

Virginia 2017 CFSR Statewide Assessment of Systemic Factors

SYSTEMIC FACTOR I. STATEWIDE INFORMATION SYSTEM

Item 19: Statewide Information System (STRENGTH)

Virginia is operating a statewide information system, the Online Automated Services Information System (OASIS) that is fully capable of determining the legal status, demographics, location, and goals for every child who is (or within the immediately preceding 12 months, has been) in Foster Care. OASIS is the system of record for Foster Care cases, with supporting documents such as copies/scanning capabilities of birth certificates, social security cards, and court documents being stored in paper files. LDSS workers are trained to document the OASIS record in a step-by-step process that reflects their on-going work and captures data necessary for reporting. The application includes numerous ticklers, both automated and user generated, to assist workers, supervisors, and managers in case management. Automated requests for supervisor approvals, assignments, and searches are done utilizing OASIS. Through OASIS, children and families can be tracked statewide, regardless of locality, from the CPS point of entry into the child welfare system through the foster care system and completion of the adoption process, as appropriate. OASIS is used to meet federal reporting requirements for The Adoption and Foster Care Analysis and Reporting System (AFCARS), National Youth in Transitions Data (NYTD), The National Child Abuse and Neglect Data System (NCANDS), as well as monthly worker contacts. Reports and analysis of OASIS data are obtained by state, regional and local family services staff through several tools: the secure VDSS website SPARK, the Virginia Child Welfare Outcome Reporting utility (VCWOR), and the software tool SafeMeasures®. Detailed examples of reports are provided in Attachment 19. Each tool is available 24/7 except for routine maintenance or emergencies.

Local department staff is responsible for entering all information into OASIS. Section 4.3 in the Child and Family Services Manual, *Chapter E Foster Care* instructs workers on how to open a foster care case in OASIS. Information for every child in foster care shall be entered into OASIS as soon as possible but no later than 14 calendar days after the child's custody is transferred to a LDSS or the child is placed in foster care. The worker is responsible for entering and updating all case data in OASIS as soon as possible but no later than 14 calendar days after each activity or event. The exception is the entry of the information regarding the child's placement and funding which shall be entered within five days after each placement change. Foster Care cases should be closed within five business days after the child leaves care. When a child is placed with a Licensed Child Placing Agency (LPCA) home, residential facility, or other type of foster home setting; local department staff work with staff from those organizations to gather the information to be entered into the system. Staff members at these types of facilities do not have access to OASIS.

Foster Care cases in OASIS are identified by case numbers. Family members, including the foster child/children are identified by client id numbers. Information can be searched using either case numbers, client id numbers, or name. The custody status of a child is indicated on Physical Removal and Legal Status screens. Demographic information, including date of birth, sex, race, ethnicity, adoption history, and tribal status, is client specific and entered on the General

Information Screen. Health related information is also client specific and is entered on several "Health" screens. These health screens have recently been revised to allow for a more detailed history of diagnoses, providers, immunizations, and medications (including psychotropic) as well as to ensure all the medical information is grouped together for ease of entry. The child's physical location is updated on the Placement Screen. The child's Foster Care goal; including concurrent goal, and service plan are entered in the Case Plan section of OASIS.

Virginia's QA plan for data validation and reconciliation relies on federal data quality reporting and several state ongoing activities as described below:

1. The September 2016 Virginia Child and Family Services Review (CFSR 3) Data Profile provided an assessment of Virginia's OASIS systems' data quality. For the AFCARS Data Quality Checks, Virginia has passed all benchmarks for the 11B thru 16A submissions. For the NCANDS Data Quality Checks, Virginia has passed all benchmarks from the 2013-14 thru 2014-15 submissions.
2. Virginia has an active Quality Assurance Network (QAN) that meets quarterly to review local issues with the data system and daily use of OASIS. Examples in 2016 included: using data for LDSS performance reporting; developing longitudinal analysis of trends; conducting a search by reporter source; conducting a search by abuse type and referral time open; etc.
3. The VDSS Division of Family Services (DFS) contracts with the National Council on Crime and Delinquency for the software SafeMeasures®. This software tool provides reports and analysis of OASIS data. DFS and the Office of Research and Planning (ORP) maintain a monthly call with this vendor to review these reports as well as any data issues identified by any of the three parties. The SafeMeasures® software provides Quality Assurance (QA) reports to examine data quality issues such as: Children in Foster Care Cases without Open Placement Settings; AWOL Settings not Closed; Open Cases That May Contain Duplicate Clients; Children in Cases without a Social Security Number; Duplicate Perpetrators; etc. For each of these data issues' reports, the software tool has the capacity to drill down to the region, locality, agency, caseworker, and child level; or to obtain a full list of clients. Using data from these reports, DFS is able to obtain Information for follow-up. For example, using the report - Children in Foster Care Cases without Open Placement Settings – DFS found the following:

Of 5200 Youth in care January 2017

124 clients did not have a placement record
58 entered care in January 2017
66 entered care prior to January 2017
29 LDSS with 1 youth missing placement record
9 LDSS with 2 youth missing placement record
6 LDSS with 3 youth missing placement record
4 LDSS with 4 youth missing placement record
7 LDSS with 5-9 youth missing placement record

While these data indicate that the missing placement is often the first placement, some of these missing placements are for children who have been in care over one year. Overall for this report, less than half of all Virginia LDSS indicate youth with no placement record, and many indicate one youth with no placement record. Despite the small numbers, these data issues' reports are reviewed regularly by DFS and/or ORP. In addition, all reports available from the SafeMeasures® tool report on missing data points, which allows DFS and ORP to follow-up where the amounts of missing data are substantially high (approximately 5%). Follow-up on these data issues is conducted with the appropriate LDSS or regional offices, to either correct inaccurate data input, address problems with casework practice, and conduct follow-up review. Other data issues that have been assessed in the past include the reduction of the proportion of duplicate cases to below 10% and the development of new data indicators such as substance abuse, and child physical, mental and dental status; etc.

4. In addition, DFS conducted surveys in the spring and summer of 2016 that included a set of questions about the use and functioning of Virginia's OASIS system. Responses to the survey for these questions are provided below. While most staff and supervisors strongly agree, agree, or are neutral as to whether they can locate key information in OASIS, a large proportion also indicate that OASIS does not function well on a daily basis. These survey results reinforce the understanding of state, regional, and local leadership that OASIS, while adequate and fully functioning is not especially "user friendly".

Respondents	Questions	N	Yes (%)	No (%)
Staff	OASIS functions well, enabling me to do my work on a daily basis.	271	64.94	35.05
Staff	I am easily able to locate in OASIS demographic information, permanency goals (if applicable), and the location of each child on my caseload.	271	86.35	13.66
Supervisor	OASIS functions well, enabling me to do my work on a daily basis.	136	65.44	34.56
Supervisor	I am easily able to locate in OASIS demographic information, permanency goals (if applicable), and the location of each child on my caseload.	136	87.5	12.50

5. Given these ongoing concerns for the OASIS system, the Virginia General Assembly approved funds in 2016 to develop specifications and requirements for a new Statewide Information System that meet's the Children's Bureau's requirements for a comprehensive child welfare information system (CCWIS). An RFP was published and in the summer of 2016, Public Consulting Group (PCG) was selected to assist VDSS in collecting requirements for a comprehensive child welfare information system. As part of this work, DFS staff and PCG conducted focus group sessions with local agency child welfare and operations staff, foster parents and with foster youth. The purpose of these meetings was to

identify key components of a new system, particularly components not currently available to them. In total, there were 35 requirements gathering sessions held with 286 participants representing 77 of Virginia's 120 localities. An additional 676 individuals took the online survey to provide their "most wanted" requirements for a new system. A summary of these comments specific to an information system is provided below.

LDSS Staff and Supervisors
Mobility (being able to work in the field)
Electronic document/record management
Standardize and digitize forms to reduce repeat entry
Digitally record interviews and take pictures
Complete risk assessments and safety plans in the field
Defined Prevention Guidance that is clear
Clarify the Adoption Negotiation Process
Transcribe voice notes to written documentation
Clarify inter-jurisdictional procedures
Increased trainings on recruitment.
Automated IV-E eligibility determinations
Sensible purchase of service workflow
Ability to easily run reports without having to ask VDSS
Data cleanup of OASIS prior to new system implementation

Foster Alumni
Access to key documents
Communication tool with case workers/supervisors
Exit survey
Rating tool for case workers
Photos from their childhood
Automatic Medicaid application when they age out
Finding and having access to siblings and relatives
Contact information for relevant DSS staff, including on-call

Foster Parents
Access to foster child's medical history
Ability to upload documents to share with case worker
Access to child's Service Plan
Ability to upload photos of the child.
Contact information for relevant DSS staff, including on-call

SYSTEMIC FACTOR II – CASE REVIEW SYSTEM

Item 20: Written Case Plan (STRENGTH)

There is the 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. Foster Care and CPS guidance and related Code sections instruct representatives of the department to involve parents and children in the development of the 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. Virginia Code and Guidance for this item is included as an attachment to this report ([Attachment 20.1](#)).

In response to new federal requirements of VDSS first issued Broadcast #9531 on January 14, 2016. The Broadcast ([Attachment 20.2](#)), 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 ([Attachment 20.3](#)).

In addition, there have been several changes made recently to OASIS which move the system closer to meeting the federal requirements for case planning. 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 is also being modified to meet federal requirements, will be attached to the Service Plan and Review, and updated at least annually. Work on the remaining case plan revisions in OASIS has continued, with an anticipated release in late spring/early summer of 2017. This new release will allow for the case plan format in OASIS to include all of the federal and state required elements.

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 ([Attachment 20.4](#)).

Items about client service plans were included in the DFS Stakeholder Surveys conducted in Spring/Summer of 2016 ([Attachment 20.5](#)). Responses serve to validate the need for the new DFS case monitoring process piloted in the fall 2016 and begun formally in January 2017. More about this initiative is provided for Systemic Factor III: Quality Assurance. Highlighted below were the following:

- The case planning process is well monitored for provisional changes, as nearly 57% of LDSS Supervisors send their case plans back to workers for said changes. DFS asserts this as a strength for children and families in the case planning process.
- Responses for physical, mental, and dental health, as well as education, included some negative perceptions. These should improve over time as DFS now has the ability to gather and monitor the inclusions of these data in OASIS through SafeMeasures® reports.
- Of concern is the relatively large proportion of foster parents; 14.6%, 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.
- Foster Parent responses were >20% negative for timeliness of permanency goals, and appropriateness of goals.
- Attorney responses were >10% negative for timeliness of permanency goals, appropriateness of goals, and inclusion in plans of progress made towards achieving permanency
- In contrast to the above two findings, CASA responses were <10% negative for timeliness of permanency goals, appropriateness of goals, and inclusion in plans of progress made towards achieving permanency.
- CASA responses were also <10% negative for the LDSS utilizing Family Partnership Meetings (FPM) or a similar type meeting when doing case planning.

Item 21: Periodic Reviews (STRENGTH)

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 ([Attachment 21.1](#)). 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 10 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 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 ([Attachment 21.2](#)). 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 Admin 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 4-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 4-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 J&DR District Courts use this scheduling feature. Courts 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 out 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 time line 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 4-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.

In the DFS Stakeholder Surveys conducted in Spring/Summer of 2016, included were items about periodic reviews ([Attachment 21.3](#)). Highlights from respondents included:

- Several items will require follow-up with key stakeholders to understand their perspective on timeliness and appropriateness of permanency goals for foster care youth, and to strategize efforts to improve these elements of practice.
- CASA stakeholders responded >10% that a foster care review hearing is only sometimes held no less frequently than every 12 months after ordering permanent foster care or termination of parental rights.
- Staff also responded >10% that permanency goals are not established in a timely manner.

Item 22: Permanency Hearings (STRENGTH)

As with periodic reviews, permanency hearings address considerations of 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 16 or older, and whether an out-of-state placement is viable. Virginia Courts use standardized forms for both Petitions for Permanency Planning and Permanency Planning Orders ([Attachments 22.1 and 22.2](#)).

Data regarding timeliness of the court hearing in this section are generated from case information entered into Virginia's Juvenile Case Management System (JCMS) by local Juvenile and Domestic Relations District Court clerks. The data provided were extracted on November 10, 2016, and represent federal fiscal years (FFY) 2013-2016. All data reflect averages and cases considered as of that date. The information provided is defined by Case Type (cases for which data is being reported); Goal Type (goal of a child in foster care for which data is being reported); Time Frame (period of time covered by the data); and Average Days (baseline and annual level of the measure for the time frame covered by the data). In addition, accuracy of the data provided is dependent upon information being accurately and properly entered into JCMS. Performance measures that rely on the disposition of an underlying case (i.e. Abuse or Neglect, At-Risk of Abuse or Neglect, Entrustment Agreement, Relief of Custody) or the date at which a child was placed dispositionally into foster care (Status Offense, Child in Need of Services, Child in Need of Supervision (Truancy/Runaway), Delinquency Misdemeanor, or Delinquency Felony) pull the most recent underlying case type filed to determine whether requirements are met to be included in the data.

Time to First Permanency Hearing

This measure provides the average number of days between the date of disposition hearing on the underlying case and the date of the first permanency planning hearing on the case [i.e. Abuse or Neglect (AN), At-Risk of Abuse or Neglect (RI), Entrustment Agreement (ET), or Relief of Custody (CR) cases] or, if applicable, the child's foster care date [i.e. Status Offense (ST), Child in Need of Services (CS), Child in Need of Supervision (Truancy/Runaway) (TR), Delinquency Misdemeanor (DM), or Delinquency Felony (DF) cases]. Cases considered in the data include the first Permanency Planning hearing held for a child that: is filed beginning on the first day in the reporting period up to the last day in the reporting period; has a disposition hearing and result code of 'F' (Finalized); has an underlying case of Abuse or Neglect, At-Risk of Abuse or Neglect, Entrustment Agreement, or Relief of Custody with a finalized disposition of Legal Change in Custody or Child Protective Order Issued and Legal Change in Custody; or Status Offense, Child in Need of Services, Child in Need of Supervision (Truancy/Runaway), Delinquency Misdemeanor; or Delinquency Felony, the result of which was the entry of the child into foster care.

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 10 months [(11 months if prior to July 1, 2014)] of the dispositional hearing at which the foster care plan pursuant to § 16.1-281 is reviewed...." The review pursuant to § 16.1-281 is to occur at the time of the dispositional hearing on the underlying petition, or within 60 days (75

days if prior to July 1, 2014) of a child's placement into foster care when such placement is the result of a Child in Need of Services, Child in Need of Supervision, Status Offense, or Delinquency petition. These time line requirements support a permanency hearing being held within 12 months of a child entering foster care. Data available since 2013 indicate improvement in the time to first permanency hearing. FFY 2016 data suggests that initial permanency planning hearings are being held in a manner consistent with Virginia's time line requirements and are supportive of a permanency hearing being held within 12 months of a child entering foster care.

Time to First Permanency Hearing by Case Types	Baseline FFY 2013	Year 1 FFY 2014	Year 2 FFY 2015	Year 3 FFY 2016	Difference From Previous 2015 vs 2016	Difference From Baseline 2013 vs 2016
	Average (Days)	Average (Days)	Average (Days)	Average (Days)		
All Cases	320	292	272	254	-6.62%	-20.63%
AbuseorNeglect/At-Risk	326	296	273	257	-5.86%	-21.17%
Relief of Custody (CR) Cases	313	297	275	262	-4.73%	-16.29%
Entrustment Agreement (ET) Cases	227	214	243	179	-26.34%	-21.15%
Other Cases (CS, DF, DM, TR, ST)*	399	376	313	345	10.22%	-13.53%

Source: Virginia's Juvenile Case Management System (JCMS) extracted 11/10/16, representing FFY 2013-2016.

Time to Subsequent Permanency Hearings

This measure provides the average number of days between the date of the hearing on the first Permanency Planning case and all subsequent hearings to review a foster care plan. The data are reported by permanent goal type (i.e. Adoption (AD), Placement with Relative (PR) or Return Home (RH)) and those with the goal of Another Planned Permanent Living Arrangement (APPLA). Cases considered in the data include Permanency Planning cases and 12-month Foster Care Review cases or, if the child's goal is Another Planned Permanent Living Arrangement, 6-month Foster Care Review cases: held after the first Permanency Planning case; filed beginning on the first day in the reporting-period up to the last day in the reporting period; have an underlying case of Abuse or Neglect, At-Risk of Abuse or Neglect, Entrustment Agreement, or Relief of Custody with a finalized disposition of Legal Change in Custody or Child Protective Order Issued and Legal Change in Custody; or Status Offense, Child in Need of Services, Child in Need of Supervision (Truancy/Runaway), Delinquency Misdemeanor, or Delinquency Felony, the result of which was the entry of the child into foster care, and which have a first Permanency Planning case; and □ include a permanent goal (i.e. Return Home, Placement with a Relative or Adoption) or a goal of Another Planned Permanent Living Arrangement. Data does not include Permanency Planning cases or Foster Care Review cases for children with the goal of Permanent Foster Care or Independent Living. Data include Permanency Planning cases or Foster Care Review cases at which a foster care plan is disapproved and a subsequent permanency hearing is held within 30 days.

Virginia Code §§ 16.1-282.1, 16.1-282.1 A2, and 16.1-282.2 provide for the review of the status of a child in foster care no less than every 12 months following the initial permanency hearing.

These hearings and time frames are described briefly below. Virginia Title IV-E Reviews for 2013 and 2016 are included as attachments to this report as well for more detail information ([Attachments 22.3 and 22.4](#)).

- Virginia Code § 16.1-282.1 provides that at the conclusion of the initial permanency planning hearing, the court may approve an interim plan and, if so, requires a second permanency planning hearing be held within 6 months.
- Virginia Code § 16.1-282.1 A2 provides that the Court review a foster care plan for any child with the goal of another planned permanent living arrangement (APPLA) every 6 months.
- Virginia Code § 16.1-282.2 provides that “The court shall review a foster care plan annually for any child who remains in the legal custody of a local board of social services or a child welfare agency and (i) on whose behalf a petition to terminate parental rights has been granted, filed or ordered to be filed, (ii) who is placed in permanent foster care, or (iii) who is age 16 or over and for whom the plan is independent living.”
- Data available since 2013 indicate that subsequent permanency hearings, at which a permanent goal is approved, are held more frequently than every 12 months. Additionally, subsequent permanency hearings where the approved goal is Another Planned Permanent Living Arrangement are being held every six months.

The DFS Stakeholder Survey included items about Periodic Reviews ([Attachment 22.5](#)) and highlights of the responses included:

- Data suggest that nearly 28% of foster parents responded that goals for reunification to adoption were not established in a timely manner. This perspective needs further examination to understand more fully if this is an issue of setting reasonable expectation or another practice issue.
- DFS will be working to see how the reasonable expectations can be incorporated in foster and adoptive parent initial and in-service training.

Item 23: Termination of Parental Rights (STRENGTH)

Termination of parental rights is viewed very conservatively by judges across Virginia; and data about TPR court hearings and continuances is difficult to obtain on a regular basis. However, several new reports have been added to the SafeMeasures® software tool that provide DFS the ability to monitor clients for multiple time periods as they progress from goal change to adoption. Steps included in these new reports follow clients from goal of adoption, to TPR, placements in pre-adoptive homes, adoption petitions waiting final orders, and clients who are adopted. An example of these reports is provided as an attachment to this report ([Attachment 23.1](#)). An analysis of clients with a goal of adoption in October 2015 followed through October 2016 shows substantial success in moving children forward in the TPR and adoption process. This progress is shown in the summary provided below:

**Progress towards Adoption
October 2015 to October 2016**
Source: SafeMeasures 10/30/2015 and 10/30/2016

Status October 30, 2015	Status October 30, 2016									
	Total	Adoption: Pre-Adoptive	Adoption: Non-Finalized	Foster Home	Congregate Care	Other	Adoption	Other Permanency	Other Discharge	
# in Adoption Non-Finalized Family	493	0	76	1	1	7	401	0	7	
# in Pre-Adoptive Family	81	81	0	0	0	0	0	0	0	
# Available for Adoption	675	53	58	248	114	42	85	7	68	
# Not Available - TPR on Appeal	139	42	27	32	6	6	21	5	0	
# Not Available - TPR not recorded	154	21	21	57	3	21	22	2	7	
Subtotal	1542						529			
# with Adoption Goal > 10/30/2015							107			
Total Maintained or Progressed		197	182							
Total Adopted							636			
12 month successes		1,015								

Time to Filing Petition for Involuntary Termination of Parental Rights

Section 9.5.4 of the Child and Family Services Manual Foster Care Section: Involuntary termination of parental rights says: "Federal law states that when a child has been in the care of the agency for 15 of the last 22 months and there has been no progress toward reunification with the parent from whom the child was removed, then termination of parental rights shall be filed unless it can be documented that it is not in the child's best interest to do so. At the end of the 15th cumulative month that the child is in the agency's care, the agency shall file a petition with the court to terminate parental rights if no progress has been made toward reunification, unless the agency has documented that termination of rights is not in the child's best interest".

There is question on the current Foster Care Plan screens in OASIS where the LDSS has to indicate if the child has been in care 15 out of the last 22 months (Part B). This screen prompts the worker to address why the LDSS has not filed a termination petition if both the "15 out of 22 months" and the "not filing a petition" boxes are both checked. The screens ensure that the issue is at least reviewed by the LDSS when developing the foster care plan. Additionally, the

court receives this information when the foster care plan is submitted and has an opportunity to address in the hearing any failure to meet this requirement. While no specific reporting tools are readily available to monitor compliance with this policy; special analysis of OASIS data, by either DFS or ORP staff, is made available on request. Also additional reports can and will be added to SafeMeasures® to regularly monitor compliance with this requirement.

Data available from the Juvenile Case Management System, since 2013, indicate improvement in the time to filing of petitions for involuntary termination of parental rights. FFY 2016 data show that petitions for termination of parental rights are being filed approximately 12 months following the disposition hearing on the underlying case or, if applicable, the child's foster care date when placement is the result of a Child in Need of Services, Child in Need of Supervision, Status Offense, or Delinquency petition. This measure provides the average number of days between the date of the disposition hearing of the underlying case (i.e. Abuse or Neglect (AN), At-Risk of Abuse or Neglect (RI), Entrustment Agreement (ET), or Relief of Custody (CR) cases) or, if applicable, the child's foster care date (i.e. Status Offense (ST), Child in Need of Services (CS), Child in Need of Supervision (Truancy/Runaway) (TR), Delinquency Misdemeanor (DM), or Delinquency Felony (DF) cases) and the file date of the Involuntary Termination of Parental Rights (TP) case.

Cases considered in the data include Involuntary Termination of Parental Rights cases: filed beginning on the first day in the reporting period up to the last day in the reporting period; with an underlying case of Abuse or Neglect, At-Risk of Abuse or Neglect, Entrustment Agreement or Relief of Custody with a finalized disposition hearing; or Status Offense, Child in Need of Services, Child in Need of Supervision (Truancy/Runaway), Delinquency Misdemeanor or Delinquency Felony, the result of which is the entry of the child into foster care.

Time to Termination of Parental Rights By Case Types	Initial Baseline FFY 2013 Average Days	Year 1 FFY 2014 Average Days	Year 2 FFY 2015 Average Days	Year 3 FFY 2016 Average Days	Difference From Previous 2015 vs 2016	Difference From Baseline 2013 vs 2016
Termination of Parental Rights (TPR)	377	346	362	363	0.28%	-3.71%

Source: Virginia's Juvenile Case Management System (JCMS) extracted 11/10/16, representing FFY 2013-2016.

Finally, responses to the limited number of questions on the DFS Stakeholder Survey in Spring/Summer 2016 indicate concern with the timeliness to TPR. Detailed results of these questions are shown below. The creation of monitoring reports in SafeMeasures® in the fall of 2016 has allowed DFS and VDSS regional consultants to both monitor and more effectively address some of the barriers to timely TPR and permanency to adoption.

Respondents	Questions	N	Yes %	Sometimes %	No %	NA or Unable to Determine %
Attorney	Barriers exist to timely termination of parental rights.	250	62.80	NA	32.00	5.20
CASA	Barriers exist to timely termination of parental rights.	104	69.23	NA	12.50	18.27
Staff	How often are TPRs occurring for children in care 15 of the last 22 months?	73	57.54	42.47	0.00	0.00
Supervisor	How often are TPRs occurring for children in care 15 of the last 22 months?	61	60.66	37.70	1.00	0.00

Item 24: Notice of Hearings and Reviews to Caregivers (STRENGTH)

Section 15.2.2 of the Child and Family Services Manual, Chapter E Foster Care details caregivers' attendance at court hearings ([Attachment 24.1](#)). Both foster parents and birth parents are to be provided notice of each hearing by the court. Foster parents and pre-adoptive parents are to be notified by the court of every hearing in writing. Their names shall be included on the foster care service plan transmittal submitted to the court. Service workers should also discuss upcoming hearings with the parents and foster or resource parents and encourage their attendance. Again, Virginia Petitions for Permanency Planning ([Attachment 22.1](#)) and Permanency Planning Orders ([Attachment 22.2](#)), include notice for parents, foster parents, pre-adoptive parents, or relative caregiver.

The case worker also provides and discusses with the foster parent, pre-adoptive parent, or relative caregiver the brochure *Adoption and Safe Families Act: Applying the Notice and Right to Be Heard Provision in Virginia's Juvenile and Domestic Relations District Courts*.

http://www.courts.state.va.us/courtadmin/aoc/cip/resources/asfa_brochure_web.pdf

This brochure explains the requirements that they must be provided with timely notice of and the right to be heard at the six month review hearings and permanency hearings held with respect to the child in their care. It explains they do not have the right to standing as a party to the case. It also describes the participants in the case and what they may expect by way of notice and "a right to be heard." The foster parent, pre-adoptive parent, or relative caregiver should be encouraged to attend and speak at the hearing with respect to the child during the time the child is in their care.

In the DFS Stakeholder Survey of Spring/Summer 2016 ([Attachment 24.2](#)), foster parents responded negatively to their notice and participation in reviews. Results suggest more work is needed by DFS, in collaboration with the new Virginia CIP Director, to understand these results and reduce barriers to foster parents regarding court hearings.

- 15.38% responded that they do not receive notice of upcoming foster care reviews
- 39.2% responded that they do not feel like their opinion is valued in court.
- 51.61% responded that they are not asked about their foster child in court.
- Responses from attorneys, CASA, supervisors and FSS staff are more positive with <10% responding negatively to these same questions.
- When asked who during the court proceedings asks you about the foster child (check all that apply), foster parents responded: Judge 47.62%; DSS Attorney 35.24%; GAL 49.50%; and Other 35.24%. These responses also require follow-up to understand whether these are realistic perceptions as they indicate low participation encouraged by participants in the hearings.

SYSTEMIC FACTOR III: Quality Assurance System

Item 25: Quality Assurance System (STRENGTH)

The Division of Family Services uses two distinct yet coordinated processes for accomplishing Quality Assurance and Accountability (QAA) and Continuous Quality Improvement (CQI). These two processes comprise Virginia's QAA/CQI Plan. The plan covers all 139 geographic jurisdictions that comprise 120 Local Departments of Social Services within the state ([Attachment 25.1](#)). Each process is described briefly here.

Quality Assurance and Accountability (QAA)

The purpose of the QAA team is to monitor local agencies in three specific areas that include: title IV-E Foster Care/Adoption Assistance, Child and Family Services Review (CFSR) and Subrecipient Monitoring (SRM). The unit has a staff of 31 including a program manager, supervisors, full and part-time program consultants, a full-time data analyst, and a part-time data analyst. The unit is also responsible for oversight, monitoring, guidance, and training for both state and local agencies' staff for compliance and accurate financial reporting for all title IV-E foster care and adoption assistance clients.

Specifically, the adoption case review process validates that allowable cost are correctly documented and the appropriate funding streams are used. The title IV-E team also monitors and reviews the data integrity of OASIS reporting with regards to foster care and adoption assistance clients. The team works closely with the VDSS Foster Care and Adoption Program Managers to ensure coordinated communication and application of compliance rules and regulations. For foster care clients, the work includes determination of funding for all children within 90 days of their entrance to care. The team reviews established title IV-E foster care cases yearly to ensure on-going compliance to meet federal requirements. Most recently DFS passed the federal title IV-E review in August 2016, exhibiting a very strong, robust process for Quality Assurance.

For the period March 2015 thru September 2016, DFS revised its QAA process to align with the federal CFSR process and began utilizing the federal On Site Review Instrument (OSRI). Reports of these reviews for 2016 are available from the Children's Bureau CFSR Web Portal.

In the fall of 2016, Virginia began a pilot QAA Monitoring system pairing with the existing QA teams for Title IVE compliance and the 2017 CFSR to collaborate with consultants at the VDSS regional offices. The new monitoring system involves regular consultative visits to Virginia LDSS to review case files. The purpose of the review is to evaluate the child's safety, permanency, well-being and funding. All new child welfare 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: Online Automated Service Information System (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; ongoing and foster care case files. The reviews will provide regional consultants and agencies 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.

The QAA Monitoring Team will visit each LDSS every other month for compliance on basic practice requirements ([Attachments 25.2-25.4 accompanying MS Excel files](#)).

VDSS Regional Consultants will also visit each LDSS once within a calendar year to review cases at a more detailed level ([Attachments 25.5 – 25.9 accompanying PDF documents](#)). Results of these reviews will be compared to corresponding data in the OASIS system, and aggregate data for each LDSS will also be generated via reports from OASIS for CQI (see below). These ongoing case review processes will not only serve DFS for Quality Assurance, but also as an ongoing data validation.

In addition to this renewed focus on reading case files in local agencies, and increased state and regional presence in the local agencies, Virginia continues to use several groups for feedback. Quality Assurance and Accountability specifically uses the Quality Assurance Network (QAN) to gain input about casework problems, documentation, data issues, etc. QAN is a group of LDSS staff with a specific focus on Quality Assurance and Quality Improvement in their daily work. Membership currently consists of 52 local employees. The group has been meeting every quarter since its inception in summer 2015. Agenda topics addressed by the group include performance assessment reports, specific problem-solving for local issues either with communicating to agency staff around QI and data or definition and measurement of key child welfare indicators.

Continuous Quality Improvement (CQI)

The purpose of the CQI team is to identify and use information about child welfare practices in Virginia to improve outcomes for children and families. The team is made up of a new program manager and senior policy analyst. In addition to specific responsibilities of follow-up to QAA and liaison to stakeholder groups for data input, the team also at times serves as coach and consultant to the Division on how to translate data and analysis into ideas for improvement – using the Plan-Do-Check-Act model of Quality Improvement.

Specific quality improvement efforts within the Division in the past year include 1) analysis and recommendations of workflow for the Divisions Adoption Unit, to provide greater efficiency and effectiveness; 2) increased use of data by DFS program managers; and 3) improved coordination of reporting and analytic requests to the VDSS Office of Research and Planning.

To support LDSS in quality improvement, Virginia has several data and reporting systems to identify areas needing improvement. These include the Virginia Child Welfare Outcome Reporting system (VCWOR), Virginia's contract with SafeMeasures® as a reports tool; and its contract with Chapin Hall for longitudinal, cohort data. SafeMeasures® reports are currently used to monitor benchmarks in areas such as caseworker monthly visits, TPR Status, and placement stability ([Attachment 25.10](#)). Extensive use of these data for CQI however, has not occurred for several years in Virginia. The CQI team's work plan for 2017 includes a renewed focus on using data to improve practice, through regional trainings and forums. The divisions Quality Assurance Network and the Child Welfare Advisory Committee (CWAC) Subcommittee for CQI are two such vehicles for this work. Increased use of longitudinal analysis to examine practice trends and outcomes is also a part of the 2017 work plan. Finally, results of the DFS Stakeholder Surveys are used by CQI to inform existing or future improvements. This Survey is conducted annually with stakeholder groups including: Family Services staff and Supervisors, Foster and Adoptive Parents, Foster Youth, Attorneys, Judges, and CASA.

A preliminary analysis of local QAA reviews in January thru March of 2016 was conducted using the CFSR Onsite Review Instrument and with reports back to each LDSS. Qualitative content

analysis was used to identify common themes for “areas needing improvement and planned local actions to address” for the review results. Themes were given codes and the instances of these theme/codes were quantified.

Based on this analytic approach, the review items reported most frequently were:

- Item 15 Caseworker Visits With Parents
- Item 12 Needs Assessment and Services to Children
- Item 6 Achieving Reunification, Guardianship, Adoption, or APPLA
- Item 8 Visiting with Parents and Siblings in Foster Care
- Item 14 Caseworker Visits With Child
- Item 13 Child and Family Involvement in Case Planning

Planned local actions most frequently reported included:

- Improve documentation
- Provide more training to workers on requirements and best practices
- Increase the level of supervision for case workers.

While these results were preliminary, they provided additional data that aligned with anecdotal evidence and the 2016 Stakeholder Survey Data. Each of these sources identified the need for enhanced training, additional case review efforts, new supervisor job aids, and improved monitoring of caseworker visits.

In 2017, the CQI team will work in conjunction with the QAA team and ORP to develop agency level reporting of case file review data elements ([Attachment 25.11](#)). This analysis will identify systemic areas needing improvement for each local agency, and provide benchmarks to measure improvements linked to outcomes.

SYSTEMIC FACTOR IV: STAFF AND PROVIDER TRAINING**Item 26: Initial Staff Training (AREA NEEDING IMPROVEMENT)**

In March 2013, guidance in both Child Protection and Permanency established new mandates for an initial in-service training program for CPS, Foster Care and Adoption workers and for all new supervisors and those with less than two years of experience. There are both on-line and instructor led courses.

For CPS workers, courses include:

CWSE1002 Exploring Child Welfare
CWSE5692 Recognizing and Reporting Child Abuse and Neglect– Mandatory Reporter Training
CWSE1500 Navigating the Child Welfare Automated System: OASIS – CPS Modules 1-6
CWS2000 CPS New Worker Guidance Training with OASIS – 4 days
CWS2010 CPS On-going (On-going workers only) - 2 days
CWSE1510 Structured Decision Making in Virginia – online

For Permanency staff, courses include:

CWSE1002 Exploring Child Welfare
CWSE5692 Recognizing & Reporting Child Abuse and Neglect – Mandatory Reporter Training
CWSE1500 Navigating the Child Welfare Automated System: OASIS – Foster Care
CWS3000 Foster Care New Worker Policy Training with OASIS – 4 days
CWS3010 Adoption New Worker Policy Training with OASIS – 2 days

As part of the Division's CQI activities, Stakeholder Surveys were conducted in the spring of 2016 to gain feedback on a variety of topics. Questions on training of child welfare staff in Virginia LDSS were specifically included in the surveys of Family Services Staff and Family Services Supervisors. Feedback from these surveys is provided in [Attachment 26.1](#). The most striking results of this feedback are that the survey respondents are very positive about training; yet the Mandate Analysis ([Attachment 26.2](#)) indicates that training participation is substantially low.

Item 27: Ongoing Staff Training (AREA NEEDING IMPROVEMENT)

There are 24 hours of mandated continuing education hours required for family service workers after two years of employment. Family Services Training provides subject matter expert (SME) trainings for experienced workers based on assessed needs of local staff. The SME trainings are offered regionally. Continuing Education activities may include organized learning activities from accredited university or college academic courses, Continuing Education programs, workshops, seminars and conferences. Documentation of Continuing Education activities is the responsibility of the LDSS. In addition to SME trainings, Family Services Training sends out notification throughout the year of national child welfare and state training opportunities that are free or inexpensive and that fulfill continuing education requirements. These include free on-line webinars and courses relevant to best practices and statewide classroom training classes offered through DCJS, DJJ, Mental Health, etc. The Family Services mandated training schedules are sent out quarterly to all LDSS Directors, Supervisors and Workers.

LDSS are able to submit training plans to VDSS to provide child welfare training and receive title IV-E reimbursement. Approval of LDSS training plans is contingent upon the plan's compliance with federal guidelines regarding allowable expenses. These plans must describe the type of training to be provided (i.e., new worker or on-going training for staff/ resource parents) as well as the topic area to be covered and the over-all plan for training.

Ongoing training was also included in the DFS 2016 Spring/Summer Stakeholder Survey. Response for these items is provided in [Attachment 27](#). Again the positive feedback about training is in contrast to the low participation evidenced in the Mandate Analysis.

Item 28: Foster and Adoptive Parent Training (STRENGTH)

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. Training is comprised of two major components: pre-service training and in-service training. While 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 safety, permanency and well-being. A guideline for in-service training is provided, rather than a mandate, so that a family in progress towards fulfilling the 10 hours does not have a child unnecessarily removed from their home.

Pre-service training provides foster and adoptive families with knowledge, skills, and abilities that prepare them to meet the needs of the child. Agency-Approved Provider Regulations (22VAC40-211) were approved that 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 and the determination is practiced uniformly and fairly across families and involves the family in the determination of training needs. 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 safety, permanency and well-being of children through the training of LDSS foster/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/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 statewide 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 the PRIDE co-trainer 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 the 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 of 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 state or program initiatives related to foster and adoptive parent training; and allowing agencies to collaborate, exchange resources and share challenges and solutions.

In addition to the pre-service and in-service sessions facilitated by the CRAFFT coordinators, they also provided assistance to LDSS to help them increase their capacity for offering training more frequently. The table below describes the training for SFY 2016 for foster and adoptive families.

Region	# Agency responses	PRIDE	MAPP/OTHER	CRAFFT	# of Approved Families
Central	20	18	0	11	72
Piedmont	24	22	2	17	190
Northern	24/25	25	0	9	249
Western	20/22	17	0	3	118(6-10)
Eastern	23	23	0	19	147

In the DFS 2016 Spring/Summer Stakeholder Surveys, foster parents were asked to respond to questions about their training experiences. Responses are detailed in [Attachment 28](#). In general responses were favorable with <10% of respondents with a negative perspective of their training experiences.

SYSTEMIC FACTOR V: SERVICE ARRAY AND RESOURCE DEVELOPMENT

Item 29: Array of Services (STRENGTH)

Virginia has in place several programs and funding streams to provide for the diverse service needs of at risk children and their families across the state. Each area is described briefly in the following pages and attachments.

Virginia Children's Services Act (CSA). Virginia's Children's Services Act (CSA) was enacted in 1993 and establishes a single state pool of funds to purchase services for at-risk youth and their families. CSA was designed to ensure that youth and their families receive the services they need, including youth either in foster care, or eligible for foster care. The need for services is determined by local Family Assessment and Planning Teams (FAPT) on a case-by-case basis, and the funding is limited to six months of services unless an extension is granted. The purpose of the funds is to avoid out-of-home or out-of-community placements of at-risk children. The funding varies by locality and type of service. 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. Since 2006, the General Assembly now 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. For SFY 2015, these data are reported on the OCS website (<http://www.csa.virginia.gov>).

Services Provided throughout Virginia and Identified Service Gaps (***) indicates service gap)

Acute Psychiatric Hospitalization***	Maintenance - Child Care Assistance	Residential Case Management
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***
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

The overall response rate for reporting service availability and gaps in SFY 2015 was 87%. The top three agencies/systems actively engaged in completing the CPMT Service Gap Assessment were: Court Services Units (95%); School Systems (94%); and Local DSS (94%). Services provided across the state and those identified as gaps in SFY 2015 are shown in Table 29 below. Finally, Virginia Code, §2.2-2648.D.17 also requires that the State Executive Council (SEC) for Children's Services develop and report aggregate performance measures for the Children's Services Act Program. This report is available at: <http://www.csa.virginia.gov/dashboard/2015%20Outcomes%20Report.pdf>

The DFS 2016 Spring/Summer Stakeholder Survey included many items about services and the availability of services (**Attachment 29.1**). Responses suggest that while services in the community are available to the LDSS, stakeholders and LDSS staff report more could be available to meet families' and children's needs. Data suggest increasing the availability of services that work to reduce the risk of re-entry into foster care.

Promoting Safe and Stable Families (PSSF). Promoting Safe and Stable Families (PSSF) funds are provided specifically for services and programs that are child-centered, family-focused, and community-based. The program funding is flexible and 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.

A local planning body determines what community services and/or goods are needed on behalf of the children and families in their respective communities. Receipt of funding is based upon a rigorous state review and approval process for each individual community plan and each plan is developed from a comprehensive community-based needs assessments.

The total amount of Virginia's SSBG-FPSP funds dedicated to prevention is estimated to be approximately \$1,100,000. A formula is used to determine the portion of available funds that can be allocated to any individual locality. Variables used for the formula include the following:

1. Population estimates ages 0-17 (Virginia Department of Health 2011)
2. Poverty estimates ages 0-17 (Census Bureau, SAIPE 2011)
3. Number of valid CPS complaints reported by VDSS (Apr 2012 – Mar 2013)
4. Number of unduplicated children served as reported by Comprehensive Services Act (SFY 2012)
5. Intake complaints for ages 0-17 reported by the Virginia Department of Juvenile Justice (SFY 2012)
6. Number of adult and children substance abuse consumers reported by the Virginia Department of Behavioral Health and Developmental Services (SFY 2012)
7. Number of children receiving special education services as reported by the Virginia Department of Education (Dec. 2012)

Virginia Enhanced Maintenance Assessment Tool (VEMAT). Another key source of services for at-risk youth and their families in Virginia is through the Virginia Enhanced Maintenance Program. This VEMAT program provides for additional funding for foster or adoptive parents when the involved child has special needs beyond basic maintenance (e.g. treatment foster care, special medical devices, etc.) The purpose of VEMAT is to assess an individual child's behavioral, emotional and physical/personal care needs in order to determine if an enhanced maintenance payment to a foster or adoptive parent is necessary. The Assessment Tool and Process were revised in 2012. A copy of the Tool is provided in [***Attachment 29.2 as an accompanying PDF document***](#), and the Guide to Parents in [***Attachment 29.3 as an accompanying PDF document***](#).

Item 30: Individualizing Services (STRENGTH)

Each of the programs and services described in Item 29 include mechanisms to determine specific needs of the child. For CSA services, each child is assessed by the FAPT to determine specific needs across the service systems (e.g. educational, social service, mental health, etc.). For PSSF funds, each locality implements a risk assessment relative to service needs in submitting applications for funding from this source to the state. The VEMAT tool is applied to each individual child and family to determine the degree of additional funding needed to serve the unique needs of the child.

In the CSA annual survey of locality services and gaps, respondents are asked to identify gaps in populations served. Results from the 2015 CSA Gaps Report include the following populations served and those where gaps in services exist (identified with an “****”):

Autism ***	Pre-School Age
Intellectual Disability/Developmental - Disability	Elementary School Age
Mental Health issues in the school	Middle School Age
Potentially Disrupting or Disrupted Adoptions	Transition Age (14-17)
Sex Offending Sexually Reactive Behaviors	Transition Age (18-21) ***
Substance Abuse*	

The DFS 2016 Spring/Summer Stakeholder Survey included items about individualizing services for children and families ([Attachment 30](#)). Responses suggest that, while stakeholders feel some services are not available to meet families' needs, the available community services can be personalized to individual families and children. Examining the DFS survey data in conjunction with the CSA services and gaps feedback, indicates that available services may be more easily tailored compared to services where a gap is indicated. It may be useful to clarify in future surveys or discussion groups which practices operationalize individual, person-centered case planning.

In addition, the use of Family Partnership Meetings (FPMs) across Virginia in 2015 provides an evidence-based practice that encourages diverse input to the services provided to the child and family. The following table illustrates FPMs in Virginia for CY2016 by Region and Case Type.

Region	Total # of FPMs	% with Participation beyond LDSS	% with No Participation beyond LDSS
Central	769	98.40%	1.60%
Eastern	980	94.90%	5.10%
Northern	2,274	87.20%	12.80%
Piedmont	1,034	95.60%	4.40%
Western	990	96.20%	3.80%
Total	6,047	92.80%	7.20%

Case Type	Total # of FPMs	% with Participation beyond LDSS	% with No Participation beyond LDSS
Adoption	11	0.00%	100.00%
ICPC	1	0.00%	100.00%
CPS	1808	5.90%	94.10%
Prevention/Support	520	5.60%	94.40%
Intake	24	4.20%	95.80%
Foster Care	2352	8.90%	91.10%
CPS and Foster Care	215	15.30%	84.70%
Other	1116	5.30%	94.70%
Total	6047	7.20%	92.80%

SYSTEMIC FACTOR VI: AGENCY RESPONSIVENESS TO THE COMMUNITY**Item 31: State Engagement and Consultation with Stakeholders Pursuant to the Child and Family Service Plan (CFSP) and Annual Progress and Services Report (APSR) (STRENGTH)**

VDSS gains valuable input from multiple stakeholder groups in order to develop goals, objectives, and actions relative to both the CFSP and APSR. Both the CFSP and the APSRs are posted on the VDSS website. Input and feedback is solicited from members of these groups during their regular meetings. Often they form subgroups to assist DFS with specific projects. The most predominant stakeholder groups and areas of involvement are described briefly here.

Child Welfare Advisory Committee (CWAC) meets semi-monthly for a three-hour agenda and includes primarily local DSS agencies, private child and family services agencies; law enforcement; local community services boards; state departments of education, health, medical assistance services, and behavioral health and developmental services; VDSS-DFS managers and policy specialists. The process used to maximize resources of this stakeholder group is 1) to provide input and/or data for the initial stages of a new program; 2) to collaborate with DFS in during the early stages of implementation; 3) to provide suggestions and/or data for improvement and modification. Specific initiatives based on CWAC involvement in the past include: Virginia Practice Profiles, Diversion Pilot, Fostering Futures, Adoption Negotiators, Adoptive Family Recruitment (i.e. Family Match Program), Mutual Family Assessments, and the new Virginia Three Branch grant to address child fatalities in Virginia. Agenda and minutes of CWAC meetings are shared on the VDSS public website. Additional communication with members to solicit input, reactions, feedback, and active participation between meetings is also undertaken, often within the CWAC subcommittees. CWAC currently has two active subcommittees which are Permanency and Continuous Quality Improvement (CQI).

The Permanency Subcommittee of CWAC is the entity which advises the full committee on issues pertaining to permanency within child welfare issues. The subcommittee is composed of interested members of the full CWAC committee, and includes representation from an array of stakeholder groups including foster parents. When necessary, the subcommittee may consult other relevant stakeholders and staff outside the Subcommittee and the full CWAC committee for input. The subcommittee is currently considering adjusting when meetings are held to increase the degree of diverse participation to include former and current foster care youth. The Subcommittee focuses its scope on several policy areas within child welfare programs:

- Adoption
- Health Care
- Transitions Out of Foster Care
- Family & Youth Engagement (the “practice” of Permanency)
- Support of Relative Placements
- Support of Return to Biological Family
- Educational Stability of Youth In Care

The CQI Subcommittee of CWAC is charged with several responsibilities including:

- Provision of feedback and sharing of results for data analyses of outcomes and national indicators
- Provision of assistance to DFS in planning and implementing appropriate program improvements

- Service as a channel of communications among each member's professional arena regarding child welfare policies, programs, and practices
- Being knowledgeable of the elements of the Child and Family Services Plan, Annual Progress and Services Report, Child and Family Services Review, as well as program changes needed to improve outcomes
- Provision of 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.

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 approximately six times per year (every two months), 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 QA/Managing by Data Network provides a direct link to the CQI Subcommittee. The Network is comprised of staff at local departments of social services (LDSS) involved on a regular basis in the work of Quality Assurance, Continuous Improvement, and Managing by Data. This group provides real-time/real-world perspectives to examine current local processes, identify areas of improvement, report/submit recommendations to CWAC CQI, and guide evaluation of improvement outcomes.

The Permanency Advisory Committee (PAC) is comprised of LDSS, state and regional staff and is the stakeholder group for state-local dialogue. There is also representation from the foster parent association who attends (foster parent) and from Project Life (youth serving contractor.) The PAC meets three times per year and is staffed by DFS program managers for Permanency and Adoption. Activities and input from this group have focused most recently on the NYTD database, evaluation of DFS/VDSS training program, Family Engagement Model, differential response system/structured decision making, and youth transition planning.

CPS Policy Advisory Committee is comprised of LDSS, state and regional staff and is the stakeholder group for state-local dialogue. The Committee meets two to four times per year and is staffed by the DFS program manager for CPS. Areas of focus for this group have included input to the OASIS Service Plan Revisions scheduled for 2017; CAPTA requirements for substance exposed newborns; Virginia's Practice Profiles; and the Virginia Three Branch grant to study and make recommendations to prevent child fatalities in Virginia.

Three Citizen Review Panels interact with the Child Protective Services unit within the Division, and provide responses to their recommendations in December of each year ([Attachment 31.1](#), [31.2](#), [31.3](#)). The three Citizen Review Panels are: Child Abuse and Neglect Committee of the Family and Children's Trust Fund (FACT) Citizen Review Panel; the State Child Fatality Review Team; and Children's Justice Act (CJA)/Court Appointed Special Advocate (CASA)

NewFound Families is a statewide non-profit adoption, foster, and kinship association which provides educational, advocacy, support services, and training opportunities for foster, adoptive, and kinship children and families. Virginia contracts with this group for services that help Virginia children and families. They are also very active members of CWAC

The VDSS Advisory Group is a small group of Directors from local DSS agencies that meet monthly with the Chief Deputy Commissioner for VDSS. The Director of Virginia's Division of Family Services represents the state child welfare perspective with this group, and gains input from the local agencies about state-led recommendations and initiatives.

Virginia's Youth Advisory Council, currently under development, represents the investment of VDSS towards increasing opportunities for "youth voice" to inform policy and practice decisions. We have been working with the Capacity Building Center for States through 2016 towards the development of a formal VDSS youth advisory group. At a state-wide Youth Conference in November, information about this project and what a youth advisory council is was presented to foster care youth in attendance. Current and former foster care youth have been recruited from all five regions in the state and the first "leadership development weekend" was held Jan 21-22. A second development weekend is scheduled for March. An annual meeting will be held for all foster care youth in attendance at the May Youth Conference. At that time, the advisory council members will solicit input from the larger group about setting priorities and in regards to any issues the advisory group has committed to addressing in 2017.

The VDSS Normalcy Steering Committee was developed to assist with implementation of the Reasonable and Prudent Parent Standard across the state. The committee is comprised of state and local DSS representatives, foster parents, youth, private licensed child placing agencies, Department of Behavioral Health and Developmental Services staff, and VDSS licensing staff. Meetings are held bi-monthly and have focused on developing training for all foster parents, staff, congregate care providers, and LDSS workers and will be completed February 2017. The committee is beginning work with the Capacity Building Center for States to hold forums across the state regarding implementation of normalcy. The forums will include representatives from another state that have implemented normalcy and will encourage dialogue among participants to explore their concerns regarding implementation.

The Pamunkey tribe is Virginia's first federally recognized tribe as of early 2016. Efforts have been made to reach out to tribal leadership and contact has been made. At this time, there are no children in foster care that are members of this tribe. The Chief has stated he will be the point of contact for future communications and welcomes the collaboration. He is an invited member of CWAC, but has yet to attend.

Item 32: Coordination of CFSP Services with Other Federal Programs (STRENGTH)

Within VDSS, staff and leadership within the state Division of Family Services partners with the following state groups:

Division of Benefit Programs - DFS staff members have worked with Division of Benefit Programs staff members to provide guidance on when a relative can receive Temporary Assistance for Needy Families (TANF) for a child.

Division of Child Support Enforcement - Division staff members have worked with staff in the Division of Child Support Enforcement to ensure proper and effective establishment and collection of child support for children receiving foster care services.

Office of Newcomer Services - Newcomer Services oversees federal foster care cases and DFS staff has supported the development of guidance for those children.

Division of Early Childhood Development - Collaboration with the Division of Early Childhood Development staff ensures that day care referrals for foster children and children leaving foster care are paid for using the correct funding source and services are provided with little to no delay.

Division of Licensing Programs - Similarly, staff has worked with Licensing Programs to ensure guidance and regulations are consistent.

Virginia's Office of Children's Services (OCS) manages the single state pool of funds to purchase services for at risk youth and their families, and was established by the Virginia Children's Services Act (CSA) in 1993. The CSA requires integrated services to children and families and is a model for collaborative work in the delivery of child welfare services. CSA has several provisions that assure a collaborative approach in program and fiscal policy development, and administrative oversight. To implement and monitor CSA provisions, the State established the State Executive Council which is chaired by the Secretary of Health and Human Resources. Members include agency heads and representatives from agencies including:

- Department of Social Services
- Department of Health
- Department of Education
- Medical Assistance Services
- Juvenile Justice
- Behavioral Health & Developmental Svcs
- CIP, Supreme Court of Virginia, OffExecSec
- Local governments
- Private providers
- State House of Delegates
- State Senate
- Clients

Virginia Department of Education (DOE) and DFS have accomplished much work together to implement state legislation allowing children to remain in their school of origin when entering foster care or when there is a change in foster care placement. The Best Interest Determination process has been implemented and is helping to ensure a joint decision making process. State legislation resulting in faster enrollment in a new school when a foster child changes placements was also implemented. VDSS has maintained a Memorandum of Understanding with DOE which addresses the reporting and handling of child abuse and neglect complaints when school staff members are the subject of the reports or in the role of mandated reporters.

Healthy Families: The Virginia General Assembly appropriates funding for the Healthy Families program. These funds provide home visiting services to new parents who are at-risk of child maltreatment in 74 communities across the state. The Healthy Families' goals include: improving pregnancy outcomes and child health; promoting positive parenting practices; promoting child development; and preventing child abuse and neglect. The statewide organization, Prevent Child Abuse Virginia (PCAV), also receives funding through the Healthy Families Initiative to provide technical assistance, quality assurance, training, and evaluation for the Healthy Families sites.

Virginia Department of State Police and DFS representatives worked together to establish effective and efficient procedures for implementing the federal requirement for national fingerprint checks for foster/adoptive families.

Virginia's Infant and Toddler Connection Program was coordinated by the DFS CPS Unit by requiring referrals to the program when a CPS investigation is determined to be founded for a child under the age of three and when a child is born substance exposed.

Virginia's Court Improvement Program. Effective August 10, 2016, Sandra L. Karison is the new Director of the Court Improvement Program (CIP) for Virginia. The Court Improvement Program develops and facilitates integration of procedures and best practices for court cases involving juvenile and family law, and supports implementation of Judicial Council standards for guardians' ad litem for children and incapacitated adults. Ms. Karison becomes a new member of the Virginia CWAC, allowing for enhanced collaboration concerning ICWA and the court system in Virginia.

SYSTEMIC FACTOR VII FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION

Item 33: Standards Applied Equally (STRENGTH)

Licensing of LDSS Foster and Adoptive Homes

The Foster and Adoptive Family Home Approval Standards set out the approval requirements for foster and adoptive family home providers approved by LDSS. The regulation ensures compliance with federal and state laws and regulations regarding resource, foster and adoptive family homes. This regulation is integral to protecting the health, safety, and welfare of all citizens, as it ensures that individuals approved to care for children in foster care or awaiting adoption are being cared for by individuals who are capable of providing the level of care required.

Major components of the regulation include making all definitions and requirements consistent with other social services regulations and applicable approval requirements that fall under the purview of other state agencies; mandating training for resource, foster, and adoptive home providers; requiring a narrative home study report; creating one set of standards for the approval of all types of family home providers (i.e.; resource, foster, and adoptive) to streamline the process of approval; requiring proof of provider approval to be maintained in the child's file; and ensuring safety through standards for the home of the provider and requirements for criminal background checks. There are training requirements for respite families, a prohibition against corporeal punishment, DMV checks required for all adults in the home, tuberculosis screening requirements, and a provision allowing for the suspension or revocation of a provider's approval. The number of children in the provider's home is limited to eight. A provider must contact the child abuse hotline and provide contact information if they have been forced to evacuate their home during a hurricane or other disaster and have been unable to contact their LDSS.

Monitoring of LDSS licensing of foster and adoptive homes is provided through the Virginia Title IV-E review process. While not all children in foster care in Virginia are served with Title IV-E funds, all foster and adoptive homes provided by the state must be approved to take children covered by title IV-E. Therefore, families included in IV-E reviews provide a valid and reliable sample of all families licensed by Virginia's LDSS. The past two Title IV-E Reviews for Virginia are provided in [Attachments 22.3 and 22.4](#).

Licensing of Private Child Placing Agencies (LCPA) and Residential Centers (RC)

Standards for Licensed Private Child-Placing Agencies [22 VAC 40 131] establishes the minimum requirements for licensure to place children and conduct activities related to placement in foster care, treatment foster care, adoptive homes, and in independent living arrangements. This regulation ensures requirements are met concerning policy and procedures, program evaluation and improvement, staff composition and qualifications including staff development, home study requirements, provider training, monitoring and re-evaluation of provider homes, interstate placements, foster home agreements, medical, dental, and

psychiatric examinations and care, school enrollment, visitation and continuing contact with children, service plans and quarterly progress, specific requirements for youth placed in permanent foster care, short term foster care, treatment foster care, and specifics around adoption of children. The number of children in the provider's home is limited to eight unless there is a large sibling group and the home has appropriate space for the children.

Standards for Licensed Children's Residential Facilities [22 VAC 40 151] establishes requirements for any facility, child-caring institution, or group home that is maintained for the purpose of receiving children separated from their parents or guardians for full-time care, maintenance, protection and guidance, or for the purpose of providing independent living services to persons between 18 and 21 years of age who are in the process of transitioning out of foster care. This regulation ensures requirements are met concerning inspection of facilities, allowable variances, health information and reporting of disease, qualifications of staff, written personnel policies and procedures including staff development and supervision, acceptance of children and admission procedures, Interstate Compact on the Placement of Children, service plan/quarterly reports including initial objectives and strategies, case management services, structured program of care and types of programs, and discharge.

General Procedures and Information for Licensure [22 VAC 40 80-10 et seq.] establishes the requirements and processes that provide for licensing of Child Placing Agencies and Children's Residential Centers. A regular license is issued when activities, services, facilities, and the applicant's financial responsibility substantially meet the requirements for a license that are set forth as described above (22 VAC 40 131 and 22 VAC 40 151).

Monitoring of LCPAs and RCs, including licensing of foster and adoptive parents, is the responsibility of the VDSS Division of Licensing and the Virginia Department of Behavioral Health and Developmental Services. In order to determine continued compliance with standards during the effective dates of the license, the VDSS and VDBHDS representative will make announced and unannounced inspections of the facility or agency during the hours of its operation. The licensee is responsible for correcting any areas of noncompliance found during renewal or monitoring inspections. All licensed child welfare agencies shall be inspected at least twice a year. At least one unannounced inspection of each licensed facility shall be made each year. Each license and renewal thereof may be issued for a period up to three successive years, with the period of licensure based on the compliance history of the facility. A provisional license is issued when the facility is temporarily unable to comply with the requirements and may cover a period not to exceed six months.

The DFS Spring/Summer 2016 Stakeholder Survey included items about the Divisions assessment and actions to address child safety and risk (Attachment 33.1). Several interesting observations of these data are briefly described here. CASA respondents are consistent in saying that LDSS assesses but is not always addressing both risk and safety, reporting a near four percentage-point difference. Data reports that the LDSS assesses more strongly with safety as compared to risk by approximately seven (7) percentage points. Foster Parents do not identify a substantial difference between assessment and addressing safety and risk in the

foster care setting. However, there is a 10-12 percentage-point difference with safety as compared to risk in those settings. This suggests that foster parents' perception may be that LDSS emphasizes and communicates safety while assessing risk and that Foster Parents may be more familiar with safety terminology and action steps to that end. Data present minimal difference for Family Services Staff in assessment verses addressing safety or risk. Unlike CASA and attorneys, staff report doing better for risk than for safety by 5-7 percentage points but with a high number in the "unable to determine" category. This may reflect a distinction between safety and risk for Family Services Staff.

Item 34: Requirements for Criminal Background Checks (STRENGTH)

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 the 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, Public Law 109-248.

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 in §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. 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.

In November 2016, Virginia DSS received notification of substantial compliance with federal eligibility requirements for the Period Under Review (PUR) of 10/1/2016 – 3/31/2016. The review team determined 79 of the 80 cases in the review sample had met all eligibility requirements. In the section of the report describing “Areas needing Improvement” reviewers noted that processes put in place between VDSS and VDHADS/Office of Licensing had improved both the monitoring and documentation of appropriate safety checks for foster family homes and child care institutions; and that assurance of children being placed in safe homes and facilities had improved as well (Attachment 34.A)

Results from the state’s most recent Title IV-E QAA Reviews provide a measure of child safety, including Criminal Background Checks. For FFY 2016, the error rate for New Case Validations was 5.22% (120 errors in 2,299 cases). For Ongoing Reviews the error rate was 7.49% (197 errors in 2629 cases). Both rates were below the benchmark of 10%.

Item 35: Diligent Recruitment of Foster and Adoptive Homes (STRENGTH)

Section D of the Child and Family Resources Manual is Resource Families and section 1.15 speaks to best practice in recruitment activities. This section encourages the use of a balanced recruitment plan incorporating a majority of targeted and child-specific recruitment, with a nominal amount of general recruitment. General recruitment typically serves as community education and creates an awareness of the foster care system and those it serves.

Section D.1.9.1 also includes Standards of Care for Resource Families including, but not limited to, care that does not discriminate on the basis of race, color, sex, national origin, age, religion, political beliefs, sexual orientation, disability, or family status. While Virginia law allows private agencies to refuse to serve gay or lesbian families due to religious objections, this is not the practice of LDSS or VDSS. Specifically, in May of 2016 Virginia's Attorney General affirmed that the commonwealth's existing non-discrimination protections on the basis of sex are correctly interpreted to include discrimination on the basis of sexual orientation and gender identity. The racial characteristics of children in foster care compared to foster families as of May 1, 2016 are provided in the table below (Source: VCWOR data).

Race	Child #	Child %	Foster family #	Foster Family %
Black	1,614	33%	850	18%
Multi-Race	462	10%	104	2%
Other	136	3%	21	0%
White	2,634	54%	1,520	31%
None Listed	0	0	2,351	49%
Total	4,846	100%	4,846	100%

Virginia has over the past several years developed a comprehensive plan for recruitment of foster and adoptive families for children in care. This plan is included in [Attachment 35.1](#). Targeted recruitment should be used for the community at-large, focusing in on those populations whose characteristics match with the needs of the children currently in care. Child-specific recruitment is child-focused and explores existing connections when possible. The amount of child-specific recruitment needed is dependent upon the population of children in care, and is most effective for certain populations:

- Youth who have lingered in care for more than two years;
- Large sibling groups;
- Children with exceptional needs or circumstances; and
- All children and youth with TPR for whom permanence is not yet established.
- Guidance also touches on support and retention of resource parents.

In addition, DFS uses a statewide recruitment system, Virginia Adoption Resource Exchange of Virginia (AREVA), to support efforts to find Adoptive homes for children in foster care who are legally free for adoption. Children who are listed with AREVA are automatically included in AdoptUSKids. AREVA staff maintains several Internet websites featuring photographs and

narrative descriptions of waiting children. AREVA works collaboratively with all local agencies and child placing agencies that are dedicated to finding permanent placements for the children from the foster care system. Special attention is given to all families, community stakeholders, and supportive agencies that have worked to find permanent placements for foster children during the month of November. <http://adoption.com/directory/virginia/adoption-resource-exchange-of-virginia-areva>

In October 2015, VDSS Family Services contracted with the M Network, a marketing firm from Florida to provide assistance to VDSS to conduct Foster to Adopt Parent Recruitment. The M Network was tasked with developing marketing strategies incorporating market segmentation data for Virginia. The plan included using 25 LDSS as pilot agencies to serve as a focus/advisory group for materials developed by the contractor. The contract with M Network ended in winter 2016, following the development of Virginia market segmentation data. For the remainder of 2016 DFS worked with VDSS Public Affairs to develop marketing materials. Once materials are developed, pilot agencies will be trained on how to use the region specific techniques based on market segmentation data and to train other LDSS within their region to recruit prospective families.

The DFS 2016 Spring/Summer Stakeholder Survey included items about the recruitment of foster and adoptive families in Virginia (Attachment 35.2). Data suggest that the majority of Foster and Adoptive Parents feel that the recruitment process is sensitive to racial and ethnic diversity with children who are in Foster Care. Attorneys and CASA reported no substantial difference in their perception of the LDSS in promotion, support, and maintenance of positive relationships between a child in foster care and his/her mother and father. CASA indicates a greater difference between mother and father as compared to Attorneys. It can be asserted that CASA is closer to the family to make this observation outside of the court.

Respondents indicated that efforts to preserve a child's connections to his or her community are lower with several respondent types, including Attorneys, LDSS supervisors and CASA. DFS needs to understand this response in more depth. Foster Parents responded more negatively to issues of connections to family, community, faith, and school compared to supervisors, attorneys or CASA. One assertion could be that the environment from which children were removed may be too volatile as it related to overall safety and risk.

Data suggest that attorneys highly rated the LDSS practice of encouraging relative placements and LDSS' efforts to locate relatives for the child's placement. At the same time, even if a relative is located, there are some systemic barriers to using relative placements. Policy in Virginia requires a relative home to be a licensed foster home. DFS needs to explore this further, as other stakeholders have a different perspective. Attorneys may not observe that internal staff works to locate relatives, but only see the results of lower numbers of children placed with relatives. CASA also rates relative placement activities much higher than attorneys with the assertion being that they are closer to the case outside of court.

LDSS staff and supervisors report that strong efforts are being made to have parents be involved in case planning. They also report efforts in placing siblings together in foster care and having visitation between siblings be a priority.

Finally, it is noted that survey improvements can be made where “sometimes” is difficult to interpret while it has been shown to be a category with high response rates.

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

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 to children with state-funded adoption assistance is facilitated when such 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 data below provide measures of timeliness for processing cases through the (ICPC) statutory uniform law.

Placement Requests into Virginia (April 1, 2015 to April 30, 2016)

Calendar Days Between Sending ICPC-100A and Receipt Back with Decision	0-30 Days	31-60 days	61-90 days	Over 90 days
--	207	35	36	137

Placement Requests out of Virginia (April 1, 2015 to April 30, 2016)

Calendar Days Between Sending ICPC-100A and Receipt Back with Decision	0-30 days	31-60 days	61-90 days	Over 90 days
--	61	15	11	71

Barriers to timely processing of these cases include completing background checks on providers, completing home studies and a lack of commonality and sharing of home studies across states.

For many years, Virginia used the Access to Adoption Reports and Resource Information System (ARRIS) system to process ICPC cases. In 2016 Virginia began use of the National Electronic Interstate Compact Enterprise program (NEICE) for this purpose. NEICE is a cloud-based electronic system for exchanging the data and documents needed to place children across state lines as outlined by the ICPC. Launched in November 2013 as a pilot project with six states, the pilot agencies significantly shortened processing times and reduced administrative costs. Virginia was added to the NEICE system in April 2016. Many states, however, have not adopted NEICE. This requires Virginia to continue to use both systems. As of January 2017, Virginia has 688 active cases in the NEICE system and 1122 children in the ARRIS system.

The ICPC and ICAMA unit within DFS is responsible for processing these cases. The unit is comprised of the following staffing components.

Program Manager & Deputy Compact Administrator: Manages the Interstate/Inter-country Program; Serves as Deputy Compact Administrator for the Interstate Compact on Adoption and Medical Assistance and Interstate Compact on the Placement of Children; Supervises classified Interstate Specialists; Provides interpretation, consultation, enforcement, and training on ICAMA and ICPC and related Federal and State laws, regulations, policies, procedures, and social work practices governing the inter-jurisdictional placement of children into and out of the Commonwealth.

Program Consultants ICPC (6): Manage an Interstate Compact on the Placement of Children caseload for the inter-jurisdictional placement of children for foster care and adoption. Ensure compliance with Compact and related laws, regulations, policies, procedures and social work practices governing the interstate placement of children into and out of the Commonwealth and timely provision of services to children placed through the ICPC; Includes International Adoptions and Residential Placements and the Interstate Compact on Adoption and Medical Assistance (ICAMA) caseload. Provide technical assistance on ICPC and ICAMA.

ICPC Administrative Program Support Specialist

Supports programmatic and administrative functions of the Interstate/Inter-country Placement Program; Work involves providing clerical support of the unit, purchasing supplies and processing bills, monitoring constituent correspondences, coordinating and monitoring unit assignments, assisting customers in a confidential manner, utilizing the telephone, electronic file retriever and personal computer, and various computer applications.