSS. There is also attention given to including CRAFFT in the child welfare continuum, as there is emphasis on the importance of providing adequate training via pre-service and in-service requirements.

In addition to the pre-service and in-service sessions facilitated by the CRAFFT coordinators, they also provided assistance to LDSS to help increase their capacity for offering training more frequently. The table below describes the training for fiscal year 2018 for foster and adoptive families.

Region	**PRIDE/Traditions of Caring hybrid pre-service training sessions**	**Foster/adoptive in-service training sessions**	**1-on-1 pre-service training sessions**	**Number of participants**
Central	40 sessions	2 sessions	74 sessions	112 participants
Piedmont	73 sessions	13 sessions	6 sessions	474 participants
Northern	120 sessions	14 sessions	17 sessions	453 participants
Western (CRAFFT Coordinator position was vacant)				
Eastern	22 sessions	6 sessions	10 sessions	167 participants
Total	255 sessions	35 sessions	107 sessions	1,206 participants

Items 29 and 30: Service Array and Resource Development

Items 29 and 30 were previously discussed in the Safety and Permanency sections, found on pages 98-107. Additional information regarding the service array is noted in the following section.

Service Array

Child welfare programs in Virginia are state supervised and locally administered by 120 local departments of social services (LDSS). This system allows for VDSS to manage the LDSS through policy

and support promoting well-being, safety, and permanency for children, families, and individuals in Virginia. LDSS then work with federal, state, and local community programs to provide services to children and families. Each locality uses Title IV-B, subpart I funding, as distributed for the service coordination of child welfare services in each locality. Virginia's LDSS have the flexibility to 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.

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. 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 child welfare system-involved children 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 the management and distribution of Title IV-E Funds.

State funds are combined with local community funds and managed by local interagency teams who plan and oversee services to at risk youth, including state-funded foster youth. 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.

In addition to state and local funds through the CSA, 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. These 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, reunification of children and their families, or finding and achieving new permanent families for those children who cannot return home. For PSSF funds, each locality conducts a Community Needs Assessment which collects information about its needs, resources, and the multiple systems serving children and families, and then prioritizes the needs and assigns resources available to meet those needs. More information on PSSF services can be found beginning on page 140.

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	

Since 2006, the General Assembly requires local CPMTs to report to the Office of Children's Services (OCS) on gaps and barriers in services needed to keep children in their local community. The SFY 2018 OCS service gap survey indicates that of the gaps reported in SFY 2017, 22% have been resolved to include community based behavioral health, family support, foster care services, educational services and "other". The survey also indicates that 44% of localities reported a new service gap. The top five highest needs were community based behavioral health services, "other", residential services, substance abuse services, and foster care services. The full report can be found on the OCS website (https://www.csa.virginia.gov/content/doc/FY_2018_CSA_Service_Gap_Survey.pdf).
Child welfare workers who participated in problem exploration activities during the 2018 process of CFSR PIP development identified several significant issues associated with limitations in the service array.

As referenced on page 99, further data analysis and feedback from Town Hall events showed that although safety and risk tools were completed, alleged victims and household members were not always seen and involved in the planning, and services were not initiated. Additionally, feedback from Town Halls, stakeholder events and survey responses highlighted that during investigations workers did not initiate services tending to view "making a finding" as their primary role. Further identified barriers included:

- Services were not immediately and consistently available;
- Family was unreceptive to services;

- Workers waited to transfer/open cases; and,
- Workload demands delayed getting services in place.

In the Town Halls, LDSS staff identified safety issues as a cause for delay in reunification, noting that safety could not be addressed expeditiously (within six months) when the reason for entry into foster care included parental substance abuse. Staff also cited the resolution of non-safety related circumstances, (e.g., inadequate employment or housing) that arise or are identified after the child enters foster care, as a prerequisite for considering reunification. Barriers to addressing identified problems included:

- Limited access to providers who complete assessments.
- Limited or lack of services to address substance abuse, mental health, and trauma needs.
- Limited resources to address unstable housing.
- Inadequate transportation resources for parents.

In the Town Hall meetings, the most frequently cited successful strategy for engaging parents in case planning was the provision of visitation with the child or children, as this is often the best opportunity for workers to engage face-to-face with parents. However, workers reported wide differences in practice between agencies. Many reported that all visitation began with one hour of supervised visitation each week at the LDSS office. Initial visits were generally supervised by the assigned Foster Care worker. In some agencies, additional staff (case aides or service support workers) were assigned to assist with facilitating visits. Some workers reported that they were able to access funding to contract with a provider to offer therapeutic visitation to parents who needed additional support and coaching regarding parent-child interactions. Other staff reported that the delays in accessing funding or their localities' unwillingness to fund this type of services creates significant barriers to providing additional visitation.

In Town Hall meetings, workers expressed concerns about the challenges in assessing parents' needs and providing appropriate services. They cited parental non-compliance, lack of transportation, and unavailability of services as particularly challenging. When barriers to providing services to parents was specifically addressed, workers noted difficulty quickly accessing funding for services based on their particular locality practices as an additional barrier.

Child welfare workers were also asked to participate in a statewide survey designed to collect additional information about the root cause of substantial non-conformity with expected CFSR performance outcomes. The table below summarizes responses given regarding the availability of particular services in their communities.

To what extent are the following services available in your community?

	Always	Sometimes	Rarely	Never
Substance abuse treatment	43.88%	45.41%	9.44%	1.28%
Transportation	23.20%	44.33%	26.29%	6.19%

Visitation	68.32%	24.35%	5.24%	2.09%
Psychological evaluations	50.00%	39.29%	8.67%	2.04%
Parenting capacity	42.08%	44.16%	10.39%	3.38%
Attachment assessments	25.52%	41.15%	24.48%	8.85%
Attachment services	22.34%	43.62%	24.73%	9.31%
Mental health services	55.10%	39.80%	4.59%	0.51%
Trauma assessments	27.65%	40.31%	25.32%	6.72%
Trauma services	28.98%	39.69%	24.80%	6.53%
Domestic violence services	41.48%	39.69%	17.81%	1.02%
Sex offender evaluations	27.65%	36.95%	26.10%	9.30%

Of particular concern, less than a third of respondents indicated that necessary transportation, trauma assessments, and trauma services were always available. Substance abuse services were always available less than half the time. Mental Health services were always available only slightly more than half the time. Yet inability to provide these services was considered a barrier to serving families in CPS cases and reunifying children in foster care cases.

Medicaid is the largest payer of behavioral health services for children in Virginia. VDSS is working closely with DBHDS and DMAS on the Children's Behavioral Health Redesign which will promote a robust array of outpatient services, integrated behavioral health services in primary care and schools, and intensive community-based and clinic-based supports shifting from a crisis-oriented approach towards prevention and early intervention. VDSS' coordination with this Redesign is integral to success in ensuring children, regardless of funding source, have access to high-quality, evidence-based and trauma-informed services (Prevention Strategy 3.1).

VDSS is also working closely with DJJ as they had previously rolled out evidence-based programming for youth served by the Juvenile Justice System. DJJ has systematically stood up Functional Family Therapy and Multisystemic Therapy throughout the Commonwealth to serve youth. DJJ has been an asset to VDSS throughout the implementation process to share lessons learned and resources, which made their implementation successful (Prevention Strategy 3.1)

Over the next five years, the implementation of Family First, it will allow VDSS to utilize federal funds under parts B and E of title IV of the Social Security Act to provide enhanced support to children and families and prevent foster care placements through the provision of mental health and substance abuse prevention and treatment services, in-home parent skill-based programs, and Kinship Navigator services (Prevention Strategy 2). Family First is the first major modernization and overhaul of Title IVE

and IVB funds in three decades and represents a significant milestone in ongoing efforts to transform the child welfare system. As described in detail in the introduction and Family First prevention services plan, VDSS is utilizing the Three Branch model to inform implementation of Family First and enhance services to children and families across the child-welfare continuum.

In order to inform the service selection, implementation, and evaluation process of reimbursable services under Family First, the Three Branch evidence-based services workgroup designed a stakeholder survey and distributed it electronically via an Internet link. The survey was designed to gather stakeholder perceptions regarding evidence-based practices (EBPs), current gaps in Virginia child-welfare service offerings, availability of specific EBPs across the commonwealth, and additional insights and comments regarding the implementation of evidence-based services.

In regard to the services supported for reimbursement under Family First, survey respondents provided the following results. A total of 75 individuals described at least one parenting-related need and gap. Respondents provided a total of 110 parenting-related needs and gaps. Of respondents, 24.7% described something in the area of parenting; 23.6% of the total gaps described involved parenting. Most described a specific need or gap within parenting, and these are detailed in the subsequent table. As can be seen, almost half of the identified, parenting-related gaps related to tangible supports for caregivers. Fifty-one respondents described gaps related to substance use. A total of 62 gaps were described, representing 16.8% of respondents and 13.3% of all gaps described. Many respondents described more specific caregiver or youth substance use service needs and gaps. Sixty-eight individuals described a gap or need related to mental or behavioral health, with a total of 83 gaps described. This represents 22.4% of respondents and 16.9% of all gaps described. Many respondents described more specific areas of mental and behavioral health. Additional information regarding this survey and results can be found beginning on page 81.

Based on the stakeholder feedback on evidence-based services, VDSS plans to utilize all eight programs proposed in the Title IV-E prevention services clearinghouse (May 2019). Each of the services currently exist in Virginia's child welfare system, with the exception of Families Facing the Future. VDSS plans to also offer Kinship Navigator services throughout the commonwealth (prevention strategy 1.5). VDSS received a grant from the Children's Bureau for $379,246, for use from October 1, 2018 to September 30, 2019. With the grant, VDSS developed six regionally located Kinship Navigator programs involving 40 localities (33% 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. For additional information regarding the Kinship Navigator programs, see pages 82-83.

In preparation for implementation of Family First, through the Three Branch team, VDSS requested and ultimately received $851,000 from the Virginia General Assembly to support providers in enhancing their evidence-based service delivery, specifically for services listed in the Title IV-E prevention services clearinghouse. VDSS plans to utilize these funds to develop a request for proposal (RFP) and/or offer statewide training for providers, to enhance service delivery throughout the state (prevention strategy 2).

Items 29 and 32: Agency Responsiveness to the Community

These items are part of VDSS overall implementation approach, CQI, and collaboration; specifically, CWAC and tribal engagement, (see pages 59-62). It is also addressed in the engagement, safety, and permanency sections (see pages 96-107).

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

There has been intentional collaboration between program areas, including family recruitment, quality assurance and accountability, and the Division of Licensing to discuss strengths and areas needing improvement as it relates to the foster and adoptive-parent licensing, recruitment, and retention statewide. This is to ensure state standards are applied to all licensed or approved foster family homes or child-care institutions receiving Title IV-B or IV-E funds. In many instances, there has been a joint and consistent response to address any issues identified through IV-E reviews. For example, the emergency approval process requires background checks be conducted on all adult household members. LDSS were provided additional clarity and guidelines around how to ensure that these standards are met. The intent is to emphasize best practice, to avoid any safety issues and IV-E errors.

Another marked change is through the data cleanup efforts to address the need to maintain accurate foster parent data within the data system (OASIS). State and regional offices have worked with LDSS to develop individual agency plans to maintain current foster parent data, to secure an accurate number of approved foster homes. Through placing priority on data accuracy, there is more insight into the success of the retention of foster parents and any needs in this area. Further, such data would allow Virginia to compare the number of available homes to the number of children in foster care within each region. By improving accuracy of information in the data system (OASIS), we are striving to assist LDSS with recruitment needs and to utilize resources in a strategic and cost-effective manner.

Item 34: Requirements for Criminal Background Checks

The Code of Virginia §63.2-901.1 requires criminal history record checks from the central criminal records exchange and the FBI, and a search of the child abuse and neglect central registry on all individuals with whom LDSS or LCPAs are considering placing a child on an emergency, temporary, or permanent basis. The Code of Virginia also requires background checks to be performed on all adult members of the 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.

In addition, LDSS or LCPAs 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 §63.2-1719 (known as barrier crimes), or if there is a founded complaint of abuse or neglect in the child abuse and neglect registry.

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 on employees, potential employees, volunteers, or persons providing services on a regular basis. Family First outlined new requirements for criminal record and central registry checks for all adults working in children's residential facilities. Family First requires that children's residential facilities, reimbursed by Title IV-E, implement procedures for fingerprint-based criminal record checks of national crime information databases and child abuse registry checks for any adult working in a children's residential facility. This required Virginia Code to be updated. Virginia §37.2-408.1 and 63.2-1726 were amended on February 21, 2019 through Virginia Senate Bill 1678, to align with the new requirements for criminal record and central registry checks for all adults working in children's residential facilities.

Employees of LCPAs 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 an emergency

placement, LDSS may obtain criminal history information from a criminal justice agency. However, within three days, the emergency caregiver must submit fingerprints to the central criminal records exchange. A central registry check is required prior to the emergency placement.

Results from the commonwealth's most recent Title IV-E QAA reviews provide a measure of child safety, including criminal background checks. Based on fiscal year 2019 Title IV-E third-quarter reporting on 648 new IV-E cases, eight cases had an identified safety requirement error and 37 had a licensed foster care placement error. In addition, based on the Title IV-E third-quarter report, of 882 ongoing cases reviewed, 28 cases had safety requirement errors and 40 had licensed foster care placement errors. It is important to note that these numbers are based on identified errors at the time of the review, and could have been resolved during the report process. For fiscal year 2018, the overall error rate for new case validations was 13.74% (301 errors in 2,191 cases). For ongoing reviews, the overall error rate was 16.31% (448 errors in 2,746 cases).

Item 35: Diligent Recruitment of Foster and Adoptive Homes

Virginia has a continued need to recruit and approve foster and adoptive parents for teenagers, sibling groups, and those who reflect the ethnic and racial diversity of children in care. The racial and ethnic backgrounds of children in foster care and foster and adoptive parents are available and continuously collected. Over the course of the next five years, this information will be used to support targeted recruitment and to ensure foster parents are identified and approved to meet the specific characteristics and needs of children who are receiving foster care services. VDSS has provided LDSS with tools and resources to bring more awareness to diligent recruitment practices, efforts, and strategies. The regional consultants conduct regional roundtable discussions and supervisory meetings to disseminate information regarding updated resources, changes in policy, and best practice as it relates to recruitment and retention. The division also utilizes various resources from federal partners, such as information from webinars from the Capacity-Building Center for States.

As a result of the performance improvement plan (PIP), a diligent recruitment workgroup was formed. Some of the group's work will focus on identifying LDSS that have strong recruitment processes and practices and encourage peer-to-peer sharing of ideas and resources. VDSS will continue to support LDSS in providing opportunities to share information and resources as it relates to diligent recruitment. The exploration of further training and community-based events will be a priority, to build more capacity and provide supports to our foster and adoptive families.

Demographics of children in care as of April 1, 2019 (VCWOR)

Race	Count	Percentage
Black	1,696	30.9%
Multi-Race	440	8.0%
Other	42	2.4%
White	3,222	58.7%
None Listed	0	0

Age	Count	Percent
<1	266	4.8%
1-5 years	1,258	22.9%
6-9 years	835	15.2%
10-12 years	625	11.4%
13-15 years	820	14.9%
16-18 years	1,243	22.6
19+	446	8.1%
Total	5,493	100%

In the last two years, during foster care month (May) the division funded foster -are recruitment campaigns that included promotional recruitment methods through social media, commercials, and billboards of diverse family compositions, in an effort to promote foster and adoptive parent diversity. Over the course of the next five years, Virginia will review foster and adoptive recruitment contracts and foster parent training, collaborate with NewFound Families, Virginia's foster, adoptive, and kinship parent association, and Virginia's Kids Belong (Virginia Fosters Initiative) to implement strategies to encompass recruitment of foster and adoptive families who reflect the diverse backgrounds of the children in foster care.

Virginia will continue to further enhance practices and priority for the recruitment of foster families who are able to meet the needs of children in foster care. In addition, collaborative efforts are in place with the Virginia Fosters Campaign. Together, VDSS and the Virginia Fosters Campaign will align resources and supports to ensure that foster families are recruited and approved, with the intent to connect with the various characteristics of children who need a family-based placement.

Another aspect of partnering with the Virginia Fosters Campaign will focus on promoting and preserving sibling placements. Attention will center on securing foster parents who are willing to provide living arrangements for siblings, to support their relationships and help them to establish lifelong connections to kin. Further, the work of securing sibling placements may lessen placement disruptions, as siblings will be able to support each other through the experience of being in foster care. One approach to building a capacity of homes for meeting the needs of siblings will be to intentionally recruit families that have adequate space to accommodate siblings.

It will be imperative for Virginia to also utilize the Virginia Fosters Campaign to message the need for increasing the number of families who can meet the needs of African-American children, as there is a strong need for families who have the ability to meet the specific needs of African-American children. Much work will need to be done to provide evidence of the number of foster families who are identified as African-American, in comparison to the number of children in care who identify as African-American. Additionally, Virginia will recruit families based on the communities that African-American children are removed from and instill a culture that makes recruitment within those communities a high priority.

Foster and Adoptive Family Recruitment

The purpose of the foster and adoptive family recruitment (FAFR) request for proposal was to develop and implement innovative service-delivery approaches for foster and adoption recruitment statewide, and to recruit families for the purpose of adoption of children from foster care. There are four

contractors: Connecting Hearts in Virginia, DePaul Community Resources, Lutheran Family Services of Virginia, and Virginia One Church One Child.

In fiscal year 2018, VDSS renewed foster and adoptive family recruitment contracts with the four original contractors. A total of $266,734.71 was spent by the four contractors.

The following table is an aggregative report of their results in fiscal 2018:

Foster and Adoptive-Family Recruitment (Heart Gallery) – fiscal 2018 Results	
NEW FOSTER AND ADOPTIVE FAMILIES	**TOTAL**
1. # of new family inquiries in fiscal 2018 (i.e., phone calls, online, FITT, etc.) (unduplicated)	515
2. # of new families recruited through events in fiscal 2018 (i.e., community events, Heart Gallery display, interest meetings, etc.) (unduplicated)	134
3. # of new families referred to LDSS agencies in fiscal 2018	418
4. # of new families referred to LCPA agencies in fiscal 2018	240
Total # of referrals	438
5. # of new families who attended orientation/training in fiscal 2018	76
6. # of new families who are home-study approved as a direct result of the referral in fiscal 2018	48
7. # of new families matched with a waiting child in fiscal 2018	8
8. # of new families who did not follow through with the referral or have expressed that they are no longer interested or no longer responding to follow-up in fiscal 2018	201

EXISTING FOSTER AND ADOPTIVE FAMILIES	
1. # of existing family, child-specific inquiries in fiscal 2018 (i.e., family only interested in specific child and will not be a pool family, and/or only moving forward in the process regarding a specific child)	20
2. # of existing families referred to LDSS agencies in fiscal 2018	180

3. # of existing families referred to LCPA agencies in fiscal 2018	184
Total # of existing family referrals	364
4. # of existing families who attended orientation/training in fiscal 2018	27
5. # of existing families who completed a home study in fiscal 2018 as a result of the referral	13
Total # of new families in the approval/matching process	40
6. # of existing families matched with a waiting child in fiscal 2018	5
7. # of existing families who did not follow through with the referral or have expressed that they are no longer interested or no longer responding to follow-up in fiscal 2018	86

Adoption Share

Adoption Share is a 501(c)3 tax-exempt organization that exists to leverage technology to reform private and public adoption, and to address a need within the adoption community for free exchange of information and resources relating to the adoption process. Adoption Share and VDSS are in a sole-source, no-cost contract for implementing the family match program.

The objective of family match is to provide a better understanding of family-child compatibility for placements from the child welfare system. In addition, it will help identify the relative importance of different factors that make up families' preferences, children's preferences, case workers' preferences, and successful placement outcome. It also identifies correlation of attributes that include (but are not limited to) personality, attachment, coping mechanisms, support structures, and parenting styles with successful placements. Lastly, it provides a more detailed understanding of the matching experience of children and families in the child welfare system through data on the matching process. Through an efficient matching system, Adoption Share hopes to accomplish the following secondary objectives through the Family Match demonstration pilot: decrease time to adoption-placement increases, foster and adoptive.

In SFY 2018, Adoption Share and Family Match reported the following results of their self-funded pilot project:

- Number of LDSS and CPAs that have accounts with Family Match: 21 agencies. (Sixteen agencies are local DSS and 5 agencies are CPA in the Commonwealth of Virginia.)
- Number of workers that have an account on Family Match: 81 workers. (Forty-two new agent accounts were added in June 2017. The self-funded alpha phase of this pilot launched June 1, 2017.)
- Number of prospective adoptive families with profiles in Family Match: 175 families. (Six new family accounts were added in June 2017. The self-funded alpha phase of this pilot launched June 1, 2017.)
- Number of completed and approved profiles: 108 profiles. (Sixty-six new cases were added in June 2017, The self-funded alpha phase of this pilot launched June 1, 2017. Thirteen out of 108

cases in this reporting window do not have a completed profile, for a total of 12% incomplete.)
- Number of family placements: four placements.
- Number of adoptions: one adoption.

Adoption Share reported the following successes and challenges experienced in fiscal 2018:
Adoption Share and Family Match worked closely with VDSS in establishing the initial pilot partners in eastern and central Virginia, but as word of mouth about the program began to grow, Adoption Share began fielding interest from DSS and CPA offices from across the commonwealth.

Family Match quickly became a tool beyond its purpose for case workers in LDSS offices, serving as a centralized repository for listing home-study-approved families, cases, and siblings, and coordinating details across an agency. To support the goals of workers in the field, Family Match updated its software to incorporate case notes and “at a glance” features for family profile reviews. A family coordinator was hired to follow families, call them if needed, and coordinate as much of the task as possible with family partners. This in turn grew into a support service offered to families that included weekly summary emails with analytics on waiting children and waiting families, as well as monthly virtual family meetings.

Some LDSS and CPA offices refused to provide families with a copy of their home study. This created inefficiencies for workers, who stated that they hesitated to reach out to families if they did not have a home study easily accessible. Some workers reported that submitting a request for a home study of a family outside of their own agency could take 30 to 45 days. Family Match had more than 100 home-study-approved families. Almost 50% of them had an interest in older youth, 75% were interested in sibling sets, 60% were open to all races and gender, and 51% were open to special-needs children). Despite this eligible pool of families, workers reported that the agency that licensed the families did not want to share its families with the placement agency.

Fees and costs of therapeutic foster placement agencies presented challenges where these agencies did not want their families (who wanted to adopt children from foster care) to have profiles on Family Match and be "used" by LDSS offices that might not contract with the agency to provide the case management services for the six months of placement prior to adoption finalization. In some instances, a bypass by a LDSS office could mean a financial loss of $18,000 to the agency.

In fiscal 2019, the Virginia General Assembly appropriated $50,000 to Adoption Share, to continue the pilot program.

Extreme Recruitment
There are three contractors (and four contracts) providing child-specific adoption recruitment services. Extreme Recruitment® is a race to permanency for youth who have parental rights terminated and have been waiting the longest for an adoptive family, or those who have characteristics that put them at risk of aging out of the foster care system without permanency. The contractors are working in partnership with the youth’s permanency team to find persons related by blood or fictive kin (i.e., former foster families, teachers, coaches) who may be prospective permanency resources for the youth or a significant reconnection for the youth to ensure support after foster care. The contractors are C2Adopt, United Methodist Family Services (UMFS) Tidewater and Northern Virginia, and Radford Department of Social Services. C2Adopt is providing services to all of the localities in the central region. UMFS Tidewater is contracted to provide services in the eastern region (e.g., Accomack, Brunswick, Dinwiddie, Franklin, Gloucester, Greensville-Emporia, Isle of Wight, James City, Mathews, Northampton, Prince

George, Southampton, Surry, Sussex, and York-Poquoson counties, and the cities of Chesapeake, Hampton, Newport News, Norfolk, Virginia Beach, and Williamsburg). UMFS Northern VA is contracted to provide services in the northern region (e.g., cities of Alexandria, Arlington, Fredericksburg, Manassas, Manassas Park, as well as Clarke, Culpepper, Fairfax, Fauquier, Frederick, Greene, Harrisonburg-Rockingham, King George, Loudon, Louisa, Madison, Orange, Page, Prince William, Rappahannock, Shenandoah, Spotsylvania, Stafford, Warren, and Winchester counties). Radford DSS is contracted to provide services in the western region (e.g., city of Radford plus Montgomery, Floyd, Grayson, Giles, and Washington counties).

VDSS entered into a sole-source agreement with Foster and Adoptive Care Coalition, the creator and owner of the Extreme Recruitment® intervention. The Foster and Adoptive Care Coalition provided training and ongoing technical assistance to contracted agencies that were replicating the Extreme Recruitment® intervention. The coalition provided the following:

- An overview of the Extreme Recruitment® philosophy, goals, strategies, and standard forms
- Diligent searching
- Technical assistance and outcomes tracking
- Case example
- Overcoming barriers and biases
- Extreme Recruitment® program goals
- Reconnect 85% of youth with a network of safe, appropriate adults
- Match 70% of youth with an adoptive family

Virginia has three adoption contracts specific to foster and adoptive family recruitment. The Adoption Through Collaborative Partnerships (ATCP) contract specifically focuses on recruitment and supports to LDSS for children in care who are legally free for adoption. The contract specifically focuses on recruitment for children who are special needs and have such significant behavioral needs that they are identified as hard to place. Eight private, nonprofit agencies provided ATCP services during fiscal 2019. The collective goal was to finalize 211 adoptions by June 30, 2019. The number of children adopted as of April 30 was 212. UMFS and DePaul received additional funds to increase the number of finalized adoptions by the end of the grant period. Fiscal 2020 is the last year of ATCP under RFP #FAM-18-011.

The Extreme Recruitment® contract was awarded as a result of the VA Adopts initiative in 2013. Contractors conduct Extreme Recruitment® for youth with parents who have had their rights terminated and have been waiting the longest for an adoptive family or have characteristics that put them at risk of aging out of the system without permanent placement. Contractors work in partnership with a permanency team to find blood relatives or kin-like relationships that may be a prospective adoptive permanency resource for the youth. The LDSS will be responsible for the finalization of the adoption, or integrating and engaging the reconnected resource as part of the youth's formalized transitional living plan.

During this grant cycle, C2Adopt had 47 active cases and 29 matches with adoptive families. A match occurs when an adoptive family is identified for a child. C2Adopt youth had an average of 126 relatives identified at case closure. UMFS Tidewater served 31 children and UMFS Northern VA served 20 children during this reporting period. An average of 112 relatives were identified for each child; 17 matches and four adoptions were finalized by UMFS. Radford DSS provided services to 18 youths and had an average of 54 relatives identified at case closure. The Foster and Adoptive Care Coalition (FACC) conducted the

second bi-annual site visit with the Extreme Recruitment® contractors on December 17, 2018. VDSS will extend existing contracts until June 30, 2020, after which a new RFP will be issued. Over the next two years, the state will implement a new model, 30 Days to Family, in an effort to move the system towards foster care prevention and identifying relatives for kinship placements.

Virginia also has the Foster and Adoptive Family Recruitment (Heart Gallery) contract, which focuses on promotion of children in care who are legally free for adoption, using the Heart Gallery format. There are four contractors who provide statewide coverage. They primarily provide interested families with LDSS contact information for children in foster care who are legally free for adoption via match events and Heart Gallery events. The contracts may partner with faith-based organizations and other community partners to promote children in care available for adoption. Four private, nonprofit agencies provided foster and adoptive family recruitment services in fiscal 2019. An estimated 223 family inquiries were made and contractors reported 16 matches with adoptive children. Fiscal 2020 is the final year for contracts under RFP #FAM-17-042. Virginia plans to implement other modalities to recruit and retain foster parents while working with Virginia's Kids Belong and the VA Fosters Campaign.

Virginia also has several post-adoption contracts to support all adoptive families for both domestic and international adoptions. The post-adoption statewide contract provides innovative post-adoption services and support to adoptive families in the five VDSS regions (central, eastern, northern, Piedmont, and western). These services should be designed to help families build on their strengths to stabilize and to prevent adoption disruptions (pre-finalization), and in particular adoption dissolutions (after legal finalization). Eight private, nonprofit agencies provided ATCP services during fiscal 2019. The collective goal was to finalize 211 adoptions by June 30, 2019. The number of children adopted as of April 30 was 212. UMFS and DePaul received additional funds to increase the number of finalized adoptions by the end of the grant period. Fiscal 2020 is the last year of ATCP under RFP #FAM-18-011.

Another contract, the post-adoption under-served contract, provides innovative post-adoption services and support to adoptive families in the previously under-served areas in Virginia. These services should be designed to help families build on their strengths to stabilize and to prevent adoption disruptions and adoption dissolutions (after legal finalization). During this reporting period, C.A.S.E. provided family and individual counseling services to 27 families and 36 adopted youth. C.A.S.E. also provided training for adoption competency (TAC) to mental health professionals and increased the number of adoption-competent therapists in Virginia from 10 to 35 therapists.

In the past year, the California Evidence-Based Clearinghouse for Child Welfare (CEBC), a nationally recognized body that applies rigorous standards of review to identify effective programs, recognized C.A.S.E.'s TAC program as one with high relevance to child welfare, with promising research evidence, and producing positive child and family well-being outcomes. DePaul provided case management, family counseling, and support group services to 55 families and 93 adopted youth. DePaul reported that, out of the number of families engaged in mental health services, 100% of families that received family-engagement treatment plan goals reported stability, and 90% of clients that received out-patient therapy progressed or maintained stability on therapeutic goals. Frontier Health provided support groups, family and individual counseling, case management, and crisis intervention services to 8 families and 25 children. All three contractors continued to receive consistent feedback from families that highlighted how critical the services were to preserving the adoption of a child with special needs and a history of trauma.

The post-adoption case management (PACM) contract provides post-adoption case management services statewide by region (central, eastern, northern, Piedmont, and western) to adoptive families who adopted from foster care after July 1, 2017. This service will provide stability and support to new adoptive families across Virginia. Three private, nonprofit agencies provided case management services to an estimated 393 families. A total of 786 child referrals were made to the PACM programs in fiscal 2019. The most common types of case management services provided were child and family counseling, school advocacy, support groups, and assistance with birth records. No adoption dissolutions were reported by the three agencies. Fiscal 2020 is the final year of PACM under RFP # FAM-18-003. PACM services will be rolled into consortia-provided, post-adoption services and supports beginning July 1, 2020. Over the summer, VDSS will conduct a work group with case management professionals to develop a standardized PACM approach to the provision of PACM services provided to families.

On March 18, 2019, VDSS issued RFP # FAM-19-060 to solicit proposals from experienced nonprofit, post-adoption service providers to establish consortia-delivered, post-adoption services and supports in each of the five VDSS regions. Based on a set of recommendations from an evaluation of existing post-adoption services in Virginia commissioned by VDSS and conducted by Child Trends, a nonprofit, nonpartisan research center based in Bethesda, Maryland, VDSS is implementing a new service delivery model in response to feedback received from providers, families, local departments of social services, and from an in-depth literature review and identification of best-practice interventions. The overall goals of the new model are to implement evidenced-based interventions identified by Child Trends and to expand post-adoption services and supports in each region, to make sure that services are accessible and available, regardless of where adoptive families live. Existing post-adoption contracts will continue through December 31, 2019, to ensure that no interruption in critical services occurs before consortia-provided services begin on January 1, 2020. Existing contracts with C.A.S.E., DePaul Community Resources, and Frontier Health have been renewed for a six-month period in SFY20. VDSS expects the three contractors to be highly involved in consortia and service delivery in their respective regions under the new model.

Virginia also awarded funds via appropriation to Adoption Share to administer the Family Match program. Adoption Share will use the funds towards continuing the Family Match demonstration pilot program in Virginia. Family Match is a program designed to utilize data analysis and predictive models to enhance the quality of child placements through compatibility matching with foster/adoptive families. There have been two matches to date in fiscal 2019. During the first year of their collaboration of partnership with VDSS, Family Match engaged in the first two regional directors meetings and continued the outreach and response to our recruiting of new VDSS agencies as a result of the new pilot parameters removing the limitation.

Family-Match Virginia hosted one call on normalcy and hosted 17 agency trainings for a total of 68 participants. This includes community events and broadcast webinars with presentations on Family Match. Family Match is on track to meet or exceed its two-year goals. It has achieved 52% of its family recruitment goal. Four new agencies have actively joined Family Match, on track for the two-year goal of seven new agencies. Thirty-four new cases have been uploaded from the 25 new agents with Family Match since the grant award.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

Children placed out of the 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 to be in their best interests or should the need for out-of-state services cease. Both the great variety of circumstances which makes interstate placements of children necessary and the types of protections needed offer compelling reasons for a mechanism which regulates those placements and ensures the safety of children as they move across state lines.

The Interstate Compact on the Placement of Children (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, appropriate retention of responsibility and communication among all parties involved will remain until lawful compact termination. Procedures for the interstate and inter-country placement 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 the provision of 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 and the District of Columbia are members of ICAMA, including Virginia. Non-member states include New York, Vermont, and Wyoming.

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

From April 1, 2018 to April 30, 2019, Virginia has processed 1,867 ICPC cases, for a total case load of 5,421 cases. From April 1, 2018 to April 30, 2019, Virginia has processed 434 Interstate Compact on Adoption and Medical Assistance (ICAMA) cases, for a total of 4,301 cases.

Virginia on-boarded the NEICE system on April 16, 2016 and became one of the first states to activate the system after the pilot was completed. As of May 1, 2019, the following local agencies are currently on the NEICE system: Arlington, Bristol, Chesapeake, Chesterfield, Fairfax, Fredericksburg, Hampton, Harrisonburg/Rockingham, Henrico County, Newport News, Norfolk. Prince William, Roanoke County, Smyth County, Stafford, Suffolk, Virginia Beach, Washington, and Wythe. We have trained 331 local agency workers.

6 CHILD AND FAMILY SERVICES CONTINUUM

SERVICE COORDINATION

Virginia's child welfare system is state supervised and locally administered. This unique system allows for the state agency to manage the LDSS through policy and support. LDSS then work with the specific state and federally funded programs to provide services to children and families in their communities. Each locality utilizes Title IV-B subpart I funding, as distributed for the service coordination of child-welfare services in each locality.

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 to meet their needs. Virginia's LDSS have the flexibility to 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.

Due to this unique approach, the commonwealth does not directly involve many federal programs or Children's Bureau grants, as funding is instead done at the local level, as needed in each locality. VDSS provides technical support to each locality as needed, to ensure federal programs and funding are maximized with state and local resources. There are specific areas detailed in this report that do coordinate at the state level with federal, state, and local resources, but overall the child welfare system is locally implemented.

VDSS has utilized the Three Branch model for several major child welfare initiatives in recent years, as well as, most recently, to implement Family First. This Three Branch model is used as a best practice in the state for the implementation of statewide projects/needs. This model ensures a collaborative and coordinated approach to implementation with other state agencies, including DBHDS, DMAS, DJJ, VDH, OCS, and CIP, as well as public and private agencies providing and/or advocating for child and family services in Virginia. Children and families involved in the child welfare system are served by a variety of state agencies, and VDSS acknowledges that without the close partnership of other agencies, Virginia would not be able to offer a full continuum of care for children, parents, and caregivers who receive prevention services. This model allows for a statewide, coordinated approach to child-welfare projects and needs, to support LDSS and the local agencies of each of the state branches.

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. 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 child welfare system-involved children 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 the management and distribution of Title IV-E funds.

State funds are combined with local community funds and managed by local interagency teams who plan and oversee services to at-risk youth, including state-funded foster youth. 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. FAPT are comprised of local representatives from schools, health departments, courts, community behavioral health, LDSS, private providers, and parent representatives, which is a similar model to the Three Branch approach. Localities also have community policy and management teams (CPMT), which are executive-level representation of the FAPT, with primary responsibility to coordinate long-range, community-wide planning for needed resources and services in the community. This model allows for a local, coordinated approach to child welfare projects and needs in order to support the unique needs of each family.

In line with the Children's Bureau vision and areas of focus, each of these three areas within the service coordination section also align. The areas of protection, prevention, and permanency also make up the first three objectives in the strategic plan. They are not only each a necessary part of service coordination but also bring a unique approach through partnership with the various stakeholder groups represented in Appendix A. While partnerships and collaboration are key to a functioning child welfare system, it also requires a solid child welfare leadership workforce to coordinate those functions.

The assessment of strengths and gaps in services are conveyed under the service array section beginning on page 122. The service array section aligns with each of the areas of focus presented below in Protection, Prevention and Permanency.

PROGRAM COORDINATION TEAM

At the state level, the child welfare program coordination team is comprised of three primary teams: Protection, Prevention and Permanency. In addition to the primary teams, there are supportive teams, such as QAA, CQI, Special Project Managers, Contracts, Training, Compass and Domestic Violence Team. All teams are under the leadership of the Director and two Assistant Directors (DFS organizational chart can be found on page 11).

The objective of the state teams are to:

- Develop regulations, policies, procedures, and guidance;
- Implement statewide public awareness campaigns;
- Explain programs, policies, and services to mandated reporters and general public;
- Coordinate and provide training;
- Fund special grant programs; and
- Maintain and disseminate data from the child welfare information system.

The Protection Team is led by a Program Manager and supported by a Policy Specialist. There are five regional consultants that provide protective technical assistance, case consultation, training, and monitoring to LDSS. The Protection Team also operates a statewide 24-hour Child Abuse and Neglect and Adult Protective Services Hotline. A constituent program consultant responds to citizen concerns.

The Prevention Team is led by a Program Manager and supported by a Policy Specialist. The Prevention

Team is supported by the Family First Team comprised of two special project managers, an IV-E Financial consultant and a change management specialist. A constituent program consultant responds to citizen concerns.

The Permanency team is divided into four teams: Foster Care, Adoption, Diligent Recruitment and ICPC/ICAMA. 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, and ETV Program Specialist. There are five regional consultants that provide foster care technical assistance, case consultation, training, and monitoring to LDSS. A constituent program consultant responds to citizen concerns. Over the next five years, there will be additional staff hired to support the foster care program to include a Director of Health and Safety and additional staff to support regional operations (Permanency Strategy 5.1 and Workforce Strategy 4).

The Adoption Team is led by a Program Manager and supported by a Policy Specialist. The team also has an Adoption Supervisor, AREVA specialist, Closed Adoption Specialist and three Adoption Records Specialist. There are five regional consultants that provide adoption technical assistance, case consultation, training, and monitoring to LDSS. Due to the VDSS commitment to diligent recruitment, these positions also support diligent recruitment efforts in each region. supporting diligent recruitment efforts in each region. There are five regional adoption negotiators who are responsible for negotiating all new and amended adoption assistance and KinGap agreements. There is one Virginia Birth Father Registry Specialist who is responsible for managing the database, responding to inquiries and promotion of the registry. A constituent program consultant responds to citizen concerns.

The Diligent Recruitment Team is currently supported through a Policy Consultant and a Prevention Program Manager that also leads Prevention. In addition, five regional consultants support Diligent Recruitment as well as Prevention. Over the next five years, the Diligent Recruitment Team will be expanded to include a Program Manager and five regional consultants working solely on diligent recruitment. (Workforce Strategy 4).

The ICPC/ICAMA Team is responsible for processing foster care and adoption cases for children who are leaving the state of Virginia. The team is led by the Program Manager/Deputy Contract Administrator and supported by three full time and three part time ICPC Program Consultants.

The QAA Team is led by a Program Manager and two QAA Supervisors. The team is supported by one sub-recipient monitoring coordinator, 18 full-time program consultants, five part-time consultants, two full-time data analysts, and a part-time data analyst. Each team has distinct responsibilities which frequently intersect with each other. The Family Services Quality Assurance and Accountability Unit conducts title IV-E Ongoing, Child Welfare Case Reviews (CWCR), and Child and Family Services Reviews (CFSR) to assess compliance, identify and enhance best practices, and ensure the accuracy of data in the child welfare information system.

The Contracts Team is managed by a Supervisor and supported by five Contract Program Consultants and one procurement officer. The Contracts Team manages all federal grants, such as CBCAP, PSSF, and VOCA funds. Additionally the team manages state contracts to include adoption grants, and Healthy Families.

The Training Team is led by a Program Manager and supported by a Supervisor who manages the VLC,

three full-time curriculum developers, one full-time e-learning content developer, and 17 part-time trainers.

The COMPASS team is led by a Program Manager and supported by two change management specialists, two business analysts, two program consultants, a technical training supervisor and two technical trainers.

The Domestic Violence Program within DFS identifies, mobilizes and monitors resources for victims of domestic violence. Domestic violence prevention programs are federal- and state-funded public or private, non-profit agencies that provide services to survivors of domestic violence and their children. Local domestic violence programs provide for the safety of battered adults and their children through the provision of emergency housing and transportation, crisis intervention, peer counseling, support, advocacy and information and referral. Funding also supports public awareness initiatives and the statewide Family Violence and sexual assault hotline. The Domestic Violence Team is led by a program manager and supported by three program specialists, a training specialist, project manager and data specialist.

Additional state coordination team supports include a CQI Project Manager, a Federal Liaison Program Lead and a Legislation and Regulation Program Manager. There are also three special project managers who are assigned specific projects to support various implementation efforts, support pilot programs, and assist the advancement of policies, procedures and best practices.

There are 120 LDSS. At the local level, the child welfare workforce is comprised of approximately 2,500 Family Services Specialists, 390 Family Services Supervisors, 50 middle management employees and 117 senior management employees. LDSS staff are responsible for receiving reports of abuse and neglect; conducting investigations to determine the validity of CPS reports; and providing services that enhance child safety and prevent further abuse and neglect to families and children. LDSS provide safe and appropriate 24-hour substitute care for children who are under their jurisdiction, promote family home placements, achieve timely permanency for children and youth in foster care, and to develop or maintain positive adult connections for all children they serve.

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

PSSF 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 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. The funding for the 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 those children who cannot return home (Prevention Strategy 4.3). The program funding is flexible and a local planning body determines what community services on behalf of the children and families in their respective communities will be funded or reimbursed for services. The PSSF Program provides services to children who are at risk of out-of-home placement or who are in Foster Care.

The following tables show the number of children and families that received services by service type in FY2016 and FY2017 and FY2018.

Estimated Children and Families Served by Service Type
115 Agencies reporting
March 2016 to February 2017

Service Type	Total Children	Total Families
Preservation	7,561	7,061
Support	12,214	9,547
Reunification	1,998	1,727
*Adoption	38	22
Total	21,795**	18,373**

*$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.

**Number of children and families served are reported by sub-grantees' quarterly reports; may be duplicative.

Estimated Children

Service Type	Total Children	Total Families
Preservation	7083	6646
Support	32,306	20,371
Reunification	1,741	1,474
*Adoption	57	72
Total	41,187**	28,563**

*$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.

**Number of children and families served are reported by sub-grantees' quarterly reports; may be duplicative.

Estimated Children and Families Served by Service Type
120 Agencies reporting
March 2018 to February 2019

Service Type	Total Children	Total Families
Preservation	6,319	5,302
Support	35,916	15,969
Reunification	1,764	1,235
*Adoption	84	41
Total	44,083	22,547

*$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.

**Number of children and families served are reported by sub-grantees' quarterly reports; may be duplicative.

Many children and families receiving PSSF funds are assessed by the local FAPT. These teams facilitate family participation, assess the strengths and needs of children and their families, and develop individual family services plans. Of the estimated 21,795 children reported as served using PSSF funds for fiscal year 2016, an estimated 628 new founded dispositions were reported by LDSS. Of this number, an estimated 374 children entered foster care as reported by LDSS.

In FY 2019, PSSF VDSS staff established the first PSSF Advisory Group, which is comprised of representatives from Commonwealth and LDSS. The purpose of the Advisory Group is to advise the DFS Prevention program in developing and implementing guidance and procedures to support, strengthen, stabilize and achieve permanency for children and families. The Advisory Group met over the course of several months and the first draft of guidance was completed in October 2018.

As in previous years, the Title IV-B Subpart 2 funds are allocated to communities. In January 2019, the Community Needs Assessment Guidelines for the next five- year period and FY 2020 Funding Application were made available to all localities. PSSF staff provided webinar training to assist localities with completing a comprehensive assessment. The assessment is the process by which localities will systematically collect information about the needs, resources and the systems serving children and families in the community. This is a collaborative community effort to include various stakeholders including families, other community partners both public and private as well as staff. This information provides the foundation for localities to develop a plan to meet the goals and objectives for the next five-year period. PSSF staff will use the data obtained from the assessments to build technical assistance around the needs of the localities in order to improve outcomes for children and families.

The Community Needs Assessment provides a framework for moving the Promoting Safe and Stable Families program forward for the next five-year period; 2020-2024. A comparative analysis identified the service needs as well as gaps in services in the Commonwealth by region and community type. The data shows that the continuation of community-based prevention services are needed across all regions of the Commonwealth in order to stabilize and to promote the well-being of children and families. The top service need identified across regions was fatherhood programs. Other service needs and gaps in services included services for the homeless, non-English speaking families, peer counseling, parent leadership, daycare, mutual support groups, family resource centers, housing assistance and transportation.

VDSS received 125 PSSF Community Needs Assessments and Funding Applications from localities across the state for FY2020. All assessments and applications were reviewed to ensure that community partners and stakeholders participated in the process, that services aligned with community needs and that grant requirements were met.

Family preservation services (FPS) are designed to help families alleviate crises that might lead to out-of-home placements for children because of abuse, neglect, or parental inability to care for them. They help maintain the safety of children in their own homes, support families preparing to reunify or adopt, and assist families in obtaining other services to meet multiple needs. Families who may receive FPS are those with children ages birth through 17 years who are at imminent risk of out of home placement into the social services, mental health, developmental disabilities, substance abuse, or juvenile justice systems. The populations of children for whom these services shall be made available include those alleged or found to be abused, neglected, or dependent; emotionally or behaviorally disturbed;

undisciplined or delinquent; and/or have medical needs, that with assistance, could be managed in the home.

Family support services are primarily community-based preventive activities designed to promote the well-being and safety of children and families; promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children; enable families to use other resources and opportunities available in the community; create supportive networks to enhance child-rearing abilities of parents and help compensate for the increased social isolation and vulnerability of families; and strengthen parental relationships and promote healthy marriages. There are no eligibility requirements to receive FSS other than a VDSS approved plan/renewal application.

Family Reunification Services (FRS) are provided to children who have been removed from home and placed in a foster home or a child care institution or a child who has been returned home and to the parents or primary caregiver of such a child in order to facilitate the reunification of the child safely, within a timely fashion and to ensure the strength and stability of the reunification. In the case of a child who has been returned home, the services and activities will only be provided during the 15-month period that begins on the date that the child returns home. Services may include counseling; substance abuse treatment services; mental health services; temporary child care; and therapeutic services for families, including crisis nurseries; transportation to services; peer-to-peer mentoring and support groups for parents/ primary caregivers; and for services and activities to facilitate access to and visitation of children in foster care by parents and siblings. Families who may receive FRS are those who have one or more children (ages birth through 17 years) that have been removed from the child's home and placed in a foster family home or a child care institution.

Adoption promotion and support services (APSS*)* are designed to encourage adoptions from the foster care system that promote the best interests of children. Activities may include pre- and post-adoption services and activities designed to expedite the adoption process and support adoptive families. Families who adopt or express interest in adopting children out of the foster care system, and families who adopt and the adoption is at risk of disruption are eligible.

The following services are offered under each program service type depending on needs of the family:

Service Array	
Adoption Promotion/Support Services	Intensive In-Home Services
Assessment	Juvenile Delinquency/Violence Prevention Services
Case Management	Leadership and Social Skills Training
Community Education and Information	Mentoring
Counseling and Treatment: Individual	Nutrition Related Services
Counseling: Therapy Groups	Parent-Family Resource Center
Day Care Assistance	Parenting Education
Developmental/Child Enrichment Day Care	Programs for Fathers (Fatherhood)
Domestic Violence Prevention	Parenting Skills Training
Early Intervention (Developmental Assessments and/or Interventions)	Respite Care
Educational/ School Related Services	Self Help Groups (Anger Control, SA, DV)
Financial Management Services	Substance Abuse Services
Health Related Education & Awareness	Socialization and Recreation
Housing or Other Material Assistance	Teen Pregnancy Prevention
Information and Referral	Transportation

Title IV-B Subpart 2 funds for this program are allocated to communities for control and expenditure. The CPMT are designated as the local planning bodies for PSSF funds. This role is consistent with their statutory responsibilities to manage community collaborative efforts for at-risk youth and families, conduct community-wide service planning, and maximize the use of Commonwealth and community resources.

Local receipt of funding is based on VDSS approval of individual community plans developed from comprehensive community-based needs assessments. 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 under 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 since the Commonwealth applies more than 25% of title IV-B Subpart 2 funds to adoption service contracts approved by the Commonwealth.

Communities are required, under their community assessment and planning process, to establish and document linkages among services, programs, agencies, organizations, parents, and advocacy groups in order to identify and prioritize service needs. The PSSF Funding Application for 2019 was submitted in April 2018 with approval of 114 localities by the due date.

The PSSF Commonwealth staff conducts training to assure local program staff knowledge in the following key areas: service planning and delivery; outcome measurement; data management; and budget development. Ongoing monitoring through review of quarterly reports and targeted on-site technical assistance as necessary is conducted to ensure the appropriate use of funds. According to the Division of Family Services Sub-Recipient Monitoring Plan for SFY 2017, PSSF Commonwealth staff is

required to complete a combined total of 60 programmatic and financial monitoring reviews. Monitoring may be conducted on-site or through desk reviews.

Quarterly and year-end reports are required of each locality to determine how well the localities meet the objectives. The reports include numbers of:

- Families receiving prevention services, and how many of their children enter foster care;
- Families whose children are in foster care 15 months or less who receive reunification services;
- Children who are placed with relatives other than the natural parents;
- Children for whom a new-founded disposition of abuse or neglect was determined; and
- Families served by ethnicity.

PROTECTION

Child Protective Services (CPS) in Virginia 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 will respond to valid child abuse or neglect reports by conducting a family assessment response or an investigation response, also known as Differential response. The goals of both responses are to: assess child safety, strengthen and support families, and to prevent future child maltreatment. The track decisions are guided by state statute and local policy. In SFY 2018, there were 55,255 children reported as possible victims of child abuse or neglect in 36,857 completed reports of suspected child abuse or neglect. Of those children, 6,485 were involved in founded investigations, 9,723 were involved in unfounded investigations, and 39,047 in family assessments (differential response). In SFY 2019, family assessments accounted for nearly 72% of all CPS reports accepted by local department of social services and, 28 children died as a result of abuse or neglect.

Over the last five years, there has been a 12% increase in the number of completed reports accepted by local departments of social services and a 10% increase in the number of possible child victims. Founded dispositions have decreased by 4% over the last five years and by 7% in the last year. The number of completed family assessments has increased by 21% over the last five years. Child deaths have decreased by 32% over the last five years, and 26% in the last year (see chart on page 155 for a chart of child fatalities over the last five years).

The Practice Model focus on engagement as discussed on pages 14-15 and is necessary for successful child protection services to be implemented, particularly as the initial contact with the family. Protection Strategy 1 and 2 are focused on this area of improvement.

The child protective services hotline is also a key priority for VDSS. As outlined in strategic plan protection strategy 4, there are multiple areas of focus on the hotline itself. These include technological supports, training, and overall enhancement of the quality of the hotline, as well as timeliness of

responses.

There are five additional areas discussed further in the protection section. These are services funded primarily by Title IV-B funds, utilized to fund child protection in LDSS. They detail some of the service array offered under protection by VDSS (protection strategy 2).

- Populations at greatest risk of maltreatment
- Services for children under five
- Preventing Sex Trafficking and Strengthening Families Act (HR4980)
- Efforts to track and prevent child maltreatment deaths
- Healthy families
- Children's Justice Act

These areas are also highlighted in the strategic plan under protection strategies 1 through 4.

Populations at Greatest Risk of Maltreatment

VDSS continues to advance policies, programs, and practices to enhance the safety and well-being of our youngest and most vulnerable child population involved in the public child welfare system: the population of children age birth to four. This is also the population at the greatest risk of maltreatment and the one most likely to die as a result of maltreatment.

The commonwealth child fatality review team has provided valuable information and assisted in developing recommendations for the commonwealth to address child deaths involving children who die as the result of unsafe sleep environments. In addition to the work with the commonwealth child-fatality review team, VDSS (in partnership with Virginia's Children's Cabinet) received a briefing from the alliance regarding the Commission To Eliminate Abuse And Neglect Fatalities and used this information to inform policies and practices. Additionally, VDSS was selected to participate in the 2017 Three Branch Institute, sponsored by the National Governor's Association, to address the recommendations from the Commission to Eliminate Abuse and Neglect Fatalities. Most significantly, the commonwealth 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. The practices focus on the core principles of alone, apart, and always. The website includes educational resources, tips, and support. To date, there have been multiple hits to the website.

In addition, VDSS developed a partnership with The Baby Box Company to equip parents across the commonwealth with vital education and resources needed to give their babies a safe, healthy, and equitable start in life. Furthermore, VDSS developed a partnership with Children's Hospital of Richmond at Virginia Commonwealth University and The Baby Box Company to equip new and expecting families with safe-sleep education through a universal prevention strategy. As of January 2019, 11,077 individuals have completed the safe-sleep educational requirement through Baby Box University, and 5,492 baby boxes have been distributed at no cost to any of the participants. Virginia is also continuing its pilot study with Virginia Commonwealth University's Children's Hospital at Richmond and School of Social Work to make safe-sleep education, Baby Box distribution, and a follow-up nurse home visit within seven days of discharge available universally to all new parents. However, with very little notice, Baby Box stopped

distribution of free baby boxes in May 2019, as the company made business-model changes. VDSS will continue to partner with Virginia Commonwealth University's Children's Hospital at Richmond and School of Social Work to complete the study and assess how the findings might assist in further policy development to prevent child fatalities.

Additionally, VDSS collaborated with its public affairs department to develop a Safe Sleep 365 video ad and advertorial. The video was seen in 92 doctors' offices and four hospitals throughout the commonwealth, and the advertorial was featured in four parent and family magazines. They have also been distributed to the regional consultants as resources for their teams.

Safe-sleep door knockers and magnets were created and made available free to LDSS. They were so popular that VDSS ordered additional door knockers for LDSS to use. VDSS also partnered with the Children's Hospital of Richmond at VCU to host a Facebook live event called "Debunking Safe Sleep Myths." The event began at 6 p.m. so that working parents and caregivers might have the opportunity to participate.

These efforts continue, as the population of young children at greatest risk of maltreatment continues to be a priority for VDSS (protection strategy 2). Additional information is also included in the next section.

Services for Children Under the Age of Five

On July 1, 2017, Virginia implemented a 24-hour response time to a valid Child Protective Services complaint for children under the age of two. While Virginia has had response times spelled out through regulations in the past, this is the first time the commonwealth has mandated a response time for any children. In fact, this mandated response time initially started out for children up to age one, but was expanded to cover our most vulnerable populations. We know that for fiscal 2018, 32.8% of all victims of all founded CPS cases involved children under the age of four. Furthermore, we know that 83% of abuse and neglect fatalities involve children under the age of three.

On January 1, 2019, there were 1,288 children under the age of five in foster care. The number of children in this age range in foster care has remained stable over the last five years, ranging between 1,340 in 2017 and 1,279 in 2018. Of the children in care in 2019, 45% were female and 55% percent were male.

The majority of the children (59%) were white. Twenty-seven percent were black and 11% were of mixed race. For these children, 58 (5%) were in pre-adoptive homes, and 26 (2%) were placed with parents on trial home visits. The remaining 1,204 were in placements that were not permanent, although 110 (9%) of all children under the age of five were placed in relative foster homes. This represents a nearly double use of relative foster homes, in comparison with the overall foster care population.

For children in foster care under the age of five, services include the following:

- Children with the goal of adoption and where termination of parental rights (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;
- For children with the goal of reunification, visits with parents are to be scheduled weekly, if not

more often;
- Concurrent planning practices and placement with a resource family (i.e., a family that will take the child and support both reunification and adoption); and,
- Placement with siblings.

All of these services respond to the need to keep the family together as much as possible, to build on the attachment needs of the young child to the parent (when reunification is likely), and to identify and place the child in an adoptive home (or make the home an adoptive home) as quickly as possible when reunification has been ruled out.

VDSS offers several trainings that deal with children's issues from a developmental perspective and discuss this age group specifically. Those classes are: 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. There are two courses offered to foster parents, Nurturing Parents and PRIDE, which provide training specific to this age group.

Additionally, DMAS is tracking this group specifically to ensure that screening for developmental delays and other health or behavioral needs are addressed as soon as possible.

Individualized services for children in this age group are determined at the local level through the FAPT, which are 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)
- Head Start and Early Head Start

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. VDSS has developed an online training course on the identification of children and youth who are at risk of being victims of child trafficking or at risk of being victimized. This training is available in the public domain.

Of the 100 victims identified as child trafficking victims between 2011 and 2018, the victims were predominantly female (88%), white (60%), and in their teens (75%) at the time of referral. In regard to race, 60% were white, 29% black or African American, 1% Asian or Pacific Islander, and 9% multi-racial. One child was of unknown race.

In regard to age, 14% were under the age of 12, 75% were between age 13 and 17 years, and 7% were age 18 and older, including three in their 30's. Two cases had out-of-range values (i.e., zero for a calculated age), and two were missing age data.

Based on the most recent case type recorded for each client, 56% were involved in foster care, 17% in CPS ongoing, 3% in dual CPS ongoing and foster care, and 7% in other types of child welfare cases. Seventeen percent of cases had no case type reported, which may indicate that these youth had no assigned case ID number and were still involved in a CPS investigation or family assessment.

In 2019, Virginia continued to expand efforts to identify, track, assess, and serve victims of child trafficking. VDSS worked with the Virginia Crime Commission on their study of child trafficking in Virginia and provided crucial input on proposed legislation related to victims of child trafficking. As a result of VDSS' partnership with the Virginia Crime Commission, the general assembly passed legislation which will become effective July 1, 2019 requiring LDSS respond to all complaints and reports involving victims of child trafficking and complete an assessment of their familial homes with the purpose of ensuring the child is protected and appropriate service referrals are provided to the child and family. VDSS is working to prepare the LDSS for statewide implementation of this new legislation.

VDSS intends to deliver and strengthen the LDSS response to child trafficking through the following efforts over the next five years, as reflected in the strategic plan. Strategic plan protection strategy 3 represents the implementation and monitoring of a statewide response to all reports involving child victims of child trafficking through the following activities:

- Protection strategy 3.1: Engage with stakeholders to receive input on Virginia's response to victims of child trafficking.
- Protection strategy 3.2: Identify and utilize technical assistance from subject-matter experts to help support the development, implementation, and evaluation of Virginia's response to victims of child trafficking.
- Protection strategy 3.3: Provide technical assistance through initial implementation of policy guidance on the completion of child-trafficking assessments.

VDSS' case management system is able to identify and document children and youth who have been victims of child trafficking prior to entering, while in, or while on the run from foster care.

Another critical component of 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 the reasonable and prudent parent standards. Foster care guidance was revised in 2015 and 2017 to support LDSS around expectations and requirements when a youth runs away from foster care. The VDSS training unit developed on-line training to educate LDSS family service workers; 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 has also developed training and resources to support LDSS in implementing normalcy for youth in foster care. Work towards improving youth's experiences in foster care through continuing efforts to ensure full implementation of normalcy will continue. SPEAKOUT, Virginia's Youth Advisory Board, and the NewFound Families Foster, Adoptive and Kinship Advisory Board will continue to be key partners in this effort (protection strategy 4.3).

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 the National Child Abuse and Neglect

Data System (NCANDS). This data comes from information reported and documented into OASIS by local CPS workers. The reported death must first meet the 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 local department receiving the complaint or report is a local department 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 the National Child Abuse and Neglect Data System (NCANDS). This data only includes investigations of child death determined to be founded for child abuse or neglect by the LDSS. VDSS works collaboratively with a number of entities, such as the Virginia Department of Health, Office of the Chief Medical Examiner (OCME), Division of Health Statistics, and Law Enforcement/Commonwealth's 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 the difference in governing laws, policies, and roles of each agency. As described subsequently, the roles and tasks of each entity vary, making the use of information from the collaborative partners beyond the scope of what is required to be reported to NCANDS. Accordingly, VDSS does not plan to expand the use of information from the state's vital statistics department, law enforcement agencies, or OCME's offices when reporting child maltreatment deaths.

VDSS is continuing to explore the extent to which the numbers of child deaths reported and investigated by other sources agree, considering our various roles and tasks. The Code of Virginia, §63.2-1503 D requires that LDSS, upon receipt of a complaint regarding the death of a child, report immediately to the attorney for the commonwealth 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 are investigated by the OCME are made available to the Office of Vital Records.

In addition, the state child-fatality review team and Virginia's five regional child-fatality review teams continue to review child-death cases by 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 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Child-death investigations	124	131	129	124	118
Founded disposition*	47	52	46	46	40
Unfounded disposition*	73	72	80	69	71

**This information does not reflect pending investigations and appealed findings.*

As of February 15, 2019, child-death investigations were 118 -35 of these were founded and 65

unfounded. There are 18 pending investigations, which is consistent with data from previous years at this time.

Of the 65 unfounded reports in the previous chart, 50 of the reports (77%) involved a child less than one year of age; 26 of the 65 reports (40%) were sleep-related. This means the actual surface the child slept on, with whom the child was sleeping, how the child was sleeping, or the items in the sleeping environment caused the child's death. As of February 15, 2019, the preliminary aggregate number of child deaths that occurred in fiscal 2018 are as follows: 118 child death investigations, 35 founded dispositions, and 65 unfounded dispositions. There are 18 pending investigations.

Additionally, on July 1, 2017, Virginia implemented a 24-hour response time to a valid Child Protective Services complaint for children under the age of two. While Virginia has had response times spelled out through regulations in the past, this is the first time the commonwealth has mandated a response time for any children. In fact, this mandated response time initially started out for children up to age one, but was expanded to cover our most vulnerable populations. We know that for fiscal 2018, 32.8% of all victims of all founded CPS cases involved children under the age of four. Furthermore, we know that for abuse and neglect fatalities, 83% of these involve children under the age of three. Many of the other strategies focused on this population are detailed in the strategic plan given the high likelihood of child deaths occurring in young children (strategy 4.2).

Healthy Families

The Virginia General Assembly continues to appropriate funding to VDSS to administer the Healthy Families program in 80 communities across the commonwealth, to provide home visiting services to new parents who are at risk of child maltreatment. The goals of the Healthy Families Program continue to include improving pregnancy outcomes and child health, promoting positive parenting practices, promoting child development, and preventing child abuse and neglect. Funding for the Healthy Families program continued at level funding of $9,035,501 for fiscal year 2019. This amount was distributed to thirty-two sites, which were awarded based on a formula using the 2015 number of live births and the 2015 child abuse reports, weighted equally, for each area served. The appropriation continues to include funding for the statewide Healthy Families organization and for Families Forward/Prevent Child Abuse Virginia (PCAV), to provide training and technical assistance to local programs (protection strategy 4.1).

Children's Justice Act

The Court-Appointed Special Advocate (CJA/CASA) Advisory Committee oversees the CJA and CASA programs and makes recommendations to the Criminal Justice Services Board, Virginia Department of Criminal Justice Services. The committee is composed of 12 members appointed by the board, and is focused on improving the investigation and prosecution of child abuse and neglect. The CJA/CASA Advisory Committee serves as one of the citizen review panels. The CJA/CASA Advisory Committee develops a three-year plan in coordination with child welfare and Child and Family Services. The most recent plan developed is inclusive for 2016-2019.

VDSS has a memorandum of understanding with the Department of Education regarding the mandatory reporting and investigation of child abuse and neglect complaints involving school personnel as reporters and alleged abusers. VDSS will continue to modify and update the memorandum, specifically updating recommendations and approvals through each chain of command (protection strategy 4.1).

Virginia Commonwealth University (VCU) Partnership for People with Disabilities hosts the child abuse

and neglect collaborative, involving VDSS, DOE, VCU, and the Department of Criminal Justice Services, which has been operating for more than ten years, focusing on children with disabilities and their risk of being abused or neglected. The training has taken a number of different forms and is currently being delivered as a web-based training available statewide.

PREVENTION

Prevention services are an extension of VDSS's continued efforts to embrace a family engagement practice model and are a critical focus of the CFSP. This is consistent with accepted principles of strengthening families and with recognized best practices in early intervention and foster care prevention services. Furthermore, 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 in the commonwealth. VDSS does not presently have a mandated requirement to provide prevention services. However, many localities provide prevention services across the continuum with local funding sources. With the passing of the Family First Act, over the next five years, VDSS will be enhancing our prevention services and programs 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.

Virginia's current prevention-program guidance focuses on the provision of early prevention services, particularly through community collaborations. Although this is invaluable, the focus on early prevention precluded a focus on the provision of foster care prevention services. The population of older youth entering foster care through delinquency, truancy or runaway, and relief of custody court actions are the least likely to achieve permanency. The development of model prevention programs to prevent youth from entering care need to be developed. The goals of the prevention program over the next few years will largely focus on foster care prevention, in addition to early prevention. The Prevention Advisory Committee provides an ongoing opportunity for collaboration, feedback, and evaluation in the development of our prevention program. Revised prevention guidance will reflect a strength-based and trauma-informed family engagement approach that uses protective factors as a framework. The guidance will also be reorganized into three dedicated sections: (1) overview of prevention for practice and administration (introduction), early prevention, and prevention of foster care. Funding needs are also being explored, including how to realign current funding sources and identify additional funding sources.

Service coordination is a pertinent part of developing and establishing a Virginia child-welfare prevention program that targets resources and services to prevent abuse and neglect, so that children can remain safely at home or with kin caregivers. Currently, prevention services are linked throughout

the child and family services continuum and is largely funded by grants and projects as described subsequently.

- Child abuse prevention play
- Victim of Crimes Services Act (VOCA)
- Child advocacy centers (CACs)
- Child abuse prevention month/conference
- Community-based child abuse prevention grants (CBCAP)

The prevention services plan (pages 77-93) is also a key part of the prevention services section. This plan is an overarching guide for the implementation of the Family First legislation and therefore of this section. There are two other projects that have been occurring since 2016 that will drive the work in our prevention program over the next several years:

- Diversion data pilot project
- Safe families project

In addition, these primarily grant-funded services and supports are included throughout the strategic plan in prevention objective 4. The objective focuses on workflow improvements; evidence-based, trauma-informed services; ease of access for localities and communities to secure funding and services; and well-designed systems around Family First.

The workflow focus will identify and organize these various grants and services, as well as funding streams, to determine service availability and identify gaps (prevention strategy 4.1). These partnerships will not only be streamlined, but also will focus on decreasing barriers to family engagement (prevention strategy 4.3). Through this, informed services will be created to fill these gaps and increase partnership effectiveness (prevention strategy 4.2).

In Virginia, all child welfare funds align and support the overall goals for the delivery and improvement of child welfare services, including CAPTA, PSSF, CBCAP, VOCA, child care, and domestic violence.

Child Abuse Prevention Play

VDSS annually contracts with Virginia Repertory Theatre for the production and delivery of approximately 160 performances of the child sexual-abuse prevention play “Hugs and Kisses” for children ages K-5 in elementary schools across Virginia. The play is a partnership between Virginia Repertory Theatre, PCAV/Families Forward, and VDSS. PCAV/Families Forward receives funding from a Virginia Repertory Theatre subcontract and from VDSS for coordination with LDSS and schools and continued evaluation of the program. VDSS and PCAV/Families Forward jointly provide training on child sexual abuse to each touring cast.

For fiscal 2018, 162 performances were given across the commonwealth and 44,210 children attended. Data revealed that 425 children asked questions about the theme of the play and 119 children were referred to CPS. The Virginia Repertory Theatre subcontracted with PCAV/Families Forward for continued evaluation of the program.

Victim of Crime Services Act (VOCA)

VDSS administers the child abuse victim portion of these funds through an interagency agreement with DCJS. The source of these funds is fines levied for conviction of federal crimes, and the level varies from year to year. The goal of the program is to provide direct services to victims of child abuse and neglect,

and funds must be used for direct services to victims of child abuse and neglect, or for adults who were sexually abused as children (protection strategy 4.3). The intention of the VOCA grant program is to support and enhance the crime-victim services provided by community agencies. Current funded programs offer direct services that include shelter programs for children, counseling/therapy services, sexual assault programs, and court advocacy. Programs provide collaborative efforts of multiple agencies and are located across Virginia, including in rural areas where services are limited.

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. CAC services include forensic interviews of child victims, case review and recommendations for services from a multidisciplinary team (MDT), victim advocacy, and medical and mental health services.

In fiscal 2020, VDSS anticipates additional funding of $405,000 from the general assembly. State funds will be awarded to the 18 local CAC programs serving the previously mentioned localities and CACVA. Additionally, in April 2019 VDSS submitted an application to DCJS for continuation of funding ($4.5 million). Once the application is approved, VDSS will renew contracts for the child advocacy centers to continue to provide services to children who are victims of crime. The total budget for fiscal 2020 for CAC programs totals $5,918,951.00 (prevention strategy 2.1).

The following geographic areas are served.

- Piedmont: counties of Albemarle, Alleghany, Amherst, Appomattox, Augusta, Bedford, Botetourt, Buckingham, Campbell, Craig, Fluvanna, Franklin, Greene, Halifax, Louisa, Madison, Nelson, Orange, Pittsylvania, Roanoke, and Rockbridge, and the cities of Buena Vista, Charlottesville, Covington, Danville, Lexington, Lynchburg, Roanoke, Salem, Staunton, Vinton, and Waynesboro.
- Central: counties of Chesterfield, Dinwiddie, Hanover, and Henrico, and the cities of Colonial Heights, Hopewell, Petersburg, and Richmond.
- Northern: counties of Arlington, Caroline, Fairfax, King George, Loudoun, Prince William, Rockingham, Spotsylvania, Stafford, and Warren, and the cities of Alexandria, Fredericksburg, and Harrisonburg.
- Eastern: counties of James City, Isle of Wight, Prince George, Southampton, and York, and the cities of Chesapeake, Franklin, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, and Williamsburg.
- Western: counties of Bland, Buchanan, Carroll, Dickenson, Floyd, Giles, Grayson, Lee, Montgomery, Pulaski, Scott, Smyth, Tazewell, Washington, Wise, and Wythe, and the cities of Bristol, Galax, Norton, and Radford.

Child Advocacy Centers

There are currently 19 child advocacy centers (CACs) located in Virginia. Their purpose is to provide a comprehensive, culturally competent, multidisciplinary team response to allegations of child abuse in a dedicated, child-friendly setting. CACs provide comprehensive services to victims of child abuse and neglect throughout investigation, intervention, treatment, and prosecution of reported incidents. The CAC model is a child-friendly, community-oriented, and facility-based program in which professionals from core disciplines discuss and recommend appropriate comprehensive services. CAC services include forensic interviews of child victims, case review, and recommendation for services from a multidisciplinary team, victim advocacy, support for the victim and non-offending parent, medical assessment, mental health services, and legal expertise. CACs are incorporated, private, non-profit

organizations or government-based agencies, or components of such organizations or agencies (protection strategy 3).

The commonwealth funds of $1,125,000 to support 18 local CACs and the Child Advocacy Center of Virginia (CACVA) were awarded in fiscal 2019 based on a formula proposed by CACVA and approved by the general assembly and the governor of Virginia. The formula used subjective criteria, including CAC certification level, rate of abuse/neglect, and localities served. In addition, local CAC programs received a total of $1,482,000 in Victims of Crime Act (VOCA) funds from the Department of Criminal Justice services (DCJS). CAPTA funds are used to support a part-time staff person to administer the funding for the CACs, as well as provide technical assistance and consultation to grantees. Eighteen contracts were awarded to local CAC programs in fiscal 2019, representing the following geographic areas.

- Piedmont: four programs serving the counties of Albemarle, Franklin, Roanoke, and Augusta, and the cities of Roanoke, Salem, Staunton, and Waynesboro.
- Central: one program serving the counties of Chesterfield, Hanover, Henrico, Louisa, Powhatan, and Prince George, and the cities of Richmond, Colonial Heights, Hopewell, and Petersburg.
- Northern: six programs serving the counties of Arlington, Fairfax, Rockingham, and Loudoun, and the cities of Harrisonburg, Winchester, and Alexandria.
- Eastern: two programs serving the cities of Chesapeake, Hampton, Newport News, Norfolk, Portsmouth, Suffolk, Virginia Beach, and Emporia, and the counties of Greenville and Franklin.
- Western: three programs serving the counties of Lee, Montgomery, Pulaski, Washington, and Scott, and the cities of Radford, Norton, Tazwell, and Bristol.

In fiscal 2020, VDSS anticipates additional funding of $405,000 from the general assembly. Commonwealth funds will be awarded to the 18 local CAC programs serving the previously mentioned localities and CACVA. Additionally, in April 2019 VDSS submitted an application to DCJS for the continuation of funding. Once the application is approved, VDSS will renew contracts for the Child Advocacy Centers to continue to provide services to children who are victims of crime.

Child Abuse and Prevention Month/Conference

In support of national efforts, Virginia's governor designated April 2019 as Child Abuse Prevention Month. A press conference was held to recognize the continued need to prevent child abuse. Stakeholders, parents, and community partners supported the event. Virginia's statewide Child Abuse and Neglect Prevention Conference was held April 8 to 9, 2019. This was a collaborative effort in partnership with Families Forward. The conference theme was "Power of Prevention: Teaming Up for Virginia Families," centered on community-based programs aimed to keep families together. It highlighted practice advancements in the field and emphasized best practices related to prevention of child maltreatment and assessment of children and families. The conference was a two-day event and had more than 400 attendees of varying professions along with representation from the community at large.

Keynote speakers were as follows:

- "Preventing Early Adversity to Achieve Multiple Health and Wellbeing Outcomes," Melissa T. Merrick, PhD CDC's National Center for Injury Prevention and Control
- "An Overview of Family First Prevention Services: Shifting our Child Welfare System to Focus on Prevention", Commissioner S. Duke Storen, Virginia Department of Social Services, Carl E. Ayers, MSW, Director Virginia Department of Social Services Family Services Division
- "The Neurobiology of Stress and Brain-Mind-Body Practice," Linda Chamberlain, PhD MPH

Consultant and University of Alaska Adjunct
- "Change in Mind: Applying Neurosciences to Revitalize Communities," Jennifer A. Jones, MSW Change in Mind Institute at the Alliance of Strong Families and Communities, Gabriel McGaughey, MSW Children's Hospital of Wisconsin
- "The Surprising and Dangerous Science of Laughter," Slash Coleman, MAed RVA Laugh Club

Community-Based Child Abuse Prevention Grants (CBCAP)

The child-abuse and neglect-prevention grants have served a critical need by providing community organizations with an opportunity to develop and expand services for the prevention of child abuse and neglect, and to serve families at risk for child maltreatment, that otherwise may not be reached (prevention strategies 4.1 and 4.3). 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. Public and private non-profit, incorporated agencies and organizations in Virginia are eligible to apply.

For fiscal 2019, a total of 19 programs supporting child-abuse and neglect prevention were funded with federal, community-based child-abuse prevention (CBCAP) funds ($678,780.52), and commonwealth funds from the Virginia Family Violence Prevention Program (VFVPP) ($500,000), totaling $1,281,153.52 in combined funding to support evidenced-based and -informed programs and practices. Funded programs provide statewide or locally based primary and/or secondary prevention services targeting families and children who are at risk for child abuse and/or neglect. The programs' prevention services are varied in scope to address unmet, identified needs within the different communities. These services include parent education and support groups, child sexual-abuse prevention, home visiting, training for child-care providers, and public awareness efforts. Nineteen contracts were renewed from the initial award issued in fiscal 2019 that supports the following geographic areas (two programs serve more than one region).

- Eastern: Three programs serving the counties of Hampton, Newport News, Isle of Wight, York, James City, Williamsburg, Poquoson, Chesapeake, Norfolk, Portsmouth, and Gloucester.
- Western: Six programs serving the counties of Giles, Floyd, Montgomery, Pulaski, Radford, Washington County, Wise, Scott, Norton, and Bristol.
- Northern: Five programs serving the counties of Loudoun, Shenandoah, Page, Winchester, Clarke, Frederick, Warren, Alexandria, Falls Church, Manassas, Arlington, Fairfax, and Prince William.
- Central: One program serving the counties of New Kent and Charles City.
- Piedmont: Four programs serving the counties of Lynchburg and Roanoke, and the cities of Roanoke, Salem, Botetourt, Craig, Charlottesville, and Albemarle.
- Statewide: two programs designated as statewide child-abuse and neglect prevention programs, funded to provide services in multiple regions across Virginia.

CBCAP funds are distributed through a competitive request for application process, along with VFVPP funds. Funding must be directed to statewide or local, community-based primary and/or secondary child-abuse and neglect prevention services. Funds were previously distributed using a similar request for proposals process, originally begun on January 23, 2015. In fiscal 2018, 20 contracts totaling $1,114,000 were renewed. Contracts for fiscal 2019 will be based on the same process, with requests for proposals released on March 23, 2018. Contracts for fiscal 2019 became effective on July 1, 2018.

Diversion Data Pilot Project

During the 2016 general assembly session, budget amendment item 343(c) directed VDSS to conduct a pilot project on data collection and reporting for LDSS regarding facilitated childcare arrangements (i.e., foster care diversion). It states, "The Department of Social Services shall work with local departments of social services on a pilot program in the western region of the commonwealth, to evaluate the available data collected by local departments on facilitated care arrangements. The department shall, based on findings from the pilot program, determine the most appropriate mechanism for collecting and reporting such data on a statewide basis." Data collected will assist in exploring the barriers to achieving safety and stability for children with kin and/or fictive kin caregivers in lieu of foster care placements.

VDSS coordinated 32 pilot agencies (22 from Western region, and ten volunteer agencies from across the Commonwealth). A Diversion Data Reporting Tool was developed to assist in the collection of baseline data for this project with input from VDSS, CWAC, and LDSS.

VDSS collected baseline data from CPS ongoing and prevention cases, where a diversion placement occurred, in July 2016. VDSS compiled the data, which was submitted quarterly by local agency staff and was be collected for a period of 18 months.

VDSS continues to partner with Child Trends, working under the Annie E. Casey Foundation Kinship Diversion Study, to analyze the data collected, with an emphasis on identifying the extent and scope of diversion practice statewide. There are two other states involved in the Child Trends and AECF Kinship Diversion Study. Additionally, with assistance from VDSS Research and Planning, general administrative data has been retrieved from OASIS for non-diversion cases (a whole universe of cases for the same duration of the manual data-collection pilot, July 2016 to December 2017). These cases will serve as a comparison group, so that additional analyses can be conducted regarding practices in diversion cases and non-diversion cases. Using the aforementioned datasets, VDSS intends to address the following questions:

Description of population

- What is the prevalence of kinship diversion in the state?
- What are the characteristics of the children and families in kinship diversion arrangements?

Description of practices

- What types of workers divert children?
- What is the experience of children in kinship diversion arrangements?

Description of child and family outcomes

- What are the outcomes for children and families in kinship diversion arrangements?
- Do outcomes (well-being, safety, and permanency) differ depending on the characteristics of the children and families and/or case-level practices (open vs. closed cases, type of worker)?
- Do outcomes (well-being, safety, and permanency) differ for children in diversion kinship arrangements versus children in other placement options (e.g., licensed kinship, differential response, in-home services, foster care)?

Description of policies

- What, if any, are the policies and/or guidelines associated with diversion?
- How might findings might inform future state kinship diversion policies and practices?
- What are we learning about what is working well or not so well with regard to kinship diversion?

The analytic process will be iterative, requiring ongoing feedback from Child Trends on preliminary results. In sum, VDSS seeks to develop clear, consistent best-practice guidance to LDSS concerning diversion. Issues to be addressed include defining the role of LDSS, birth parents, and relatives in the development of meaningful permanency plans; appropriate assessment of kin caregivers; finding, preparing, and supporting kin caregivers; and assisting families to assess their options and collaborate in the decision-making process. Without a comprehensive approach to the enhancement of guidance and practice in this area, VDSS cannot adequately determine the impact on important goals and benchmarks relating to child well-being, safety, and permanence for the universe of in-home services cases (prevention strategy 4.1).

Safe Families Pilot Project

During the 2016 general assembly session, VDSS was directed by budget amendment item 339(s) to partner with Patrick Henry Family Services to evaluate the Safe Families for Children (SFFC) model as an alternative to placement in foster care for children in Planning District 11. The SFFC model utilizes a network of volunteer host families to assist parents in securing a temporary alternative living arrangement due to unmanageable or critical circumstances. As part of its charge, VDSS examined the use of a power of attorney to delegate parental authority. Virginia statute already allows for limited use of a power of attorney for kinship care cases. However, many other commonwealths go further and follow the Uniform Guardianship and Protective Proceedings Act (UGPPA), which allows a parent to delegate to another person, for a period (usually between six months and one year), any power regarding care, custody, or property of their child. The pilot program took a similar approach. To accomplish this task, DFS consulted the Division of Licensing Programs in evaluating the effectiveness of the program, articulating findings, and providing recommendations.

VDSS acknowledges the intent of concerted efforts to support vulnerable families in the community without child welfare system involvement. These efforts create a medium for meaningful partnerships with community-based providers to offer temporary care for at-risk children in the community. This alternative can facilitate the support and strengthening of families and perhaps prevent at-risk children from being placed into foster care. The potential success of such efforts comes from the ability to recruit volunteers prepared to support vulnerable families over short periods of time, while being attentive to child well-being, safety, permanency. Vulnerable families benefit from having access to extended community networks and local resources. In turn, the volunteers benefit from the sense of contributing to their respective communities.

VDSS believes in partnering with others to support child and family success in a child welfare system that is family-focused, child-centered, and community-based. The purpose of the pilot program was to evaluate a short-term model of temporary custody for families in crisis, to help prevent family disruption and children being placed into foster care. Thus, VDSS identified the following programmatic and practice recommendations in providing parents with support and respite while children reside in an alternative environment with the goal of reunification.

- Recommendation 1: A more rigorous evaluation of the Safe Families model's effect on children and families in crisis is needed to justify broader implementation of the program in other communities.
- Recommendation 2**:** VDSS supports the enhancement of family-driven service models, such as Safe Families, as a best practice in prevention. Thus, LDSS and other community-based organizations have the opportunity to work together as partners to strengthen the

infrastructure and array of local prevention efforts.

The findings and recommendations of the evaluation have been finalized and can be viewed on the Virginia Legislative Information System (LIS) website: RD549 - Report on Pilot Program - Temporary Placement of Children in Crisis – December 1, 2017.

As the result of continuing budget language adopted during the 2018 Special General Assembly Session 1, VDSS continued to partner with Patrick Henry Family Services (PHFS) to evaluate the Safe Families for Children (SFFC) model as an alternative to the placement of children in foster care. The pilot project was limited to Planning District 11 in the Piedmont region, which encompassed Amherst, Appomattox, Bedford, and Campbell counties, and the city of Lynchburg.

Through continued evaluation, an ongoing emphasis was placed on the development and collection of the following qualitative elements: an effort to capture more information regarding children who were unable to be hosted (chance to identify service gaps/opportunities), capturing sibling dynamics, and implementing pre- and post-placement survey/questionnaire(s) for host families. Additionally, a concerted effort focused on examining hosting outcomes, to include capturing the following: number of hosting extensions, repeat referrals and hostings, risk level on discharge, service connection on discharge, and subsequent child welfare system involvement (e.g., CPS involvement or placement in foster care).

During the 2019 general assembly session, HB 2542 was introduced to support the SFFC model. HB 2542 allows a parent or legal custodian of a minor to delegate to another person, by a properly executed power of attorney, any powers regarding care, custody, or property of the minor for a period not exceeding 180 days. The bill provides that a parent or legal custodian who is a service member, as defined in the bill, may delegate such powers for a period of longer than a year while on active duty service, but specifies that such a period is not to exceed such active duty service plus 30 days. The bill requires entities that assist parents with the process of delegating parental or legal custodial powers be licensed as a child-placing agency. This includes assistance with identifying appropriate placements for children or providing services and resources to support parents and legal guardians to whom custody has been transferred. As included in the original language and to establish a level of oversight, these licensed child-placing agencies will be subject to background checks and must develop and implement written policies for certain services and provide staff and provider training.

VDSS acknowledges the intent of this community-based response to support families in crisis by expanding the network of entities that support children and families in the event that a parent or legal guardian is temporarily unable to care for their child. Alternatively, parents or legal guardians are offered greater family autonomy to make plans for their child's care with less involvement of the child welfare system. This approach is consistent with developing meaningful partnerships with others to support child and family success in a child welfare system that is family-focused, child-centered, and community-based (protection strategies 1 and 3).

PERMANENCY SERVICES

Foster care in Virginia is required by commonwealth law (§ 63.2-905) to 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 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.

In 2016, VDSS implemented Fostering Futures, the extension of foster care to age 21. Since then, the average rate of entry into Fostering Futures is approximately 50% of all youth turning 18 in foster care. In 2018, VDSS implemented kinship guardianship in Virginia. On January 1, 2019, there were 4,581 children between the ages of birth and 17 in foster care. This is nearly identical to the overall number of children in care at the same point in time last year (4,580). An additional 758 youth between the ages of 18 and 21 were also being served on January 1. The majority of 18- and 19-year-old youth were receiving foster care services through Fostering Futures. The youth age 20 on January 1 with birthdays prior to July 1 were being provided with independent-living services.

Virginia continues to support increased use of foster family homes. On January 1, 2019, there were 3,842 foster care children (72%) in foster homes. On January 1, 2018, the percentage of all children and youth in non-relative foster home placements was 61.6% (3,289 children.) An additional 225 youth (4.2%) were placed in pre-adoptive homes. The percentage of children placed in relative homes increased slightly, from 5.2% on January 1, 2018 to 6.1% on January 1, 2019. Of children in foster care, 13.39% (715) were in congregate care placements, which represents a slight decrease from 2018 (759).

Virginia's permanency rate for calendar year 2018 was 71.8%, which is a slight decrease from the permanency rate of 74% for 2018. 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 is an area needing focus.

In response to concerns about Virginia's lack of progress towards improving permanency outcomes for children in the foster care system, which were also identified in the 2018 Joint Legislative Audit and Review Committee (JLARC) report, "Improving Virginia's Foster Care System," the 2019 general assembly and governor of Virginia passed, funded, and enacted a Foster Care Omnibus Bill (SB 1339) which addressed the majority of the recommendations of the report. In regard to the well-being and safety of children in foster care, the legislation requires VDSS to establish a director of foster care health and safety (permanency strategy 5.1). VDSS has developed a job description that specifies that candidates will be licensed medical professionals, ideally physicians with prescribing privileges, familiarity with the effects of trauma, and experience working with children. This position will be responsible for identifying LDSS that fail to provide foster care services in a manner that complies with applicable laws and regulations and that ensure the well-being, health, and safety of all children in foster care. Among other responsibilities, the director will ensure that LDSS remedy any failures in practice (e.g., conducting monthly caseworker visits, the provision of physical, mental, and behavioral health screenings and services to children, and oversight of psychotropic medication use, etc.) and track health outcomes for children in care.

Additionally, the foster care omnibus bill established two additional regional consultant positions in each office, which will permit VDSS to significantly increase the level of technical assistance support and ongoing review of case work at the LDSS level. Between July and December 2019, VDSS will be restructuring the current positions and hiring to fill vacancies, so that eventually there will be three

permanency consultants and a family recruitment consultant in each region (permanency strategy 4). The permanency consultants will be tasked with providing ongoing review of all placement 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; monitor utilization of the psychotropic medication oversight protocol; and provide oversight for the provision of physical, mental, and behavioral health screening and services. Additionally, they 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.

The family recruitment consultants will be responsible for working with the LDSS to more effectively recruit foster families and for executing the state's diligent recruitment plan. These consultants will be reporting to a new family recruitment program manager (also established by the foster care omnibus bill) who will be responsible for implementing a data-driven strategic plan, to be updated biennially, to improve the recruitment and retention of foster families (permanency strategy 3).

This additional capacity at the regional level will permit VDSS to support LDSS through regular, intentional provision of technical assistance towards implementing best practices and improving outcomes for children in foster care. It is also anticipated that this targeted attention, in combination with the implementation of the mobility solution (workforce strategy 1), will result in more accurate and timely data becoming available. Finally, code change within the foster care omnibus bill empowers the regional office consultants to provide casework services for children in the custody of an LDSS, should that become necessary to ensure those children's well-being and safety.

These consultants will routinely provide technical assistance on foster care policy and procedures and be available for on-site technical assistance as required. VDSS home office staff also provides 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.

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, special initiatives, adoption finalizations, and the adoption disclosure processes. Virginia's special initiatives are designed and implemented to assist LDSS to ensure that children achieve permanency through adoption.

The following charts show Virginia's adoption activities and funding for fiscal 2018.

Adoption Activity SFY 2018	**Funding Source**	**Allocation and Services**
Adoption support	SSBG	$1,125,000 post-adoption legal services (SSBG funds)
Adoption recruitment (formerly One Church One Child)	SSBG and adoption incentive funds	$284,435 recruitment (SSBG/general funds)
Adoption services	Title IV-B, subpart 2 and commonwealth funds	$1,877,881 adoption services (Title IV-B, 2 = $1,408,411 and commonwealth match = $469,470)
Adoption subsidy payments	Title IV-E and commonwealth general funds	$103,364,795 adoption subsidy ($51,966,307 Title IV-E and $51,398,488 commonwealth match)
Adoption assistance	Commonwealth funds	$26,781,250 commonwealth adoption (commonwealth funds)
Va Adopt Campaign	General funds	$1,500,00 adoption services (commonwealth funds)
Reinvesting adoption savings	General funds	$4,681,399 adoption services (commonwealth funds)

The adoption program utilizes a variety of resources to assist the LDSS to achieve permanency via adoptions. The appropriation of state funding for the adoption negotiators and the various stakeholder partnerships between VDSS, contractors, and LDSS increased the use of resources, such as the mutual family assessment contract staff, reformed practice, and increased the number of foster care youth with finalized adoptions over the past two years. In fiscal 2018 there were 840 foster care adoptions finalized. In fiscal 2017 there were 747 adoptions finalized. This is a record number of finalized adoptions in the last two years.

Service coordination in is a pertinent part of the objective to improve permanency outcomes for Virginia's children. The subsequent sections detail services and supports within the area of permanency.

- Monthly casework visit formula grants and standards for caseworker visits
- Adoption Resource Exchange of Virginia (AREVA)
- Services for children adopted from other countries
- Adoption savings
- Other adoption services
- Adoption and legal guardianship incentives
- Adoption incentive funds
- Adoption Month proclamation and awareness

- Statewide post-adoption services

Permanency is a very broad category in child welfare services, given that it serves children throughout their time in and out of home care, up until a permanency outcome is achieved. VDSS is focused both on improving case worker visits (permanency strategies 1 and 3), as well as focusing on adoption as a permanency goal while supporting post-adoption serves (permanency strategy 3). Please also see the service array section for additional information beginning on page 122.

Monthly Casework Visit Formula Grants and Standards for Caseworker Visits

Workers have been able to increase visitation, despite receiving very few additional resources, and have been consistently meeting 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, 2018 to March 31, 2019, the face-to-face monthly visit rate was 95.95% and the in-residence visit rate was 78.65%. Virginia has met the federal standard for both monthly face-to-face contact and visits occurring in the child's placement for each AFCAR's reporting period since October 2014.

Steps taken to address compliance include:

- Continued communication with the LDSS around the need to comply with both visitation expectations and timely and appropriate documentation. Regional foster care consultants continue to reach out to provide technical assistance, especially to those LDSS whose compliance rate appears problematic.
- Provision of transcription services. Transcription services reduce the administrative burden associated with worker visits and ensure that documentation is quickly available in OASIS.
- Development of a mobility solution. VDSS will make a mobility application available to the field this fall, which will allow workers to access OASIS from the field. This functionality, in combination with transcription services, is expected to assist LDSS in completing documentation within the appropriate timeframes.
- 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 allows users to drill down to the worker level to identify where improvements in visits need to be made to reach and surpass the federal requirement. Additionally, a filter can be applied to identify when the narrative section of a worker visit has not been completed adequately. In the last year, a new report that calculates the federal fiscal year-to-date compliance rate has been made available to the LDSS through SafeMeasures,® so that they will have access to the same information the regional consultants are using. 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 placing children in their home communities. When children in care are placed locally, travel time for workers is decreased. Virginia will continues to focus on family engagement strategies, efforts to improve permanency outcomes, and the minimization of traumatic impact on children of coming into foster care by using local, family-based placements, for many reasons, including making it easier to visit with children regularly (prevention strategy 3).

Federal Title IV-B funds to support worker visits have been used primarily to pay for travel costs

associated with visitation, especially for children placed in residential placements out of state. Some LDSS have used the funds to purchase laptops or tablets to assist with timely documentation of visits.

Steps taken to address the quality of worker visits:

- Foster care guidance emphasizes that worker visits be well-planned and focused on issues pertinent and meaningful to case planning. The focus of caseworker visits should be on the child's well-being, safety, and progress towards permanency. Documentation of the visits should address how the contact was meaningful and include information specific to the child's well-being, safety, and efforts to achieve permanency. Guidance was updated in fall 2018 to emphasize the requirement that services workers must spend time alone with the child during the monthly visit. This provides the 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.
- LDSS have been provided with a job aide that identifies the elements of quality worker visits. The monthly worker visit checklist supports the worker in conducting well-planned visits focusing 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.
- In addition to new-worker training, VDSS has developed and delivered additional training for supervisors and LDSS leadership, to emphasize elements of quality visits.
- As the quality of visitation has been determined to be an area needing improvement, it will be addressed in implementation of the CCWIS permanency strategy 1.3.
- 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.

Periodically, and especially during agency visits, regional foster care 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 well-being, safety, and permanency of the child (permanency strategies 1 and 5).

Adoption Resource Exchange of Virginia (AREVA)

VDSS administers AREVA, providing statewide recruitment efforts for children in foster care who are legally free for adoption. AREVA maintains information on AdoptUSKids at www.AdoptUSKids.org. AREVA supports the efforts of the Adoption Exchange Association. AREVA utilizes AdoptUSKids on a national level and works with LDSS to have Heart Galleries in each of the five regions of the commonwealth. Heart Galleries have been very effective in recruiting families for waiting children.

The AREVA coordinator works collaboratively with LDSS and private child-placing agencies during November of each year to promote Adoption Month celebrations and other adoption celebratory events throughout the month. For fiscal 2018, the AREVA coordinator assisted with the identification of youth who were featured in "30 Kids in 30 Days," in partnership with Connecting Hearts of Virginia in the metropolitan Richmond viewing area, CBS, channel 6 and "30 Days of Hope," and in partnership with

DePaul Community Resources in the Piedmont viewing area, WSLS, channel 10. Children available for adoption were featured daily and information was shared about foster-to-adopt for November 2018. A calendar of adoption events across the commonwealth is maintained on the VDSS intranet during November by the AREVA coordinator.

Family inquiry tracking was implemented in August 2018, to determine how LDSS are responding to families with approved home studies who have expressed an interest in children featured on AdoptUSKids who are legally free for adoption. Responses include child no longer wishing to be adopted, child placed with perspective adoptive family, child on hold—reviewing home studies, and child on hold—other.

From August 1, 2018 through December 31, 2018, there were 989 responses to initial inquiries. LDSS workers provided 318 responses, or a 32% response rate. Inquiries are tracked at initial inquiry and at 30 and 90 days after the initial inquiry. From January 1, 2019 through February 15, 2019, there were 640 responses to initial inquiries and 45 responses, a 7% response rate.

As of February 27, 2019, data taken from Safe Measures indicate there are approximately 1,627 children with the goal of adoption, for whom termination of parental rights has occurred. Currently, there are 229 children who are photo-listed on AdoptUSKids. Approximately 602 children are on hold, of which 190 are placed on deferment because they are in an adoptive placement. The remaining 412 are on hold for various reasons, i.e., will not consent to adoption, on medical hold, in detention, etc. Although 1,627 cases have the goal of adoption, in 302 cases TPR has not been filed, 97 cases are on appeal, 697 cases are in non-adoptive foster homes, 206 are in pre-adoptive homes, 192 cases are in the finalization process, and 118 have a parent missing from TPR. Of the remaining 15 cases, eight have TPR filed but not yet ordered and seven have TPR denied or overturned.

Adoptioninquiries@dss.virginia.gov			
December 2018		January 2019	
Total Inquiries	410*	Total Inquiries	599*
Completed Follow-ups	410	Completed Follow-ups	599
Missing Follow-ups	0	Missing Follow-ups	0

*includes inquiries from AdoptUSKids

Services for Children Adopted from Other Countries

The commonwealth will continue to track international adoptions over the course of the next five years and identify additional resources, such as the use of adoption savings funds and commonwealth funds, to provide supportive services to children who are adopted from other countries, such as adoption assistance (if eligible) and post-adoption services.

Currently, international adoption data is extracted from an internal database and is not captured in our current SACWIS system. As the commonwealth continues to work towards development and implementation of a new case-management system (CCWIS) within COMPASS, the goal will be to integrate this data source in the new case-management system.

There were a total of 83 international adoptions in fiscal 2018, 11 of which were processed through ICPC. These cases were tracked through the ARRIS system, because the NEICE system does not process

international adoptions and cases cannot be tracked in our current child-welfare case-management system. They were from the following countries:

- Bangladesh (4)
- Haiti (4)
- Morocco (2)
- Philippines (2)
- Thailand (2)

This count does not include the private domestic adoptions. There were a total of 175 private domestic adoptions that were processed into Virginia and a total of 62 private domestic adoptions that were processed out of Virginia.

The adoption program supports international adoption support. Families who adopt children internationally have access to the same post-adoption services as families who adopt domestically. A description of these services can be found in the post-adoption services section beginning on page 168.

VDSS will update our public-facing website with language that informs families who adopt children internationally of the availability of post-adoption services. In addition, we will explore adding conference workshops at upcoming adoption month conferences that focus on supports for families who adopt internationally. The commonwealth will continue to track international options over the course of the next five years and identify additional resources, such as the use of adoption savings funds and commonwealth funds, to provide supportive services to children who are adopted from other countries, such as adoption assistance (if eligible) and post-adoption services. Children who have been adopted from other countries may also be eligible for Family First services, if identified as candidates for foster care." As the commonwealth continues to work towards the development and implementation of a new CCWIS case-management system within Compass, the goal will be to integrate this data source in the new case-management system.

Historically, VDSS utilized a community stakeholder (a contractor) to provide information specifically related to the numbers of out-of-country adoptions served and post-adoption supports to families who adopted children from other countries. In addition, we did not capture data on youth adopted from other countries who entered foster care or any supportive services required to achieve permanency for these children. We have requested a report to provide the latter annually and semi-annually. In addition, in the next APSR, we should be able to demonstrate an additional number of youth adopted out of country, as all adoptions are captured in ARRIS and the previous information was provided for ICPC cases only.

Adoptive Savings (section 473(a)(8) of the Act)

DFS and the VDSS division of finance conducted the third Title IV-E adoption savings calculations and case reviews in fiscal 2018. As a result of this project, more than $3 million was calculated as adoption savings in fiscal 2018. VDSS spent the funds in fiscal 2018 on services to support and sustain adoptive placements for foster care adoptions. The mutual family assessment (MFA) consultant and specialist positions assist local departments of social services in completing mutual family assessments for prospective foster and adoptive families, which is required for a foster care or adoptive placement. In fiscal 2018, the MFA specialists received more than 342 referrals from across the commonwealth and completed approximately 205 mutual family assessment home studies, of which 135 adoption assessments were recommended for approval by the local department of social services.

In addition, at least 30% of the savings will be spent on post-adoption services, as required by P.L. 113-183 modified section 473(a) (8) of the act, effective October 1, 2014. Adoption savings monies will be used in the same manner for fiscal 2019, by providing services to support and sustain adoptive placements for foster care adoptions, such as MFA staff, preservation of adoption records, and contractor support to assist LDSS, with the most youth legally free for adoption, in finalizing timely adoptions.

VDSS utilizes Title IV-B, subpart 2 funds and the Virginia Department of Social Services (VDSS) to fund requests for proposals to provide a statewide system of post-adoption services.

Other Adoption Services

In addition to adoption services for children in foster care, VDSS provides services to persons 18 years of age and older 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.

The division is working collaboratively with VDSS I.T. and security on a document-management project. Specifically, the division will be working with a vendor to scan current adoption records from microfiche and new records into a digital platform. The work from fiscal 2017 and 2018 has continued, as the project required proposed legislation, which passed in March 2018, and internal agency policies were required to move forward. As of February 2019, the adoption program is working closely with VDSS divisions, such as general services/procurement, I.T., and information security and risk management to finalize the contract with the proposed vendor.

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 commonwealth-supported assistance. Virginia may also provide non-recurring and special service payments for eligible children with special needs. In addition, Medicaid may be provided to assist in meeting a child's medical needs.

In fiscal 2018, there were a total of 7,797 children served per month through adoption assistance. The total allocation for Title IV-E adoption assistance was $103,364,795. There were 1,464 adopted children who received services through commonwealth adoption assistance. The total allocation for commonwealth adoption assistance was $26,781,250. LDSS provided for a total of 820 adoptions in fiscal 2018.

Adoption Incentive Funds

In fiscal 2018, VDSS received approximately $200,000 in adoption incentive awards funding. During fiscal 2018, LDSS had the opportunity to apply for adoption incentive funds through proposal submissions. Approximately 30 agencies, out of 120 across the commonwealth, applied and were awarded funds in excess of $150,000. Additional funds are currently available from the two previous grant years. Local agencies utilized 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 utilize any future adoption and legal-guardianship incentive funds in fiscal 2019 to support adoption services for families statewide.

Adoption Month Proclamation and Awareness Events

Governor Ralph S. Northam signed and issued a proclamation in August 2018 in advance of November's Adoption Awareness Month. VDSS co-hosted the second annual VDSS conference with NewFound Families on November 2, 2018. The conference focused on kinship adoption and working with kinship families. Dr. Ruth McRoy was the keynote speaker. It is anticipated that VDSS will continue to host annual adoption conferences.

Statewide Post-Adoption Services

These services are designed to help families build on their strengths to stabilize and to prevent adoption disruptions (pre-finalization) and, in particular, adoption dissolutions (after legal finalization). The contractors awarded the contract are the Center for Adoption Support and Education (C.A.S.E.), serving areas of the Northern, Eastern and Piedmont regions; Catholic Charities of Eastern VA, serving the Eastern region; Children's Home Society, serving areas of the Central and Northern regions; DePaul Community Resources, serving areas of the Western and Piedmont regions; and United Methodist Family Services, serving areas of the Central, Eastern, and Piedmont regions.

A new RFP for post-adoption services contracts began on July 1, 2018. Underserved areas in Virginia and unmet post-adoption services were given greater consideration. The purpose of the contracts is to provide innovative post-adoption services and support to adoptive families. The services provided are designed to help families build on their strengths to stabilize and to prevent adoption disruptions (pre-finalization) and, in particular, adoption dissolutions (after legal finalization). Contracts were awarded to the C.A.S.E., DePaul Community Resources, and Frontier Health. Collectively the three contractors serve the Eastern and Piedmont regions and seven localities in the Western region.

In fiscal 18, a total of $1,897,046 was spent on underserved and statewide post-adoption services. Aggregate results from post-adoption service contractors follows:

Post-Adoption Services - # of children and families served in Fiscal 2018	Total
1. Number of families served	468
2. Number of children served	790
Post-Adoption Services - # of disruptions and dissolutions in Fiscal 2018	Total
3. Number of disruptions	0
4. Number of dissolutions	2

Post-Adoption Services - Service Category	Total
Number of families served in fiscal 2018	438
Case management	431
Educational case management	84
Supportive counseling	142
Therapy	208
Crisis intervention	76
Parent coaching	89
Clinical consultation	68
Information and referral	522
Community clinical consultation	38
Respite (duplicated for UMFS)	232
Peer support	68
Parent trainings	198

	Total
Number of post-adoption competency trainings (for school counselors, therapists, families, LDSS staff, etc.)	81

C.A.S.E. focused primarily on training mental health clinicians and families in adoption competencies, including trauma-informed care. C.A.S.E. shared the following summary of client responses from a survey that evaluated satisfaction with services provided and with therapeutic and behavioral outcomes. The survey was administrated to pre-adoptive and adoptive families.

- 97.06% of respondents were very satisfied with services received.
- 94.12% of respondents indicated they strongly agreed with the statement, “My therapist has an in-depth understanding of the many issues associated with being an adoptive family.”

- 72.73% responded that, as a result of therapeutic services received, “I am better able to respond to my child’s emotional and behavioral needs.”

The average percentages of ratings reflecting significant problems requiring interventions declined from 42.22% to 18.73% after the intervention. Areas that were either identified as not a problem or a manageable problem increased from 52.78% to 81.29%. This pattern of ratings migration suggests families have been moving away from being in crisis and perceive problems as more manageable. These are indicators of intervention effectiveness.

UMFS AFP Data Excerpt on Disruption/Dissolution of Families Served, Families with International Adoptions Compared with All Families Served through March, 2018

Adoptive families with international adoptions: No disruptions/dissolutions since April 2011

Seven-year profile		One-year profile	
Families with international adoptions served since April 2011		Families with international adoptions served from April 2017 to March 2018	
Total families: 198 (unduplicated counts) Total children: 281		Total families: 36 (unduplicated counts) Total children: 53	
Breakout of all cases closed:		Breakout of all cases closed:	
Reason for case closure	Count	Reason for case closure	Count
Disruption/dissolution	0	Disruption/dissolution	0
Child out of home (no dissolution)	7	Child out of home (no dissolution)	0
Family moved out of region	4	Family moved out of region	1
No longer need services	49	No longer need services	0
No contact for 60 days	25	No contact for 90 days	7
Child turns 18 years old, aged out	0	Child turns 18 years old, aged out	1
Total closed	85	Total closed	9

Of the total 147 adoptive families served through March 2018, 36 families have adopted internationally. These 36 families represent 24.48% of total families served in the time period. In the 36 families, there are 53 children adopted internationally.

All adoptive families served: For the time period from April 2017 to March 2018, there were no dissolutions. Since April 2011, there have been three disruptions or dissolutions.

Seven-year profile		One-year profile	
All adoptive families served since April 2011		All adoptive families served from April 2017–March, 2018	
Total served: 818 (unduplicated count)		Total families: 147 (unduplicated counts) Total children: 234	
Total of 3 families closed due to disruption/ dissolution (2 foster parent and 1 relative adoption).		No cases were closed due to disruption/dissolution.	
Breakout of all cases closed:		Breakout of all cases closed:	
Reason for case closure	Count	Reason for case closure	Count
Disruption/dissolution	3	Disruption/dissolution	0
Child out of home (no dissolution)	32	Child out of home (no dissolution)	1
Family moved out of region	22	Family moved out of region	2
No longer need services	184	No longer need services	10
No contact for 60 days	159	No contact for 90 days	18
Child turns 18 years old, aged out	0	Child turns 18 years old, aged out	2
Total closed	400	Total closed	33

Primary services provided by Adoptive Family Preservation (AFP) for domestic and international adoptions.

- Case coordination and management utilizing a family-systems approach and the high-fidelity wraparound model. Each family receives access to services through their assigned adoption care coordinator, who navigates the family through the process of determining service needs and developing a plan to address the identified needs.
- Educational case management involving school advocacy, attendance at school meetings, and coordination with other client providers, to ensure optimal educational performance.
- Supportive counseling for adoptive parents struggling with behavior management and therapeutic parenting. Crisis intervention as needed to support families in identifying immediate support services to assist with stabilization. Parent coaching with AFP clinical staff or therapist, who will assist the adoptive parents in understanding and identifying trauma, adoption, and attachment issues in order to help them meet the needs of their adopted children in a more effective way.
- Ongoing adoption-competent trainings for professionals, developed with the intention of increasing the pool of adoption-competent providers. AFP therapists will be trained in adoption-competent interventions and will provide initial and ongoing training and consultation to other service providers in each of the identified service regions. Adoption-competent interventions in trauma and attachment work by AFP therapists, which includes individual and family therapy and a psycho-educational model, to provide parents with the knowledge base for understanding effective interventions for traumatized children.
- Individual and family therapy to support the mental health needs of adoptive families and to assist in creating stability within the adoptive placement. Assessment and evaluation of the effect of trauma, core adoption issues, and attachment patterns in adopted children. Family functioning and the adoptive parents' own potential history of trauma and attachment may also be assessed and evaluated, in order to ensure the stability of the adoptive placement.

- Crisis-response services in collaboration with other providers to ensure that all families have a crisis plan and access to stabilization services as needed. Advocacy is supporting families toward securing services for their children and also being a source of support on behalf of the family at various team meetings and groups. An adoptive-parent support partner who helps empower adoptive families and ensure that the voice of both the youth and family are present and heard in the development of the service plan.
- Access to community services and resources with the assistance of the adoption care coordinator, who will work with the family to identify the appropriate services. Monthly support groups and events hosted by each individual region, specifically geared towards the needs of the families in that region. Peer socialization groups such as the girl's group in the Central region, which is developed to increase social support and social skill development for teens, while also connecting them with other youth who have lived through similar circumstances.
- Respite events through Project REST, which is an opportunity for adoptive parents to have the benefit of an extended number of hours to accomplish tasks, relax, re-energize, or reconnect with other family members. Children experience a day of therapeutic and fun activities that build skills they can use at home to calm down, build peer relationships that are successful, and have a chance to interact with other children who have lived through similar circumstances.
- Clinical consultation with an AFP therapist who will assess the needs of the family and provide support and guidance as needed.
- Parent education and training on issues related to trauma, attachment, behavior management, therapeutic parenting, the core issues of adoption, adoption narrative, trauma-informed parenting techniques, and attachment theory-based interventions.

Adoption Through Collaborative Partnerships (ATCP)
The goals of the adoptions through collaborative partnerships strategy are to:

- Increase the number of finalized adoptions for the pool of children prioritized within this RFP;
- Utilize 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 adopt eligible Virginia youth in foster care.

The primary outcome expected by VDSS from the use of collaborative partnerships is to achieve finalized adoptions for a minimum of 315 children and youth in foster care. The federal measure for timely adoptions is within 24 months of the eligible child's entry into foster care.

The secondary outcome expected by VDSS 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 fiscal 2018 a new RFP was issued and the following agencies were selected: Children's Home Society, Commonwealth Catholic Charities, C2Adopt, Danville Division of Social Services, DePaul Community Resources, Extra Special Parents, Shenandoah Valley Department of Social Services, and United Methodist Family Services.

A total of $1,318,562.50 was spent on ATCP activities from November 1, 2017 to June 30, 2018.

Eight contractors (six private LCPA and two LDSS agencies) served 480 children. Contractor outcomes for fiscal 2018 are as follows:

- 480 children were served.
- Contractors finalized adoptions for 188 children.
- 39.2% of children served were adopted.
- Average cost per adoption (payment to contractors) was $7,014.
- Overall average cost per child served under the ATCP contract was $2,747.

Eight grantees from fiscal 2017 received a combined total award of nearly $578,500 to continue providing ATCP services between July 1, 2017 and October 31, 2017. Combined, all grantees spent approximately 63% of their award by the end of the contract extension period (October 31, 2017). Altogether, the grantees served 88 youth, all but seven exiting the program through adoptions by November 1. This represents 92% of all youth served during this period.

The following are excerpts from the VDSS report, "VDSS Adoptions through Cooperative Partnerships FY 2018, FY 2018 Program Outcomes," which highlights the youth population served by the ATCP program. The group was split evenly between boys (52%) and (48%). The group was predominantly (56%) white. The next largest group was African Americans (25%). At the start of fiscal 2018, the youths' age ranged from less than one year old to 17 years old. The median age was ten years old. Thirty-eight percent had a diagnosed disability and 53% had no disability (8.5% were indeterminate). The most prevalent type of disability was emotional disturbance (81%). Nearly 17% had an intellectual disability, 5% had a visual or hearing impairment, 2% had a physical disability, and 28% had a medical condition. For 87%, this was the first removal from home into foster care. The median age at the time of the most current removal was seven years (range: zero to 16 years). Typically, the most current removal was court-ordered.

Local social services agencies removed youth from home for a variety of reasons. Parental neglect (58%) was the predominant reason youth entered foster care. Parental drug use, inadequate housing, and physical abuse were the next most frequent reasons.

- 72% of youth were part of a case involving other relatives (e.g., siblings).
- 91% were placed in a family-based living arrangement: 51% in a non-relative family foster home, 2% in a family foster home with relatives, and 38% in a non-finalized adoptive home. The remaining were placed in a group home (8%), institution (1%), or supervised independent living (< 1%). Almost all youth (97.5%) had a goal of adoption, and 99% were now eligible for adoption due to court-ordered termination of one or both parents' custodial rights.
- The youth were in the custody of local departments of social services that were widely distributed geographically: 23% in the Central region, 10% in Eastern, 11% in Northern, 28% in Piedmont, and 28% in Western. More than half (58%) were in the custody of larger (level 3) agencies, known for having more staff and community resources, but also heavier caseloads.

The following is a profile of the 188 children and youth adopted from foster care in fiscal 2018.

- Most of the adoptees were boys (58%).
- They tend to be non-Hispanic white (65%).
- The median age at the start of the contract year was 8.5 years old.

- For 86 percent, this was the first removal from home.
- The most recent removal from home occurred typically when these youth were six years old.
- About one in three children (32%) had a diagnosed disability.
- The majority (79%) had a sibling or other relative in foster care.
- Thirty-eight percent had three or more placements.
- The median length of time in care until adoption was 33 months.
- The median age at adoption was nine years old.

Compared to youth not adopted but remaining in the program (n=257), ATCP adoptees were less racially/ethnically diverse, had fewer foster care placements, were more likely to be part of a sibling group, and had been in foster care for 16 months or longer.

Post-Adoption Case Management

In fiscal 2018, VDSS issued a request for proposal to purchase post-adoption case management services throughout the commonwealth. VDSS allocated a portion of the commonwealth's adoption savings to support the activities of the request for proposal. Post-adoption case management embraces the vision of families and supportive communities collaborating to facilitate services to meet the specific needs of families who have adopted children from foster care. The mission of this program is to assist adoptive families with identifying services and resources within the community and establishing support systems to meet the needs of adoptive families. Catholic Charities of the Eastern Region, C.A.S.E., and C2Adopt were awarded contracts and began offering post-adoption case management services beginning in November 2017. C.A.S.E. is providing post-adoption case management in the Northern, Piedmont, and Western VDSS regions. C2Adopt is serving the Central region and Catholic Charities of the East Region serves the Eastern region of the commonwealth.

Post-adoption case management became available for foster care adoptions finalized after July 1, 2017. The service is available to families for a period of 12 consecutive months after finalization. The contractors document how resources, services, and supports will be utilized to meet the identified needs and help families achieve their goals.

In fiscal 2018, a total of $569,978.30 was spent on post-adoption case management services. Results of the first year of the post-adoption request for proposal are in the following table. Note that agencies only began providing services in November 2017, four months into fiscal 2018.

Post-Adoption Case Management SFY18							
FAMILY DEMOGRAPHICS	**TOTAL**		**IDENTIFIED FAMILY NEEDS**	**TOTAL**		**REFERRALS FOR SERVICES PROVIDED**	**TOTAL**
Total number of referrals	585		No needs identified	107		None - family secured own services	0
Single parent	104		Family counseling	7		Outpatient/family counseling	21
Two parent	480		Individual counseling (child)	24		Support groups	3
First adoption	63		Individual counseling (parent)	7		Post-adoption education and training	70
Subsequent adoption	38		Post-adoption education	76		Educational (child)	28
< 24 months in care	23		School related	39		Financial	4
≥ 24 months in care	56		Medical	6		Medication management	3
Child age 9 and younger	254		VDSS adoption assistance	18		VDSS adoption assistance	19
Child age 10 and older	132		Residential assistance	2		Mentoring	0
No needs identified			Recreation	40		Other: (list type of service below)	37
			Community	20		Educational (child)	28

Post-Adoption Consultant

VDSS issued a request for proposal to purchase post-adoption subject-matter expertise, program evaluation, and technical assistance consultant services. VDSS contracted with Child Trends in May 2018. Child Trends is a nonprofit, nonpartisan research center based in Bethesda, Maryland that conducts research on children, children's families, child well-being, and factors affecting children's lives. The overall purpose of the request for proposal was to augment VDSS's approach to the post-adoption statement of needs, to ensure that contractors are providing quality services that make a difference, provide innovative and insightful post-adoption consulting services to service providers who receive post-adoption awards, and to provide a broader continuum of ongoing adoption support and preservation services to strengthen adoptive families with children from complicated beginnings to enable them to succeed.

Child Trends was tasked with the following specific requirements:

- Develop and implement a comprehensive program evaluation plan of post-adoption services and supports available in the commonwealth;
- Prepare a post-adoption services statement of needs to be included in fiscal 2019's request for proposal to purchase comprehensive post-adoption services across the commonwealth for fiscal 2020;
- Develop and deliver a comprehensive technical assistance strategy; and
- Develop a comprehensive communication strategy for VDSS to use statewide that stresses the importance of improving post-adoption services tailored to the interests and perspectives of a broad range of stakeholder groups.

7 JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD

Agency Administering Chafee (section 477(b)(2) of the Act)

The VDSS staff is responsible for developing policies, procedures, and new programs as necessary to improve services to older youth throughout the commonwealth, in accordance with the Chafee program. Annually, VDSS provides the Chafee and education and training vouchers (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 a completed and approved plan and budget. VDSS provides programmatic oversight to LDSS' Chafee and ETV programs through quarterly reports, LASER reports, and sub-recipient monitoring. In addition, VDSS offers training, technical assistance, resources, and tools to improve LDSS' performance in the delivery of services to eligible youth.

Description of Program Design and Delivery

Family First renamed the John H. Chafee Foster Care Independence Program as the John H. Chafee Program for Successful Transition to Adulthood (Chafee program). The Chafee program is a component of the VDSS foster care program and the Fostering Futures program. Family First supports all youth who experience foster care at age 14 or older in their transition to adulthood, and clarifies that youth may be eligible if they aged out at an age other than 18, as long as they have not attained age 21 or (23 if the commonwealth has extended foster care to youth up to age 21). Because Virginia has the Fostering Futures program, VDSS expanded the Chafee program to youth who have aged out of foster care, up to age 23.

Virginia's LDSS have the flexibility to design services to 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 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 Indian youth will 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 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 Kinship Guardianship Assistance Program (KinGAP) after age 16 from foster care, to 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 abuse prevention, and preventative health activities. The commonwealth establishes objective criteria to determine eligibility for benefits and services under these programs, ensuring fair and equitable treatment.

The Fostering Futures program provides the 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 victims of human

trafficking. The Fostering Futures program is also available to youth who turned 18 while committed to the Department of Juvenile Justice and who were committed directly from foster care.

VDSS intends to deliver and strengthen the LDSS programs, in an effort to achieve the purpose of the Chafee program, through the following efforts over the next five years:

- Strategic plan permanency 4.7: Credit checks for foster youth—The Preventing Sex Trafficking and Strengthening Families Act of 2014 and § 63.2-905.2 of the Code of Virginia require that free annual credit checks be conducted for all youth age 14 and older 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. Once the credit reports are received, VDSS provides the reports to the LDSS. The LDSS provide a copy of the credit report to the youth and places a copy in their files. It is the LDSS' responsibility to assist in removing any erroneous or fraudulent information on the youth's credit report. LDSS have access to the credit check guidebook and sample letters of dispute forms developed by the commonwealth Chafee staff and found on VDSS' internal website, as well as technical assistance provided by Chafee staff.
- Strategic plan permanency 4.2: National Youth In Transition Database (NYTD) IL services are required to be part of a planned program of service 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. Virginia's goals are to collect and manage NYTD data for reporting accurate data, consistent with the requirements specified in the federal NYTD regulation, and to utilize strategies that prove effective in evaluating data collection and reporting. In coordination with youth, LDSS, and internal and external partners, VDSS will continue to improve collecting and reporting processes, analyze the data, look at trends, and make changes to guidance and policy to improve services statewide for youth in and transitioning out of foster care. VDSS will continue to share results of NYTD data collection with youth, IL coordinators, LDSS, and stakeholders through broadcasts, presentations, and training. Youth and/or Project LIFE staff will continue to provide presentations on NYTD at youth conferences. Commonwealth staff will focus on improving the process for providing feedback to stakeholders and decision-makers on NYTD data. Virginia has NYTD reports in SafeMeasures® (data pulled from OASIS), which allows LDSS and VDSS to review this data regularly to improve services and performance outcomes.
- Strategic plan permanency 5.2: Medicaid—Youth in foster care who had 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 the LDSS eligibility staff and switched over to that category to ensure continued Medicaid coverage whether the youth choses to continue to receive foster care services or not.
- Strategic plan permanency 5.4: Education stability—VDSS continues to play a significant role in promoting the educational stability of children in foster care throughout the commonwealth, particularly in response to the Every Student Succeeds Act (ESSA) provisions pertaining to children and youth in foster care. VDSS and the Virginia Department of Education (VDOE)
- focus their efforts on improving the educational stability and attainment outcomes for children and youth in foster care. Collaborative efforts centered on providing statewide joint trainings and technical assistance to local school divisions and LDSS regarding school stability elements and procedures. Technical assistance is provided by VDSS and VDOE collaboratively to local

school divisions and agencies, and addresses questions and issues regarding providing appropriate notification of a student receiving foster care services, conducting the best-interest determination process, immediate enrollment, coordinating transportation, addressing special education requirements, and other relevant components.

- Strategic plan permanency 4.1, 4.4, 5.2: SPEAKOUT and Youth Voice—VDSS is committed to facilitating youth voice and engagement in policy development, program planning, and the Chafee plan. As a result, VDSS partnered with the Capacity Building Center for Commonwealths to develop a youth advisory board. In fiscal 2018, the SPEAKOUT (Strong Positive Educated Advocates Keen on Understanding the Truth) youth advisory board elected officers, developed their mission and vision statewide, and passed bylaws that outline the roles of adults and alumni supports, membership, annual meetings, and strategies for communicating and working with VDSS and Project LIFE. VDSS has a dedicated, part-time staff person to provide additional guidance and support to SPEAKOUT in planning and implementing its agendas, objectives, and goals. SPEAKOUT routinely has access to VDSS leadership and is invited to provide input into VDSS foster care initiatives and policies. SPEAKOUT members are also routinely invited to participate in stakeholder meetings, such as CWAC, speak at events for LDSS staff and leaders, and meet with commonwealth legislators when these opportunities arise. In addition, VDSS, SPEAKOUT, youth, and LDSS workers collaborated to create a youth exit survey, required by the 2017 general assembly, to learn more about young people's experiences in foster care. VDSS will use the information collected to develop recommendations for improving foster care and better prepare youth for leaving care. Also, VDSS collected input from the youth on the top ten things that should be improved in foster care to use for PIP and CFSP development.

Project LIFE

The goal of Project LIFE is to coordinate and enhance the provision of independent living (IL) and permanency services to youth statewide. Because not all LDSS have the staff and resources to provide the services needed to establish permanent connections and help youth develop adult living skills, VDSS and LDSS benefit from additional support from a contractor that provides independent living (IL) statewide and community partnerships. The partnership with United Methodist Family services (UMFS) 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.

In accordance with options in the Fostering Connections to Success and Increasing Adoptions Act of 2008, Virginia continues to develop or refine guidance addressing youth engagement, educational stability and attendance, health, transition planning for young adults aging out, and support for youth who are adopted after reaching 16 years of age. VDSS and other key stakeholders continue to work with youth to address topics concerning youth voice, strengths-based perspective, youth-driven practice, emotional support, access to medication, and access to financial literacy resources.

Serving Youth Across the Commonwealth

VDSS will ensure that the Chafee program continues to serve all political subdivisions in the commonwealth, based on assessed needs. The program focuses on collaborating and coordinating IL services with other agencies and providers to prepare youth to manage adult living successfully. All 120 LDSS with eligible youth receive Chafee allocations and are responsible for providing IL services to youth.

In addition, Project LIFE provides services to youth and support LDSS professionals in all five regions (i.e., Central, Eastern, Piedmont, Northern, and Western) of Virginia and to all 120 localities. The Independent Living Services Six-Month History screen in SafeMeasures® reveals that the Northern region provided the most Chafee services to youth (618), followed by the Piedmont (549), and Western (398) regions.

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 manage adulthood in a successful manner. 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 the practice profiles, which demonstrate how core activities are to be set into action. Although all of 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.
- We believe how we do our work is as important as the work we do.

VDSS is in the process of issuing a request for applications for statewide youth services, as the current contract will end June 30, 2019. The successful contractor shall provide statewide services in all five regions (Central, Piedmont, Western, Eastern, and Northern) of Virginia. Statewide coverage is important in order to ensure that all eligible youth have access to services and that all LDSS have access to support in meeting the needs of youth in each of the commonwealth's regions. The contractor must incorporate the core beliefs of the children's practice model into their proposed program, and demonstrate sensitivity to cultural, socio-economic, and community influences. In addition, the staff must have knowledge of the consequences of trauma, which affect the development and functioning of youth in and transitioning out of foster care, and demonstrate awareness of the devastating impact that adverse childhood experiences can have on youth by altering their physical, emotional, cognitive, and social development. The primary areas of focus for the request for application is positive youth development and engagement for youth, training, and technical assistance for the LDSS, including the implementation of the youth welfare model, which focuses on the unique needs of youth. For more information and to access a printable version of these parameters, visit: https://capacity.childwelfare.gov/commonwealths/focus-areas/youth-development/youth-welfare-guide

Serving Youth of Various Ages and Stages of Achieving Independence

Virginia will continue to support youth of various age and stages who experience foster care at age 14 or older in their transition to adulthood, through the provision of transitional services and opportunities to achieve meaningful, permanent connections with a caring adult. LDSS will 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. Educational support and services (e.g., financial, housing, counseling, etc.) are available to former foster care recipients 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 the provisions of Family First, VDSS extended the eligibility of the ETV to youth up to their 26th birthday, while placing a five-year limit on their total length of time to receive a voucher.

A formalized life-skills assessment and transition plan are required annually for each youth age 14 and over. The Casey Life Skills Assessment is the preferred tool for Virginia. Virginia recently combined the commonwealth's two transition plan templates for youth ages 14 to 17 and the 90-day plan into one document, including the specific requirements for youth 18 and older. These will be available in the VDSS's new mobile application as soon as October 2019. 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. In addition, in completing the transition plan, the worker and the youth have an opportunity to discuss the importance of designating someone to make health-care treatment decisions on their behalf, if the youth becomes unable to participate in such decisions. VDSS, in collaboration with internal and external partners, works to ensure youth have permanent, lifelong connections to responsible, caring adults on leaving the foster care system, and that youth are prepared for self-sufficiency by providing 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.

VDSS has formalized a steering committee with representation from the VDSS foster care, family engagement & resource family, licensing, and training units, DBHDS, private foster and adoptive-home providers, and youth to continue collaborative efforts in Virginia for implementing normalcy for all children and youth in foster care. In addition, VDSS has released foster care guidance addressing practice expectations for LDSS in working with LGBTQ youth; provided educational/awareness resources for LDSS, licensed child-placing agencies (LCPAs), and resource parents; and started organizing lists of community-based programs that serve LGBTQ youth, as well as LGBTQ-affirming providers. VDSS has recruited stakeholders on local and commonwealth levels to assist in identifying and addressing issues facing LGBTQ youth in foster care and ensuring that prospective foster parents who are members of the LGBTQ population are welcomed. VDSS will begin work with the Capacity Building Center for Commonwealths and community partners in the summer of 2019 to continue to enhance services to LGBTQ youth in foster care and provide training, information, and support to the LDSS and other stakeholders working with this population.

Collaboration with Other Private and Public Agencies

VDSS works collaboratively with a number of public and private agencies to ensure that youth in foster care receive needed support as they work towards achieving independence.

Project LIFE: Project LIFE is a program of United Methodist Family Services (UMFS) with and funded by VDSS. VDSS awarded a five-year contract in 2014 to UMFS to provide 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 coordination and enhancement of independent living services by collaborating with local departments of social service, private providers, and community stakeholders.

Project LIFE's contract goals focus on youth development and engagement, raising awareness about NYTD, and training and technical assistance for LDSS workers. Over the past five years, the numbers of

youth participants receiving IL services and trainings have increased and benchmarks were met. The chart below highlights the number of youth who took advantage of independent-living learning opportunities on topics related to life skills, permanency and relationships, leadership, advocacy, National Youth in Transition Database (NYTD), credit checks, and transition planning.

IL Learning Opportunities (duplicated count)	
Fiscal 2015-2016	1,716 youth
Fiscal 2016-2017	2,153 youth
Fiscal 2017-2018	1,823 youth

VDSS is in the process of issuing a request for applications for statewide youth services, as the current contract will end June 30, 2019. The successful contractor shall provide statewide services in all five regions of Virginia. Statewide coverage is important to increase the number of youths receiving services and to increase the number of LDSS receiving support in meeting the needs of youth in each of the commonwealth's regions.

Community college tuition grant: The tuition grant pays for tuition and fees at the Virginia Community Colleges for youth in foster care or special-needs adoptees, based on financial need, who have graduated from high school or obtained their GED and meet eligibility requirements.

Great Expectations: Great Expectations helps Virginia's youth in foster care and foster care alumni/ae gain access to 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 to establish and maintain personal connections 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.

Virginia Workforce Investment Act youth services programs: Local programs and career centers provide transitional services related to employment for Virginia's most vulnerable youth. (http://greatexpectations.vccs.edu/)

Youth Housing Stability Coalition: The coalition, composed of various LDSS, community partners, and youth, formed to build alliances and a common knowledge base among those serving youth experiencing homelessness and to end housing instability in the Richmond, Henrico, and Chesterfield communities.

Foster Care Alumni of America (FCAA): The mission of FCAA is to connect the alumni/ae community of youth with experiences in foster care and to transform policy and practice, ensuring opportunity for people in and from foster care. Virginia's chapter is involved in outreach and recruitment efforts.

Job Corps: Funded by Congress for the first time in 1964, it 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.

Determining Eligibility for Benefits and Services

Annually, VDSS allocates its Chafee funds in two primary spending categories: the Chafee allocations to LDSS and the funding of a contract for the provision of IL services, currently provided by a private non-profit agency. VDSS determines allocations to each LDSS based on their percentage of the statewide population of foster care youth, 13 years old and over, for the previous 12-month period. 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. These services are paid for by Chafee funds or provided by VDSS, LDSS, and/or Project LIFE.

It is important to note that Family First revises the limitation on the use of funds for room and board by clarifying that not more than 30% of the Chafee allotment may be expended for room and board for youth who have aged out of foster care and have not turned 23 years of age. In Virginia, room and board includes security deposits, apartment application fees, utilities and telephone connection fees, emergency shelter, food, and rent payments if youth are at risk of eviction. VDSS monitors expenditures by LDSS in the various IL service categories and has published this standard in the funding guidelines.

LDSS continue to work closely with the local CSA teams that are responsible for overseeing the planning of and for approving commonwealth 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.

There are no restrictions on the provision of IL services to any eligible youth temporarily living out of the commonwealth, although these services may be purchased and provided by local providers, rather than by the LDSS or Project Life. Additionally, Virginia's Fostering Futures program does not require participants to live in Virginia to maintain eligibility.

Cooperation in National Evaluations

VDSS will cooperate in any national evaluations of the effects of the programs in achieving the purpose of Chafee.

Chafee Trainings

VDSS will continue to provide regional trainings for LDSS workers on the Chafee program and requirements, NYTD, education and training vouchers (ETV), credit checks, and educational stability. Youth will be involved in the regional training by being provided with an opportunity to share their stories and highlight the benefits of Chafee and ETV services in assisting them in preparing for adulthood. DOE and VDSS will continue to provide planned, joint, educational stability trainings across the commonwealth and offer LDSS- and school division-specific workshops on request. Collaborative trainings will be provided in other forums—for example, 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 the IV-E training plan section.

Education and Training Vouchers (ETV)

The ETV program provides federal and commonwealth 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. Vouchers of up to $5,000

are available per year, per eligible youth. LDSS process ETV student applications, disburse funds to educational vendors, and monitor the progress and needs of ETV students. Although the ETV program is integrated into the overall purpose and framework of the Chafee program, this program has a separate budget authorization and appropriation from the general program.

Virginia administers its own ETV program through the VDSS Chafee staff and continues to use the allotted federal ETV funds to support eligible youth across the commonwealth. The ETV specialist provides training and/or technical assistance to LDSS~~,~~ youth-serving agencies, foster care alumni, and foster and adopting parents. Vouchers are available to youth otherwise eligible for Chafee services under the commonwealth program who have attained 14 years of age. In accordance with Family First, Virginia extended ETV benefits up to age 26 to eligible youth, including those who left foster care through adoption or 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 completion of that program.

Each year, the LDSS complete an ETV application and submit the number of eligible youth to VDSS. Eligible youth are those who will be/are attending post-secondary education institutions or vocational training programs within the fiscal year. The number of eligible youth in Virginia is totaled and then divided into the available allocation, resulting in the base amount per youth. The funding is then allocated to the LDSS in accordance with the number of eligible youth they anticipate serving. All localities are eligible to participate in the ETV program. Methods used to ensure total amount of ETV does not exceed the total cost of attendance, and to avoid duplication of benefits, include workers utilizing the cost of attendance calculator when assisting the students in completing the ETV student application, along with determining and documenting all financial aid the youth receives.

VDSS will continue to pilot the student support services project, which is geared toward youth ages 18 to 23 who reside or attend college or vocational school in the Central region, to support older youth in foster care and foster care alumni who are accessing ETV and enrolled in post-secondary programs. The pilot program was created in response to the assessed need of older youth in foster care or foster care alumni who are not otherwise connected to staff at a LDSS, including those whose custodial LDSS is in another part of the commonwealth or who were adopted but are no longer receiving support from their adoptive family, to have access to adult supporters in order to successfully surmount barriers to educational attainment. Barriers can encompass the universally experienced challenges within the age group, as well as challenges more specific to the foster care alumni population. A master's level social work intern at VDSS provides the support services.

The VDSS will continue to work diligently to identify strategic efforts to improve ETV program access and bring awareness about the ETV program to local supervisors and workers. Commonwealth staff, in collaboration with the VDSS division of public affairs, is developing marketing material (i.e., ETV brochures and posters) that are targeted to a broader audience, including young adults who may not be connected with an LDSS. In addition, VDSS will continue with the ETV newsletters, which inform readers of programmatic changes and reminders, providing post-secondary financial and educational resource information, and strengthening the access to and consistency of the ETV program throughout the commonwealth.

Moving forward, VDSS is developing and implementing significant outreach efforts, in partnership with

LDSS, Project LIFE, and public and private partners, to increase in the number of eligible youth participating in the ETV program each year. VDSS will continue to collaborate with several educational initiatives and stakeholders, such as the Great Expectations program. These core initiatives help to strengthen the Commonwealth's postsecondary education-assistance program and promote academic achievement and educational stability.

Strategic plan permanency strategy 4.5 seeks to increase the participation in the ETV program in Virginia. VDSS plans to improve and strengthen the ETV program and ensure unduplicated number of awards each year (July 1 to June 30) by implementing the following steps:

- Continue the ETV Student Support Services;
- Hire a young adult who was formerly in foster care who utilized ETV funds (position will work closely with the Great Expectations coaches and eligible students);
- Provide 75% of ETV allocations to LDSS initially, holding remaining 25% until midyear review. If LDSS have successfully completed all reports to that point and have a demonstrated need for the funds, the additional 25% will be allocated based on need at that time (this is a new funding methodology for this program, but is consistent with the operation of other programmatic funds);
- Redesign/update information on public and interagency websites;
- Utilize the FosterMyFuture website (youth portal) to inform youth about ETV program;
- Launch the ETV advertisement campaign for June 2019;
- Revise the ETV student application and quarterly reports to be more user-friendly;
- Contact LDSS at the end of each quarter if their quarterly report is missing or does not contain necessary data;
- Collaborate with IT to streamline the reporting process by creating a web interface for report submissions; and
- Explore centralizing the ETV student application process.

	Total ETVs Awarded	Number of New ETVs
Final number: 2018-2019 school Year (July 1, 2018—June 30, 2019)	**271**	**101**
2019-2020 school year* (July 1, 2019—June 30, 2020)	**280** (estimate)	**120** (estimate)

** Attachment F for annual reporting of education and training vouchers awarded*

In addition to coordinating the commonwealth's ETV program and managing the IL services provider contract, VDSS will continue to support its partnership with the Great Expectations program. This nonprofit organization is unique to Virginia and works strictly with youth in foster care or foster care alumni attending community college. Great Expectations is primarily funded through donations and fundraising efforts of the program, which is now operating in 21 of Virginia's 23 community colleges. This core initiative helps to strengthen the commonwealth's postsecondary education assistance program and promote academic achievement and educational stability. Great Expectations provides

educational supports to assist this youth population in attaining their associates' degrees, vocational certificates, or GEDs. Supports include assistance in applying for college admission and financial aid (including linking students with the ETV program), personalized counseling, career exploration and coaching, student and adult mentors, life skills training, individualized tutoring, an Internet-based resource center, and emergency and incentive funds for students.

The commonwealth ETV specialist provides technical assistance to Great Expectations coaches to encourage greater access to the ETV program for youth attending community colleges. Great Expectations coaches and LDSS workers worked collaboratively and with VDSS staff on many occasions to identify eligible students and provide appropriate services and assistance through the ETV program. Because of agency collaboration, professionals, the internal website, resource parents, and other stakeholders are better equipped to assist youth in educational attainment, a significant predictor of successful transitioning to adulthood.

Consultation with Tribes

In Virginia, Indian children experiencing foster care are eligible for the same benefits and services under the Chafee program as other children in foster care. Information about the Chafee and ETV programs has been shared with tribal representatives as part of ongoing efforts to build relationships between VDSS and the tribes.

8 CONSULTATION BETWEEN COMMONWEALTH AND TRIBES

Virginia DSS has 11 state and federally recognized tribes. There has been renewed engagement in the past several years, as the Commonwealth continues to build bridges with tribal communities. The collaboration with these 11 tribes has already proven to be invaluable, as it has led to multiple productive roundtable meetings, as well as the recent joint attendance at the National Indian Child Welfare Act (NICWA) conference.

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 Tribe (Nottoway)
Nottoway Tribe	Patowomeck Indian Tribe
Mattaponi Tribe	

Virginia State-Recognized Tribes
https://commonwealth.virginia.gov/virginia-indians/tribe-contact-information/

Recognized Tribe Contact Information:

- Jerry Fortune, Rappahannock Tribe indianbrav21@gmail.com
- Pamela Thompson, Monocan Nation pamelathompson4@gmail.com
- Anita Mayo, Monocan Nation anitacmayo@gmail.com; anita.mayo@vdh.virginia.gov
- Allyn Cook-Swarts, Pamunkey Tribe allyn.cook-swarts@pamunkey.org
- Chief Anne Richardson, Rappahannock Nation chiefannerich@aol.com
- Yvonne Epps-Giddings, Nottoway Indian Tribe of Virginia ygiddings@comcast.net
- Vicki Holmes, Chickahominy Indian Tribe-Eastern Division vicki.holmes@cied.org

This communication has helped direct future efforts to continue not only to collaborate further with tribes, but also to address specific topics, such as understanding state tribal and commonwealth roles under the Indian Child Welfare Act (ICWA), identifying tribal resource parents, and creating notification processes. Additionally, continued partnership with the Court Improvement Program (CIP) will focus on addressing court adjustments specific to tribal needs. The VDSS 2020-2024 strategic plan has a solid focus on continued engagement with these critical leaders (permanency strategy 6).

These tribes, along with the previously recognized Pamunkey Tribe, are awarded additional protections under the federal Indian Child Welfare Act (ICWA). ICWA addresses the protection and stability of children and their families who are of American Indian, Alaskan Eskimo, or Aleut heritage, prior to and during child custody proceedings. In 2016, the federal government released changes to ICWA that added several requirements for child welfare agencies in relationship to children who are members of or could be members of federally recognized tribes. These changes were addressed in previously released Child Protective Services (CPS) guidance (specifically section 4). A communication to local departments of social services as well as state staff was issued on February 9, 2018. VDSS is responsible to provide services to tribal children that will address the needs of Indian families. Tribal members are one of the many stakeholder groups invited to participate in ongoing CWAC meetings.

In addition, a series of roundtable meetings specifically focused on improving relations with tribal nations to better serve children and families have also been taking place since 2018. The first meeting took place in June 2018 and resulted in requests for additional information about DFS and the different programmatic areas.

As a result of these requests, a second roundtable meeting was held on September 19, 2018. Each DFS program manager provided a brief overview of their child welfare program. These presentations and dialogue were well received and resulted in follow-up written documents being requested by and sent to tribal leadership. The tribal leadership also expressed continued interest in learning about how they could better collaborate with DFS to serve children recognized by tribal communities.

In March 2019 another roundtable meeting took place that included federal representatives as well as the Capacity Building Center for States, tribal partners, and state leadership. Willie Wolf, an enrolled member of the Cheyenne River Sioux Tribe, a 40-year veteran of Indian child-welfare affairs, facilitated the meeting. This was also a meeting where the CFSP was discussed specifically, with an opportunity for feedback to the strategic plan.

During this meeting, it was agreed that VDSS would support sending a team of tribal partners and VDSS leadership to the National Indian Child Welfare Association Conference, which was held in Arizona. Two tribal members representing the Rappahannock and Chickahominy tribes traveled to Arizona, along with one state representative, to attend the 37th Annual Protecting Our Children, National American Indian Conference on Child Abuse and Neglect, with the support of the commonwealth. These individuals were joined at the conference by a member of the Nottaway tribe. The conference began on March 31 and concluded on April 3, 2019.

During this four-day conference, attendees were able to engage in workshops that addressed various topics applicable to ICWA. Individuals attending the NICWA conference were able to select from more than 100 individual workshops that pertained to Indian and native children. Some of the workshops attended were;

- Time to Plan: an acknowledgement of rights and wrongs of past government decisions and the recognition that is needed to heal native members, families, and communities. From this recognition of issues and concerns a partnership between state and tribe members will be developed and established.
- Meeting the Needs of Native Children and Families: Lessons from ICWA Court.
- A Rigorous Examination of the Evidence-Based and Culturally Centered Family Listening and Circle Program.
- Recruitment, Development, and Support: How Tribes Can Build a Strong Pool of Kinship, Foster and Adoptive Families.
- Youth Suicide Prevention with Question, Persuade and Refer.
- Collaboration To Support Infants And Their Families Affected By Prenatal Substance Exposure In Tribal Communities.
- Strengthening ICWA Compliance through Coalition Development. Attendees were challenged to read about the uncomfortable past in order to develop coalitions that are needed for the future.
- The Well-Being of Native Children and Defending the Indian Child Welfare Act.
- An Imperative for Indian Country, Strengthening Families Through Innovative Tech Solutions.
- Peer Support Strategies For Kinship, Foster and Adoptive Families In Tribal Communities and

ICWA Family Preservationists.

Discussions during and after the conference resulted in the following recommendations:

- Meetings should take place with high-level VDSS leadership and leaders of each tribal nation.
- State representatives should receive training from each recognized tribe about the cultural differences between tribal nations.
- Future meetings should alternate locations so that transportation is not an issue that inhibits participation.
- At least two Indian families should be certified as resource parents to be utilized as placement preferences for Indian children in foster care, pre-adoptive, and adoptive homes.
- Members of the Indian community voiced that, because the tribes are new to being federally recognized they are not prepared to intervene in state proceedings or transfer proceedings to the jurisdiction of the tribe.
- Tribes would like to be notified of Indian children from their tribes or neighboring communities that are in jeopardy of being placed outside the home.
- Tribal members would like to teach Indian children in foster care about their traditions and heritage. They would like to be contacted by LDSS.

Ongoing coordination for CFSP/APSR

VDSS anticipates holding quarterly meetings with tribes for continued dialogue, partnership, and to identify additional avenues for VDSS to support tribes. These meetings will take place quarterly. The next meeting will include a focus on the following issues:

- Notification of Indian parents and tribes of state proceedings involving Indian children and their right to intervene;
- Placement preferences of Indian children in foster care, pre-adoptive, and adoptive homes;
- Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption; and
- Tribal right to intervene in state proceedings or transfer proceedings to the jurisdiction of the tribe.

Virginia will be working with the tribes to initiate conversations and technical assistance in determining eligibility for benefits and services for Indian youth in care and will strive in the coming year to continue to ensure fair and equitable treatment for Indian youth in care, especially as it relates to the strategies within the CFSP strategic plan.

Children served by VDSS Child Welfare that identify as American Indian or Alaskan Native

Statewide Oct.-Dec. 2018	# of Children by CPS Report Type	% Native American Children
Referrals	31,829	0.23%
Accepted	14,673	0.20%
Family assessment	10,491	0.20%
Investigated	3,237	0.22%
Founded	1,161	0.17%

Source: VCWOR, CPS Reports, Child Demographics Quarterly Reports 10/1/2018 -12/31/2018

Statewide Jan.-Dec. 2018	Male	Female
All children in foster care services	3965	3536
# Native American children	10 (0.25%)	9 (0.25%)
Age at current removal		
0-3 years	1	5
4-10 years	5	1
11-14 years	1	2
15-16 years	3	1
17-18 years	0	0
Diagnosed disability		
Yes	3	3
No	4	5
Unknown	3	1
Case plan goal		
Adoption	4	5
Independent living	1	0
Relative placement	0	1
Return home	3	2
Other	2	1
Exits from care		
Reunification	1	0
Adoption	1	2
Custody transfer to another agency	1	0
Emancipation	1	0
Still in care	6	7

Source: VCWOR, OASIS rolling-year data, Foster Care Raw Data Report – All submitted

Virginia continues to work across child welfare programs to develop consistency in guidance for active efforts at first contact with a child and family, and to ensure documentation of those efforts. Program guidance instructs all LDSS to treat all children in foster care or at risk of entering foster care as an Indian child until it is determined that the child is not of American Indian, Alaskan Eskimo, or Aleut heritage, and the child does not belong to a tribe located in or outside Virginia. This information will be added in an introductory chapter to the child welfare manual, as it is pertinent to all program areas. Those active efforts include, but are not limited to:

- Conducting diligent searches for family members as possible placements;
- Engaging the child and parents;
- Taking steps to keep siblings together;

- Overcoming barriers to services;
- Inviting family members (including foster parents) to meetings;
- Engaging tribal representatives; and
- Documenting how the child's tribal membership was determined.

Virginia's information system, OASIS, has been updated to allow Virginia to better track and report on children of American Indian heritage. Two mechanisms have been put into place to ensure LDSS compliance with ICWA requirements. First, a new purpose of contact, "Indian status," has been added to OASIS. Foster care guidance will include a requirement that for every child entering care, information shall be documented in OASIS about how a determination about the child's potential American Indian status was made. The specific contact purpose will permit VDSS to pull reports to track this activity. Secondly, during the new QAA process where the QAA teams review all new foster care cases, the QAA reviewers assess the LDSS' initial compliance with ICWA requirements. When there have been indications that the child is an American Indian, the QAA team has involved the regional foster care consultant to provide technical assistance to ensure ICWA requirements are addressed early on in the case, including that these activities are documented appropriately.

Finally, Virginia foster care guidance strongly encourages LDSS to contact Virginia tribes and work with them to address the needs of children associated with state-recognized tribes. New-worker foster care policy training, provided on a regular basis in each region of the commonwealth, reviews requirements for contact as part of the curriculum. The new-worker foster care policy refresher course (for workers hired prior to 2013) also stresses ICWA requirements. The foster care manual was posted effective June 2017.

All children in foster care covered by ICWA have the same access and rights to services under Chafee and ETV benefits. There is equitable treatment for Indian youth in care. The efforts described also include discussion about tribal youth being engaged in programs carried out under Chafee. No tribes have requested the development of an agreement to oversee or administer Chafee.

9 TARGETED PLANS

Please see attachments for the following targeted plans:

ATTACHMENT A: TRAINING PLAN

The training plan aligns with the strategic plan workforce objective.

ATTACHMENT B: HEALTHCARE OVERSIGHT AND COORDINATION PLAN

The healthcare oversight and coordination plan is linked to the strategic plan, primarily in permanency strategy 5.

ATTACHMENT C: FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN

This plan is prioritized in strategic plan permanency objective 3.

ATTACHMENT D: DISASTER PLAN (COOP)

The Disaster Plan is attached. VDSS implemented the Disaster Plan in September 2018 in response to Hurricane Florence. After use of the Plan, VDSS entered into an Improvement Plan to prepare for future activation. VDSS has also attached the state-managed shelter operations for Hurricane Florence. This document provides an evaluation and debriefing of the statewide response to Hurricane Florence in 2018. The VDSS components are within the plan, but the state does not prepare such a report by department. 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.

Virginia's child welfare services are carried out in a state-supervised and locally-administered system. Local departments, as part of local government, 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. If, during the emergency/disaster situation, child abuse or neglect is reported, 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 local departments of social services. Local departments 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 an external hardware (jump drive). The jump drive is in the possession of the Foster Care Program Manager so that during an emergency/disaster situation, information regarding the children in foster care will be available outside of the automated child welfare data base. Additionally, in a disaster situation, VDSS staff will be available through the state hotline toll- free number for the community to contact for child welfare related service needs, referral information for services, and to notify the state office of displaced clients in the event the situation impacts the LDSS and the local office cannot be reached. The toll-free number will be given to the media and disseminated to local departments of social services. The regional offices serve as operation centers for service referrals and information throughout the state, including assistance with psychotropic medication. Virginia also operates "211" Information and Referral hotline that is available for locating services and assistance state-wide. Alternative contact information for

divisional staff will be highlighted on the Department's website to make it easier for clients and other states to contact the necessary people. The LDSS shall ensure foster families and providers develop plans that help protect their families and also provide communication information for use in emergency situations (Emergency Plans Form). In the event 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.

Over the past five years, this COOP plan was utilized during Hurricane Florence in 2018 when several state-managed shelters were opened. A broadcast entitled "Hurricane Florence Preparation for Children in Foster Care" was issued on September 11, 2018 reminding localities of their responsibilities for evacuation/emergency procedures for children in foster care including the use of the state toll-free number for foster families and providers to provide information to VDSS and the LDSS in the event that it was necessary that they relocate. Hurricane Florence did not have the impact on Virginia which was initially anticipated, and it was not necessary for the VDSS to be involved in the manner described in the plan as LDSS continued to operate.

10 APPENDIX

APPENDIX A: STAKEHOLDERS

Collaborative Body	Description
Adoption Development Outreach Planning Team (ADOPT)	ADOPT is a voluntary child-advocacy group of individuals from public and private child welfare agencies, adoptive parents, therapists, attorneys, and others interested in promoting its purpose. ADOPT is committed to promoting and assuring the rights of children in Virginia to permanent homes through advocacy, education, legislative activities, and examination of practice issues.
AdoptUSKids	This national, non-profit organization is committed to the adoption of waiting children. It is the lead agency in the AdoptUSKids network, which is funded by a federal grant through the Children's Bureau to recruit adoptive families for children waiting in foster care across the United States. It is also the membership organization for adoption exchanges, of which VDSS is a member. Virginia collaborates with the national adoption network to provide national photo listings of waiting children in Virginia.
American Academy of Adoption Attorneys	Non-profit national association of attorneys, judges, and law professors who practice and have otherwise distinguished themselves in the field of adoption law. It has collaborated with VDSS by participating on various committees regarding adoption and providing input for proposed legislation regarding adoption and custody issues.
Child Protective Services Advisory Committee	Composed of local CPS supervisors and workers from across the state. The group meets quarterly and provides input into the CAPTA plan, legislative proposals, regulatory review, policy and guidance, and overall program direction.
Child Welfare Advisory Committee	Committee has representatives from LDSS and other state agencies that serve the child-welfare population, representatives from private child-placing agencies and non-profit organizations, resource families, child and family advocates, tribal partners, and the Court Improvement Program (CIP). It was formed as the original stakeholder group for the first round of the CFSR, but has continued as the main advisory group to the division director for family services. CWAC ensures that all child welfare activities are child-centered, family-focused, and community-based. CWAC includes standing sub-committees that meet at the discretion of the division director. These sub-committees include prevention, child protective services, permanency, and continuous quality improvement. The purpose of the subcommittees is to elicit feedback on a very specific focus of child welfare practice. The CWAC has reviewed the goals and provided feedback that is incorporated into the 2020-2024 CFSP.
Children's Bureau	VDSS has worked closely with the Children's Bureau on both the CFSR/PIP and the CFSP, holding bi-weekly calls with Children's Bureau representatives. Prior to each call, a PowerPoint presentation is developed with needed updates and discussion points, allowing for an organized flow to the call. Children's Bureau staff has the opportunity to ask and answer questions, along with providing guidance to VDSS leadership as these reports and action items progress.
Children's Justice Act/Court-Appointed Special Advocates (CJA/CASA)	The Court-Appointed Special Advocate (CJA/CASA) Advisory Committee oversees the CJA and CASA programs and makes recommendations to the Criminal Justice Services Board, Virginia Department of Criminal Justice Services. The committee is composed of 12 members appointed by the board and is focused on improving the investigation and prosecution of child abuse and neglect. The CJA/CASA Advisory Committee serves as one of the citizen review panels. The CJA/CASA Advisory Committee develops a three-year plan in coordination with child welfare and the child and family services review. The most recent plan developed is

	inclusive for 2016-2019.
Citizen Review Panels (CRPs)	Three CRPs are extremely helpful in gaining input and providing information. These groups are composed of diverse points of view and meet at least quarterly. Feedback from the CRPs is critical in vetting new or revised regulations, policies, and practices. In fiscal 2019, all three CRPs provided VDSS with recommendations to improve the Child Protective Services system in Virginia.
Community-Based Child Abuse Prevention	As the CBCAP lead agency, VDSS is involved with all sectors engaged by CBCAP. Funds awarded to Virginia through this grant are used to support the development, operation, and expansion of community-based, prevention-focused programs and activities with the goal of prevention of child abuse and neglect. During fiscal 2018, VDSS worked in collaboration with the Virginia Family and Children's Trust Fund Board, the Virginia Partnership for People with Disabilities, the Department of Behavioral Health and Developmental Services, the Department of Health, the Department of Criminal Justice Services, the Department of Juvenile Justice, Prevent Child Abuse Virginia (PCAV) and Early Impact Virginia (under the umbrella of Families Forward), and other commonwealth and local public and private non-profit agencies and organizations. The CBCAP Annual Performance Report, October 1, 2017 through September 30, 2018 details the additional collaborative efforts of VDSS, founded in the prevention community.
Court Improvement Program	Virginia's Court Improvement Program (CIP) provides feedback from court community stakeholders (i.e., attorneys for local departments of social services, attorneys for parents, guardians ad litem, and juvenile and domestic-relations district court judges). Focus was placed on CFSR items 5 and 6 (timely establishment and timely achievement of permanency goals), and item 23 (filing of petitions for termination of parental rights in accordance with required provisions). Efforts included CIP refining and distributing surveys to 119 juvenile and domestic-relations district court judges and to 1,526 attorneys who represent LDSS or who serve as counsel for parents and/or as guardians ad litem for children. The purpose of the surveys was to obtain court community input to inform the development of strategies and activities for the PIP. Thirty-four percent of juvenile and domestic-relations district court judges and 16% of attorneys and guardians ad litem completed the surveys.
Department of Medical Assistance Service (DMAS)	DMAS provides a system of cost-effective health care services to qualified individuals and families. It provides medical services through Medicaid providers for adopted children with adoption-assistance agreements that require medical or rehabilitative needs or who qualified for Title IV-E.
CQI Subcommittee	The CWAC CQI subcommittee is charged with several responsibilities. Membership in the CQI subcommittee draws from the same pool of diverse stakeholders as CWAC. Participants are those with knowledge and/or experience in the work of continuous quality improvement. The subcommittee is co-chaired by a CWAC member and VDSS-DFS CQI program manager. The group convenes every two months (approximately six meetings per year), either through conference calls or meetings that coincide with CWAC meetings. Reports and recommendations from the subcommittee are subsequently forwarded to CWAC for discussion. The subcommittee provides feedback and shares results for data analyses of outcomes and national indicators; provides assistance to DFS in planning and implementing appropriate program improvements; serves as a channel of communications among each member's professional arena regarding child welfare policies, programs, and practices; is knowledgeable of the elements of the Child and Family Services Plan; reports on annual

	progress and services/child and family services review, as well as program changes needed to improve outcomes; provides input on development and implementation of Program Improvement Plans (PIP) that address areas of improvement for positive outcomes for children and families, and the systemic factors that support positive outcomes.
Domestic Violence Action Team	The Domestic Violence Action Team (DVAT) is an ongoing committee that works to improve victim services statewide. DVAT is made up of multiple VDSS representatives, local domestic violence programs, local DSS, and other state agencies. DVAT was the driving force in multiple VDSS guidance and practice changes and is currently developing a promising practices resource for local domestic violence programs.
Early Impact Virginia (EIV)	Early Impact Virginia (EIV) operates as part of Virginia's Early Childhood Initiative to increase local and commonwealth collaborative efforts and to increase the efficiency and effectiveness of home-visiting services. Established in 2006, the consortium is coordinated by the Virginia Department of Health (VDH). Members of the consortium include representatives of home-visiting programs funded through the Departments of Social Services, Health, Medical Assistance Services, Behavioral Health and Developmental Services, and Education, as well as non-profit partners. VDH administers the federal maternal, infant, and early childhood home visiting federal grants, and the home-visiting consortium provides input and support to the grant. VDSS administers funds appropriated by the general assembly for Healthy Families programs and the Head Start collaboration grant. The consortium sponsors a home-visiting website and training through a VDH contract with James Madison University. The consortium also addresses issues such as data collection, centralized intake, professional development, and public awareness.
Family and Children's Trust Fund	Effective July 1, 2012, the Governor's Advisory Board on Child Abuse and Neglect merged with the Family and Children's Trust Fund (FACT). FACT also provides grant funding to state and local programs that provide prevention and family support services in the commonwealth. FACT's mission focuses on intergenerational violence, including child abuse, domestic violence, and elder abuse. A standing committee of the FACT board has been established to serve as a citizen review panel.
Families Forward	In 2017 Families Forward Virginia was created as a merger of Prevent Child Abuse Virginia, CHIP of Virginia, and EIV. Families Forward provides statewide leadership for and unifies support for a multitude of Virginia programs through evidence-based and multi-generational prevention strategies. Families Forward provides home-visiting programs, family support and education, professional development, child sexual abuse-prevention programs, advocacy, public awareness, and public education.
Fathers Support and Engagement Initiative (FSEI)	This workgroup helps develop the Fathers Support and Engagement Plan. The plan includes policies to serve both parents as a family unit and strategies to increase noncustodial parents' financial and emotional involvement with their children. FSEI also helps identify and promote current fatherhood programs and services in the VDSS regions.
Foster Care Alumni of America (FCAA)	The mission of FCAA is to connect the alumni/ae community of youth who are in foster care and to transform policy and practice, ensuring opportunity for people in and from foster care. Virginia's chapter is involved in outreach and recruitment efforts.
Great Expectations	Great Expectations helps Virginia's youth in foster care and foster care alumni/ae gain access to a community college education, supports their educational attainment and academic success, and assist with the transition from the foster care system to adulthood. The program helps young people to establish and maintain personal connections and receive the community support they need to live productive and fulfilling lives.

	(Website: http://greatexpectations.vccs.edu/) 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.
Joint Application Requirement Sessions (JAR)	VDSS held joint application requirement (JAR) sessions, which consisted of 32 meetings with 252 attendees. In addition, interviews with VDSS leadership and key stakeholders took place resulting in key considerations being documented prior to requirements of the gathering process for CCWIS. These key considerations prioritized the business process of field workers, the efficient use of any obtained funds, and the VDSS lessons learned through the implementation of previous IT systems. In identifying organizational requirements prior to, during, and following the JAR sessions, this stakeholder feedback served as the foundation for prioritizing issues and discussions as they arose. Utilizing these considerations, requirement categories were then developed to track the functional, non-functional, technical, and interface requirements. Requirements included, but are not limited to business processes, document management, portals, mobility, and security requirements.
Local Advisory Committees	There are three local advisory committees detailed in this list that are comprised of LDSS staff and advise child welfare programs across the continuum. The Permanency Advisory Committee (PAC), CPS Advisory Committee, and Prevention Advisory Committee advise the child welfare programs in DFS on improving safety, permanency, and well-being for children and families across the commonwealth. These groups serve as a mechanism for consistent stakeholder input in to VDSS activities. In addition, each of these groups are charged with assisting VDSS to align policies and guidance to promote a seamless best-practice continuum, improve coordination and integration, and provide consistency across all LDSS in the commonwealth.
Local Government Attorneys' Association (LGA) Children Dependency Committee	The LGA is an association of local government attorneys. It collaborates with the VDSS adoption programs by providing feedback on proposed legislation and state policy issues. Attorneys also serve on legislative study committees and other steering committees. VDSS provides resources to LGA to train on child welfare activities.
NewFound Families	NewFound Families is Virginia's foster, adoption, and kinship association and is supported by a multi-year contract with VDSS to "provide a supportive membership association as a partner to the Virginia Department of Social Services' effort to improve the delivery of foster, adoptive, and kinship care services to children living in resource family homes as a result of abuse, neglect, abandonment, or parental limitations in providing a safe and nurturing home." NewFound Families-Virginia also provides an educational newsletter to a mailing list of more than 1,150 members and conducts four educational webinars on "Webinar Wednesdays" that cover a broad range of topics affecting resource families.
Office of Children's Services for At-Risk Youth and Families (OCS)	OCS administers the CSA, which provides child-centered, family-focused, cost-effective, and community-based services to high-risk youth and their families. VDSS collaborates with OCS to coordinate and provide services for children with adoption assistance agreements.
Parents and Families	Birth parents were engaged through the survey, along with a specific group-feedback session held at United Methodist Family Services, a provider partner, on March 11, 2019. The session

	included an overview of the CFSP and other major VDSS initiatives, along with a 90-minute facilitated feedback session related to their experiences with VDSS. This feedback was recorded and has been considered in the CFSP strategic plan as stakeholder feedback.
Permanency Advisory Committee	Serves as a stakeholder group for the Permanency Program. Permanency Program staff regularly attend the meetings and seek feedback on a variety of overlapping topics.
Prevention Advisory Committee (PAC)	Serves as a stakeholder group for the Prevention Program. Prevention Program staff regularly attend the meetings and seek feedback on a variety of overlapping topics.
Regional Child Fatality Review	The review of child deaths reported to CPS is accomplished by a multi-agency, multi-disciplinary process that routinely and systematically examines circumstances surrounding reported deaths of children. The purpose of the review is to enable VDSS, LDSS, and local community agencies to identify important issues related to child protection and to take appropriate action to improve the collective efforts to prevent child fatalities. Virginia's child-fatality review teams utilize the National Maternal Child Health (MCH) Center for Child Death Review data tool to collect comprehensive information and document the circumstances involved in the death, investigative actions, services provided or needed, key risk factors, and actions recommended and/or taken by the review team. Child-death data is collected and analyzed on an annual basis and reported to community stakeholders, the Commonwealth Board of Social Services, LDSS, and the general public.
Child Trafficking Legislation Implementation Workgroup	Serves as a stakeholder group for the CPS program. CPS program staff regularly attend the meetings and seek feedback on a variety of topics related to the implementation of sex trafficking legislation.
State Child Fatality Review Team	Interdisciplinary team that reviews and analyzes sudden, violent, or unnatural deaths of children so that strategies can be recommended to reduce the number of preventable child deaths in Virginia.
Tidewater Inter-Agency (TIA)	This group of public and private licensed child-placing agencies formed to discuss and advocate for improved adoption services and practice. VDSS collaborates with TIA to improve adoption practice and receive input in developing guidance regarding adoption.
Three Branch Team	The Three Branch Team is Virginia’s implementation team for the Family First Prevention Services Act. The team was assembled in June 2018 and is composed of approximately 110 members who represent all child- and family-serving commonwealth agencies, private providers, advocacy groups, judicial representatives, CIP, legislative representatives, LDSS, and nonprofits.
Trauma-Informed Community Network (TICN)	The Trauma-Informed Community Network (TICN) is a diverse group of professionals in the greater Richmond area who are dedicated to supporting and advocating for continuous, trauma-informed care for all children and families within the child welfare system in the city of Richmond and surrounding counties. The TICN began in the fall of 2012 and is composed of trauma-informed experts from different non-profit, for-profit, and government agencies.
Virginia Department of Education (DOE)	DOE assists individuals who have been adopted to meet their educational needs and coordinates services and assistance for individuals who have adoption assistance agreements.
Virginia Department of Health (VDH)	VDH provides access to healthcare programs and providers and maintains records of birth certificates and acknowledgements of paternity. It assists individuals who were adopted or seeking to establish paternity.

Virginia One Church, One Child Program (OCOC)	This program is part of Virginia's campaign to recruit families to adopt waiting African-American children. The VDSS is a primary funder of the program.
Virginia Poverty Law Center (VPLC)	This non-profit organization concentrates in the areas of law that affect low-income families and children. The VPLC provides input on proposed legislation, participates on committees concerning adoption issues, and assists with legal training for attorneys who work for children in foster care.
Virginia Services Training Model Implementation Team	The training model implementation team is a collaborative effort between the Virginia Department of Social Services (VDSS), Department for Aging and Rehabilitative Services (DARS), and the Virginia League of Social Service Executives (VLSSE) to make decisions to the Division of Family Services about the development and implementation of a new services training model. This implementation team is an 18-month project tasked with reviewing the final recommendations of the Butler Institute for Families at the University of Denver and develop an implementation plan for the services training delivery system in Virginia. It is tasked with setting priorities and timelines, including short-, medium-, and long-term goals for the development of a new services training delivery system. Additionally, this advisory group will establish funding priorities to assist in the development of possible legislative initiatives and IV-E funding to support the new training-delivery system in Virginia.
Virginia Sexual and Domestic Violence Action Alliance	The action alliance is the statewide coalition of domestic and sexual violence programs. They are national leaders in primary prevention, provide expertise to organizations on effective response, and house the Virginia Family Violence and Sexual Assault Hotline.
Virginia Statewide Parent Education Coalition (VSPEC)	The Virginia Statewide Parent Education Coalition (VSPEC) consists of Commonwealth and community stakeholders and service providers working together to identify gaps in parent education and strengthen existing services. VSPEC was convened as part of the Virginia Early Childhood Comprehensive Systems Initiative, sponsored through the VDH as a result of a Maternal and Child Health Bureau grant. The work of this group is linked to the Virginia Early Childhood Initiative. The VSPEC is working to identify components of best practices in parenting education and to improve the availability and quality of parent education programs in Virginia. VDSS participates on VSPEC and provides sub-grant funding to Families Forward to assist with facilitation of VSPEC.
Virginia Underserved Population Advisory Committee	Lead by the Office of Family Violence, the Virginia Underserved Population Advisory Committee (VUPAC) exists to ensure that the voices of diverse populations are heard in various planning projects, including funding guidelines (RFAs) and training plans. VUPAC also responds to diverse requests for feedback from other advisory committees and state agencies. VUPAC is made up of representatives from population-specific organizations, domestic violence programs that address the needs of underserved populations, state agencies, and other statewide stakeholders.
Voices For Virginia’s Children	This commonwealth-wide, privately funded, non-partisan awareness and advocacy organization builds support for practical public policies to improve the lives of children.
SPEAKOUT	SPEAKOUT (Strong Positive Educated Advocates Keen on Understanding the Truth) is Virginia's youth advisory board. The board consists of 20 members, three from each of the five regions and five at-large positions. Youth members are between the ages of 14 and 26. The board develops an annual strategic plan and routinely works with VDSS to shape foster care policy and practice. Youth who attend the twice-yearly youth conferences hosted by Project

	Life (VDSS's youth development contract provider) are also intentionally involved in priority setting and shaping foster care policy and practice.

APPENDIX B: FAMILY FIRST STAKEHOLDERS

**as of June 10, 2019*

Agency or Organization Name
ADORE Children and Family Services
Attorney General's Office
Charlottesville Department of Social Services
Chesterfield/Colonial Heights Department of Social Services
Children's Home Society
Commission on Youth
Court Improvement Program, Office of the Executive Secretary Supreme Court of Virginia
Culpeper Juvenile and Domestic Relations Court
Department of Juvenile Justice
Department of Medical Assistance Services
Depaul Community Resources
Depaul Community Resources
Early Impact VA
Economist with VLM and VACO
Elk Hill Farm
Fairfax Children's Services Act
Fairfax CSB Child, Youth, and Family Services
Fairfax Department of Human Services
Families Forward
Family and Children’s Trust Fund of Virginia
Family Focused Treatment Association
Family Preservation Services of Virginia
Fredericksburg Department of Social Services
Governor’s Office
Greater Richmond SCAN
Hanover Children's Services Act
Hanover Department of Social Services
HopeTree Family Services
House Health Welfare and Institutions Committee
James City County Department of Social Services
Judicial Advocate
Mt. Rogers Community Services Board
National Counseling Group
Newport News Department of Human Services
Norfolk Department of Human Services
Northumberland Department of Social Services
Office of Children's Services
Office of the Attorney General

Powhatan Department of Social Services
Prince William Department of Social Services
Quin Rivers, Inc.
Richmond Behavioral Health Authority
Senate Rehabilitation and Social Service Committee
Senator Mason's Office
Shenandoah Department of Social Services
Spotsylvania Department of Social Services
The Up Center
Troutman Sanders Strategies
United Methodist Family Services
University of Richmond
Virginia Association of Community Services Boards
Virginia Association of Community-Based Providers
Virginia Association of Counties
Virginia Association of Licensed Child-Placing Agencies
Virginia Coalition of Private Provider Associations
Virginia Coalition of Private Providers of Virginia
Virginia Commonwealth University
Virginia Department of Behavioral Health and Developmental Services
Virginia Department of Health
Virginia Department of Juvenile Justice
Virginia Department of Medical Assistance Services
Virginia Department of Planning and Budget
Virginia Department of Social Services
Virginia Division of Legislative Services
Virginia Home for Boys and Girls
Virginia House of Appropriations
Virginia League of Social Services Executives
Virginia Municipal League
Virginia Network of Private Providers
Virginia Poverty Law Center
Virginia Senate Finance Committee
Voices for Virginia’s Children
York-Poquoson Department of Social Services
Youth for Tomorrow

APPENDIX C: CWAC STAKEHOLDERS

Agency or Organization Name
Albemarle Department of Social Services
Alleghany Department of Social Services
Bedford Department of Social Services
Botetourt Department of Social Services
C2Adopt
Campbell Department of Social Services
Charles City Department of Social Services
Charlottesville Department of Social Services
Chesterfield/Colonial Heights Department of Social Services
Children's Home Society
College of William and Mary/State Department of Education
Commission on Youth
Connecting Hearts of VA
Court Improvement Program, Office of the Executive Secretary Supreme Court of Virginia
Department of Juvenile Justice
Department of Medical Assistance Services
Department of Planning and Budget
Depaul Community Resources
Dinwiddie Department of Social Services
Division of Licensing, Virginia Department of Social Services
Fairfax -Falls Church Department of Social Services
Families Forward
Family and Children's Trust Fund of Virginia
Fauquier Department of Social Services
Fredericksburg Department of Social Services
Gloucester Department of Social Services
Hampton Department of Social Services
Hanover Department of Social Services
Harrisonburg/Rockingham Department of Social Services
Henrico Department of Social Services
Henry/Martinsville Department of Social Services
Hope Tree, VCOPPA (Virginia Coalition of Private Provider Associations)
Jewish Family Services
King George Department of Social Services
Loudoun Department of Social Services
Louisa Department of Social Services
Middlesex Department of Social Services
Montgomery Department of Social Services
New Kent Department of Social Services
NewFound Families

Newport News Department of Social Services
Norfolk Department of Social Services
Northampton Department of Social Services
Northumberland Department of Social Services
Nottoway Indian Tribe of Virginia
Office of Children's Services
Office of the Attorney General
Pamunkey Tribe
Rappahannock Department of Social Services
Rappahannock Indian Tribe of Virginia
Richmond City Department of Social Services
Roanoke City Department of Social Services
Roanoke County Department of Social Services
Shenandoah Valley Department of Social Services
Spotsylvania Department of Social Services
Tazewell Department of Social Services
United Methodist Family Services
VCU Health
Virginia Beach Department of Social Services
Virginia Commonwealth University
Virginia Department of Behavioral Health and Developmental Services
Virginia Department of Health
Virginia Home for Boys and Girls
Virginia League of Social Services Executives
Virginia Poverty Law Center
Virginia Sexual and Domestic Violence Coordinator
Voices for Virginia's Children
York-Poquoson Department of Social Services

APPENDIX D: QAA/CASE REVIEW ATTACHMENT

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 (Cases selected at random)	2746
Child welfare case reviews (CWCR)	QAA team	Targeted observations to review compliance with state and federal requirements in CPS; referrals, ongoing. Monitors and ensures proper OASIS documentation.	Quarterly (100% of children involved with LDSS within 90-120 days of involvement)	CPS referrals: 3,581 CPS ongoing: 1,139 foster care: 868
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; assist VDSS to enhance their capacity to help children and families achieve positive outcomes.	Quarterly (35 cases selected at random)	February 2017- April 2019: 175
Review Type	**Reviewers**	**Review Description**	**Frequency and Target Population**	**Total Cases**
Agency case reviews (ACR)	Program regional consultants	Targeted observations to evaluate compliance and quality of case practice. Monitor and ensures proper OASIS documentation.	Once annually (Each LDSS reviewed)	120 per year
Written case plans	LDSS	Per child review to document written case plan that is developed jointly with the child's parent(s) and includes the required provisions.	Daily	All cases
Periodic reviews	LDSS and courts	Per child status review via court or administrative review.	Daily	All cases
Permanency hearings	LDSS and	Per child permanency court	Daily	All cases

	courts	or administrative body hearing.		
Subrecipient Monitoring	Specific program staff assigned	Monitors the appropriate allocation of federal funding, in compliance with the program parameters and state and federal supervisory guidelines.	Once annually (as determined by risk assessment)	Varies

Title IV-E New Case Validations

New case validations ensure that the initial funding determination has been made for every child who enters foster care. They coincide and are part of the child welfare case review (CWCR) process. For the IV-E funding cases, the QAA consultants review the initial eligibility determination to validate the funding determination of either IV-E or CSA, as well as any other IV-E requirements. During the review, the QAA consultants utilize an instrument that closely mirrors the federal instrument, to ensure that federal judicial language, 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.

For Fostering Futures cases, the QAA consultants look at the eligibility requirements and determine whether the case has been appropriately found to be IV-E or CSA. Once the eligibility has been determined, no future monitoring is required.

If during the CWCR, errors are identified 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 have been made prior to the error being marked as resolved.

Title IV-E Ongoing Reviews

QAA Title IV-E reviews facilitate compliance with Title IV-E federal, 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 QAA regional consultants review all cases that were eligible with IV-E payments made during a specific period under review (PUR). The consultants verify that the initial eligibility determination has been previously reviewed during the CWCR. If it has not, then the consultant will validate the initial eligibility determination. Once validated and/or verified, the ongoing items required to maintain Title IV-E eligibility are reviewed. During the review, the QAA consultants utilize 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 examination of systems and documentation of the online automated service information system (OASIS) and case record to include the foster care, eligibility, and resource files. During the onsite review, the consultants select two resource files belonging to LDSS-approved foster homes where an IV-E payment has been made during the PUR. 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 checklist in the eligibility file to the formal results housed in the resource file.

If during the IV-E review, errors are identified that result in ineligible IV-E expenditures, the report reflects the total fiscal amount that requires adjustment. During the actions-taken process, the agency is given the opportunity to make any necessary reimbursements. Agency reimbursement is a local agency decision; however, if the agency chooses not to make any adjustments, it notifies the QAA consultant, who then begins the process for the state to reimburse any ineligible payments. Any reimbursements that the state has to make are reflected in the agency's individual error threshold, as stipulated in the Title IV-E Shared Fiscal Accountability Matrix. In addition, the matrix sets forth any required corrective plans and required fiscal accountability by the agency.

The QAA reviews include face-to-face interaction with staff, supervisors, and the local department director. They include an on-site debriefing meeting where findings from the reviews are discussed with agency leadership and staff. During the debriefing, the regional consultant may connect the LDSS with a program consultant for specific technical assistance, resource material, and direct suggestions for practice improvement. Follow-up and agency actions taken on the report focus on providing support for practice enhancement, including the use of the coaching strategies and the practice profiles in encouraging staff development. This may include providing additional resources or facilitating discussions between LDSS with similar challenges or goals, or that can provide support to each other.

Child Welfare Case Reviews (CWCR)

The child welfare care reviews (CWCR) involve a sample consisting of ten Child Protective Services (CPS) family assessments and/or investigations, five CPS ongoing cases, five foster care cases, IV-E funding cases on all children who entered foster care during the sampling period, and Fostering Futures determinations. The CWCR are completed on all 120 agencies every three months and occur within approximately 90 to 120 days of families/children becoming involved with LDSS, which allows for timely feedback on current practices. The CWCR includes face-to-face interaction with staff, supervisors, and the local department director. These reviews focus on compliance.

All CWCR cases are evaluated to ensure they are in full compliance with state and federal requirements. The review process includes examination of systems and documentation to include OASIS and the hard-copy case record. In addition, the QAA team works collaboratively with regional staff to provide additional technical assistance if needs are identified. The goal of these reviews is to provide results that are meaningful and useful to the LDSS and will improve outcomes for children and families around safety, permanency, well-being, and funding. The reviews consist of CPS investigation/family assessment, as well as ongoing and foster care case files. The reviews will provide regional consultants and agencies with targeted areas to better serve the children and families involved in child welfare. These reviews provide a proactive approach, as the referrals/cases will be reviewed within 90 to 120 days from opening.

DFS completed a state-led federal CFSR review in the spring of 2017. Reports of the federal review for

2017 are available from the Children's Bureau CFSR web portal. Due to substantial conformity not being met, DFS will enter into a PIP that is scheduled to be approved in July 2019. In February 2018, the QAA began the PIP-monitored CFSR reviews within the LDSS. Each quarter, the QAA CFSR team reviews 35 cases, totaling 140 cases annually. The anticipated PIP approval date of September 2018 did not come to fruition. The QAA CFSR team will continue CFSR reviews throughout the duration of the PIP and the subsequent monitoring year. The CFSR review team provides feedback to the local agencies during an exit conference with the LDSS. In addition, DFS is currently developing a report out process with the LDSS that involves the comprehensive report being provided to the LDSS, in order to support the improvement of outcomes. As part of the CFSR PIP, work groups have been created to address various strategies outlined in the PIP. The work groups include an LDSS lead with an assigned state co-lead. The work groups meet at least once monthly and occur both in-person and by webinar. The DFS has held bi-monthly meetings for all of the 20 PIP localities. Technical assistance is being provided to the localities on an ongoing basis.

Child and Family Service Reviews (CFSR)

The CFSR reviews enable Virginia to accomplish the following: (1) ensure conformity with federal child welfare requirements, (2) determine what is actually 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 goal of the review is to help Virginia improve child welfare services and achieve the following outcomes for families and children who receive services: safety, permanency, family and child well-being. Based on the federal round three CFSR results, Virginia was found not to be in substantial conformity, requiring a Program Improvement Plan (PIP). As part of the PIP, Virginia is required to complete a review of 35 cases per quarter statewide, resulting in 140 cases reviewed each year. The CFSR review process has been approved by the VDSS federal partners to include all federal requirements regarding sampling, case eliminations, and completion of the federal instrument. Virginia utilizes the federal CFSR portal and online system review instrument (OSRI).

Each case consists of a two-day review, during which the key participants in each case are interviewed and the case file is reviewed. The key participants include the child, the child's parents and/or caregivers, the child's foster parents, pre-adoptive parents, or other caregivers, and the family's caseworker. These interviews can occur within the agency, the community, or the home. Per case, each 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 onsite review process. The OSRI provides ratings based on the responses entered and provides a final rating of either "strength" or "area needing improvement." Once the OSRI is completed, initial QA of the case is required to ensure consistency across all 18 items. Following the completion of the initial QA, second-level QA is required by the statewide lead QAA supervisor. For 25% of the cases reviewed, our federal partners require federal secondary oversight before the case can be approved and finalized.

Agency Case Reviews (ACR)

The ACR is designed to use targeted observations to assist the local department in maintaining areas of practice noted as strengths and support growth in areas noted as needing improvement. This child welfare case review does not address all guidance and practice expectations in any of the child welfare programs.

To adequately address all items in the review, the expectation is that the regional review team will spend a work day at the agency, to include record reviews as needed, informal interaction with LDSS staff, and the debriefing meeting. Following an agency case review, VDSS' follow-up with the LDSS will be largely dependent on the assessed need of the LDSS. VDSS is not requiring a formal Program Improvement or System Improvement Plan.

In LDSS, where concerns are identified around meeting basic expectations of the program in terms of protection or safety of children, responses are likely to be more directive and follow-up will need to include periodic monitoring and checking in around these issues, until such time as they are resolved. Program managers and regional directors should be involved in the development of a plan with these LDSS.

In LDSS where LDSS are generally meeting the basic expectations, follow-up will be focused on providing support for practice enhancement, including the use of the coaching strategies and the practice profiles in encouraging staff development. This may include providing additional resources or facilitating discussions between LDSS with similar challenges or goals, or that can provide support to each other.

Written case plans: VDSS requires that each child in foster care and each family receiving ongoing child protective services (CPS) have a written case plan. For CPS, plans must be created within 30 days of opening a case. For foster care, a full-service plan on all children must be completed within 60 days of custody or placement (whichever comes first) of a child through court commitment, non-custodial foster care agreement, or a permanent entrustment agreement, or within 30 days of signing a temporary entrustment for a placement of 90 days or more. Part of the requirements is that the agency involve parents and children in the development of the plan.

The education and health screens in OASIS now facilitate the collection of required information. New reports permit the information to be printed and attached to the service plan and review and submitted to the court. The independent living transitional plan has been modified to meet federal requirements and has been attached to the service plan and review, and will be updated at least annually.

Timeliness of foster care service plans are monitored through a proxy measurement of the timeliness of court hearings. The court must receive the plan prior to the hearing, which is generally 30 days in advance or 14 days prior for the dispositional hearing. A court hearing would not ever be held without a plan. An example of the report used by DFS to monitor these court-hearing dates is provided as an attachment to this report.

VDSS continues to ensure that all parties have input into the development of case plans through the use of family partnership meetings or child and family team meetings. The release of OASIS 4.4.0.9 on November 28, 2018 included additional fields to document that youth were provided the opportunity to invite up to two people to team meetings, as well as the names of the individuals the youth chose. VDSS uses systems to monitor the use of family partnership meetings, as foster care guidance requires that a family partnership meeting be held prior to the filing of court documents in preparation for each hearing. The November 2018 release of foster care guidance included clarification around the documents that are required to be completed with each court hearing, as well as with administrative panel reviews. VDSS contracts with a vendor to provide transcription services for workers in all local departments of social services. This service aids workers in more accurate and efficient documentation of case activities, which ultimately ensures proper case planning.

Periodic Reviews

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). VDSS uses and provides a guide, developed specifically for attorneys and judges who handle child welfare cases. 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 review, considerations include the child's safety, the continuing necessity for foster care placement, compliance, and progress with the case plan for both child and family, transition planning for youth 14 or older, and whether an out-of-state placement is viable. When possible and appropriate, a projected date for reunification, adoption, or other permanency goal is identified as well.

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

At the dispositional hearing, the judge decides who should have custody of the child. 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 will identify a goal for timely reunification or other permanent placement. 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 next case is scheduled at the time of the current case. For example:

The four-month foster care review is scheduled at the end of the initial foster care review.
The initial permanency planning is scheduled at the end of the four-month foster care review.
The second permanency planning is scheduled at the end of initial permanency planning, if an interim plan is approved at initial permanency planning.
The annual foster care review is scheduled at the end of initial permanency planning case, or at the time of the current annual review.

Permanency Hearings

In Virginia, a LDSS may, under identified circumstances, petition the court for approval of an interim foster care plan at the time of the first permanency planning hearing (i.e., the permanency hearing held within 12 months of a child entering foster care). An interim plan may be approved by the court for a

maximum period of six months, if the court finds that marked progress is being made towards reunification or is being made to achieve the permanency goal identified. (See VA Code § 16.1-282.1.) Almost 80% of court community survey respondents indicated that the LDSS always or often requests approval of an interim plan. This response rate suggests that interim plans are being routinely requested and approved, at least in part to give parents additional time to complete services. Survey respondents were also asked to indicate the extent to which they agree with the following statement: The child's length of stay in foster care, as it relates to the requirement that a termination of parental rights petition be filed for a child in foster care 15 of the last 22 months, is addressed in foster care hearings. Sixty percent moderately agreed (31%), slightly agreed (21%), or did not at all agree (9%) with this statement. When interim plans are approved, the LDSS and court community must be mindful of the approaching timeframe for filing proceedings for termination of parental rights.

This measure provides the average number of days to the date of the first permanency planning hearing (1) from the date of the disposition hearing on the underlying abuse or neglect, at risk of abuse or neglect, or entrustment agreement case through which the child entered foster care; or (2) from the date child is placed foster care, if placed as a result of a child in need of services, child in need of supervision (truancy/runaway), delinquency, or status offense case.[2]

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 is reviewed..." In the cases identified at (1) above, 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. In the cases identified at (2) above, the initial foster care plan is generally reviewed within 60 days from the date of placement in foster care. Therefore, the measures set out subsequently include an additional 60 days in the category of "other cases" (those involving a child in need of services, child in need of supervision, delinquency, or status offenses), when compared to the measures for abuse or neglect, at risk of abuse or neglect, and entrustments. These timeline requirements support a permanency hearing being held within 12 months of a child entering foster care.

Case types	**Fiscal 2017 10/1/16-9/30/17**	**Fiscal 2018 10/1/17-9/30/18**	**Difference from previous annual rate (2017 vs 2018)**
	Average (days)	**Average (days)**	
Abuse or neglect (AN) and at risk of abuse or neglect (RI) cases	259	253	-2.3%

[2] Cases considered in the data include the first permanency planning case held for a child that is filed within the report date parameters, has a finalized disposition hearing, and has an underlying case of: (1) abuse or neglect, at risk of abuse or neglect, or entrustment agreement with a finalized disposition of change in legal custody (LC) or child protective order issued and change in legal custody (FD), or (2) child in need of services, child in need of supervision (truancy/runaway), delinquency or status offense, the result of which was the entry of the child into foster care. . . . . .

Entrustment agreement (ET) cases[3]	172	210	22.1%
Other cases (CS, DF, DM, TR, ST)[4]	307	302	-1.6%

Summary of Findings: Abuse or Neglect and At Risk of Abuse or Neglect Cases:
The average days calculated for the previously referenced case types are *from* the date of the disposition hearing on the underlying case *to* the date of the hearing on the initial permanency planning case. Data available for fiscal 2018 suggest that initial permanency planning hearings are being held in a manner consistent with the VDSS timeline requirements, which are consistent with federal related requirements. Specifically, at an average of 253 days (8.3 months), a permanency planning hearing was held within ten months from the date of the dispositional hearing on the underlying abuse or neglect or at risk of abuse or neglect case, which is the same hearing at which the initial foster care plan filed pursuant to Virginia Code § 16.1-281 is generally reviewed (within 60 days of placement in foster care).

Entrustment Agreement Cases
The average days calculated for this case type is *from* the date of the disposition hearing *to* the date of the hearing on the first permanency planning case. Data available for fiscal 2018 suggest that initial permanency planning hearings are being held in a manner consistent with the VDSS timeline requirements, which are consistent with federal related requirements. Specifically, at an average of 210 days (6.9 months), a permanency planning hearing was held within ten months from the date of the dispositional hearing on the underlying entrustment agreement case, which is the same hearing at which the initial foster care plan filed pursuant to Virginia Code § 16.1-281 is generally reviewed (within 60 days of placement in foster care).

Other Cases (CS, DF, DM, TR, ST)
The average days calculated for "other cases" is *from* the date of the child's placement into foster care *to* the date of the hearing on the first permanency planning case. Data available for fiscal 2018 indicate that a permanency hearing is held in a manner consistent with the VDSS timeline requirements, which are consistent with federal related requirements. Specifically, at an average of 302 days (9.9 months), a permanency planning hearing was held within 12 months of placement into foster care for children entering as a result of one of these case types. The fiscal 2018 average reflects a 1.6% decrease from the fiscal 2017 average of 307 days (ten months).

Subrecipient Monitoring
VDSS is a pass-through entity for state and federal funds. A subrecipient is the organization receiving the pass-through funds. Subrecipient monitoring (SrM) is the process used to monitor the appropriate usage of such funds, in compliance with the program parameters and state and federal supervisory guidelines. As a pass-through entity of federal and state funding, it is the Division of Family Services' (DFS) responsibility to ensure the monies are spent according to the parameters of each respective program.

[3] The data do not include permanent entrustment agreement cases, which move directly to Virginia's annual foster care review on termination of parental rights. . . . . .
[4] The category "other cases" includes CS-child in need of services, DF-delinquency felony, DM-delinquency misdemeanor, TR-child in need of supervision, and ST-status offense.

Each subrecipient within family services is assessed to determine the level of monitoring that should be performed in order to ensure that the LDSS or contractor complies with federal and state program laws, regulations, and program guidance procedures. Determining factors could include the subrecipient' s prior experience, review of any prior year's audits, financial data reviews, caseload/agency size, history of performance, and last subrecipient monitoring visits.

A risk assessment is utilized to create a monitoring schedule that determines whether the review of the LDSS or contractor will be required during the federal fiscal year, as well as whether it will be completed remotely or onsite at the agency.

Outside of Title IV-E reviews, which utilize their own instruments, the reviews are completed utilizing a standard monitoring review instrument that includes the collection and analysis of critical documents. Once the instrument is completed, it is reviewed with the LDSS or contractor. The findings are based on each program unit's requirements of the review and are submitted to the DFS subrecipient monitoring coordinator.

The following programs are responsible for subrecipient monitoring within DFS:
- Programs that reimburse or provide services using state and federal funds
- Programs responsible for contracts, budget lines, federal and state funding streams, and grants

Unit	**Programs**
Adoption	Adoption and Legal Guardianship Incentive Grant
CPS and adoption contracts	Child Abuse and Neglect Prevention, Child Advocacy Centers, Healthy Families, Victims of Crime Act (ends June 30, 2019), Adoption through Collaborative Partnership, Post-Adoption Services, Post-Adoption Services Statewide, Post-Adoption Case Management, Foster and Adoptive Family Recruitment, and Northern Virginia Family Services
Continuous quality improvement	Approved Foster/Adoptive Parent and Child-Welfare Worker Training, Approved Foster/Adoptive Parent and Child-Welfare Worker Training (administrative portion)
Foster care	Independent Living Education and Training Vouchers Grant, Independent Living Program Grant, Child Welfare Stipend Program, and Project LIFE – Contract with United Methodist Family Services (UMFS)
Prevention	Family Preservation and Support Program, Child Welfare Substance Abuse and Supplemental Services, Promoting Safe and Stable Families, Respite Care for Foster Families, NewFound Families, and Consortium for Resource, Adoptive, and Foster Family Training
Quality assurance and accountability	Title IV-E Foster Care, New Child-Welfare Case Review, Fostering Futures, and Title IV-E Adoption Assistance.