

Foster Care 101

A Resource for Virginia Legislators



Virginia Commission on Youth

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Introduction to Virginia's Foster Care System

Foster Care and the Child Welfare Continuum of Services

To understand Virginia's foster care program, it is necessary to consider its place within the child welfare continuum of services. The child welfare continuum includes the interventions and services provided during a child protective services (CPS) investigation or family assessment, CPS ongoing and prevention casework, foster care, and adoption and post-adoption services. It also includes the work involved in the recruitment of foster families. Although each program area may have a different function, they do not operate autonomously, and the work is interconnected. All program areas focus on providing and ensuring safety, permanency, and well-being for the children we serve. The Virginia Department of Social Services (VDSS) continues to identify and build upon opportunities to improve the child welfare system.

The beginning sections of this binder (identified by the heading, "VDSS Initiatives") are current initiatives VDSS is developing and implementing in partnership with our community stakeholders. For example, the Family First Prevention Services Act (FFPSA), which was adopted in February 2018, includes historic reforms to the child welfare financing streams by providing prevention services to children in families who are at imminent risk of entering foster care. It underscores the importance of children growing up in families and seeks to avoid the traumatic experience of children being separated from their families and entering foster care. Specifically, federal reimbursement will be available for trauma-informed mental health services, substance abuse treatment, and in-home parenting skills training to safely maintain in-home family placements. It also aims to improve the well-being of children already in foster care by incentivizing states to reduce placement of children in residential treatment, and instead place children in the least restrictive, most family-like setting appropriate to their individual needs. This legislation marks a sweeping overhaul of the child welfare system, the largest seen in nearly 40 years. In preparation, VDSS has implemented the Three Branch Model approach (legislative, judicial, and executive) to integrating the FFPSA into our practice.

Another driver to our system is the ongoing development and maintenance of a committed and competent workforce. The increasing staff turnover rates in child welfare are a nationwide concern. VDSS has partnered with the Butler Institute to ensure we have the most skilled and trained workforce to do this challenging work. Other workforce strategies to address this issue include reinstating the child welfare stipend program in partnership with Virginia's colleges and universities. VDSS is in the process of designing a mobile application through the COMPASS (Comprehensive Permanency Assessment and Safety System) program for frontline staff to utilize in the field to meet the demanding but necessary casework documentation requirements,

and more importantly, to allow staff more time to engage and partner with families, and also increase job satisfaction.

In order to understand the challenges our children in foster care face, it is important to understand the entire child welfare continuum of services and how each impacts the entire system. We anticipate the current initiatives in foster care and across the continuum of child welfare programs will continue to improve outcomes for children and families served in Virginia.

About the Virginia Department of Social Services (VDSS)

VDSS is one of the largest agencies in the Commonwealth, partnering with 120 local departments of social services, along with faith-based and non-profit organizations, to promote the well-being of children and families statewide. We proudly serve alongside 1,650 (state) and 8,500 (local) human services professionals throughout the Social Services System, who ensure that thousands of Virginia's most vulnerable citizens have access to the best services and benefits available to them. Together, we work each day to serve, empower, and create opportunities for brighter futures.



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Child Welfare Program Continuum

In this section:

- Virginia Children's Services Practice Model
- Child Protective Services
- Prevention Services
- Foster Care
- Foster Care and Older Youth
- Foster and Adoptive Family Recruitment
- Adoptions

QUICK GUIDE

Child Protective Services

- Assists families who are unable to safely care for their children. Services encompasses the identification, assessment, investigation, and treatment of abused or neglected children.

Prevention Services

- Services designed to strengthen families and prevent the occurrence or reoccurrence of child abuse and neglect. Examples include counselling, food assistance, and parenting education.

Foster Care

- Children are placed in the least restrictive, most family-like setting that is able to meet the child's needs. Services address the issues that led to the child's removal in order to return the child home as quickly as possible or achieve permanency timely.

Foster Care and Older Youth

- Programs for older foster youth prepare the youth for a successful transition to adulthood.

Foster and Adoptive Family Recruitment

- Foster parents must be at least 18 years old, must have the time and energy to give to a child, and must meet all approval requirements.

Adoption

- Services provided include adoption assistance, placement supervision, post adoption support, birth family searches, case management, and support groups for adoptive families.



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

Virginia Children's Services Practice Model



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

The basic tenets of the practice model are:

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

For the complete practice model, go to http://www.dss.virginia.gov/about/vdss_p.m.pdf

Child Protective Services

Child Protective Services (CPS) in Virginia is a continuum of specialized services designed to assist families who are unable to safely care for their children. It encompasses the *identification*, *assessment*, *investigation*, and *treatment* of abused or neglected children.



Responsibilities of Child Protective Services:

- * Receive reports of child maltreatment.
- * Respond to valid reports of child maltreatment.
- * Facilitate services to children and families.
- * Support and strengthen families.

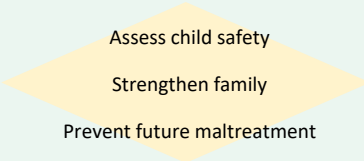
CPS Response to Valid Reports:

Response priority determined by nature of allegations and other risk factors.

R1	Within 24 hours
R2	Within 48 hours
R3	Within 5 business days

Validity Criteria: * Age * Caretaker Status * Jurisdiction * Abuse or Neglect

Differential Response:



Family Assessment

The family assessment is a process of gathering and evaluating information and formulating conclusions regarding family functioning and needs related to child safety and risk of future abuse or neglect.

Investigation

The investigation is a process of gathering and evaluating evidence to determine if child abuse or neglect occurred.

Provision of Services:

The goals of CPS services are to prevent further child maltreatment, assure safety of children, and maintain children in their families.

- * Safety-related Services
- * High and Very High Risk
- * Voluntary Services

For more information:

[VDSS Guide to Mandated Reporting](#)



Prevention Services

Prevention Services are an integral part of the continuum of all child welfare services in Virginia. They include, but are not limited to, providing information and services intended to accomplish the following: goals:

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

Examples of Prevention Services:

Children:	Parents/caregivers:
• Counseling	• Mental & emotional health
• Therapeutic services (mentoring, etc.)	• Substance abuse
• Food assistance	• Parenting education/training
	• Employment

Types of Prevention Services:

Tertiary

Provide interventions for children experiencing maltreatment.

Secondary

Programs targeted at families in need to alleviate identified problems and prevent escalation.

Primary

Programs targeted at entire population in order to provide support & education before problems occur.

Core values & principles: Respecting the parent-child relationship; Individualized approach to casework practices and service delivery; Emphasis on trauma informed approach; and Valuing the voices of families & children

Funding Sources:

- * Promoting Safe & Stable Families (PSSF)
- * Children's Services Act (CSA)
- * Family Preservation and Support Program (FPSP)
- * Family Services Prevention Services Act (FFPSA)

* Voluntary Services

* Resources & Support

Virginia Department of Social Services (VDSS) - Prevention Services Contacts

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VIRGINIA DEPARTMENT OF SOCIAL SERVICES

DFS Division of Family Services



Foster Care

The focus of foster care services is on safety, permanency, and well-being. Children are placed in foster care through a court order transferring custody to the Local Department of Social Services (LDSS) or through voluntary placement by the parent or legal custodian. Foster care placement is intended to be a temporary rather than a long-term solution to family problems. It is developed in collaboration with the family and based on the needs and best interest of the child.

Permanency Goals

- **Reunification**
- **Custody to Relative**
- **Adoption**

Concurrent Planning is a structured approach to case management that requires working towards two goals at the same time to achieve timely permanency. Involvement of relatives is essential in these efforts.

The Court Process

All foster care cases are monitored at regular intervals by a juvenile and domestic relations court who approves foster care plans, monitors families' progress, and assesses the custody status of the child. The goal is for all children to achieve permanency within 12 months of entering foster care.

Court Timeline:

45-day Dispositional Hearing

4 months later

→ Foster Care Review Hearing

5 months later

→ Permanency Planning Hearing

Services to the Child & Family

Services are provided to the child and family to address the issues that led to the child's removal in order to return the child home as quickly as possible or achieve permanency timely. Frequent needs include parental substance abuse and/or mental health issues. Additionally, interventions should be trauma-informed and evidence-based whenever possible. Services can be funded through a variety of sources including federal, state, and local funds.

Placements:

Children are placed in the least restrictive, most family-like setting that is able to meet the child's needs. Kinship foster homes should be the priority. Placements should be in close proximity to the child's family. Siblings should be placed together. Placement settings include: kinship foster homes, foster homes, therapeutic foster homes, group homes, residential treatment facilities., and supervised independent living arrangements.

Family Engagement

LDSS partners with the youth and family in a deliberate manner. These practices include Family Partnership Meetings and Child and Family Team Meetings. Family engagement involves all aspects of partnering with youth and families in a deliberate manner to make well-informed decisions about safety, permanency, lifelong connections, and well-being. Family engagement is founded on the principle of communicating openly and honestly with families. Engagement goes beyond mere involvement; it is about motivating and empowering youth and families to acknowledge their own underlying needs, positive capacities, and supports. True engagement supports families in taking an active role in creating change. It means engaging the child's birth parents, prior custodians, and family members, as well as other community members and adults significant to the family. 10



Foster Care and Older Youth

- Independent living services are provided to all youth age 14+
- Youth participate in an independent living needs assessment
- Services provided as a result of the assessment include money management, educational/vocational programs, housing education, and health education
- John H. Chafee Foster Care Program for Successful Transition to Adulthood (ages 14-23) - Also known as the Independent Living Program
 - Provides assistance to youth in foster care to develop the skills necessary to make the successful transition from foster care to adulthood

Education and Training Voucher (ETV) Program

- For youth who are in foster care who are 14+, or who have left foster care (or Fostering Futures) after the age of 18 and have not yet turned 26
- Provides funding for post-secondary education or vocational training program
- Up to 5 years—does not have to be consecutive; youth may access at any time
- May be used for: tuition and fees; room and board; required equipment/materials/supplies; books and testing materials; transportation; child care; special study projects related to education; other related expenses

Fostering Futures

- Program that allows youth to remain in foster care until the age of 21
- Voluntary program that provides placements for youth 18-21
- Youth may remain in their foster home or choose to receive a maintenance payment to assist in paying rent on their own

Desired Outcomes:

- Increase youth financial self-sufficiency
- Improve youth educational attainment
- Increase youth positive connections with adults
- Reduce experience with homelessness among youth
- Reduce high-risk behavior among youth
- Improve youth access to health insurance



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

DFS Division of
Family Services



Foster and Adoptive Family Recruitment

Foster, adoptive, and kinship families play an important role in ensuring the safety, well being, and permanency of children served by the child welfare system in Virginia. Every effort is made to help children remain with their family, however, when children enter foster care they are most often placed in a foster home. Foster parenting is provided on a temporary basis until children can be reunified with their prior custodian, placed with a relative, or adopted.

Types of Services:

- ◆ Foster Care – Temporary, 24 hour care for children and youth placed in foster care.
- ◆ Respite Care – Therapeutic support service designed to offer short-term relief to foster families caring for children.
- ◆ Foster-to-Adopt – Adoption of a child or youth currently placed in foster care whose goal is adoption.

Requirements to Foster:

You must be at least 18 years of age or older to be approved as a foster parent. Foster parents can be single, married, divorced or widowed. Individuals and/or couples must have the time and energy to give to a child and must meet all the approval requirements, which include, but are not limited to, the following:

- ✦ Attend a one-time orientation meeting to learn what foster parenting is all about.
- ✦ Complete a Mutual Family Assessments (MFA) home study, pre-service training, and application for family home license.
- ✦ Submit to a national Fingerprint Criminal Record check, child abuse and neglect history check, and a DMV check of each adult member of the household.
- ✦ Provide three character references.

Foster Parent Support:

Local departments of social services (LDSS) offer the following supports to foster parents when providing daily care and supervision to children:

- ◆ Maintenance payments
- ◆ Supplemental training
- ◆ Resources that may include foster parent support groups and referrals for community based services

[Virginia Department of Social Services \(VDSS\) - Foster & Adoptive Family Recruitment Contacts](#)

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Adoptions

WHAT IS ADOPTION?

Every year, many children in Virginia are left without a permanent home. They need parents and families of their own. Adoption is a lifelong commitment to a child. When children in foster care cannot be safely returned home to their parents, an adoption plan is possible.

WHO CAN ADOPT?

- ◇ 18 years old or older
- ◇ Willing to learn about the unique needs of the child or children you are interested in adopting
- ◇ Patient and loving
- ◇ Energetic, flexible and giving
- ◇ Able to provide a safe environment
- ◇ Able to meet the needs of a growing child
- ◇ Able to make a lifetime commitment to a child

Who are Virginia's children awaiting adoption?

- ◆ Children who deserve loving, permanent families
- ◆ Children who are ethnically diverse, and from backgrounds that include African-American, Caucasian, Hispanic, and others
- ◆ Children waiting for adoptive families while in foster care
- ◆ Children between the ages of 14 and 17 (nearly one-third)
- ◆ Children between the ages of 6 and 13 (nearly one-half)
- ◆ Children who may have physical, mental, or emotional challenges
- ◆ Children who are part of sibling groups and need to be placed together

SERVICES PROVIDED

- | | |
|--------------------------------------|-----------------------|
| ◇ PHOTO LISTING | POST ADOPTION SUPPORT |
| ◇ TRAINING | BIRTH FAMILY SEARCHES |
| ◇ HOME STUDY | CASE MANAGEMENT |
| ◇ ADOPTION ASSISTANCE, (IF ELIGIBLE) | SUPPORT GROUPS |
| ◇ PLACEMENT SUPERVISION | |



Foster Care Program Data

In this section:

- [Foster Care in Virginia At a Glance](#)
- [System Successes](#)
- [Reasons for Entry into Foster Care](#)
- [Length of Stay in Foster Care](#)
- [Age of Children Placed in Congregate Care](#)
- [Discharge Data](#)

Facts about Virginia's Foster Care Program

- Virginia is in the lowest rates for foster care entry in the nation (based on KidsCount data for FY2016). For State Fiscal Year (SFY) 2018, Virginia maintained a foster care entry rate of 1.5 children per 1,000 children in Virginia entered foster care.
- In 2018, there were 4576 children in foster care.
 - Children who entered care: 2743
 - Children who exited care: 2469 (1772 exited to permanency)
 - Children and youth who were placed in congregate care (group homes): 1046
- In 2018, the most common reason for entry into foster care was neglect (50%)
- Parental drug abuse as a reason for entry into foster care increased from 17% in 2010 to 31% in 2018.
- Virginia consistently has a low rate of children returning to foster care after being discharged to permanency. Re-entry into foster care within 12 months - 3.3% (February 2019).
- In 2018, a record number of 820 children were adopted.

Foster Care in Virginia

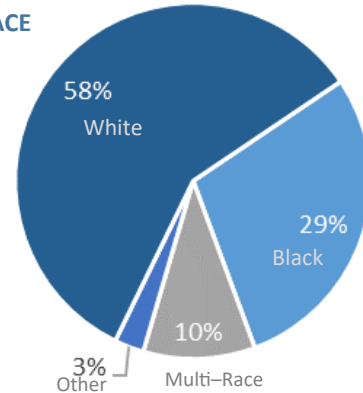
Foster Care Entries & Exits:

On December 1, 2018, there were **4,576** (0-17 year olds) children in foster care throughout the state. There were 738 young adults (18-21 year olds) that continued to receive services. There were **562** youth enrolled in the Fostering Futures program.

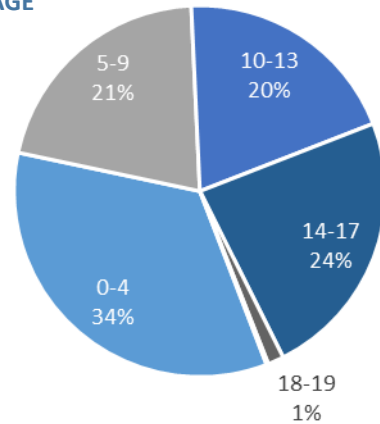
There were 7,501 children who spent at least one day in foster care in Virginia in CY 2018. During CY 2018, there were 2,743 children who entered and 2,469 children who exited care. Out of the 2,469 children who exited care, 1,772 children exited to permanency (i.e. reunification, relative custody transfer, or adoption.)

Demographics of Children in Foster Care (CY 2018)

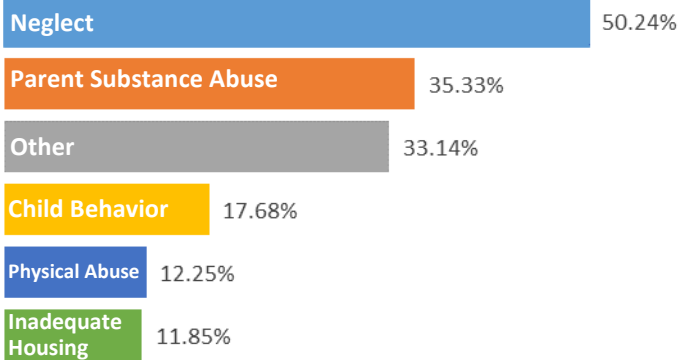
RACE



AGE

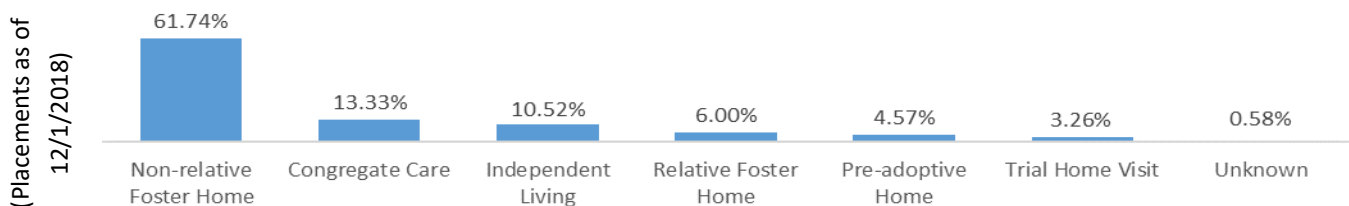


Reasons for Entry (CY 2018):



*Clients can have more than one reason of removal listed. Other includes: Caretaker Unable to Cope, Parent Incarceration, Relinquishment, Abandonment, Sexual Abuse, Child Substance Abuse, Child Disability, Parent Death

Placement Data:



Exits from Foster Care for CY 2018:

Discharges to Permanency

71.77% of the discharges in calendar year 2018 were to permanency.
 760 children reunified with their families.
 250 children exited care to the custody of a relative.
 762 children were adopted.

606 children exited through emancipation.

91 children exited care through other avenues (includes custody transfers to non-relatives, exits to other agencies such as DJJ).











SYSTEM SUCCESSES

SafeMeasures

SafeMeasures is a data analysis tool currently provided to state and local staff through contract between VDSS and SafeMeasures. It compiles and analyzes information extracted directly from OASIS (Online Automated State Information System, the child welfare information system) and presents it in a series of reports. These reports help assess whether federal, state, and local requirements are being met, track agency, unit, and worker performance over time, and monitor workload. SafeMeasures is updated twice a week, on Monday and Wednesday, allowing workers access to current caseload data. SafeMeasures also has drill-down capability on each measure which allows supervisors and caseworkers to look at a process outcome measure and see exactly which cases are on track according to that measure.

Program Improvement Outcomes

One set of outcomes SafeMeasures tracks is our program improvement outcomes and provides progress on a critical outcomes scorecard. Below is an example of our February 2019 outcomes scorecard.

Transformation Outcomes	Performance	Performance Standard
 Discharges to Permanency <i>[Feb, 2019]</i>	96.5% 	↑ 86%
 Congregate Care Placements <i>[Feb, 2019]</i>	14.6% 	↓ 16%
 Family-Based Placements <i>[Feb, 2019]</i>	85.4% 	↑ 85%
 Foster Care Out-of-Home Visits <i>[Feb, 2019]</i>	96.1% 	↑ 95%
 Foster Care Visits in Child's Residence <i>[Feb, 2019]</i>	79.4% 	↑ 50%

Foster Care Entry

Due in part to a combination of child protective services, prevention, and diversion efforts, Virginia is in the lowest rates for foster care entry in the nation (based on KidsCount data for FY2016). For State Fiscal Year (SFY) 2018, Virginia maintained a foster care entry rate of 1.5 children per 1,000 children in Virginia entered foster care.

One of the ways children are protected in their homes is through timely response to CPS complaints. Virginia has been successful in achieving high rates of timely contact within response priority.

CPS Referral Contacts within Response Priority - 90.1% for February 2019

Timeliness of Contact	Count	%
Contact Timely 	2,906	90.1%
Contact Not Timely 	318	9.9%
Total	3,224	100%

Monthly Worker Visits

For monthly worker visits, SafeMeasures shows that workers completed 96.1% of the required visits (the federal performance standard is 95%). For visits in the home, workers completed 79.6% in the home (the federal performance standard is 50%). Monthly worker visits are to be completed on all children under 18 in foster care as well as any youth are who are participating in Fostering Futures.

Percentage: 96.1%
Case Clients: 5,911
Contacts Made: 47,147
Contacts Required: 49,072

Percentage: 79.6%
Case Clients: 5,911
Number of Contacts in Residence: 37,542
Number of Contacts Recorded: 47,147

Family-Based Placement Settings

For placements in a family-based setting, 85.4% of placements in February 2019 were family-based placements (i.e. kinship foster homes, foster homes, therapeutic foster homes, and trial home placements). This report shows workers' cases that had a family based placement at any point in that month.

Family-based Care	Count	%
Family-Based 	4,014	85.4%
Not Family-Based 	687	14.6%
State Goal 	3,996	85.0%
Total	4,701	100%

Setting Stability

SafeMeasures also allows staff to track placements, placement settings, and view placement stability. For February 2019 outcomes scorecard, 83.4% of children in foster care for less than 12 months have two or fewer placements.

Recurrence of Maltreatment

Children in foster care have a low rate of substantiated CPS complaints while in foster care. Virginia remains above the state goal.

Recurrence of maltreatment (February 2019)

Recurrence of Maltreatment	Count	%
No Recurrence	21,291	99.3%
Recurrence	150	0.7%
State Goal	20,283	94.6%
Total	21,441	100%

Increase in Discharges to Adoption

Virginia has been able to increase the number of discharges from foster care to adoption significantly in the last two years. The adoption numbers had been averaging around 600 children discharging from foster care to adoption from SFY2014-2016. In SFY2017 those numbers increased to 747 and in SFY2018, a record number of 820 children were adopted.

SFY2018	820
SFY2017	747
SFY2016	568
SFY2015	620
SFY2014	647

Discharges to Permanency

Discharges to Permanency in a 12 month period ending in February 2019 reached 96.5%. This statistic is further broken down by discharge reason that workers, supervisors, and state staff can further review their discharge reason types.

Discharge Reason Type	Count	%
Reunification	769	36.8%
Adoption	749	35.9%
Custody Transfer to Other...	161	7.7%
Custody Transfer w/ Kin Gap	3	0.1%
Custody Transfer w/o Kin Gap	333	15.9%
Emancipation	4	0.2%
Committed to Corrections	17	0.8%
Other	52	2.5%
State Goal	1,796	86.0%
Total	2,088	100%

Re-Entry into Foster Care

Virginia consistently has a low rate of children returning to foster care after being discharged to permanency.

Re-entry into foster care within 12 months - 3.3% (February 2019)

Reentry	Count	%
First Time in Care	164	90.1%
Reentry w/in 12 Mos	6	3.3%
Reentry After 12+ Mos	8	4.4%
Reentry w/in 12 Mos: Other	2	1.1%
12+ Months: Other	2	1.1%
State Goal	17	9.6%
Total	182	100%

REASONS FOR ENTRY INTO FOSTER CARE

The most substantial change in the reason for entry into foster care from 2010 to 2018 is the increase in Parental Drug Abuse.

Reasons for entry (by percentage):

Reason for Removal*	CY								
	2010	2011	2012	2013	2014	2015	2016	2017	2018
Physical Abuse	16%	16%	18%	17%	15%	15%	16%	14%	12%
Sexual Abuse	5%	4%	5%	4%	4%	4%	4%	3%	4%
Neglect	51%	52%	53%	49%	51%	49%	52%	49%	50%
Alcohol Abuse (Parent)	6%	6%	5%	8%	6%	7%	7%	6%	5%
Drug Abuse (Parent)	17%	20%	20%	23%	22%	25%	29%	30%	31%
Alcohol Abuse (Child)	1%	1%	1%	1%	1%	1%	0%	1%	1%
Drug Abuse (Child)	2%	2%	2%	2%	3%	3%	3%	3%	3%
Child Disability	1%	1%	1%	2%	1%	1%	1%	1%	1%
Child Behavior Problem	18%	20%	19%	18%	18%	19%	18%	18%	18%
Parent Death	1%	1%	0%	1%	1%	1%	1%	1%	1%
Parent Incarceration	8%	7%	6%	8%	6%	7%	8%	7%	6%
Caretaker Unable to Cope	11%	11%	9%	10%	9%	10%	8%	8%	7%
Abandonment	5%	5%	4%	6%	5%	5%	6%	5%	5%
Relinquishment	5%	6%	5%	5%	5%	6%	5%	5%	5%
Inadequate Housing	12%	12%	13%	15%	14%	16%	15%	15%	12%

**Clients can have more than 1 reason for removal*

Percentages based on total foster care entries for the year.

Data Source: VCWOR > OASIS Rolling Year > Any Client in Care at Least 1 Day > DOS = CY 2010 - 2018

LENGTH OF STAY IN FOSTER CARE

Review of length of stay data from calendar years 2010 to 2018 shows substantial reductions in months spent in foster care for all children by demographic categories or race, gender, and age of entry.

Average length of stay in foster care by race and gender:

Average Time in Care (in Months)					Average Time in Care (in Months)		
CY	Black	Multi-Race	Other	White	CY	Female	Male
2010	33	26	23	23	2010	26	28
2011	31	24	22	22	2011	24	27
2012	28	22	21	21	2012	22	25
2013	26	21	17	20	2013	21	22
2014	22	20	15	19	2014	19	21
2015	22	20	16	19	2015	20	20
2016	23	20	17	19	2016	19	21
2017	23	19	18	19	2017	20	21
2018	23	20	17	19	2018	20	20

Average stay in care by age at entry:

Average Time in Care (in Months)									
Age at Entry	2010	2011	2012	2013	2014	2015	2016	2017	2018
0	21	19	18	17	16	16	16	16	16
1	25	22	20	19	17	18	17	18	17
2	23	22	20	18	16	16	18	18	18
3	24	23	20	20	18	18	18	18	17
4	29	27	25	24	23	22	23	23	22
5	35	31	28	22	21	23	25	25	24
6	36	33	31	27	24	25	26	26	24
7	36	36	34	33	29	27	26	26	28
8	38	36	32	30	26	26	24	25	22
9	37	37	34	31	28	28	25	25	25
10	35	32	29	28	28	26	25	27	24
11	33	32	33	30	27	25	27	26	28
12	34	33	29	27	25	25	25	26	26
13	29	28	26	23	23	24	24	25	24
14	23	22	21	20	19	19	20	20	22
15	18	16	16	16	15	15	16	17	18
16	12	12	12	11	10	11	12	12	13
17	6	6	5	6	5	5	6	8	8

Data Source: VCWOR > OASIS Rolling Year > Any Client in Care at Least 1 Day > DOS = CY 2010 - 2018

AGE OF CHILDREN PLACED IN CONGREGATE CARE

To understand the challenges which must be addressed to reduce the number of placements into congregate care (group homes, hospitals, and residential treatment facilities), VDSS is reviewing information about the children who have been placed in these settings.

Congregate Care Data by age at time of placement:

Age at Time of Placement	2010	2011	2012	2013	2014	2015	2016	2017	2018
0	5	4	5	10	8	9	12	11	5
1	4	2	2	3	1	2	2		1
2	3	2	2	1	1	2		1	2
3	2							4	
4	1				1	2	2		
5	2	2	3	3	6	7	6	6	4
6	2	1	5	5	8	7	5	5	8
7	9	8	10	10	11	13	17	13	9
8	20	15	14	15	12	19	15	20	18
9	22	13	16	21	17	22	19	20	34
10	29	37	24	25	31	38	28	33	35
11	36	36	25	22	35	30	30	35	36
12	55	49	68	59	56	62	53	54	60
13	83	81	69	99	85	92	98	81	85
14	139	122	125	121	142	138	127	134	140
15	210	154	174	152	178	184	193	177	169
16	265	219	196	229	237	219	233	224	227
17	294	262	222	210	227	230	259	226	196
18	32	26	31	24	13	6	13	14	16
19		1	1	1					1
Grand Total	1213	1034	992	1010	1069	1082	1112	1058	1046

Data Source: VCWOR > OASIS Rolling Year > Any Client in Care at Least 1 Day > DOS = CY 2010 - 2018

DISCHARGE DATA

Virginia continues to work towards increasing the rate at which permanency is achieved for children exiting foster care. Data outcomes indicate that permanency efforts should be focused on improving outcomes for 13 to 17 year olds.

Discharges from foster care by age at entry into foster care:

CY 2018								
Age at Entry	Reunification	Relative	Adoption	Emancipation	Other	Grand Total	Permanency*	Percentage of discharges to permanency
0	90	47	217		17	371	354	95.42%
1	47	20	70	1	7	145	137	94.48%
2	42	21	72		2	137	135	98.54%
3	45	18	42		4	109	105	96.33%
4	43	13	44		2	102	100	98.04%
5	34	9	39	5	2	89	82	92.13%
6	35	10	47	3	3	98	92	93.88%
7	22	10	34	6		72	66	91.67%
8	33	12	37	1	3	86	82	95.35%
9	33	13	32	2	1	81	78	96.30%
10	38	14	27	8		87	79	90.80%
11	33	11	24	23	2	93	68	73.12%
12	52	10	32	20	1	115	94	81.74%
13	42	7	17	28	7	101	66	65.35%
14	53	7	19	52	8	139	79	56.83%
15	49	14	8	88	7	166	71	42.77%
16	48	9		139	13	209	57	27.27%
17	19	5		141	11	176	24	13.64%

Data Source: VCWOR > OASIS Rolling Year > Any Client in Care at Least 1 Day > DOS = CY 2010 - 2018

Foster Care Funding Sources



In this section:

- Overview of Foster Care Funding
- Promoting Safe and Stable Families Program (2 fliers)

Quick Guide to Foster Care Funding

Title IV-E

- Title IV-E of the Social Security Act provides state/local matching funds to ensure proper care for foster care children and to provide assistance to children with special needs receiving adoption subsidies. Funding is limited to maintenance, administration, and training.

Children's Services Act (CSA)

- CSA establishes a single state pool of funds to provide services for eligible youth and their families. Funds are managed by local interagency teams who plan and oversee the provision of services to youth.

Promoting Safe and Stable Families (PSFF)

- The PSFF program provides funds to meet the needs of families at risk of child welfare intervention and families in crisis.

John H. Chafee Foster Care Program for Successful Transition to Adulthood (Independent Living)

- Supports youth who experience foster care at age 14 or older in their transition to adulthood. Provides funding to promote and support education, training, mentoring, and normalcy.

Educational and Training Voucher Program (ETV)

- Provides federal and state funding to help eligible youth with expenses associated with college and vocational training programs.

Local-only funds

- Funding that is not supplemented by any state or federal funding.

OVERVIEW OF FOSTER CARE FUNDING

Title IV-E – This is a federal program designed to provide funding to states to ensure proper care for eligible children in foster care and to provide ongoing assistance to eligible children with special needs receiving adoption subsidies. The program is authorized under Title IV-E of the Social Security Act and it is funded by federal and state/local matching funds. Administration is handled by state and local public child welfare agencies. Title IV-E is the program under which the Commonwealth of Virginia is entitled to reimbursement for certain foster care and adoption expenses. Although there is no cap on reimbursement, it is currently limited to three areas and the funding formula is different for each:

1. Maintenance (e.g. room, board and transportation to visit parents and siblings)
2. Administration (e.g. eligibility determination and case management activities)
3. Training (e.g. training for child welfare staff and foster and adoptive parents)

All children in foster care are to be referred to benefits program specialist for an initial determination of Title IV-E eligibility. Among other criteria, eligibility is tied to the income level of the family from whom the child was removed.

Children's Services Act (CSA) – The Children's Services Act (CSA) is the new name for a law enacted in 1993 that establishes a single state pool of funds to provide services for eligible youth and their families. State funds, combined with local community funds, are managed by local interagency teams who plan and oversee the provision of services to youth. The Family Assessment and Planning Team (FAPT) is a multi-disciplinary group that helps assess the strengths and needs of individual youth and families and together, with those youth and families, decides what services to recommend, prepares a plan, and monitors progress toward accomplishing goals. The Community Policy and Management Team (CPMT) manages the local CSA program by coordinating agencies efforts, managing the available funds, and establishing local CSA program policies.

Promoting Safe and Stable Families (PSSF) – The Promoting Safe and Stable Families program (Title IV-B subpart 2 of the Social Security Act) provides federal child welfare funding, training and technical assistance to help build state and community capacity to meet the needs of families at risk of child welfare intervention and families in crisis. The Promoting Safe and Stable Families Program (PSSF) has four categories:

- Family Preservation
- Family Support
- Time-limited Family Reunification
- Adoption Promotion and Support

John H. Chafee Foster Care Program for Successful Transition to Adulthood – The Family First Prevention Services Act (FFPSA), signed into law on February 9, 2018, renamed the John H. Chafee Foster Care Independence Program to the John H. Chafee Program for Successful Transition to Adulthood (Chafee Program) to reflect the program's purpose of supporting all youth who experience

foster care at age 14 or older in their transition to adulthood. In addition, FFPSA allowed VDSS to expand the Chafee Program to serve youth who have aged out of foster care up to age 23. The purpose of this federal program is to provide flexible funding for the following:

1. Helping youth attain a high school diploma and post-secondary education or vocational training;
2. Training and opportunities to practice daily living skills such as financial literacy and driving instruction;
3. Achieving meaningful, permanent connections with caring adults;
4. Engaging in age and developmentally appropriate activities which promote positive youth development; and
5. Experiential learning that reflects what their peers in intact families experience.

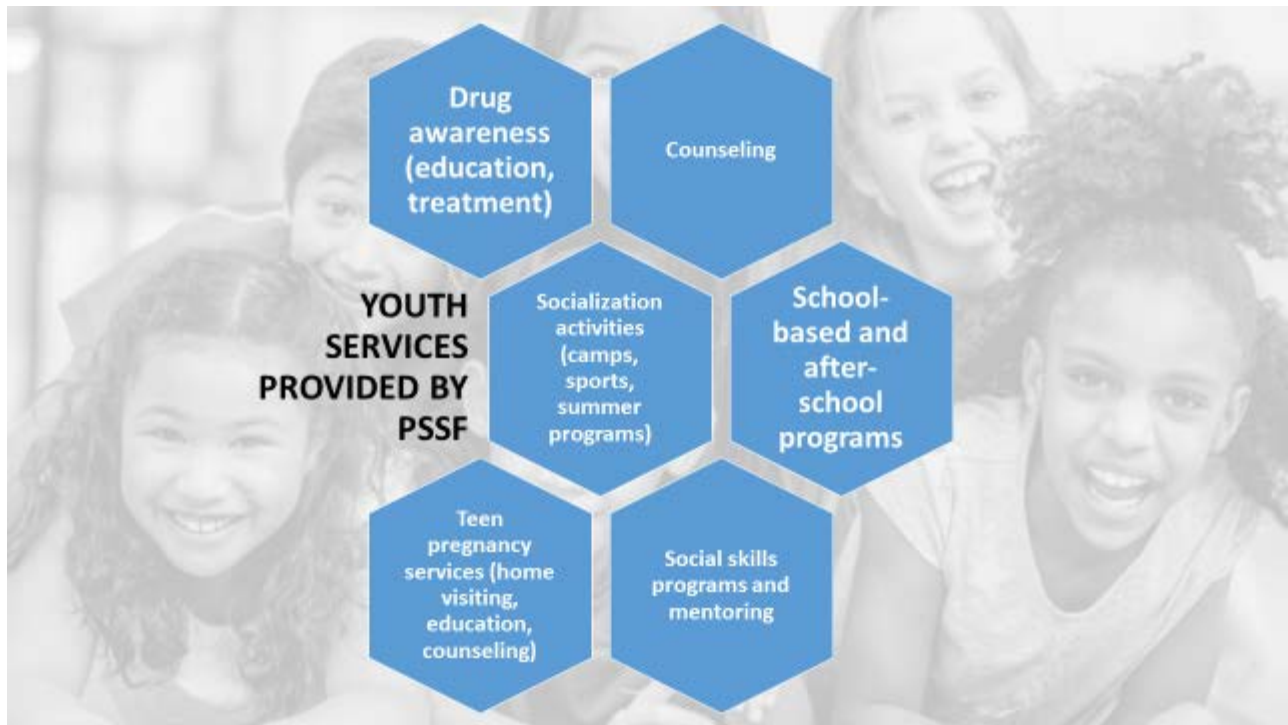
Each fiscal year, VDSS makes an allocation available to the LDSS based on a formula of approximately \$300 per youth aged 14 to 20 in custody. The LDSS determines how to use their allocation based on the needs of the youth they serve.

Educational and Training Voucher Program (ETV) – The ETV Program provides federal and state funding to help eligible youth with expenses associated with college and vocational training programs. Allowable expenses include:

- Tuition and fees
- Room and board
- Rental or purchase of required educational equipment, materials, or supplies (including a computer, printer, and needed software for school)
- Allowance for books, supplies and transportation
- Special study projects related to education
- Child care
- Other related expenses

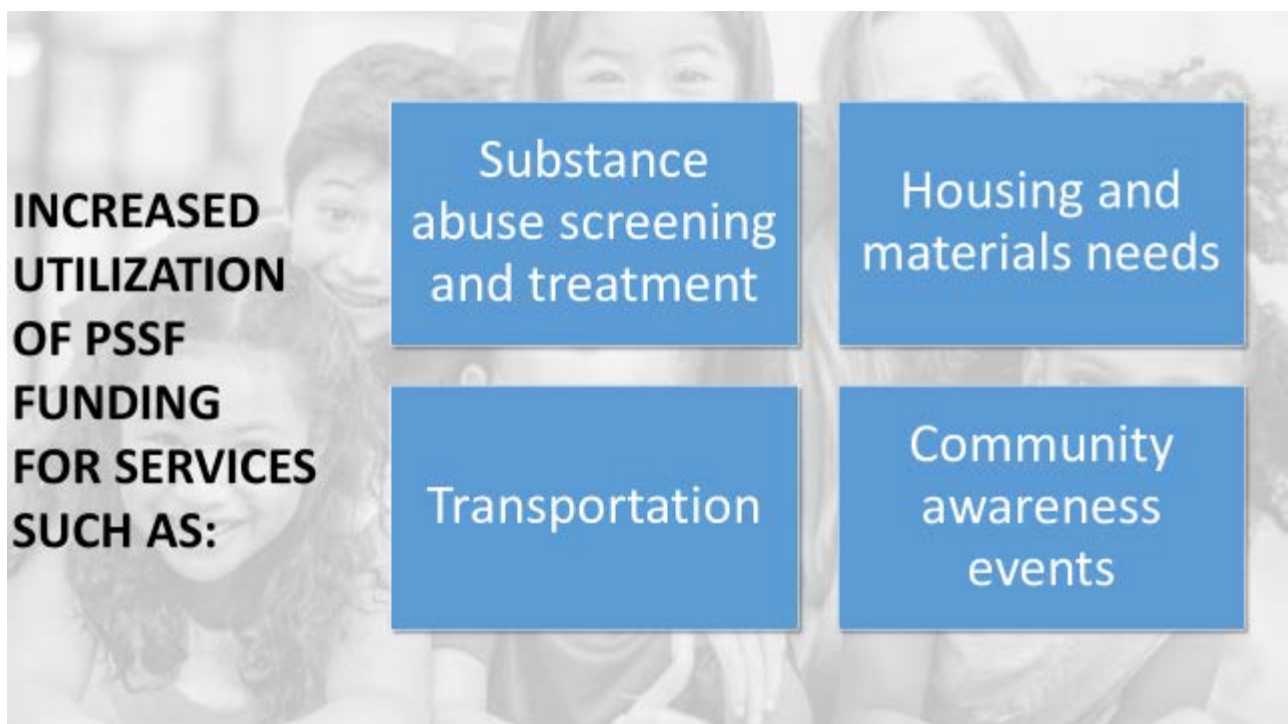
As a result of changes made by the Family First Prevention Services Act (FFPSA), ETV benefits are available to eligible youth from age 14 to 26 years of age. Eligible youth can access up to \$5,000 per year or the total cost of attendance per year (whichever is less), depending on availability of funds. Virginia does not receive \$5,000 per youth in funds. Youth may utilize ETV funds for a maximum of five years. Although the ETV Program is integrated into the overall purpose and framework of the Chafee Program, the program has a separate budget authorization and appropriation from the Chafee Program funding.

Local-only Funds – When agencies are unable to utilize the funding streams described above (either due to the service provided, agency error, or ineligibility), local-only funds may have to be utilized. These funds will not be supplemented by any state or federal funding and will be the locality's responsibility.



PROMOTING SAFE AND STABLE FAMILIES (PSSF)

PSSF funding is authorized under Title IV-B, Subpart II of the Social Security Act. The services provided through the program should be child-centered, family-focused, and community-based and are intended to provide coordinated services for children and families across the continuum from prevention to treatment through aftercare. The four PSSF components include family preservation services, family support services, family reunification services, and adoption Promotion and support services. There is an opportunity for increased spending in family reunification service funding as the time limit for using funds was removed during the foster care placement and allows funds to be used up to 15 months once the child returns home. There is also more support available to retain foster parents.





VIRGINIA DEPARTMENT OF SOCIAL SERVICES

DFS Division of Family Services



Promoting Safe and Stable Families

The Promoting Safe and Stable Families (PSSF) program is authorized under Title IV-B, Subpart 2 of the Social Security Act. The purpose of this program is to enable States to develop and establish, or expand, and to operate coordinated programs of community-based family support services, family preservation services, family reunification services and adoption promotion and support services. In order to receive available funding through PSSF, an application must be submitted to the Virginia Department of Social Services (VDSS).

Objectives:

- ◆ To prevent child maltreatment among families at risk through the provision of supportive family services.
- ◆ To assure children’s safety within the home and preserve intact families in which children have been mistreated, when the family’s problems can be addressed effectively.
- ◆ To address the problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner in accordance with the Adoption and Safe Families Act of 1997.
- ◆ To support adoptive families by providing support services as necessary so that they can make a lifetime commitment to their children.

Service Programs for PSSF:

- ★ *Family Support* – Community-based services designed to promote the safety and well-being of children and families within the home and to preserve and strengthen families.
- ★ *Family Preservation* – Services for children and families designed to help families (including adoptive and extended families) who are at risk or in crisis.
- ★ *Family Reunification* – Services provided to a child in foster care or a child who has been returned home and to the parents or primary caregiver of such a child in order to facilitate safe and timely reunification.
- ★ *Adoption Promotion and Support* – Pre-and-post adoptive services that are designed to expedite the adoption process and support adoptive families.

★ Array of Services:

- *Assessment
- *Case Management
- *Counseling and treatment
- *Day Care Assistance
- *Educational
- *Financial Management
- *Housing and Other Material Assistance
- *Intensive In-Home Services
- *Mentoring
- *Substance Abuse Services
- *Socialization and Recreation
- *Transportation
- *Parenting Education

Virginia Department of Social Services (VDSS) - Foster & Adoptive Family Recruitment Contacts

Keisha Williams (Prevention and Family Recruitment Program Manager): (804) 726-7550 or k.williams@dss.virginia.gov

Evelyn Porter (Program Administrator): (804) 726-7577 or Evelyn.Porter@dss.virginia.gov



Federal and State Requirements

In this section:

- Foster Case Management Timeline
- Foster Care Monthly Worker Visit Checklist
- Child Welfare Case Review Checklist
- Title IV-E Ongoing Review Checklist
- Fact Sheet for Legislatures – Children’s Bureau Child and Family Services Reviews
- Child and Family Services Reviews Quick Reference Items List

The checklists and fact sheets included in this section are provided as examples of the standards and responsibilities to which foster care staff are held accountable for federal and state review and requirements.



Foster Care Case Management Timeline

- IMMEDIATE**
 - Hold Family Partnership Meeting (FPM) if one wasn't held prior to removal (2.9.1)
 - Place a child in their First and Last placement (6.3) with siblings (6.4). If siblings are not placed together, document reasons why (6.4.2)
 - Track/Document efforts regarding Indian Child Welfare status (3.9.2.2)
 - Consider Relative Foster Home Placement/Initiate Emergency Approval process (6.13)

- WITHIN 72 HOURS**
 - Ensure child receives medical evaluation, when child has urgent health/medical/mental health/substance abuse needs (4.9)
 - Submit written notification to the school principal and superintendent of need to immediately enroll student (6.10.3)
 - Conduct Best Interest Determination (BID) (12.12/Joint Guidance)
 - Arrange for transportation/payment for child to remain in school or ensure the child is enrolled in new school (Joint Guidance/ 12.10.2)

- WITHIN 5 DAYS**
 - Document case opening and case information (4.3.1)
 - Complete Interim Application for Child Support Enforcement & Absent Parent form (4.7.2)
 - Develop Visitation Plans for child with parents and siblings (4.8.1) (6.4.5)
 - Search for and notify relatives, grandparents, parents, parents of siblings of child's removal and document, when feasible, otherwise within 30 days (2.3)
 - Arrange for and conduct initial visit with family and child (8.3)

- WITHIN 10 DAYS**
 - Complete Title IV-E Medicaid Eligibility Form and any new information affecting eligibility (4.5.1)

- WITHIN 30 DAYS**
 - Complete and document medical examination completed (4.9)
 - Administer Casey Life Skills Assessment on youth 14+ (13.5.3)
 - Request search of the birth father registry for unknown father (2.5)

- WITHIN 45 DAYS**
 - Hold FPM or CFTM (Child and Family Team Meeting) prior to filing of service plan (15.3) Hold CFTM monthly thereafter as long as goal is return home
 - File Service Plan with the court (15.6)

- WITHIN 60 DAYS**
 - Administer Initial VEMAT (18.2.4)
 - Ensure child receives dental exam if the child has not received exam within past 6 months (4.9)
 - Complete Transition plan within 30 days of Independent Living Needs Assessment (13.7.3.1)

- EVERY 3 MONTHS**
 - Complete Reassessment of VEMAT for scores 28+ (18.2.2.6)
 - Reassess placement for siblings who are not placed together (6.4.4)

- EVERY 6 MONTHS**
 - Conduct review of the child's case through a Court Hearing or Administrative Panel Review (16.4)
 - Submit Adoption Progress Reports for cases with goal of adoption (16.5)

- Immediate notification required for the following:**
- Death of foster child (notify CPS, VDSS Regional Director, child's parents) (17.14)
 - Foster youth that is missing/runaway (notify law enforcement, parents, GAL, NCMEC) (17.12)

- First 1-2 weeks:**
- Complete Permanency Planning Indicator (7.4.1)-opt.
 - Complete Concurrent Planning/ Early Relative/ Permanency Assessment (7.4.1)
 - Determine resources/ assess eligibility and complete referrals for all other benefits (4.11)

- Monthly:**
- Complete worker visits with foster youth (17.7.2)
 - Document how safety, permanency, well-being were addressed in visit (17.7.7)
 - Complete worker visits with birth parents (17.9)
 - Complete worker visits with resource parent/placement provider when child is receiving VEMAT (18.2.5.1)
 - Submit payments to Service provider (4.12)
 - Conduct Supervisory Conference (17.6.1)
 - Complete face to face visit with child on trial home placement (8.6.6)

EVERY 12 MONTHS

- Reassessment of VEMATs with scores below 28 (18.2.2.6)
- Submit annual clothing allowance (18.3)
- Re-administer the Independent Living Needs Assessment (13.5.3)
- Update Transition Plan (13.7.3.1)
- Provide and document credit reports at no cost to Youth (13.9)
- Give youth 14+ document outlining rights (13.7.4)

PLANNING FOR PERMANENCY

Reunification:
Relative Custody/KinGAP:
Adoption:

- Hold FPM (2.9.1)
- Continue search and exploration of potential relative options (7.4)
- Determine whether current placement supports permanency (6.7.1)
- Prepare child and family for transition toward permanency (6.7.1)
- Complete Background checks/Home Visit/Safety Assessment (8.6.5)
- Plan for school enrollment, medical needs, transition of services, etc (8.6.1)
- Start trial home visit (8.6.5)
- Complete initial face-to-face with child and family within 72 hours after child returns home (8.6.6)
- Begin visitation (10.4.4)
- Discuss and assess custody transfer without KinGAP (10.4.2)
- Identify/Approve prospective relative custodians as foster parents (10.4.1)
- Plan for school enrollment, medical needs, transition of services, etc and place child in home (10.6)
- Start KinGAP process 6 months after placement
- Petition the court for TPR, If child has been in care for 15 out of the last 22 months and no progress has been made on reunification (9.4.4)
- Request 2nd search of the birth father registry if father unknown (9.4.4.3)
- Notify child support after TPR (4.7.9)

PLANNING FOR OLDER YOUTH

- Hold FPM to develop 90 day transition plan for youth turning 18 (13.14)
- Implement Fostering Futures for Youth who are 18 on or after 7/1/16 (14B)
- Provide youth with certain documents prior to exiting care (13.14)

CASE CLOSURE

- Discharge youth from placement within 5 business days of child leaving care (4.3.1) (19.2)
- Document final case contact reflecting case disposition, summary of services in place at termination, child and family adjustment, overall case progress, and summary of final court hearing (19.9.1)
- Notify the eligibility worker immediately in writing that the child is no longer in custody of LDSS and date of discharge (19.3)
- Return to SSA all unspent funds paid to child from Social Security (SSA) and placed in special welfare account. For SSI/SSA or other benefits, the worker shall inform the source of benefits about the change of address for child. All unspent funds, other than saved SSA/SSI benefits, must be paid to child/legal guardian (19.5-6)
- Terminate all maintenance payments once child leaves care. Terminate all payments for services that will not continue after return home (19.4)

Ongoing:

- Maintain child's connections (2.4) (17.15)
- Ensure child receives periodic screenings (well-child visits) at regular intervals based on Virginia's EPSDT schedule (12.11.2)
- Ensure child receives routine dental exams based on established guidelines (12.11.2)
- Hold FPM prior to any change of placement for child (2.9.1)
- Complete BID prior to placement changes or within 72 hours of placement change. (Joint Guidance/6.10.3)
- Document Child's Placement & Funding Changes within **5 days** (6.10)
- Notify all parents with residual rights/prior custodians in writing of any changes to visitation, placement, and communication changes within 10 days (6.10.3)
- Hold FPM prior to the development of foster care plan for the court review and permanency planning hearings (2.9.1)
- Provide youth 14+ with opportunity to choose up to 2 members of planning team who are neither foster parent nor caseworker (2.4)
- Document all IL Services that are offered/provided on IL Screen within 30 days(13.15)
- Initiate IL Services at age 14 (13.6)

Foster Care Monthly Worker Visit Checklist

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

Foster Care Monthly Worker Visit Checklist

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

Foster Care Monthly Worker Checklist Instructions

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

CHILD WELFARE CASE REVIEW CHECKLIST

CPS Investigation/Family Assessment

- Was the investigation/family assessment (FA) completed and approved in OASIS timely (60 days)?
- If prior question was no, was an extension documented in OASIS within 60 days (60 day extension, 90 day extension or suspended)?
- For the family assessment/investigation, was the first attempted/completed contact made within the initial response priority level assigned?
- For the family assessment/investigation, was the victim's(s) initial face to face interview(s) completed or attempted within the response priority level assigned?
- Did the agency complete the SDM intake tool within 3 working days of the report?
- Did the agency complete an SDM initial safety assessment?
- Did the agency complete an SDM risk assessment?
- Did the agency complete an initial safety plan and a copy placed in the file if conditionally safe or unsafe based on the safety assessment?
- Did the agency interview all victims, abusers, siblings and caregivers/parents?
- If the case is an investigation, was the alleged victim's interview recorded?
- Did the agency open an associated services case based on the identified risk level as being high or very high or justification of why a case was not opened?
- If a case was opened, was a CPS Ongoing or Foster Care case opened?

CPS Ongoing

- If the case was opened for 30 days or more, was a Family Strengths and Needs Assessment completed?
- Was the Family Strengths and Needs Assessment completed prior to the service plan?
- If the case was opened for 30 days or more, does the case have a current service plan in OASIS?
- Were monthly worker visits fully documented between FSS and all required participants in the case?

Foster Care

The item italicized is in reference to the CPS investigation/family assessment that resulted in opening the Foster Care ongoing case.

- If the child entered foster care as a result of CPS, did the agency case connect in OASIS if the case was opened from an investigation/family assessment (FA)?*
- Documentation to confirm ICWA status has been entered in the OASIS contact screen with the purpose of visit as Indian Status?
- Does the case have a current foster care service plan with a goal and concurrent goal?

- Documentation in the case file of Person Locator tool to confirm relative searches for both maternal and paternal relatives have been made?
- Copies in the case file of letters sent to both maternal and paternal relatives?
- Were monthly worker visits between FSS and child fully documented in OASIS?
- Did the foster child have a physical within 30 days of entry into foster care in the case file and documented on the health provider screen in OASIS?
- Did the foster child have a dental within 60 days if the child has not had a dental exam within the last six months in the case file and documentation on the health provider screen in OASIS?
- If the child did not remain in the school of origin was a Best Interest Determination made upon the child's entry into foster care in the file and completed the educational screen in OASIS?
- If the youth is over the age of 14, was an Independent Living Assessment completed within 30 days of entry into foster care or youth's 14th birthday as evidenced by documentation in OASIS on the IL/Info screen?
- If the youth is over the age of 14, was a Transitional Plan completed within 30 days of the IL Assessment as evidence by documentation in OASIS on the IL/Info screen?

Foster Care Funding Validation

- The initial AFDC determination; application and the evaluation forms
- Child's birth certificate, social security card, 501's and appropriate system checks
- Copies of all initial title IV-E applicable/required court orders – petitions, affidavits, initial order granting agency custody (ERO, PRO, CHINS, etc.)
- Current OASIS generated reports: Foster Care Face Placement Sheet, Client Funding Report and Summary of Hearings
- Provider documentation (for initial placement) the date the child was removed from the home
- If residential placement – copy of facility's license to cover the entire time of child's placement
- If placed through a Child Placing Agency – a copy of the license for the Child Placing Agency, Certificate of Approval for the foster home, and letters from the agency verifying dates of criminal and CPS background checks on the foster parents
- If placed in an agency approved foster home – Checklist and Certificate of Approval that covers the entire period of child's placement(s) to date. The checklist should document dates of criminal and CPS background checks on the foster parents
- Copy of all Entrustment/Voluntary Placement Agreements, if VPA placement

Title IV-E Ongoing Review Checklist

Ongoing Judicial Activity (Reasonable Efforts to Finalize the Permanency Plan)

- Was the child in foster care 12 months or more before last day of the Period Under Review (PUR)?
 - If yes, is requirement met for judicial finding of reasonable efforts to finalize the permanency plan? See *Annual Judicial Review Tracking Sheet*
http://spark.dss.virginia.gov/divisions/dfs/iv_e/index.cgi

Placement in Licensed Foster Care Settings

- Documentation confirmed in OASIS for every foster care placement(s) where the child resided during the PUR.
- Documentation confirmed in OASIS of dates of child's stay in placement(s).
- Documentation confirmed in OASIS of type of placement(s): Foster family home, Group home, Public institution, Private institution, Supervised IL, Other.
- Were all foster care provider(s) fully licensed during child's placement(s) that falls within PUR?
- Is there a placement agreement for each placement during the PUR in the case file?

Safety Requirements

- If foster family home was newly licensed before October 1, 2008, was a CRC completed satisfactorily on the foster parents?
- If foster family home was newly licensed on or after October 1, 2008, was a fingerprint-based CRC of National Crime Information Databases (NCID) completed satisfactorily on foster parents?
- If child's placement during the PUR was with a LCPA Foster Home is there a copy of the LCPA's license, Foster Family's Certificate of Approval and Non-Conviction Letter in the case file?
- If child's placement during PUR was a childcare institution, were safety requirements completed satisfactorily for caregiver staff of institution?
 - *Satisfactorily meeting safety requirements includes having a copy of the Facility License(s) in the case file.*

Other

- Documentation confirmed in OASIS of Funding screen for PUR?
- Documentation confirmed in OASIS of Hearing Screen for PUR?
- Did the agency provide child care justification?
- Did the agency have a license for the child care payments during the PUR?
- Did the agency provide copies of invoices/receipts for child care purchases?
- Documentation of change in payments on the Financial Agreement?
- Documentation of change in payments on the Notice of Action?
- Did the agency complete a timely VEMAT (annually or 90 days for scores over 28)?
- Did the agency provide copies of invoices/receipts for clothing purchases?
- Did the agency provide a copy of the Best Interest Determination (BID) form to support transportation costs for education?

Fact Sheet

for LEGISLATURES

HISTORY of the REVIEWS

The 1994 Amendments to the Social Security Act authorize the U.S. Department of Health and Human Services to review state child and family service programs to ensure conformity with the requirements in titles IV-B and IV-E of the Act. The Children's Bureau, part of the Department of Health and Human Services, administers the review system, known as the Child and Family Services Reviews.

In 2000, the Children's Bureau published a final rule in the Federal Register to establish a process for monitoring state child welfare programs. Under the rule, states are assessed for substantial conformity with federal requirements for child welfare services.

All 50 states, the District of Columbia, and Puerto Rico completed their first review by 2004 and their second review by 2010. After each review cycle, or "round," no state was found to be in substantial conformity in all of the seven outcome areas and seven systemic factors. States developed and implemented Program Improvement Plans after each review to correct those areas not found in substantial conformity.

The third round of reviews runs from 2015 to 2018.



PURPOSE

The Child and Family Services Reviews enable the Children's Bureau to: (1) ensure conformity with federal child welfare requirements; (2) determine what is actually happening to children and families as they are engaged in child welfare services; and (3) assist states in enhancing their capacity to help children and families achieve positive outcomes.

The reviews are structured to help states identify strengths and areas needing improvement within their agencies and programs. Ultimately, the goal of the reviews is to help states improve child welfare services and achieve the following seven outcomes for families and children who receive services:

Safety

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

Permanency

- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections is preserved for families.

Family and Child Well-Being

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



The Child and Family Services Reviews also assess the following seven systemic factors that affect outcomes for children and families:

- statewide information system
- case review system
- quality assurance system
- staff and provider training
- service array and resource development
- agency responsiveness to the community
- foster and adoptive parent licensing, recruitment, and retention

A RESOURCE *for* OVERSIGHT

Local accountability for the achievement of positive outcomes in child welfare is an issue for all states, especially those with systems that are county-administered. While most states and counties in county-administered systems are interested in improving communication, coordination, and decision-making, both states and counties may lack the resources to do so or to provide oversight. The Child and Family Services Reviews require that states and counties renew their efforts to work together as partners to make lasting systemic improvements. The reviews offer states a way to manage their child welfare systems by focusing on continuous quality improvement. The reviews can provide a valuable source of information for legislators through:

- **National benchmarks:** The reviews offer a set of national standards against which state child welfare agencies' performance is assessed.
- **Comprehensive results:** The reviews provide a comprehensive picture of state systems through statewide assessments of the child welfare data; onsite reviews of individual case records; and interviews with stakeholders, caseworkers, parents, and children.
- **Results and process:** The reviews provide information about both the outcomes for children and families and the underlying systemic factors that influence those outcomes.
- **Framework for reform:** The Program Improvement Plan notes strengths and areas needing improvement that were identified during the review, and provides a structured and targeted plan for improving conditions for children and families served by state child welfare systems. Program Improvement Plans are monitored to determine whether each state has made adequate improvements.

HOW LEGISLATORS CAN SUPPORT *the* REVIEWS

In addition to obtaining information about their state's performance from the previous rounds of reviews, state legislators should be aware of how their state child welfare agency is preparing for the upcoming review and involving counties in the planning process. Legislators may work with their state child welfare agency on legislation that is needed to support the state's Program Improvement Plan. For example, some states are moving toward continuous improvement and a results-based accountability system by providing counties with flexible funding and other financial incentives. In many states, implementing such a system may require legislation.

MORE INFORMATION

Additional information on the reviews is available on the Children's Bureau's website at <http://www.acf.hhs.gov/programs/cb/monitoring/child-family-services-reviews> or from the Child Welfare Reviews Project, JBS International, Inc., 5515 Security Lane, Suite 800, North Bethesda, MD 20852; 301-565-3260; e-mail: cw@jbsinternational.com. Round 3 resources are available at <https://training.cfsrportal.org/resources/3105>.



Child and Family Services Reviews Quick Reference Items List

OUTCOMES

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Item 1: Were the agency's responses to all **accepted child maltreatment reports initiated**, and **face-to-face contact** with the child(ren) made, within time frames established by agency policies or state statutes?

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Item 2: Did the agency make concerted efforts to provide services to the family to **prevent** children's **entry into foster care or re-entry** after reunification?

Item 3: Did the agency make concerted efforts to **assess and address the risk and safety** concerns relating to the child(ren) in their own homes or while in foster care?

Permanency Outcome 1: Children have permanency and stability in their living situations.

Item 4: Is the child in foster care in a **stable placement** and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?

Item 5: Did the agency establish **appropriate permanency goals** for the child in a **timely manner**?

Item 6: Did the agency make concerted efforts to **achieve reunification, guardianship, adoption, or other planned permanent living arrangement** for the child?

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Item 7: Did the agency make concerted efforts to ensure that **siblings in foster care are placed together** unless separation was necessary to meet the needs of one of the siblings?

Item 8: Did the agency make concerted efforts to ensure that **visitation between a child in foster care and his or her mother, father, and siblings** was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?

Item 9: Did the agency make concerted efforts to **preserve the child's connections** to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?

Item 10: Did the agency make concerted efforts to **place the child with relatives** when appropriate?

Item 11: Did the agency make concerted efforts to promote, support, and/or maintain **positive relationships between the child in foster care and his or her mother and father** or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Item 12: Did the agency make concerted efforts to **assess the needs** of and **provide services** to **children, parents, and foster parents** to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?

Item 13: Did the agency make concerted efforts to involve the **parents and children** (if developmentally appropriate) **in the case planning** process on an ongoing basis?

Item 14: Were the **frequency and quality of visits between caseworkers and child(ren)** sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

Item 15: Were the **frequency and quality of visits between caseworkers and the mothers and fathers** of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

Item 16: Did the agency make concerted efforts to assess **children's educational needs**, and appropriately address identified needs in case planning and case management activities?

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Item 17: Did the agency address the **physical health needs** of children, including dental health needs?

Item 18: Did the agency address the **mental/behavioral health needs** of children?

SYSTEMIC FACTORS

Statewide Information System

Item 19: How well is the **statewide information system** functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Case Review System

Item 20: How well is the case review system functioning statewide to ensure that each child has a **written case plan** that is developed jointly with the child's parent(s) and includes the required provisions?

Item 21: How well is the case review system functioning statewide to ensure that a **periodic review** for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Item 22: How well is the case review system functioning statewide to ensure that, for each child, a **permanency hearing** in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Item 23: How well is the case review system functioning to ensure that the filing of **termination of parental rights (TPR)** proceedings occurs in accordance with required provisions?

Item 24: How well is the case review system functioning to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are **notified of, and have a right to be heard** in, any review or hearing held with respect to the child?

Quality Assurance System

Item 25: How well is the **quality assurance system** functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Staff and Provider Training

Item 26: How well is the staff and provider training system functioning statewide to ensure that **initial training** is provided to all staff who deliver services pursuant to the Child and Family Services Plan (CFSP) that includes the basic skills and knowledge required for their positions?

- Item 27: How well is the staff and provider training system functioning statewide to ensure that **ongoing training** is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?
- Item 28: How well is the staff and provider training system functioning to ensure that **training** is occurring statewide for current or prospective **foster parents, adoptive parents, and staff** of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge needed to carry out their duties with regard to foster and adopted children?

Service Array and Resource Development

- Item 29: How well is the service array and resource development system functioning to ensure that the following array of services is **accessible** in all political jurisdictions covered by the Child and Family Services Plan (CFSP)?
1. Services that assess the strengths and needs of children and families and determine other service needs;
 2. Services that address the needs of families in addition to individual children in order to create a safe home environment;
 3. Services that enable children to remain safely with their parents when reasonable; and
 4. Services that help children in foster and adoptive placements achieve permanency.
- Item 30: How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be **individualized** to meet the unique needs of children and families served by the agency?

Agency Responsiveness to the Community

- Item 31: How well is the agency responsiveness to the community system functioning statewide to ensure that, in implementing the provisions of the Child and Family Services Plan (CFSP) and developing related Annual Progress and Services Reports (APSRs), the state engages in **ongoing consultation** with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?
- Item 32: How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the Child and Family Services Plan (CFSP) are **coordinated with services or benefits of other federal or federally assisted programs** serving the same population?

Foster and Adoptive Parent Licensing, Recruitment, and Retention

- Item 33: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that **state standards** are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?
- Item 34: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for **criminal background clearances** as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?
- Item 35: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the **diligent recruitment** of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?
- Item 36: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of **cross-jurisdictional resources** to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?



SPEAKOUT

VDSS Youth Advisory Board

What is SPEAKOUT?

SPEAKOUT (Strong Positive Educated Advocates Keen On Understanding the Truth) is for youth in foster care and foster care alumni (an adult previously in foster care) who are interested in using their voice to help change and improve the foster care system.

The Virginia Department of Social Services (VDSS) recognizes the importance of hearing the voice of the youth to make a difference in the way youth are served in the foster care system. SPEAKOUT is responsible for providing feedback directly to VDSS, legislators, other state agencies, LDSS directors, the Board for Social Services, and others.

Who can join the group?

Youth and alumni ages 15-26 who are either currently in the foster care system or those who have had experience in foster care are eligible to apply. The group consists of 15-20 youth from across Virginia. Group meetings are held in various locations throughout the state.

For Fiscal Year 2020, SPEAKOUT decided to focus on:

1. Improving social worker involvement (by reviewing VDSS trainings; speaking at VDSS worker trainings; meeting with child welfare stipend students; and participating on panels).
2. Improving foster parent training (by partnering with NewFound Families; and providing training to foster parents).
3. Branding SPEAKOUT (to recruit new members and increase visibility).

To learn more, visit:

<http://www.fostermfuture.com>

or email:

speakout@dss.virginia.gov



Family First and Prevention: Three Branch Institute

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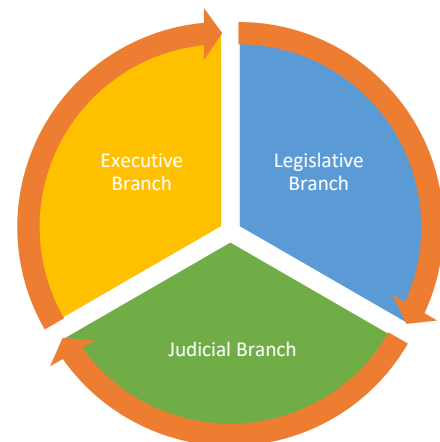
- Family First Prevention Services Act
- Family First Overview – Three Branch Institute

What is the Family First Prevention Services Act?

- The Family First Prevention Services Act (FFPSA), which became federal law in February 2018, includes historic reforms to the child welfare financing streams by providing prevention services to children in families who are at imminent risk of entering foster care.
- Specifically, federal reimbursement will be available for trauma-informed mental health services, substance abuse treatment, and in-home parenting skills training to at-risk families.
- FFPSA also incentivizes states to reduce placement of children in residential treatment, and instead place children in the least restrictive, most family-like setting appropriate to their individual needs.

How is Virginia Implementing Family First?

- VDSS has implemented the Three Branch Model approach (legislative, judicial, and executive) to integrate the FFPSA into our practice.
- The Three Branch Model is designed to bring the three branches of government together to develop action plans to address the most pressing child welfare issues. This helps to redefine the responsibility of child welfare to all branches of government and child serving agencies.



Family First Prevention Services Act (FFPSA)

4/8/2019

<http://www.ncsl.org/research/human-services/family-first-prevention-services-act-ffpsa.aspx>

Overview

On Feb. 9, 2018 President Donald Trump signed the Bipartisan Budget Act of 2018 (H.R. 1892) to keep the government funded for six more weeks and pave the way for a long-term budget deal that will extend to the end of the fiscal year. Included in the act is the Family First Prevention Services Act, which has the potential to dramatically change child welfare systems across the country.



One of the major areas this legislation seeks to change is the way Title IV-E funds can be spent by states. Title IV-E funds previously could be used only to help with the costs of foster care maintenance for eligible children; administrative expenses to manage the program; and training for staff, foster parents, and certain private agency staff; adoption assistance; and kinship guardianship assistance.

Now states, territories, and tribes with an approved Title IV-E plan have the option to use these funds for prevention services that would allow “candidates for foster care” to stay with their parents or relatives. States will be reimbursed for prevention services for up to 12 months. A written, trauma-informed prevention plan must be created, and services will need to be evidence-based. The U.S. Department of Health and Human Services (HHS) expects to release guidance on service eligibility before Oct. 1, 2018.

The Family First Prevention Services Act also seeks to curtail the use of congregate or group care for children and instead places a new emphasis on family foster homes. With limited exceptions, the federal government will not reimburse states for children placed in group care settings for more than two weeks. Approved settings, known as qualified residential treatment programs, must use a trauma-informed treatment model and employ registered or licensed nursing staff and other licensed clinical staff. The child must be formally assessed within 30 days of placement to determine if his or her needs can be met by family members, in a family foster home or another approved setting.

Certain institutions are exempt from the two-week limitation, but even they are generally limited to 12-month placements. Additionally, to be eligible for federal reimbursement, the act generally

limits the number of children allowed in a foster home to six. Although the new programs are optional state officials will need to review their policies and develop state plans that are in line with the latest federal guidelines.

Section by Section Explanation

TITLE VII—Family First Prevention Services Act | Subtitle A—Investing in Prevention and Supporting Families

SEC. 50702. PURPOSE:

“The purpose of this subtitle is to enable States to use Federal funds available under parts B and E of title IV of the Social Security Act to provide enhanced support to children and families and prevent foster care placements through the provision of mental health and substance abuse prevention and treatment services, in-home parent skill-based programs, and kinship navigator services.”

PART I—Prevention Activities Under Title IV–E

States Have the Option to Use Title IV-E to Prevent Children’s Entry into Foster Care

- Allows the use of Title IV-E funds for the following services to prevent the placement of children and youth into the foster care system.
 - In-home parent skill-based programs.
 - Mental health services and substance abuse prevention and treatment services.
- Title IV-E funds can only be used in this capacity for 12 months for children who are “candidates for foster care” and for pregnant or parenting foster youth. The act further clarifies that children and youth under the guardianship of a kin caregiver are also eligible for these funds.
- Eligible services must meet certain requirements:
 - The service must be described as part of a state’s plan.
 - There must be a manual outlining the components of the service.
 - The service must show a clear benefit.
 - The service must meet one of the following three thresholds:
 - **Promising Practice:** Created from an independently reviewed study that uses a control group and shows statistically significant results.
 - **Supported Practice:** Uses a random-controlled trial or rigorous quasi-experimental design. Must have sustained success for at least six months after the end of treatment.
 - **Well-supported treatment:** Shows success beyond a year after treatment.

- The secretary of the Department of Health and Human Services will be responsible for creating a clearinghouse of approved services by October 2018. These services will most likely be similar to those identified through the California Evidence-Based Clearinghouse on Child Welfare
- The secretary may waive the evaluation requirement for a practice if they find the practice to be effective.
- States that choose to use Title IV-E funds must demonstrate maintenance of effort of state foster care prevention spending at the same level as their 2014 spending.
- States with fewer than 200,000 children for the year 2014 may opt to base their maintenance of effort on their expenditures for 2014, 2015 or 2016.
- This section also extends the matching rate from the federal government for prevention services to 2026. The Federal Medical Assistance Percentage will be applied beginning in 2027.

PART II—Enhanced Support Under Title IV–B

Improving the Interstate Placement of Children and Extending Substance Abuse Partnership Grants

- Funding authority is provided to support states in establishing an electronic interstate processing system for the placement of children into foster care, guardianship or adoption. It also creates a \$5 million grant fund to improve interstate placement of children.
- FFPSA extends regional partnership grants for five years and allows the grants to be used on a statewide basis and for organizations that are not state agencies.

PART III—Miscellaneous

Model Licensing Standards for Kinship Care Homes and Preventing Child Maltreatment Deaths

- States must demonstrate that they are in line with newly established national model licensing standards for relative foster family homes.

Tracking and Preventing Child Maltreatment Deaths

- States must create a plan and fully document the steps taken to track and prevent child maltreatment deaths in their state.

PART IV—Ensuring the Necessity Of A Placement That Is Not In A Foster Family Home

Focus on Family Foster Care: Major Reforms to Congregate, Residential and Group Care

- Federal law defines a reimbursement-eligible family foster home as having six or fewer children, and a reimbursement-eligible child care institution as having 25 or fewer youth.
- This section places a limit of two weeks on federal payments for placements that are not foster homes or qualified residential treatment programs. This rule takes effect Oct. 1, 2019.

- An exception to this rule is made under the following circumstances:
 - Juvenile justice system (states may not incarcerate more juveniles under this provision).
 - Prenatal, postpartum or parenting support for teen moms.
 - A supervised setting for children 18 or older.
 - High-quality residential activities for youth that have been victims of trafficking or are at risk of it.
- States may delay the implementation of this part of the legislation for two years, but if they choose to do so they will delay funding for prevention services for the same length of time.
- For a setting to be designated as a qualified residential treatment program, it must meet the following qualifications:
 - Licensed by at least one of the following:
 - The Commission on Accreditation of Rehabilitation Facilities.
 - Joint Commission on Accreditation of Healthcare Organizations.
 - Council on Accreditation.
 - Utilizes a trauma-informed treatment model that includes service of clinical needs.
 - Must be staffed by a registered or licensed nursing staff.
 - Provide care within the scope of their practice as defined by state law.
 - Are on-site according to the treatment model.
 - Are available 24 hours a day and seven days a week.
 - Be inclusive of family members in the treatment process if possible, and documents the extent of their involvement.
 - Offer at least six months of support after discharge.
- Within 30 days of a youth being placed in a qualified residential treatment program, an age-appropriate and evidence-based review must be performed to determine if a qualified residential treatment program is the best fit for them.
- The court must approve or disapprove the placement within 60 days and continue to demonstrate at each status review that the placement is beneficial to the youth. The state must also show that progress is being made in preparing a child to be placed with a family, in a foster family home or with an adoptive parent.
- After 12 consecutive months or 18 nonconsecutive months, the state must submit to the secretary of health and human services approval for continued placement from the head of the state child welfare agency
- States must develop a plan to prevent the enactment or advancement of policies or practices that would result in an increase in the population of youth in a state's juvenile justice system. States are also required to train judges and court staff on child welfare policies, including limitations on use of funding for children placed outside of a foster care family.
- By 2020 the Department of Health and Human Services will perform an assessment of best practices

- Starting Oct. 1, 2018, states are required to conduct criminal history and child abuse and neglect registry checks on any adults working in a childcare institution.

PART V—Continuing Support For Child And Family Services

Recruiting and Keeping Foster Families: Increased Financial Support through 2022

- A one-time, \$8 million competitive grant will be made available through 2022 to support the recruitment and retention of high-quality foster families.

Extending John H. Chafee Foster Care Independence Programs to Age 23

- States may use John H. Chafee Foster Care Independence Program funds for youth up to 23 years of age who have aged out of foster care if that state has extended federal Title IV-E funds to children up to age 23. They may also extend education and training vouchers up to age 26, but for no more than five years total.

PART VIII—Ensuring States Reinvest Savings Resulting From Increase In Adoption Assistance

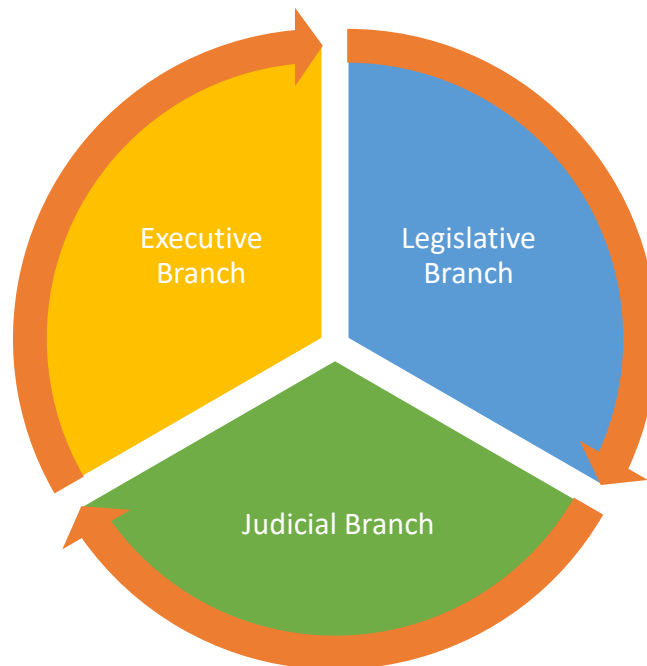
- The Fostering Connections to Success and Increasing Adoptions Act, signed in 2008, set the income test for federal adoption assistance payments to gradually expire by 2019. Teens were to be the first group to be exempt from the income test and this exemption would gradually extend to newborns.
- With the FFPSA this process is halted at 2-year-olds until 2024. The federal Government Accountability Office is tasked with conducting a study to determine how states are using the money they saved from the exemptions. The income test for federal adoption assistance payments will end in October 2024.

Family First Overview

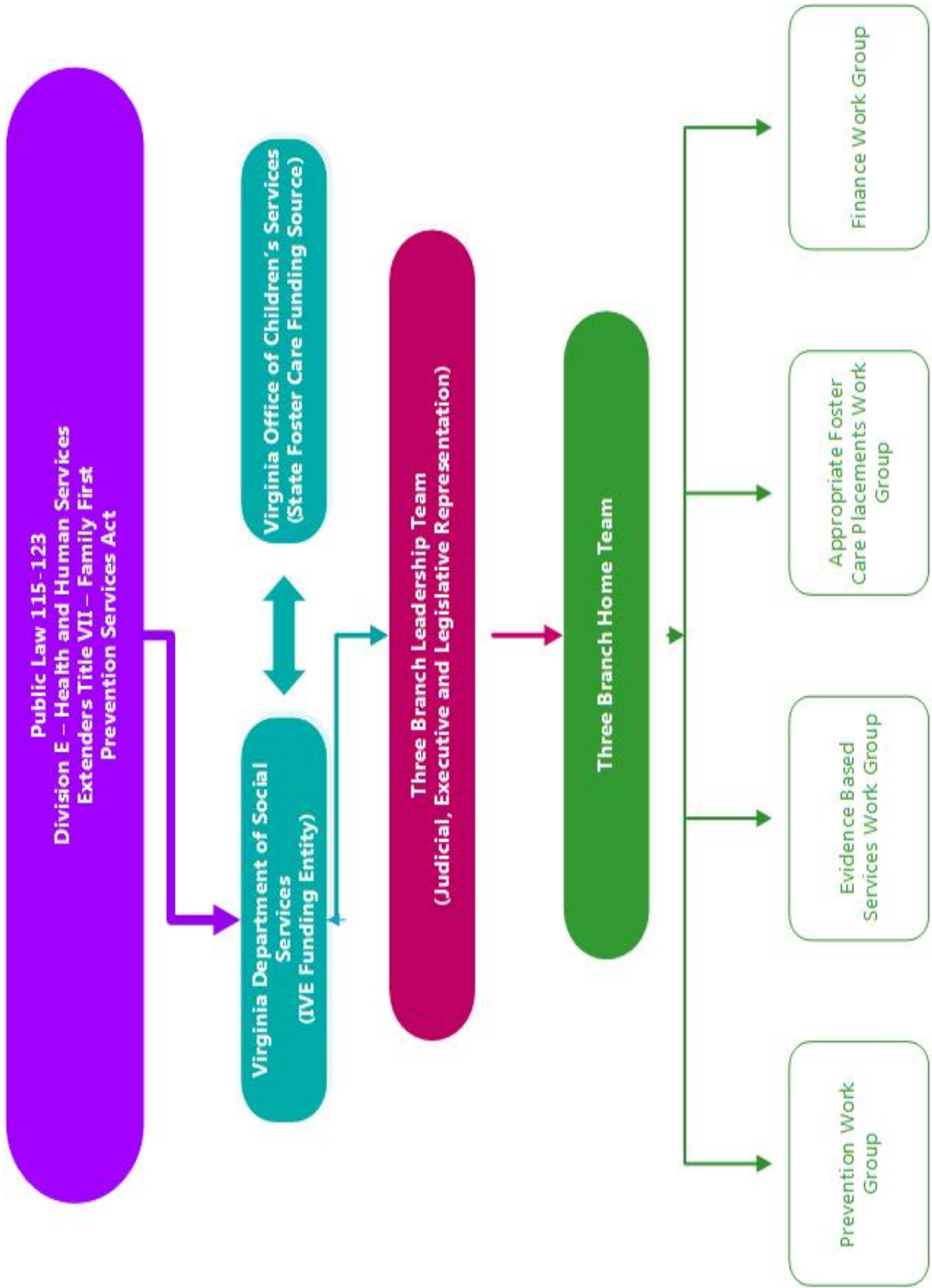
The Family First Prevention Services Act was adopted in February 2018. The act includes historic reforms to child welfare funding. The Act will provide federal funding for prevention services to families of children who are at imminent risk of entering foster care. It underscores the importance of children growing up in families and seeks to avoid the traumatic experience of children being separated from their families and entering foster care. Specifically, federal reimbursement will be available for trauma-informed mental health services, substance abuse treatment and in-home parenting skills training to safely maintain in-home family placements. It also aims to improve the well-being of children already in foster care by incentivizing states to reduce placement of children in residential treatment, and instead place children in the least restrictive, most family-like setting appropriate to their individual needs.

The Three Branch Model

Virginia is currently using the Three Branch Model for the implementation of the Family First Prevention Services Act. The Three Branch Model is based upon the National Governor's Association, National Conference of State Legislatures and Casey Family Programs' Three Branch Institute, which began in 2009. The Three Branch Model is designed to bring the three branches of government together to develop action plans to address the most pressing child welfare issues. This helps to redefine the responsibility of child welfare to all branches of government and child serving agencies.



A Collaborative Approach to Implementation: Three Branch Model



The Three Branch Model (continued)

Virginia has been a participant in three previous Three Branch Institutes with significant success in improving the child welfare system. The Three Branch model serves as a successful leadership group to enact legislative, financial, and policy changes to improve the child welfare system.

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

Our primary goals for each workgroup are as follows:

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

Three Branch Team Membership

Last Name	First Name	Agency
Addison	Karin	Troutman Sanders Strategies
Anderson	Rebecca	DMAS
Andrews	Tina	ADORE Children and Family Services
Antell	Anna	Office of Children's Services
Aparicio	Laurel	Early Impact VA
Areson	Janet	Virginia Municipal League
Ash-Brackley	Laura	Children's Home Society
Atkinson	Amy	Commission on Youth
Ayers	Carl	Virginia Department of Social Services
Baldwin	Victoria	Department of Planning and Budget
Becker	Rachel	Senator Mason's Office
Bessmer	Janet	Fairfax Children's Services Act
Bevan	Ann	Department of Medical Assistance Services
Bowler	Nannette	Fairfax Department of Human Services
Boyle	Katie	Virginia Association of Counties
Boyle-Berger	Gena	Governor's Office
Briggs	Danika	Chesterfield DSS
Brown	Renee	Depaul Community Resources
Bryant	Sandy	Mt. Rogers CSB
Clayton	Jackie	Northumberland Department of Social Services, Director
Conner	Kim	VDSS-Finance
Crawford	Andy	Virginia League of Social Services Executives
Crossen-Powell	Sheila	Hanover DSS
Easter	Laura	Elk Hill Farm
Ehrlichmann	Emily	Virginia Department of Planning and Budget
Elwood	William	Virginia Coalition of Private Provider Associations
Evans	Kellie	The Up Center

Last Name	First Name	Agency
Everette	Ashley	Voices for Virginia's Children
Faison	Jennifer	Virginia Association of Community Services Boards
Farley	Michael	Elk Hill Farm
Fegans	Adrienne	Department of Medical Assistance Services
Gallik	Christen	Fredericksburg Department of Social Services
Gallop	Denise	Norfolk Department of Human Services
Gaskins	Courtney	Youth for Tomorrow
Gehring	Ronnie	Family Focused Treatment Association
Gibson	Lisa	Quin Rivers, Inc
Gilbreath	Allison	Voices for Virginia's Children
Gillespie	James	Fairfax CSB Child, Youth, and Family Services
Griffey	Emily	Voices for Virginia's Children
Harper	Jeanine	Greater Richmond SCAN
Hogge	Lisa	VACSB
Hunter	Katharine	DBHDS
Irvine	Kimberly	Virginia Association of Local Human Services Officials
Jobe-Shields	Lisa	University of Richmond
Johnson	Jermaine	Youth for Tomorrow
Johnston	Tammy	Elk Hill Farm
Jones	Jenny	Charlottesville DSS
Karison	Sandy	Court Improvement Program, Office of the Executive Secretary Supreme Court of Virginia
L'Herrou	Valerie	Virginia Poverty Law Center
Lindsay	Sharon	VDSS-Licensing
Lissenden	Jane	Court Improvement Program, Office of the Executive Secretary Supreme Court of Virginia
Mann	Erica	Spotsylvania Department of Social Services
Marino	Nina	DBHDS
Mason	Senator Monty	Senate Rehabilitation and Social Service Committee
Massart	Susan	Virginia House of Appropriations
May	David	Division of Legislative Services

Last Name	First Name	Agency
McMahon	Kyle	Family Preservation Services/Virginia Network of Private Providers
Morris	Audra	Powhatan Department of Social Services
Nelson	Morgan	VDSS-Division of Family Services
Nimmo-Holland	Margaret	Voices for Virginia's Children
Parente	Em	Virginia Department of Social Services
Patterson	Craig	VDSS
Peace	Delegate Chris	House Health Welfare and Institutions Committee
Perez	Lori	Youth for Tomorrow
Peters	Greg	United Methodist Family Services
Piner	Kim	Attorney General's Office
Poulin	Nicole	Family and Children's Trust Fund of Virginia
Ragland	Tara	Virginia Department of Social Services
Regimbal	James	Economist with VLM and VACO
Reiner	Scott	Office of Children's Services
Relaford	Zandra	Office of Children's Services
Rice	Karen	Virginia Home for Boys and Girls
Richardson	Hope	DMAS
Richardson-Lauve	Cory	Virginia Home for Boys and Girls
Roberts	Cheryl	Department of Medical Assistance Services
Routh	Drew	Virginia Home for Boys and Girls
Sampe	Brenda	Virginia Department of Social Services
Schreiner	Abigail	Hope Tree family Services/VCOPPA/Virginia Association of Licensed Child Placing Agencies
Shin	Sunny	Virginia Commonwealth University
Skapars	Paulette	Richmond Behavioral Health Authority
Smith	Patty	DMAS
Somerville	The Honorable Frank	Culpeper Juvenile and Domestic Relations Court
Spears	Ron	Elk Hill Farm
Specter-Dunaway	Lisa	Families Forward
Stanley	Amanda	Depaul Community Resources

Last Name	First Name	Agency
Stanton	Sarah	Division of Legislative Services
Stark	Stephan	National Counseling Group/Virginia Association of Community-Based Providers
Stinnett	Beth	DJJ
Taylor	Carla	Shenandoah Department of Social Services, Director
Toscano	Nancy	United Methodist Family Services
Tweedy	Mike	Virginia Senate Finance
Umbarger	Wendy	Youth for Tomorrow
Updike	Shannon	HopeTree Family Services
Valentine	Angela	Department of Juvenile Justice
Vinroot	Rebecca	James City County DSS
Wafford	Katina	Prince William DSS
Walker-Harris	Vanessa	VA Dept of Health
Ward	Alyssa	DMAS
White	The Honorable Ellen	Judicial Advocate
Wild	Dillon	Voices for Virginia's Children
Williams	Keisha	Virginia Department of Social Services
Williamson	Jennifer	Attorney General's Office
Wilson	Carol	Office of Children's Services
Wilson	Adalay	United Methodist Family Services
Witherspoon	Ida	Virginia Department of Social Services
Woods	Jessie	Family Preservation Services
Wyman	David	Elk Hill Farm
Zeoli	Kelly	Virginia Department of Social Services



Kinship Care

In this section:

- [VDSS FFY19 Kinship Navigator Grant Program](#)
- [Kinship Exploratory Study and Diversion Practices in Virginia](#)

What is Kinship Care?

Kinship Care is defined in the Code of Virginia as “full time care, nurturing and protection of children by relatives.” When a child must be removed from the home, local departments of social services sometimes place them with a relative to avoid placing them in foster care. This practice is often referred to as “diversion.”

What are some facts about Virginia’s use of Kinship Care?

Preliminary research conducted on Virginia’s diversion practices has found that from July 2016 to December 2017:

- 2,203 children were diverted to kinship care from 1,262 families in 31 agencies
- Between 30-35% of kinship caregivers and the children they cared for were provided services after diversion occurred
- The average length of diversion was 1 to 3 months
- Approximately 60% of children entered foster care within 6 months of diversion

To learn more, see “Kinship Exploratory Study and Diversion Practices in Virginia” in this section.

What is the Kinship Navigator Grant Program?

Kinship Navigator (KN) programs provide information, referral, education, support, and advocacy for kinship families. VDSS received a grant from the Children’s Bureau to develop six regionally-located Kinship Navigator Programs involving 40 localities (33% of the state). To learn more, see “VDSS FFY19 Kinship Navigator Grant Program” in this section.

VDSS FFY19 Kinship Navigator Grant Program

Virginia is a state-supervised and locally administered child welfare system with 120 local departments of social services (LDSS). VDSS received a grant from the Children’s Bureau for \$379,246 dollars for use from October 1, 2018-September 30, 2019. With the grant, VDSS developed six regionally-located Kinship Navigator Programs involving 40 localities (33% of the state). The Kinship Navigator (KN) programs provide information, referral, education and advocacy for kinship families. VDSS’s collaborations with the six chosen local departments are based upon the Kinship Navigator’s federal Children’s Bureau grant associated with the passing of the Family First Prevention Services Act (Family First) on February 8, 2018, where the goal is to identify private (informal) kinship families and to connect them to the Kinship Navigator and local resources. The purpose of services is to provide supports that strengthen the kinship caregivers’ capacity to provide a safe, nurturing home for the child and to help achieve permanency for the child. Additionally, supports and services should assist the kinship caregiver in addressing the effects that maltreatment may have had on the child in their care.

Why is Kinship Care Important?



Challenges Kinship Caregivers May Face

What are some challenges kinship caregivers face?



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The following Kinship Navigator Programs are currently funded and provide the following services:

1. **Arlington Department of Social Services** is partnering with Alexandria, Fairfax, Prince William, and Loudoun and is providing the following services with their awarded grant funds:
 - Services to kinship caregivers having trouble finding assistance for their unique needs and who may need help navigating the county's service system. Seeks to connect kinship families and form a network of kinship caregivers who can support each other and their changing families.
 - Assists kinship families who need a connection to services, such as childcare, education, health care, and financial help, and are seeking support from professionals or peers. Provides seminars, trainings, and workshops focused on kinship families' needs, as well as support groups for these families.
 - Conducting an evaluation of kinship care engagement within the above jurisdictions. The study shall assess best practices in communication and information sharing with

those kinship families currently in the child welfare system as well as those kinship families in the community who are not connected to the child welfare system and are seeking general information on kinship care service options. The results of this evaluation with Second Chance, Inc. will assist the program in making needed improvements to assist kinship caregivers in all jurisdictions.

2. Bedford Department of Social Services is partnering with Amherst, Appomattox, Campbell, Lynchburg, and Nelson and is providing the following services with their awarded grant funds with a contracted partner(Patrick Henry Family Services):

- Providing Kinship Resource Family Training regionally three times yearly. This will be a five-week course based on established evidence-based curriculums (Pride, Traditions of Caring, and Foster Parent College) but with a focus on the unique needs and concerns of kinship families. The training will result in the kinship families' certification as resource parents, providing that they meet the other requirements for licensure. The training will be open to kin who intend to foster, relative custodians, as well as diversionary families. Dinner will be provided for families before each class. Child care will be provided by volunteers from Patrick Henry/Safe Families. Transportation assistance in the form of gas cards will be provided to support families who are traveling to the training from outside the hosting locality, as needed.
- A support group will be facilitated by Patrick Henry/Safe Families to provide ongoing support and encouragement to the families participating in the Kinship Resource Family training. Any family who is caring for a relative's child or fictive kin is invited to attend.
- Employing a part-time Regional Kinship Navigator who will work with kinship families to ensure that they are connected with the resources available to them, including benefits (TANF, SNAP, Medicaid) and services (including a variety of counseling and respite options, educational support, legal support, mental health support, etc.)

3. Dickenson Department of Social Services is partnering with Buchanan, Russell, Tazewell, Lee, Wise, Scott and the City of Norton and is providing the following services with their awarded grant funds:

- Providing an information and referral network system that links kinship caregivers to kinship support groups, legal assistance, and benefits, such as TANF, SNAP and Medicaid.
- Providing advocacy for kinship caregivers and youth in schools, court systems, health care, mental health agencies and benefits programs.

- Assisting kinship caregivers in utilizing services to meet the needs of the children they are raising.
- Employing a full-time Kinship Navigator to provide face-to-face meetings in the home to support families and ensure the families' needs are being met.

4. James City County Department of Social Services is partnering with Williamsburg and York-Poquoson and is providing the following services with their awarded grant funds:

- Employing a part-time Kinship Navigator position to ensure kinship caregivers and youth are connected with needed resources including federal, state and local benefits. Provide formal training to Kinship Navigator in the form of computer based courses.
- Collaborating and coordinating with the local Community Action Agency, Williamsburg-James City County Schools, Child Development Resources, Colonial Behavioral Health, Peninsula Agency on Aging, United Way, 9th District Court Services Unit and other private and public agencies to support kinship caregivers.
- Providing training to local community partners on the barriers that kinship caregivers and youth face.
- Linking kinship caregivers and youth to a wide array of services and supports to ensure stability and safety within the home.
- Developing an information and referral system to assist kinship caregivers and youth. Develop information packets and referral database to assist in outreach to kinship caregivers and youth.
- Establishing a Regional Kinship Council and activities may include providing community trainings, establishing a newsletters and providing web-based information to Kinship families in the community to ensure the development of regional Kinship Navigator Program with Williamsburg Department of Human Services and York-Poquoson department of Social Services.

5. Virginia Beach Department of Human Services is partnering with Chesapeake, Portsmouth, Suffolk and Norfolk and is providing the following services with their awarded grant funds:

- Employing a full-time regional kinship navigator position to ensure kinship caregivers and youth are connected with needed resources including federal, state and local benefits.
- Conducting a public forum in each participating locality to explore community strengths and opportunities to build support for kinship families.
- Collecting and analyzing data from information and referral system and case management services to evaluate the kinship navigator program and use data to develop goals for improving and sustaining the program.

- Developing and providing kiosks in each participating locality to assist kinship caregivers and youth with connecting to resources.
- Collaborating and coordinating with local community partners to include, court service units, school and community-based agencies.
- Linking kinship caregivers to a wide array of services and supports to ensure stability and safety within the home.
- Developing an information and referral system to assist kinship caregivers and youth.
- Providing support groups for kinship families in Chesapeake Department of Human Services, Portsmouth Department of Social Services, Suffolk Department of Social Services, and Norfolk Department of Human Services with the assistance of New Found Families.
- Coordinating and collaborating with other members of the regional Kinship Navigation consortium to include meeting face-to-face (NewFound Families, Kin and Kids Consulting, LLC., Chesapeake Department of Human Services, Portsmouth Department of Social Services, Suffolk Department of Social Services, and Norfolk Department of Human Services) to ensure scope of work is completed in a coordinated and collaborated manner and kinship caregivers and youth are provided services in accordance with this scope of work.

6. Wythe Department of Social Services is partnering with Bland, Bristol, Carroll, Galax, Giles, Grayson, Montgomery, Pulaski, Radford, Smyth, and Washington and is providing the following services with their awarded grant funds:

- Employing a full-time Kinship Navigator Specialist to ensure kinship caregivers and youth are connected with needed resources including federal, state and local benefits. Assist Kinship Navigator Specialist with mileage reimbursement to provide support to Kinship families in the community.
- Collaborating and coordinating with the local community partners to include, Legal Aid, public schools, health department, private counseling services, faith-based entities, non-profits, court services, community services boards, parent education programs and child abuse prevention coalitions.
- Developing and implementing outreach materials including fliers, brochures and establish a social media network to assist in educating and providing support to kinship caregivers and youth.
- Linking kinship caregivers and youth to a wide array of services and supports to ensure stability and safety within the home.
- Developing an information and referral system to assist kinship caregivers and youth.

- Seeking and utilizing volunteers to establish a network of support for kinship caregivers and youth.
- Collecting data to assist with measuring outcomes of Kinship Navigator program.
- Assisting Kinship families with resources in the community for legal consultation and provide financial support for legal fees.
- Providing training to Kinship Navigator Specialist in the form of conference attendance to enhance delivery of Kinship Navigation services.
- Using the Family Partnership Meeting model to engage families and community supports/services to develop a service plan that is family strength-based with measurable goals and outcomes that result in family stabilization and preservation. The Kinship Navigation Specialist will be available to provide guidance, information and referrals, and face-to-face case management services tailored to each family's unique circumstances.

7. Virginia Department of Social Services is partnering with our internal Division of Community and Volunteer Services and 2-1-1 VIRGINIA services and is providing the following services:

- Providing specialized information and referral services to Kinship Guardians (hereafter referred to as "Customers") who contact 2-1-1 VIRGINIA directly or through the Kinship Navigation toll free number 24 hours a day, 365 days a year.
- Establishing a dedicated toll free number to be ported through the 2-1-1 VIRGINIA Automatic Call Distribution (ACD) system with a dedicated message that shall identify Kinship Navigation prior to connection with a Contact Specialist.
- Reviewing and updating existing agency program listings in the 2-1-1 VIRGINIA Resource Database for Customers, in accordance with the Database Style Manual, the Database Inclusion/Exclusion Policy, and the Alliance of Information and Referrals Systems (AIRS) accreditation standards.
- Identifying new agencies providing services to kinship families through outreach services and coordination with VDSS Division of Family Services. Facilitate voluntary entry into the Resource Database.
- Modifying the 2-1-1 VIRGINIA Database to capture kinship family demographic information specific to Kinship Navigation.
- Collecting data to include, but not limited to, met and unmet needs, types of needs requested, and geographic location.

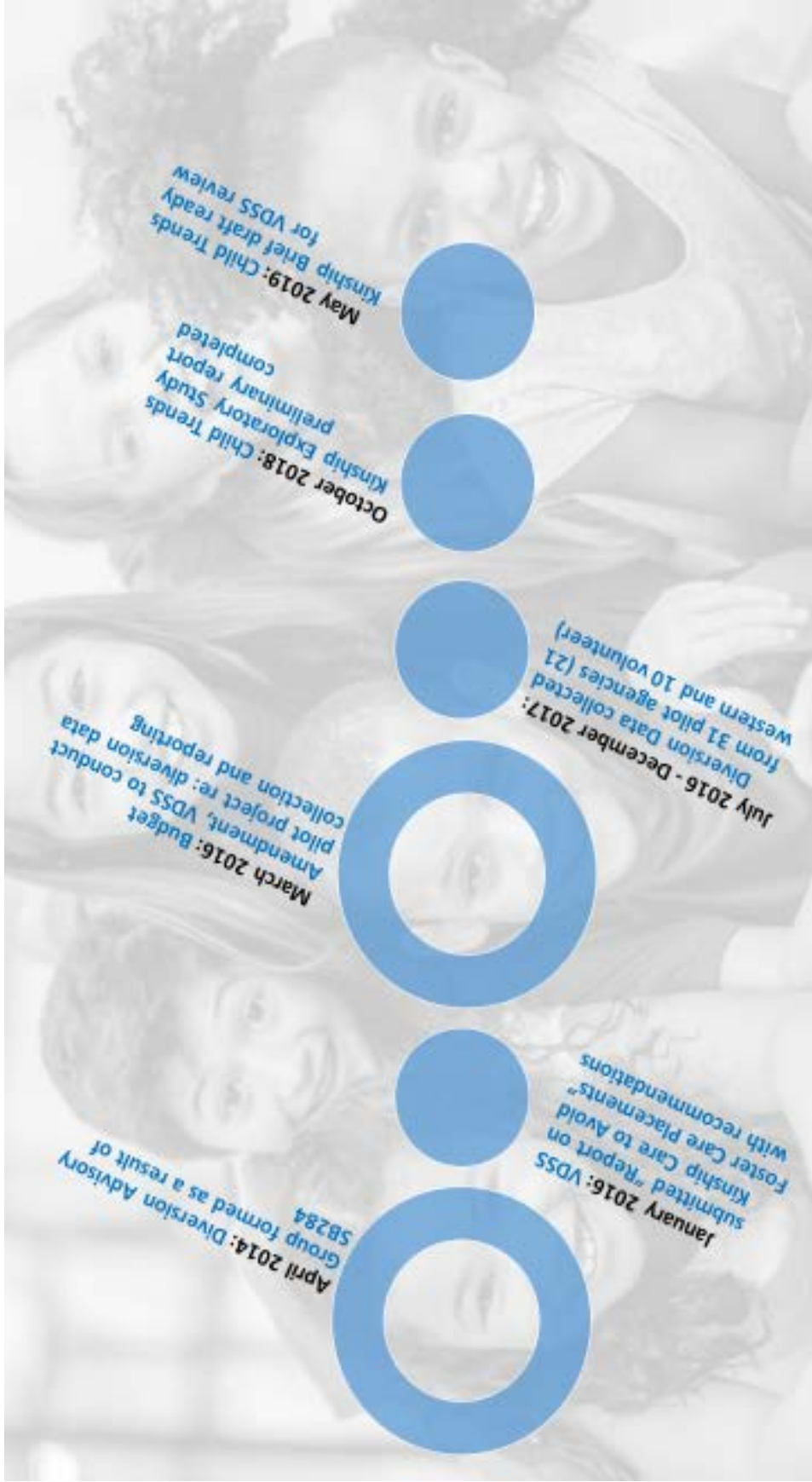
KINSHIP EXPLORATORY STUDY and DIVERSION PRACTICES IN VIRGINIA

Background Information: Local Department of Social Services (LDSS) have acknowledged that they practice a form of “diversion”, meaning placement of a child(ren) with a relative or fictive kin to avoid foster care. Anecdotally, LDSS acknowledge the practice varies throughout the state as there has not been dedicated resources, support, and guidance to LDSS as it relates to diversion to include standards and expectations. The work that has been completed around diversion has been meaningful although the end results require a more in depth analysis. There are opportunities to explore more and build on what we know by being intentional in our work to establish diversion practice standards. Child Trends, a national non-profit research organization, in partnership with Virginia Department of Social Services (VDSS), conducted research with 31 pilot LDSS from July 2016-December 2017.

Here are some of the findings from the pilot series preliminary data:

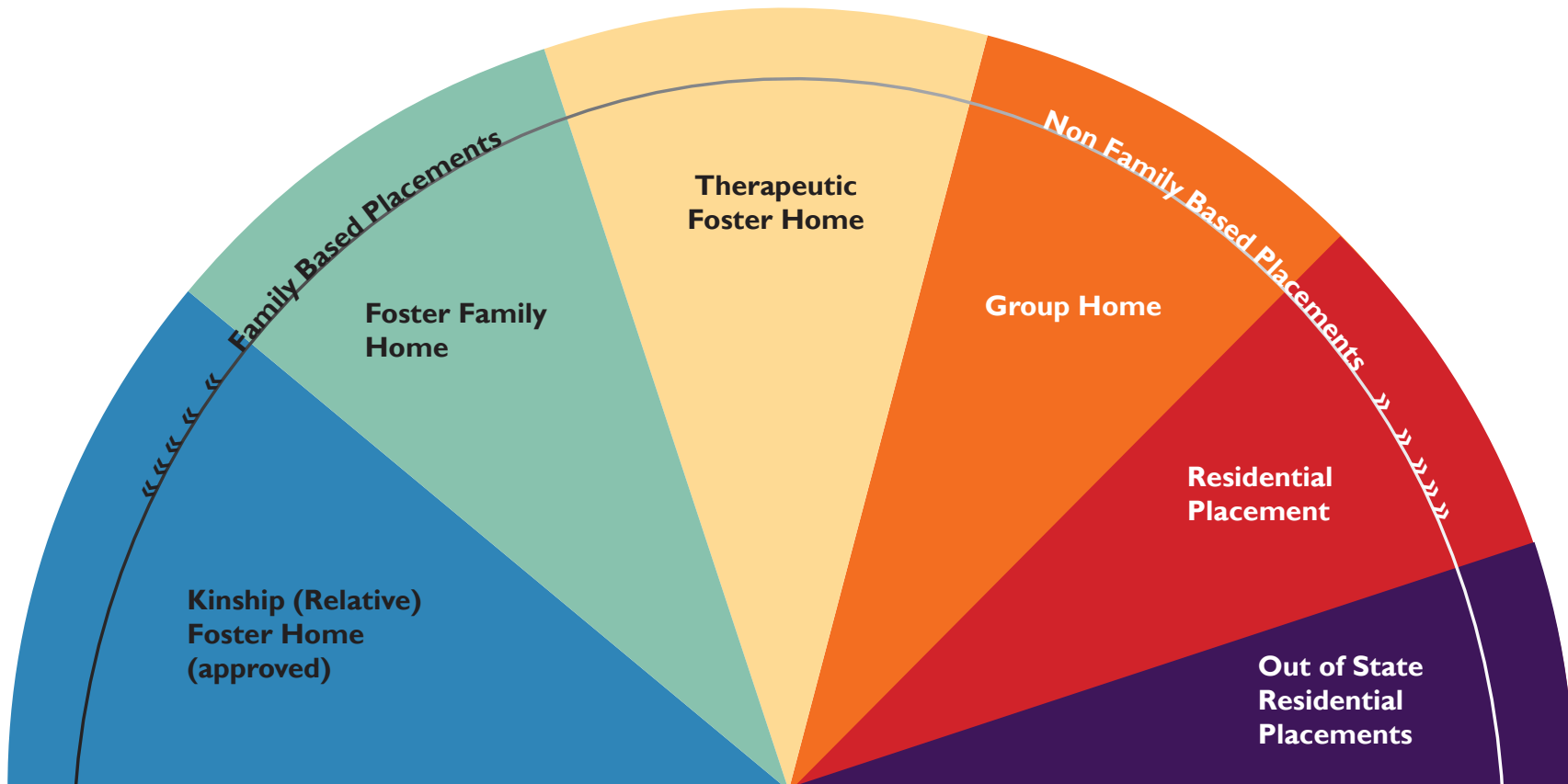
- 2,203 children were diverted to kinship care from 1,262 families in 31 agencies
- The primary reason for LDSS involvement was parent substance abuse
- Between 45-50% of caregivers were the child’s grandparent(s)
- 35% of cases provided services to the parent before diversion, and close to 35% of parents received services after diversion occurred
- Between 30-35% of kinship caregivers were provided services after diversion occurred
- Between 30-35% of children were provided services after diversion occurred
- Between 70-80% of children did not have custody determined
- The average length of diversion was 1 to 3 months
- Approximately 60% of children entered foster care within 6 months of diversion

Next Steps: Child Trends will share completed findings with VDSS in May 2019. VDSS will use this report to inform the previous work put forth by the Diversion Advisory Group and provide new recommendations for practice standards and expectations around diversion, in addition to considerations for enhanced regulatory support. This work is timely as Virginia is currently developing an in-home practice model as the foundation for a robust Prevention Program.



Foster Care Continuum of Placements - Family First

Placement occurs after the child is removed from home by court order, entrustment, or non-custodial foster care agreement and placed in a substitute care setting. Placement is the physical setting in which the child finds himself, that is, the resultant foster care setting. In making placement decisions to secure the most appropriate home for a child, whether an initial placement or change in placement, the service worker, in collaboration with key partners and members of the Family Partnership Meeting (FPM), shall place the child in the least restrictive, most family-like setting that is committed to meeting the child's best interests and needs, including educational, medical and behavioral health needs.



Foster care is intended to be a temporary rather than a long-term solution for children who have been removed from their family homes for reasons of neglect, abuse, abandonment, or other issues endangering their health and/or safety. When children cannot live safely with their families, the first consideration for placement will be with kinship connections capable of providing a safe and nurturing home. When placement outside the extended family is necessary, we encourage healthy social development by supporting placements that promote family, sibling and community connections. A foster home is the home of an individual or family who is approved as meeting the standards established in Virginia. When a child needs a higher level of support, a non family-based setting may be needed. Non-Family like settings should be temporary, should focus on individual children's needs, and should prepare them for return to family and community life.

Family Based Placements

Kinship (Relative) Foster Home (approved)

When a child cannot live safely with his or her birth parents or prior custodians, the first out of home placement to be considered should be placements with relatives and extended family members, including relatives in other states in accordance with the Interstate Compact on the Placement of Children (ICPC). When a relative is identified as the best placement resource for a child, the relative may be approved as a provider on an emergency basis and the child may be placed immediately. The relative shall become a fully approved provider within 60 days. Relative Foster Homes receive foster care maintenance payments on behalf of the child in their home through Title IV-E or state pool funds.

Foster Family Home

When the LDSS determines that the child cannot remain safely at home and the diligent search for relatives has not resulted in placement of the child with his or her extended family, the service worker shall consider placement with a foster and adoptive family. Foster and adoptive families often commit to support reunification with the child's family, but are also prepared to adopt if the child and family do not reunify. Foster Homes receive foster care maintenance payments on behalf of the child in their home through Title IV-E or state pool funds.

Therapeutic Foster Home

Therapeutic Foster Care (TFC) homes are fully approved homes that provide services designed to address the special needs of children and families. Services to children and youth are delivered primarily by therapeutic foster parents who are trained, supervised, and supported by licensed child placing agency staff. Treatment is primarily foster family based and is planned and delivered by a treatment team. Children should be placed in TFC homes only when the specialized services available through such homes are consistent with the documented needs of the child. TFC placements should not be considered a step down in a process of reducing the intensity of placement types needed by a child. If the needs of children placed in TFC homes decrease over time, the child should remain in that home until the child is reunified or another permanency goal is achieved. Therapeutic Foster Homes receive foster care maintenance payments on behalf of the child in their home through Title IV-E or state pool funds. The Agency overseeing the Therapeutic Foster Home and providing case management support for the treatment team receives payments from Medicaid and state pool funds.

Non Family Based Placements

Non family based placements offer care and treatment for a child who requires more intensive time-limited, and intensive interventions as part of the continuous focus on stabilizing the child and family, returning the child home, or placing the child with another permanent family.

Group Home

Group homes are a children's residential facility that is a community-based, homelike single dwelling, or its acceptable equivalent, other than the private home of the operator, and serves up to 12 children. The cost of maintenance is paid from Social Security, title IV-E, Medicaid (called room and board), or state pool funds for nontitle IV-E children. Services provided in a group home will be paid from Medicaid or state pool funds. Group home services that can be purchased include services provided to every resident and specialized services provided to meet a child's individual needs.

Residential Programs

Residential programs provide 24-hour support in conjunction with care and treatment or a training program in a setting other than a hospital or training center. Residential services provide a range of living arrangements from highly structured and intensively supervised to relatively independent requiring a modest amount of staff support and monitoring. The cost of maintenance is paid from SSI, title IV-E, Medicaid (called room and board), or state pool funds for nontitle IV-E children. Services provided in a residential program will be paid from Medicaid or state pool funds. Residential program services that can be purchased include services provided to every resident and specialized services provided to meet a child's individual needs.



Workforce Recruitment and Retention

In this section:

- **Virginia's Child Welfare Workforce: Opportunities for Recruiting, Retaining, Developing and Elevating Critical Roles**
- **Training Services Model Assessment and Recommendations (Butler Institute for Families)**
- **Family Services Training Model Comparisons**
- **Virginia's IV-E Child Welfare Stipend Program & Child Welfare Employee Education Assistance Program**
- **COMPASS Mobile Application flier**
- **COMPASS FlexDictate flier**
- **Tables: Benefit Programs, Family Services and Self-Sufficiency Occupational Groups (Workforce Turnover Data)**

Facts about Virginia's Child Welfare Workforce

- Virginia experiences staffing challenges familiar to jurisdictions across the country, including debilitating turnover rates, barriers to staff growth and development, and negative public perceptions of child welfare work.
- The statewide turnover rate for Virginia's entry level child welfare positions (Family Services Specialist I) reached 41.6% in calendar year 2016-17.
- Currently, an entry level caseworker position in some areas of the state can pay as little as \$29,000.
- Child welfare workers are exposed on a daily basis to trauma, violence and stressors that can lead to secondary traumatic stress (STS) and burnout. STS carries myriad negative repercussions for employees, and places workers at greater risk of leaving the organization.
- In August, 2017, The Virginia Department of Social Services (VDSS) contracted with The University of Denver, Butler Institute for Families to assess their Family Services training model, conduct a nationwide scan of training systems, and make recommendations to improve their training system for child welfare and adult services staff. Findings are included in this section.

Virginia's Child Welfare Workforce: Opportunities for Recruiting, Retaining, Developing and Elevating Critical Roles

The recruitment, retention, and development of child welfare workers and the general elevation of child welfare as a profession are crucial components in efforts to improve outcomes for Virginia's children and families. Virginia experiences challenges familiar to jurisdictions across the country, including debilitating turnover rates, barriers to staff growth and development, and negative public perceptions of child welfare work. While challenges loom large, also clearly evident are Virginia's opportunities to address workforce needs through unique strengths and community partnerships.

Challenges and Approaches

An overarching goal of elevating the child welfare workforce in Virginia is critical. Public perception of the profession, when positive, can correlate with greater applicant pools, enabling selective, "good-fit" recruitment of top tier students and prospective professionals. Elevation of the profession can be accomplished a multi-pronged approach, including re-professionalizing the workforce through Social Work degree attainment opportunities; public relations and media/messaging initiatives; and, realistic representation of day-to-day child welfare work for public audiences and prospective professionals.

1. Re-professionalizing the workforce includes ensuring front line workers and supervisors hold relevant Social Work degrees, as retention¹ and certain case outcomes² improve with this specialized training.
 - a. Enlarge an existing Virginia Department of Social Services (VDSS)-offered, local department of social services (LDSS)-supported funding opportunity for current employees to obtain Master of Social Work (MSW) degrees while continuing to work in their agencies. *Increase state match funds to support additional slots available for employees to receive reimbursement-based MSW funding via Title IV-E training funds.*
 - b. Expand VDSS' Title IV-E Child Welfare Stipend Program (CWSP) capacity in future years to recruit, train and prepare more future child welfare professionals through university-agency partnerships. Bachelor of Social Work (BSW) and Master of Social Work (MS) graduates agree to work in LDSS foster care/adoption roles for one to three years in exchange for financial support and targeted workforce preparation. *Increase stipend slots and number of partner universities to include additional Schools of Social Work, increasing the number of graduates annually who enter the workforce well-prepared and committed to fulfilling a legally binding work term commitment.*
2. Media highlights and proactive social media/traditional news outlet features to spotlight agencies and families, touting positive experiences and framing agency goals and mission. *Increase emphasis on public relations-oriented initiatives to control and frame messaging around child welfare as a profession.*
3. Realistic job previews made available online to the public, illustrating the nuanced and challenging day-to-day experiences and skillsets of public child welfare workers. These video-based resources serve to educate the public and provide real-world knowledge to prospective professionals and

¹ Madden, E.E., Scannapieco, M., & Painter, K. (2014). An examination of retention and length of employment among public child welfare workers. *Children and Youth Services Review, 4*, 37-44.

² Leung, P. & Willis, N. (2012). The impact of title IV-E training on case outcomes for children serviced by CPS. *Journal of Family Strengths, 12*(1).

students who may be considering entering the field. *Support funding to design and create this resource.*

Recruiting, retaining and developing the workforce ties back to organizational factors. The statewide turnover rate for Virginia’s entry level child welfare positions (“Family Services Specialist I”) reached 41.6% in calendar year 2016-17³. The Institute for the Advancement of Social Work Research (IASWR) published a report based on a national survey of child welfare workforce literature discussing factors which boost retention in the child welfare workforce. The IASWR reported that numerous organizational factors⁴ consistently and significantly contribute to child welfare worker retention, including:

- * Better salary;
- * Supervisory support;
- * Reasonable workload;
- * Coworker support;
- * Opportunities for advancement; and,
- * Organizational commitment and valuing of employees.

Virginia’s Opportunities to Respond to Workforce Needs

1. **Increase baseline salaries for caseworkers.** Currently, an entry level caseworker position in some areas of the state can pay as little as \$29,000. *Increase baseline salaries for Family Services Specialists to sustain a living wage for employees providing critical community services.*
2. **Address worker/supervisor support and organizational climate needs.** Child welfare workers are exposed on a daily basis to trauma, violence and stressors⁵ that can lead to secondary traumatic stress (STS) and burnout⁶. STS carries myriad negative repercussions for employees, and places workers at greater risk of leaving the organization⁷. Supportive and educational groups as well as trauma-informed organizational environments can help combat the effects of exposure to trauma.
 - **Actively address secondary traumatic stress (STS) in the child welfare workforce.** Actively addressing STS among child welfare workers is crucial in promoting greater job satisfaction, efficacy, and retention, and can be accomplished in part by the following:
 - a. **Coworker support:** Provide extra-professional supportive opportunities. A primary element in increased retention, formalizing co-worker support could create infrastructure for a supportive model to expand to all regions of the state.
 - **Pilot a worker support group aimed at reducing the effects of secondary traumatic stress and related burnout, facilitated by licensed clinician(s).** Develop a Memorandum of Agreement (MOA) with university/community partner to host and facilitate this clinically-oriented support group in one targeted state region, offering in-person and virtual attendance options. *Secure state funding to support the pilot.*

³ The Butler Institute for Families, University of Denver, for the Virginia Department of Social Services (December 2017). *Training Services Model Assessment and Recommendations Executive Summary.*

⁴ Zlotnik, J. L., DePanfilis, D., Daining, C., & Lane, M. M. (2005). Factors Influencing Retention of Child Welfare Staff: A Systematic Review of Research. Institute for the Advancement of Social Work Research in collaboration with University of Maryland School of Social Work.

⁵ ACS-NYU Children’s Trauma Institute. (2012). *Addressing Secondary Traumatic Stress Among Child Welfare Staff: A Practice Brief.* New York: NYU Langone Medical Center.

⁶ ACS-NYU Children’s Trauma Institute. (2012). *Addressing Secondary Traumatic Stress Among Child Welfare Staff: A Practice Brief.* New York: NYU Langone Medical Center.

⁷ ACS-NYU Children’s Trauma Institute. (2012). *Addressing Secondary Traumatic Stress Among Child Welfare Staff: A Practice Brief.* New York: NYU Langone Medical Center.

- b. **Supervisory support:** Effective and supportive supervision is another central factor in retaining child welfare workers. Development of LDSS supervisors' skillsets and caseworkers' ability to effectively utilize supervisory opportunities can bolster retention and worker effectiveness.
 - **Pilot a worker/supervisor group aimed at developing reflective supervisory skills and effective use of supervision.** Develop MOA with partner university/community partner to facilitate this learning-oriented group in one targeted state region, offering in-persona and virtual attendance options. *Secure state funding to support the pilot.*

Pilot study results would be analyzed based on regional staff participation and employment/retention data, to determine which venue provides the greatest efficacy in supporting retention. VDSS could implement statewide interventions based on the results, after controlling for other factors known to boost retention, including workers' receipt of targeted Title IV-E-training (via stipend programs). *State funds could support the financial impact associated with conducting exploratory and descriptive research activities.*

- c. **Create and sustain trauma-informed agencies:** Encourage LDSS to utilize community-based consultants (i.e. Trauma-Informed Community Networks/Trauma-Informed Leadership Teams) to assess organizational environment, make recommendations for changes, and support implementation of trauma-informed agency recommendations to improve LDSS working conditions and worker perceptions of organizational safety and supportiveness. *State funds could support consultation fees and/or financial incentives for LDSS who engage in these efforts.*

5. Offer a variety of opportunities for advancement. Advancement opportunities serve to *develop* and *retain* current employees.

- a. **Implement child welfare leadership-track education and support opportunities:** Currently, Virginia's Title IV-E stipend program is limited to training direct service practitioners entering foster care and adoption roles. VDSS designed a hybrid-model leadership-track program in partnership with state universities' Schools of Social Work, to provide education and support to existing LDSS employees pursuing a MSW degree.
 - The leadership track creates "ambassadors" who re-enter the field with the professional background and training plus developed personal qualities necessary to affect positive change and represent VDSS initiatives in local and regional agencies throughout the Commonwealth.
 - The model is poised for implementation on a pilot basis, in partnership with a state university School of Social Work, if a funding source is secured. *Identify a funding source for the leadership-track educational development partnership.*
- b. **Establish a clear career ladder for all Family Services Specialists and Supervisors:** Career ladder establishment is currently in exploration and development stages at VDSS. A clear path toward advancement boosts perceptions of the career as a profession plus aids in retention, employee growth and development.



Training Services Model Assessment and Recommendations Executive Summary

In August, 2017, The Virginia Department of Social Services (VDSS) contracted with The University of Denver, Butler Institute for Families to assess their Family Services training model, conduct a nationwide scan of training systems, and make recommendations to improve their training system for child welfare and adult services staff.

Methods:

Over the course of four months, multiple items were reviewed and activities conducted to collect information, including:

1. Review of Virginia documents including: VA Family Services Training System Task Force Report; 2016 Local Social Services Training Needs Assessment; Virginia's Five-Year State Plan for Child and Family Services (2015), training section; Virginia Child and Family Services Review (CFSR)
2. Training System Self-Assessment performed by a VDSS leadership team
3. Staff surveys sent to 2,717 VDSS staff with a 52% response rate
4. Thirteen listening sessions in five regions with a total of 147 participants
5. Online survey to state child welfare and adult training systems located throughout the United States
6. Telephone interviews with representatives from child welfare and adult training systems located throughout the United States

An Advisory Team consisting of VDSS staff from child welfare and adult services and representatives from agency leadership partnered with Butler to assist with study implementation. Significant highlights are presented in this Executive Summary.

Training System Leadership Self-Assessment:

Participants at the August project kick-off meeting were asked to complete the self-assessment to determine their understanding of whether various dimensions of effective training systems were present, or not, in the VDSS training system. Dimensions included training management, infrastructure, trainer management, instructional design, transfer of learning, and training evaluation. The self-assessments indicated wide variability in whether the training systems have or do not have various aspects of effective training programs in place.

Adult Services and Child Welfare Staff Survey:

All VDSS staff were invited to complete the Virginia Child Welfare and Adult Services Training Assessment Survey and ultimately 52% (1,420 out of 2,717) of all staff completed the survey. Items focused on Virginia's child welfare and adult services staff satisfaction with training, support

received, and perceived quality of the training in their department. Survey response means ranged from 2.97 (Regional trainings are offered frequently enough to meet my needs) to 4.28 (I am informed about training opportunities) with most item means in the 3.0–4.0 range (1 to 5 on a 5-point agreement scale). Correlations conducted between the training scale mean and demographic variables (region, program, gender, degree, field of study, years in position) did not produce significant results, indicating a consistency of responses across all demographics. A factor analysis found that the factors of Agency Support, Training Experience, and Transfer of Learning explained 59% of the variance.

Regional Listening Sessions:

A series of listening sessions were held in each region of the state as well as with agency trainers and local agency leadership, resulting in a total of 147 individual participants. Areas explored included participant perception of the effectiveness, availability, and quality of training of the current training model, as well as participant suggestions for improving training delivery. The following themes emerged from the sessions:

- 1) A need for training that prepares new workers to do the job
- 2) A desire for on-the-job support for new workers
- 3) A request for more trainings to be held locally and with more frequency
- 4) A desire for classroom training that focuses on application and skills practice
- 5) A need to eliminate the major barrier to training participation, which is caseload demands and job expectations
- 6) A need for more attention placed on training for adult services and adult protective services staff
- 7) A request that training registration and administration should be user friendly and individualized

National Scan Online Survey to Other Training Systems:

VDSS was also interested in learning about how other states structured and managed their training system in order to determine optimal practices. Twenty-one states were identified to contact, and ultimately, a total of 19 states or county/city training systems participated in either the online survey and/or the telephone interviews. Adult services and child welfare systems were kept separate in the analysis to more accurately reflect the reality of each training system. The online survey contained questions about their training structure, duration, staff who receive training, transfer of learning, and training evaluation, among other dimensions. Significant findings are presented below.

Child Welfare

- 56% of systems had a state-administered system
- The workforce has an average of 4,429 staff
- 88% of systems had a child welfare stipend program
- 63% of systems use an academy format for new worker training
- Within their training array, 18% of offerings are conducted virtually
- 45% of systems certify new workers and supervisors

- New workers receive an average of 34 days of training, while supervisors receive 27 days
- 47% of staff is carrying caseloads while attending training
- 100% of states conduct training satisfaction surveys while 43% conduct skill evaluations

Adult Services

- 50% of systems had a state-administered system
- The workforce has an average of 439 staff
- Within their training array, 31% of offerings are conducted virtually
- 20% of systems certify their new workers
- New workers and supervisors receive an average of 7 days of new worker training
- 58% of staff are carrying caseloads while attending training
- 53% of states conduct training satisfaction surveys while 33% conduct skill evaluations

National Scan Interviews:

Telephone interviews were also conducted with representatives from the training systems in order to provide more contextual information about training system structure, certification information, trainer management, training system strengths/challenges, and evaluation efforts, among others. A total of 19 interviews were conducted for child welfare training systems and 14 for adult services training systems. Major themes are discussed below.

Child Welfare

- A majority of states employs a state-university partnership model where the states contract with the university to support and provide training
- Major strengths of the training system are experienced trainers who come from the field and strong partnerships with universities
- Major challenges include high staff turnover in states, a lack of resources, and the inhibiting structure of state-supervised, county-administered systems.
- More than three-quarters of the states surveyed employs an academy approach
- Several of the states have simulation labs associated with their academy
- Most of the agencies recruit their trainers through direct networking; in terms of qualifications, almost all states require child welfare experience in the field and a minimum of a bachelor's degree
- Approaches to trainer preparation vary widely from a trainer academy to shadowing

Adult Services

- More than half of the states administer their own training, while about a third partner with a university and/or vendors to provide training
- Major strengths of the training system are experienced trainers from the field and support from agency leadership
- Major challenges include lack of fiscal resources, distance to attend training, and high staff turnover
- About a third of states used an academy approach, though many states do have mandated training requirements

- Most states reported recruiting trainers from the field; trainer preparation ranges from an academy-like onboarding process to none at all
- About a third of the states use a curriculum template, while others do not employ formal curriculum
- Most states conduct satisfaction-level evaluation, while a third do no evaluation at all

The interviews produced rich information, which can be found in more detail in the report. Many states also shared multiple documents, including training requirements flyers, course descriptions, curriculum templates, training evaluation instruments, and many more. All of these materials are listed in Appendix B and are sorted by state and document type. All documents are shared with explicit permission by the participating states.

Recommendations:

Based upon the findings from Virginia’s training system assessment and noteworthy approaches uncovered in the national scan, the following recommendations are offered:

- Integrate a practice model and race equity in all training
- Implement a rigorous approach to curriculum development
- Recruit trainers with recent or current field or subject matter experience
- Increase frequency and depth of ongoing, refresher, and booster training
- Implement practical, doable, and meaningful transfer of learning strategies
- Engage in training partnerships
- Use an academy approach to training
- Employ hybrid training approaches
- Secure comprehensive training system software
- Evaluate training for outcomes
- Conduct worker and supervisor certification
- Adopt a comprehensive workforce development framework

Forecasted Resources and Next Steps:

An effective training model requires substantial investment. It is recommended that a significant investment be made in a new training model to bring it to national standards. The current Advisory Team, with leadership support, can provide oversight for moving forward.



FAMILY SERVICES TRAINING MODEL COMPARISONS

Current Training System

Training system is a 30 year old competency-based system for both child welfare and adult services supervisors and caseworkers. Competency-based training is supported by a definable list of competencies that are a statement of knowledge and skill required for workers to do a job task effectively. All new Family Services Specialist attend Pre-service Training which consists of mandated CORE training requirements for each program area and recommended for other staff that needs to develop fundamental knowledge and skills necessary for best practice. These training opportunities are accomplished in both classroom and online courses to meet the critical needs of the workforce. Family Services Specialists has a two year completion requirement and classes are scheduled quarterly on a rotating regional schedule. Training is held at each of the five regional training centers located at each of the regional offices, with one extra classroom located in Newport News. Transfer of learning (TOL) supervisor guides are emailed to each supervisor following each classroom completion so supervisors can reinforce and monitor new skills developed in the classroom to on the job. There currently is no evaluation and certification process to evaluate the knowledge, skills, and abilities of workers and supervisors beyond a classroom satisfaction survey. Unfortunately, child welfare workers are not staying in their positions long enough to complete the two year training program due to high turnover rates.

VLDSS Turnover Rates:

Small Agencies: Supervisor: 26.1%

FSS I: 61.1%

FSS II 21.5%

FSS III 42.1%

FSS IV 20%

Medium Agencies: Supervisor: 12.6%

FSS I 50%

FSS II 31.7%

FSS III 22.2%

FSS IV 17.8%

Large Agencies: Supervisor: 22.3%

FSS I 28.9%

FSS II 21.5%

FSS III 10%,

FSS IV 16.9%

Butler Study Academy Model Recommendations

In August 2017, The Virginia Department of Social Services (VDSS) contracted with The University of Denver, Butler Institute for Families to assess their Family Services training model, conduct a nationwide scan of training systems, and make recommendations to improve their training system for child welfare and adult services staff.

Key Butler Study Recommendations:

1. Use an Academy Approach to Training
2. Integrate a Practice Model and Race Equity Lens Into All Training Modules
3. Implement a Rigorous Approach to Curriculum Development
4. Recruit Trainers with Recent or Current Field or Subject Matter Expertise
5. Increase Frequency and Depth of Ongoing/Refresher/Booster Training
6. Implement Practical, Doable, and Meaningful Transfer of Learning (TOL) Strategies
7. Engage in Training Partnerships
8. Employ Hybrid Training Approaches
9. Evaluate for Outcomes
10. Secure Comprehensive Training Software
11. Conduct Worker and Supervisor Certification
12. Adopt Workforce Development Framework

The Services Training Model Implementation Team will develop strategic plan to implement Academy Model.

New Academy Training Model:

Academy Length: 16 Week Academy with 10 weeks CORE, 6 weeks Program Specific with no caseload until completion of Program Specific agency mentors assigned.

Annual Academy Schedules: set quarterly and monthly class rotations in regions

Leadership Institute: Supervisors/Managers & Mentors Training, Transfer of Learning (TOL), Recruitment & Retention of Talent, Onboarding, Use of Data & Compliance Monitoring, Online courses completed prior to attending the Academy, KSA evaluation/certification

Portfolio Development: Individual development plans (IDP) to track learning and identify strengths and challenges, testing simulation proficiencies and evaluation.

Coaching: Lead simulation labs to measure skills and follow on the job with supervisors to assist with TOL



FAMILY SERVICES TRAINING MODEL COMPARISONS

Current Training System

Tracking Completion Data:

Agency tracks, new hires as of May, 2018 tracked in Learning Management System (COVLC) where data completion reports are monitored

Staffing:

1 Training Manager

1 Trainer/LMS Supervisor

3 Curriculum developers – 1 CPS, 1 Permanency (FC, Adoption, Prevention), 1 ADS/Supervisor

1 eLearning Coordinator

1 Administrative Staff

1 LMS Registrar (contractor)

17 Part-time trainers statewide

1 Part-time AS/APS curriculum developer (DARS)

Training Courses:

53 classroom

88 online modules

4 online modules on VDSS Public Website

Federally Mandated Training Courses (APS, CPS, Foster Care, Adoption)

4 Mandated Reporter courses – APS/CPS

31 classroom courses (5 ADS, 18 CPS, 18 FC, 18 Adoption)

Butler Study Academy Model Recommendations

New Academy Training Model: (Cont)

Certification Process: Self-assessments and testing for successful training completion evaluations and set career ladders based on proficiency for professional development

Simulation Labs – demonstration of proficiencies and evaluation of skills to transfer to OTJ

Robust Training Evaluation: Multi-level KSA assessments and program evaluation to assess ROI

Additional Staff Required:

10 Full Time Best Practice Coaches (1 supervisor) – staff Simulation Labs and facilitate/evaluate TOL with agency supervisors to insure OTJ proficiency

1 LMS Coordinator – required training console set to monitor and track all training

6 Curriculum Developers (Adoption, Supervisor/Coaching, Prevention and Resource Families, Specialty Topics – Substance Use, Mental Health, Trauma, Protective Capacity, Advanced/Ongoing/Refresher Training, Technology (Convert courses for tablets, Bar Codes used to download handouts to reduce costs and staff time)

2 eLearning Instructional Designers – new courses, course updates, 508 Accessibility Compliance

5 Regional Support Staff at each training center

5 LMS Registrar s–new regional support staff role, monitor regional LDSS training needs and evaluations

15 Full Time trainers statewide, use PT Trainers for program and specialty topics for less costs

***Partner with University** or Research and Planning for robust evaluation beyond surveys

Additional Training Courses:

Additional CORE classroom skills – Engagement, Interviewing, Assessment, Case Planning, Safety, Documentation, Trauma, Worker Safety

Additional online modules

Additional online modules on VDSS Public Website

Federally Mandated Training Courses (APS, CPS, FC, Adoption, Prevention)

5 Mandated Reporter courses –

APS/CPS/Prevention/Medical

31 classroom courses (ADS, CPS, FC, Adoption, Prevention)



FAMILY SERVICES TRAINING MODEL COMPARISONS

Current Training System

Federally Mandated Training Courses (APS, CPS, Foster Care, Adoption) (cont)

5 two-day cohort Supervisor Series includes Trauma

6 Annual Subject Matter Expert Workshops/Webinars – required 24 continuing education hours

1 State Hotline Training – APS/CPS

Specialty Courses (job specific):

- **16** eLearning courses
- **2** Coaching courses
- **1** Training for Trainers – 3 days
- **3** new Blended courses – eLearning/classroom

- **28** FSWEB – recorded webinars

SFY18 Classroom Course Completions:

614 Training events

8567 Completions

New Workers: (FY18 new worker completions)

- ADS – **137** (14 sessions)
- CPS – **358** (23 sessions)
- Foster Care – **275** (20 sessions)
- Adoption – **186** (14 sessions)

TOTAL: 861 New workers trained per year

As of 4/30/18 number of filled positions were:

- **FSS I – 248**
- **FSS II – 1159**
- **FSS III – 685**
- **FSS IV – 251**
- **FSS Supervisor – 421**
- **FSS Manager – 36**

Butler Study Academy Model Recommendations

Federally Mandated Training Courses

(APS, CPS, FC, Adoption, Prevention) (cont)

5 two-day cohort Supervisor Series includes Trauma, additional online courses, regional cohort workshops

Additional/Advanced Annual Subject Matter Expert Workshops/Webinars – required 24 continuing education hours

Advanced State Hotline Training – APS/CPS

Specialty Courses (job specific):

- **Additional** eLearning courses
- **Advanced** Coaching courses
- **2** Training for Trainers and Advanced Trainer
- **Additional** new Blended courses – eLearning/classroom
- **Additional** FSWEB – recorded webinars



Virginia's IV-E Child Welfare Stipend Program & Child Welfare Employee Education Assistance Program

The Virginia Department of Social Services (VDSS) offers two specific training programs to support the professionalization and increased retention of our child welfare workforce: the Child Welfare Stipend Program (CWSP) and Child Welfare Employee Education Assistance Program (CWEEAP). Both programs are administered through VDSS in partnership with five public state universities and funded through a state match plus federal funds via Title IV-E of the Social Security Act.

Why Utilize a Stipend Program to Address Child Welfare Workforce Needs?

National research shows that:

- IV-E stipend programs are effective in recruiting and retaining child welfare workers.¹
- Caseworkers with a degree in social work and/or recipients of Title IV-E stipends were more likely to remain employed in their agencies.²
- IV-E graduates report having effective skills, the ability to change their agency from within, increased knowledge/ethics, coping skills and assertiveness.³
- IV-E trained workers exhibited better case outcomes compared with non-IV-E trained workers in two realms⁴:
 - Reduction in length of time to achieve reunification; and,
 - Reduction in length of time to achieve adoption.

Virginia's CWSP and CWEEAP recipients receive:

- Targeted child welfare coursework;
 - LDSS field placements;
 - State foster care training;
 - Auxiliary topical seminars reflecting regional child welfare workforce needs; and
 - Financial support.
- In exchange for financial support and specialized training, graduates commit to working in foster care/adoption in a LDSS for a term equal to that of the funding received (typically 1-3 years).
- CWSP offers an annual maximum of 82 stipend slots for full-time students, including new and returning students.

¹ Gomez, R. J., Travis, D. J., Ayers-Lopez, S., & Schwab, A. J. (2010). In search of innovation: A national qualitative analysis of child welfare recruitment and retention efforts. *Children & Youth Services Review*, 32(5), 664-671.

² Madden, E.E., Scannapieco, M., & Painter, K. (2014). An examination of retention and length of employment among public child welfare workers. *Children and Youth Services Review*, 4, 37-44.

³ Scannapieco, M., & Connell-Corrick, K. (2003). Do collaborations with schools of social work make a difference for the field of child welfare? Practice, retention and curriculum. *Journal of Human Behavior in the Social Environment*, 7(1), 35-51.

⁴ Leung, P. & Willis, N. (2012). The impact of title IV-E training on case outcomes for children serviced by CPS. *Journal of Family Strengths*, 12(1).

- CWEEAP offers annual maximum of 10 reimbursement-based funding slots for part-time students (full-time LDSS employees), including new and returning students.
- Twenty-two students graduated in 2018; 43 students will graduate in 2019.

Current Limitations and Opportunities

While the CWSP and CWEEAP are able to produce a significant number of professionally prepared graduates each year, there is still need for expanded pools of qualified applicants to fill child welfare vacancies across the state. It is important that our programs retain the current levels of selectivity and commitment to enrolling good-fit candidates across partner universities while being responsive to LDSS workforce deficits. Through utilization of existing program infrastructure and partnerships, there are additional opportunities to explore in order to increase the impact and efficacy of Virginia’s child welfare workforce recruitment, development and retention efforts. Recommendations include the following:

- **Increase the number of CWEEAP slots offered annually to full-time LDSS employees enrolled in a part-time MSW program.** CWEEAP expansion contributes to the greater professionalization of our child welfare workforce while ensuring retention of more employees in their agencies, during and following academic program participation.
 - Provides a streamlined, cost-effective expansion option as no administrative and overhead costs are required. This program operates on a strictly tuition and fees-reimbursement basis.
 - Offering 15 additional CWEEAP slots for a total of 25 requires an approximate \$68,000 in additional state funds.
- **Expand the CWSP to include additional partner universities thereby increasing full-time BSW/MSW stipend slot capacity.** Expansion of the CWSP to include additional partners and more full-time BSW/MSW slots addresses the need for increased capacity and geographical reach.
 - Extends partnerships to Christopher Newport, James Madison, Longwood and Virginia State Universities.
 - Increases maximum stipend slot capacity by 31, for a total of 113 across the state annually.
 - Expands stipend program reach to communities where LDSS positions are hard to fill, and chronic vacancies and turnover issues persist.
 - Requires an estimated increase of \$280,000 in state funds to provide the necessary match to access federal IV-E dollars.
- **Incentivize rural LDSS employment through enhanced stipends.** Offering enhanced stipends to graduates who commit to filling positions in rural agencies addresses turnover issues and chronic vacancies which are a constant barrier to effective service provision in certain communities. Additional state funds could supplement federal funds to increase financial support for graduates committed to working in targeted agencies.
- **Create stipends for Child Protective Services (CPS) investigations positions.** Current federal IV-E funding parameters prohibit CPS investigations from inclusion as qualifying work-repayment positions for IV-E stipend graduates. Creation of CPS-specific stipends using state funds assists in filling CPS investigations positions typically afflicted with high turnover rates.

COMPASS

COMPASS is Virginia's response to new Comprehensive Child Welfare Information System (CCWIS) federal regulations. COMPASS represents Virginia's Comprehensive Permanency Assessment and Safety System. Beginning in 2016, Virginia Department of Social Services (VDSS) embarked on a multi-year project to modernize the department's child welfare information systems. VDSS is committed to providing staff with innovative, integrated, and web-based tools needed to provide effective child welfare services thereby accelerating service delivery and improving outcomes.

Mobile Application

The first COMPASS project is a mobile application, which will be connected to Virginia's current case management system, which was acquired in Virginia in 1999. When the case management system is replaced with a more modernized system, the application will be integrated into the new system.

The mobile application will be provided in late 2019 to all case carrying Family Services Specialists and Supervisors who manage protective, prevention and permanency caseloads in child welfare. This innovative technology will maximize their time away from the office, which will accelerate service delivery and improve outcomes for children and families. The mobile application will be on iPads that can be used in both an online and offline mode. Key features include the ability to enter new case notes and read and edit ones from the case management system; Structure Decision Making (SDM) assessment tools to include: complete risk, safety, family strengths and needs, and family reunification assessments; access and update demographic and relationships; and complete forms from a 'Form library'. The mobility application will also include system generated reminders, the ability to upload pictures and other documents, take worker notes and etc.

While workers will have access to this information through a mobile application, Supervisors, Managers, regional and state staff will have access to this vital information through an online portal, which will be accessible from their desktop computers.

Vision for COMPASS

VDSS' overall vision for the COMPASS program is to:

- Meet the diverse needs of front-line workers, state and local leadership, children, alumni, families and community supports.
- Utilize innovative technology to facilitate case management and real-time reporting capabilities to achieve timely permanency and ensure the safety and well-being of children in the Commonwealth.
- Maximize the interoperability of existing and future systems that intersect with COMPASS to optimize service delivery, reduce duplicative efforts and capture the story of children and families served.

COMPASS

COMPASS is Virginia's response to new Comprehensive Child Welfare Information System (CCWIS) federal regulations. COMPASS represents Virginia's Comprehensive Permanency Assessment and Safety System. Beginning in 2016, Virginia Department of Social Services (VDSS) embarked on a multi-year project to modernize the department's child welfare information systems. VDSS is committed to providing staff with innovative, integrated, and web-based tools needed to provide effective child welfare services thereby accelerating service delivery and improving outcomes.

FlexDictate

VDSS provides FlexDictate a Transcription Service to all family services specialists who manage caseloads in child welfare and adult protective services in Virginia. Based upon feedback from supervisors and family services specialists, VDSS identified the need for additional tools to assist workers in the field and in the office. The vision is for staff to use transcription to capture case notes and spend less time on paperwork and fewer nights/weekends working. Utilizing FlexDictate will allow staff to spend more time with families and children leading to greater outcomes of safety, permanency and well-being.

With this service, family services specialists dictate notes from their case visits via telephone to FlexDictate. This service is available 24 hours a day, 365 days per year. The transcribed notes are returned to the worker by email. Workers are notified via email that the transcription is available, and via a secure website, the worker copies the transcribed notes to place in the electronic system of record. Results indicate that staff who utilized the service, found it saved them time from returning to the office and typing notes, and allowed them more time to spend with clients. Their stress levels were reduced and satisfaction with the job was enhanced.

FlexDictate is a tool used to ensure that the case record is in compliance with mandatory guidance and program requirements such as response times, mandatory contacts, and timely data entry.

Vision for COMPASS

VDSS' overall vision for the COMPASS program is to:

- Meet the diverse needs of front-line workers, state and local leadership, children, alumni, families and community supports.
- Utilize innovative technology to facilitate case management and real-time reporting capabilities to achieve timely permanency and ensure the safety and well-being of children in the Commonwealth.
- Maximize the interoperability of existing and future systems that intersect with COMPASS to optimize service delivery, reduce duplicative efforts and capture the story of children and families served.

Tables: Benefit Programs, Family Services and Self-Sufficiency Occupational Groups

Table 1. VLDSS workforce turnover

Turnover	CY12-13	CY13-14	CY14-15	CY15-16	CY16-17
Number of filled positions	5,653	5,680	5,842	5,907	5,855
Number of Separations	965	980	1,068	1,169	1,185
Turnover rate	17.1%	17.3%	18.3%	19.8%	20.2%

Table 2. Direct Support and Indirect Support Workforce Turnover Rates

Worker Type	CY12-13	CY13-14	CY14-15	CY15-16	CY16-17
Direct	17.7%	17.7%	18.7%	20.6%	20.5%
Indirect	13.0%	14.3%	15.6%	14.7%	18.7%
Overall	17.1%	17.3%	18.3%	19.8%	20.2%

Table 3. VLDSS Class Size Turnover Rates

Agency Size	CY12-13	CY13-14	CY14-15	CY15-16	CY16-17
Small	15.0%	20.6%	21.1%	23.8%	21.6%
Mid-range	16.6%	17.6%	18.8%	21.0%	21.6%
Large	17.4%	16.8%	17.8%	18.9%	19.5%
Overall	17.1%	17.3%	18.3%	19.8%	20.2%

Table 4. DSS Regional Workforce Turnover

DSS Regions	CY12-13	CY13-14	CY14-15	CY15-16	CY16-17
Central	23.2%	21.8%	22.5%	24.0%	21.3%
Eastern	15.9%	17.4%	17.9%	17.4%	21.3%
Northern	16.5%	14.8%	16.3%	18.9%	17.9%
Piedmont	16.2%	17.4%	19.0%	20.6%	20.6%
Western	13.8%	16.5%	17.4%	20.8%	21.6%
Overall	17.1%	17.3%	18.3%	19.8%	20.2%

Table 5. Workforce turnover by region and class size

DSS Regions	CY12-13	CY13-14	CY14-15	CY15-16	CY16-17
Central	23.2%	21.8%	22.5%	24.0%	21.3%
Small	17.7%	22.0%	24.2%	22.6%	18.6%
Mid-range	21.2%	26.1%	23.8%	28.0%	21.1%
Large	25.3%	20.6%	21.7%	23.1%	22.2%
Eastern	15.9%	17.4%	17.9%	17.4%	21.3%
Small	0.0%	16.7%	10.0%	15.8%	15.0%
Mid-range	14.7%	16.5%	18.7%	20.1%	20.3%
Large	16.5%	17.6%	17.8%	16.7%	21.7%
Northern	16.5%	14.8%	16.3%	18.9%	17.9%
Small	14.8%	15.9%	21.5%	22.7%	29.4%
Mid-range	20.2%	14.9%	16.2%	22.0%	22.1%

Large	15.5%	14.7%	16.0%	17.7%	16.0%
Piedmont	16.2%	17.4%	19.0%	20.6%	20.6%
Small	18.8%	29.2%	27.1%	22.0%	29.4%
Mid-range	15.4%	18.4%	19.2%	19.0%	20.0%
Large	16.3%	16.2%	18.4%	21.2%	20.3%
Western	13.8%	16.5%	17.4%	20.8%	21.6%
Small	7.0%	14.9%	8.3%	33.3%	15.2%
Mid-range	14.7%	17.0%	18.9%	19.5%	23.2%
Large	11.7%	13.3%	11.9%	21.7%	12.1%
Overall	17.1%	17.3%	18.3%	19.8%	20.2%

Table 6. Workforce Turnover Rates By Occupational Title

Occupational Title	CY12-13	CY13-14	CY14-15	CY15-16	CY16-17
Benefit Programs Manager	19.0%	9.1%	31.8%	13.6%	20.8%
Benefit Programs Specialist I	18.1%	21.8%	22.7%	24.8%	26.0%
Benefit Programs Specialist II	18.9%	18.5%	20.6%	21.1%	19.4%
Benefit Programs Specialist III	13.9%	12.7%	12.8%	16.9%	11.4%
Benefit Programs Specialist IV	12.5%	16.7%	14.8%	12.9%	13.3%
Benefit Programs Supervisor	10.9%	14.6%	15.4%	14.0%	17.5%
Family Services Manager	23.1%	19.4%	20.7%	13.8%	21.6%
Family Services Specialist I	25.1%	24.0%	24.9%	34.1%	41.6%
Family Services Specialist II	19.3%	18.9%	22.0%	24.4%	24.2%
Family Services Specialist III	18.7%	18.6%	18.8%	18.9%	20.4%
Family Services Specialist IV	13.4%	16.1%	10.0%	15.7%	17.1%
Family Services Supervisor	14.4%	14.3%	13.7%	15.8%	20.4%
Self-Sufficiency Manager	0.0%	25.0%	0.0%	25.0%	33.3%
Self-Sufficiency Specialist I	21.4%	11.8%	25.0%	32.1%	17.4%
Self-Sufficiency Specialist II	10.6%	12.2%	7.9%	8.8%	19.9%
Self-Sufficiency Specialist III	8.9%	20.9%	10.2%	10.4%	19.6%
Self-Sufficiency Specialist IV	0.0%	21.1%	11.1%	4.8%	0.0%
Self-Sufficiency Supervisor	10.0%	6.7%	28.6%	12.0%	3.3%
Overall	17.1%	17.3%	18.3%	19.8%	20.2%

Table 6.1. Workforce Turnover Rates By Occupational Title – Small Agencies

Occupational Title	CY12-13	CY13-14	CY14-15	CY15-16	CY16-17
Benefit Programs Manager	NA	NA	NA	NA	NA
Benefit Programs Specialist I	20.0%	14.8%	25.9%	31.4%	20.6%
Benefit Programs Specialist II	15.9%	17.0%	24.5%	19.4%	14.3%
Benefit Programs Specialist III	13.0%	16.7%	0.0%	24.0%	24.0%
Benefit Programs Specialist IV	0.0%	16.7%	14.3%	0.0%	14.3%
Benefit Programs Supervisor	10.7%	25.9%	8.0%	17.9%	12.0%
Family Services Manager	NA	NA	NA	NA	NA
Family Services Specialist I	11.1%	30.0%	22.2%	46.7%	61.1%
Family Services Specialist II	15.5%	23.1%	26.2%	30.9%	21.5%

Family Services Specialist III	10.0%	33.3%	23.5%	13.3%	42.1%
Family Services Specialist IV	0.0%	0.0%	20.0%	0.0%	20.0%
Family Services Supervisor	15.8%	15.0%	9.5%	17.4%	26.1%
Self-Sufficiency Manager	NA	NA	NA	NA	NA
Self-Sufficiency Specialist I	NA	33.3%	25.0%	60.0%	0.0%
Self-Sufficiency Specialist II	25.0%	42.9%	25.0%	0.0%	14.3%
Self-Sufficiency Specialist III	33.3%	0.0%	33.3%	0.0%	0.0%
Self-Sufficiency Specialist IV	NA	NA	NA	NA	NA
Self-Sufficiency Supervisor	NA	NA	NA	NA	NA
Overall	15.0%	20.6%	21.1%	23.8%	21.6%

Table 6.2. Workforce Turnover Rates By Occupational Title – Medium Agencies

Occupational Title	CY12-13	CY13-14	CY14-15	CY15-16	CY16-17
Benefit Programs Manager	16.7%	14.3%	28.6%	0.0%	11.1%
Benefit Programs Specialist I	15.1%	23.1%	27.0%	28.7%	27.9%
Benefit Programs Specialist II	17.0%	19.5%	19.2%	18.7%	16.7%
Benefit Programs Specialist III	14.3%	10.7%	10.2%	10.7%	10.2%
Benefit Programs Specialist IV	15.0%	20.7%	21.9%	12.5%	17.0%
Benefit Programs Supervisor	4.3%	14.9%	20.0%	10.8%	15.6%
Family Services Manager	50.0%	25.0%	0.0%	0.0%	16.7%
Family Services Specialist I	29.4%	29.1%	39.1%	45.8%	50.0%
Family Services Specialist II	21.2%	17.4%	17.9%	27.7%	31.7%
Family Services Specialist III	20.5%	14.4%	20.8%	24.1%	22.2%
Family Services Specialist IV	9.1%	16.7%	13.2%	14.9%	17.8%
Family Services Supervisor	10.0%	18.4%	12.4%	23.9%	12.6%
Self-Sufficiency Manager	0.0%	0.0%	0.0%	0.0%	0.0%
Self-Sufficiency Specialist I	33.3%	0.0%	14.3%	26.7%	16.7%
Self-Sufficiency Specialist II	5.3%	11.7%	5.4%	3.8%	16.7%
Self-Sufficiency Specialist III	7.7%	8.3%	11.8%	15.0%	10.5%
Self-Sufficiency Specialist IV	0.0%	50.0%	0.0%	0.0%	0.0%
Self-Sufficiency Supervisor	0.0%	14.3%	20.0%	0.0%	12.5%
Overall	16.6%	17.6%	18.8%	21.0%	21.6%

Table 6.3. Workforce Turnover Rates By Occupational Title – Large Agencies

Occupational Title	CY12-13	CY13-14	CY14-15	CY15-16	CY16-17
Benefit Programs Manager	20.0%	6.7%	33.3%	21.4%	26.7%
Benefit Programs Specialist I	21.4%	22.7%	16.9%	15.2%	24.7%
Benefit Programs Specialist II	20.2%	18.1%	20.8%	22.3%	21.1%
Benefit Programs Specialist III	13.7%	13.2%	14.2%	19.0%	11.3%
Benefit Programs Specialist IV	11.8%	10.5%	4.5%	16.7%	6.9%
Benefit Programs Supervisor	13.7%	13.2%	14.3%	14.9%	18.8%
Family Services Manager	0.0%	18.5%	24.0%	16.0%	22.6%
Family Services Specialist I	12.5%	18.9%	10.0%	20.2%	28.9%
Family Services Specialist II	11.8%	18.9%	23.2%	22.3%	21.5%

Family Services Specialist III	6.9%	19.4%	18.0%	17.4%	19.0%
Family Services Specialist IV	0.0%	16.4%	9.0%	16.4%	16.9%
Family Services Supervisor	13.0%	12.8%	14.5%	13.1%	22.3%
Self-Sufficiency Manager	18.2%	33.3%	0.0%	33.3%	50.0%
Self-Sufficiency Specialist I	15.9%	12.5%	33.3%	25.0%	25.0%
Self-Sufficiency Specialist II	22.2%	11.0%	8.0%	10.8%	21.3%
Self-Sufficiency Specialist III	19.0%	28.6%	6.9%	7.7%	26.7%
Self-Sufficiency Specialist IV	18.5%	17.6%	11.8%	5.6%	0.0%
Self-Sufficiency Supervisor	14.7%	4.3%	30.4%	15.8%	0.0%
Overall	17.4%	16.8%	17.8%	18.9%	19.5%

Table 7. Employee Annual Base Salary

	CY12-13	CY13-14	CY14-15	CY15-16	CY16-17
Valid	5,653	5,680	5,842	5,907	5,855
Missing	0	0	0	0	0
Mean	\$44,295.40	\$44,902.86	\$45,361.86	\$46,320.09	\$46,912.37
Median	\$40,836.72	\$41,565.36	\$42,011.52	\$43,069.31	\$43,860.00
Mode	\$27,366.00	\$28,187.00	\$27,366.00	\$27,366.00	\$27,366.00
Std. Deviation	\$14,549.52	\$14,724.53	\$15,012.16	\$15,186.04	\$15,473.65
Minimum	\$5,569.00	\$5,680.38	\$5,737.18	\$5,852.60	\$5,852.60
Maximum	\$133,405.30	\$136,740.40	\$138,500.00	\$145,587.20	\$145,455.10
Percentiles					
25	\$33,720.00	\$34,266.45	\$34,393.00	\$35,758.00	\$35,962.61
50	\$40,836.72	\$41,565.36	\$42,011.52	\$43,069.31	\$43,860.00
75	\$50,668.42	\$51,592.58	\$52,393.00	\$53,637.00	\$54,670.00
95	\$73,740.71	\$73,964.09	\$74,633.00	\$76,116.89	\$77,111.39

Table 8. Salary Percentile and Turnover Rates

Salary percentile Rank	CY12-13	CY13-14	CY14-15	CY15-16	CY16-17
25 th percentile and lower	21.3%	20.6%	24.1%	24.8%	26.8%
26 th to 50 th percentile	15.6%	18.0%	17.9%	21.1%	19.4%
51 th to 75 th percentile	16.8%	15.6%	16.9%	17.0%	18.8%
76 th to 95 th percentile	14.9%	15.3%	13.9%	16.2%	15.8%
96 th percentile and higher	13.1%	13.4%	15.8%	16.9%	16.4%
Overall	17.1%	17.3%	18.3%	19.8%	20.2%

Table 9. LDSS Staff Turnover Rates by Region and Salary Percentiles

Region/Salary percentile Rank	CY12-13	CY13-14	CY14-15	CY15-16	CY16-17
Central					
25 th percentile and lower	27.4%	20.4%	30.0%	34.6%	25.6%
26 th to 50 th percentile	23.9%	24.7%	26.3%	26.2%	22.1%
51 th to 75 th percentile	18.3%	19.6%	17.5%	19.4%	21.0%
76 th to 95 th percentile	25.2%	22.4%	15.6%	14.6%	15.4%

96 th percentile and higher	29.4%	23.1%	33.3%	22.2%	20.0%
Total	23.2%	21.8%	22.5%	24.0%	21.3%
Eastern					
25 th percentile and lower	22.9%	24.9%	26.5%	21.8%	30.7%
26 th to 50 th percentile	14.4%	17.2%	17.9%	19.0%	19.5%
51 th to 75 th percentile	14.0%	14.4%	13.3%	15.1%	17.3%
76 th to 95 th percentile	13.5%	14.1%	15.8%	14.0%	21.4%
96 th percentile and higher	17.4%	17.4%	14.8%	15.4%	34.6%
Total	15.9%	17.4%	17.9%	17.4%	21.3%
Northern					
25 th percentile and lower	24.5%	19.2%	19.1%	29.1%	33.6%
26 th to 50 th percentile	20.0%	15.8%	14.6%	18.6%	20.4%
51 th to 75 th percentile	20.8%	15.3%	22.1%	19.4%	20.5%
76 th to 95 th percentile	13.0%	14.0%	13.0%	17.2%	13.5%
96 th percentile and higher	11.5%	12.5%	15.1%	17.2%	14.3%
Total	16.5%	14.8%	16.3%	18.9%	17.9%
Piedmont					
25 th percentile and lower	19.6%	20.5%	26.2%	23.7%	25.2%
26 th to 50 th percentile	11.8%	17.0%	14.6%	20.4%	17.1%
51 th to 75 th percentile	16.3%	12.9%	14.2%	16.4%	18.1%
76 th to 95 th percentile	15.7%	14.4%	9.3%	17.6%	15.0%
96 th percentile and higher	NA	NA	0.0%	0.0%	33.3%
Total	16.2%	17.4%	19.0%	20.6%	20.6%
Western					
25 th percentile and lower	17.5%	17.4%	18.4%	22.2%	24.3%
26 th to 50 th percentile	8.4%	13.7%	14.5%	23.0%	18.0%
51 th to 75 th percentile	11.7%	16.9%	17.9%	9.7%	13.7%
76 th to 95 th percentile	5.9%	22.7%	23.8%	16.7%	37.5%
96 th percentile and higher	NA	NA	NA	0.0%	0.0%
Total	13.8%	16.5%	17.4%	20.8%	21.6%

PROVIDING NORMALCY

FOR YOUTH IN FOSTER CARE

As caregivers, you know how resilient and brave children in foster care can be, while also understanding the challenges they face. Caregivers must navigate many decisions in order to provide a normal, safe and loving environment for children. In an effort to be a partner through this process, VDSS developed this resource guide. We hope this information will be helpful to you as you strive to be the best caregiver and advocate for children in your care, and help them reach their fullest potential.

The Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183) is a federal policy that was created to assist in the provision of normalcy in foster care by empowering caregivers to make everyday decisions regarding the activities of foster children and youth in their care so that these children can have as normal a childhood as possible. Normalcy can be further explained through the Reasonable and Prudent Parent Standard.



Reasonable and Prudent Parent Standard:

Careful and sensible parental decisions which ensure the child's health, safety, and best interest while at the same time encouraging the child's emotional and developmental growth, that a caregiver shall use when determining whether to allow a child in foster care to participate in extracurricular, enrichment, cultural, and social activities.

What is the law?

The law states that caregivers must utilize the Reasonable and Prudent Parent standards when making decisions regarding the activities of the foster youth in their care, which includes considering the following:

- » The child's age, maturity, and developmental level to maintain the overall health and safety of the child;
- » Potential risk factors and the appropriateness of the activity;
- » The best interest of the child based on the caregiver's knowledge of the child;
- » The importance of encouraging the child's emotional and developmental growth;
- » The importance of providing the child with the most family-like living experience possible;
- » The behavioral history of the child and the child's ability to safely participate in the proposed activity;
- » The wishes of birth parents whose rights have not been terminated; and
- » The child's foster care plan.



Frequent Issues:

Social Media

- » Children are permitted to participate in social media as long as permission has been given by caregiver.

Driving

Caregiver and Case Worker should:

- » Assist the child in enrolling in a driver's education program;
- » Support the child's efforts to learn to drive a car, obtain learner's permit & driver's license (age, maturity, insurance); and
- » Assist the child in obtaining automobile insurance.

Overnight / Planned Outings

- » The caregiver shall determine that it is safe & appropriate.
- » Background screenings are not necessary for a child to participate in normal school or community activities and outings such as school field trips, dating, scout camp outs, sleepovers and activities with friends, families, school and church groups.

Bank Accounts

- » Whenever it is appropriate, children should be encouraged to open and maintain bank accounts.

Babysitting

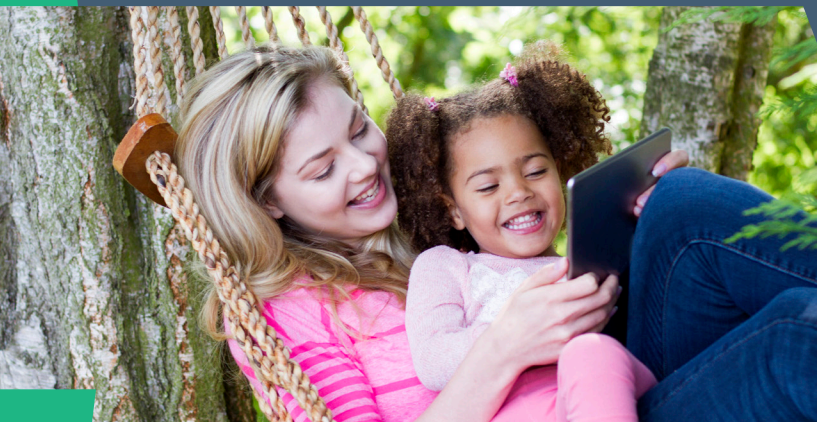
- » Youth are allowed to babysit consistent with their foster care plan.
- » A babysitting course is recommended.

Caregivers can have a babysitter in their home to provide short-term babysitting. When arranging for a babysitter the caregiver shall ensure:

- » Babysitter is suitable for the age, developmental level and behaviors of child;
- » Babysitter understands how to handle emergencies and have appropriate contact information; and
- » Discipline and confidentiality policies for the child have been explained.

Vacations

- » Caregivers are encouraged to take children on vacation as they would their own children.



Special Considerations:

- » Foster youth with disabilities shall be provided with an equal opportunity to participate in activities.
- » Confidentiality requirements for department records shall not restrict the child's participation in customary activities appropriate for the child's age and developmental level.

Consistent with the child's foster care plan, the child shall be given permission/encouragement to:

- » Have opportunities to spend his or her own money
- » Have access to a phone
- » Have reasonable curfews
- » Travel with other youth or adults
- » Have his or her picture taken for publication in a newspaper or yearbook
- » Receive public recognition for accomplishments
- » Participate in school or after-school organizations or clubs
- » Participate in community events

Children should be provided with information when it is appropriate regarding:

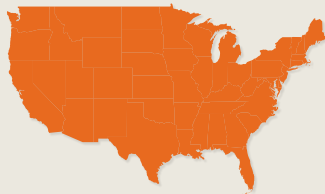
- » Teen sexuality issues
- » Drug and alcohol use and abuse
- » Runaway prevention
- » Health services
- » Community involvement
- » Locating available resources
- » Identifying legal issues
- » Understanding his or her legal rights
- » Accessing specific legal advice

**TO LEARN MORE, VISIT
DSS.VIRGINIA.GOV/NORMALCY.**

2018 VIRGINIA PROFILE

TRANSITION-AGE YOUTH IN FOSTER CARE

The transition from adolescence to adulthood is a pivotal developmental stage as young people learn the skills needed to be healthy and productive adults. This process can be complicated for youth with foster care experience. Here's what we know about the experiences of these youth in Virginia.



171,162 or 25%

of United States' foster care population is ages 14+



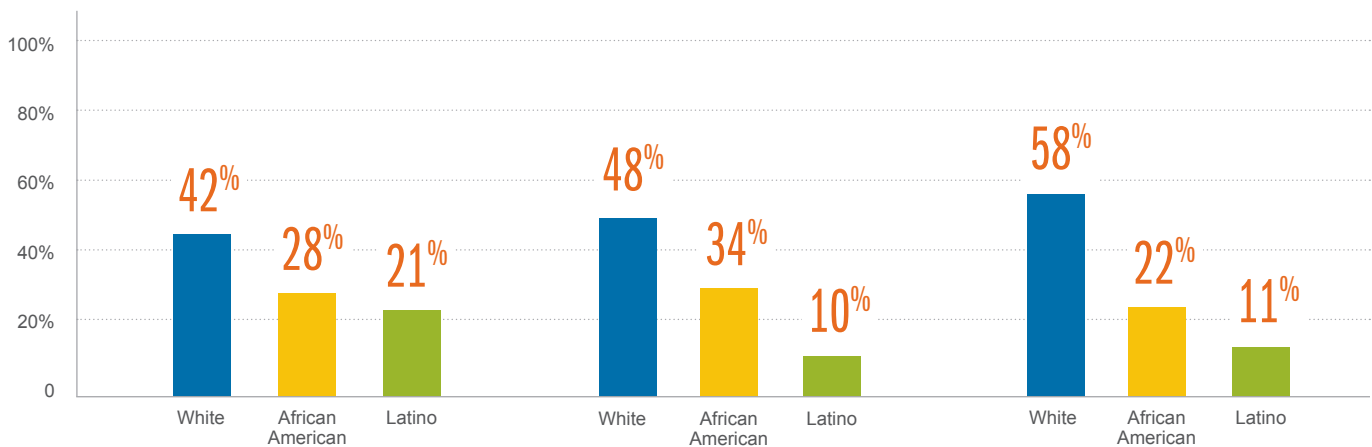
2,704 or 35%

of Virginia's foster care population is ages 14+

United States Foster Care Population

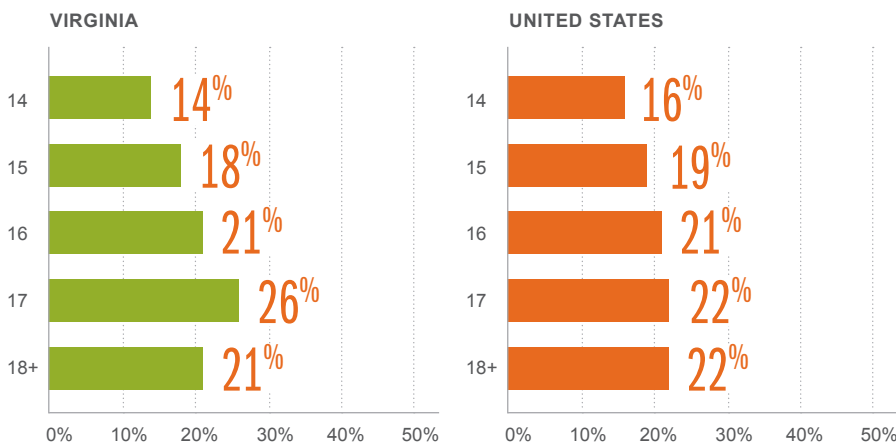
Virginia Foster Care Population

Virginia General Population

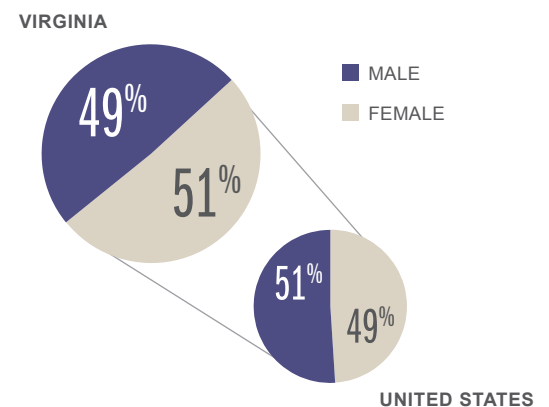


Above charts are based on the three largest racial and ethnic groups in this state for foster care. For additional data, please visit the KIDS COUNT Data Center, <http://datacenter.kidscount.org>.

Youth in Foster Care by Age



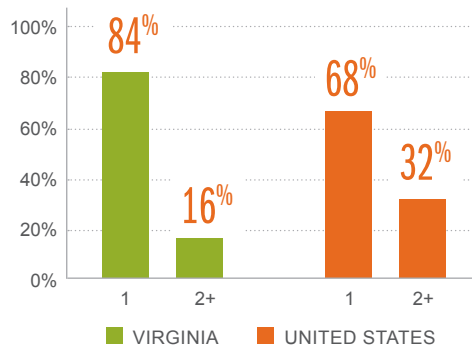
Youth in Foster Care by Sex*



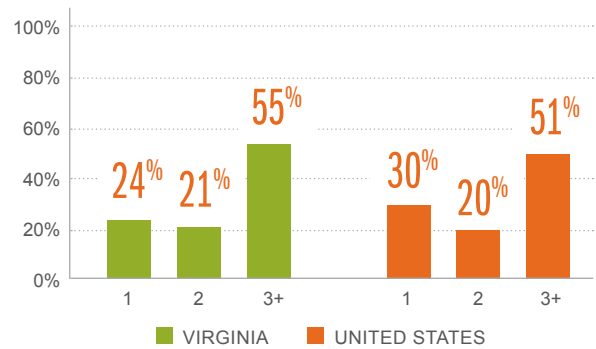
* Sex is based on gender at birth.

In addition to the trauma of abuse or neglect that resulted in being removed from their homes and placed in the foster care system, experiences while in foster care — including frequent moves — can lead to worse outcomes for youth. Looking at these indicators helps us understand how youth with foster care experience in Virginia are faring and provides insight into the changes needed to improve the lives of these young people.

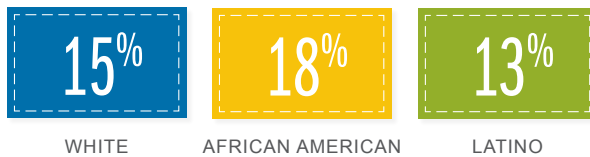
Episodes in the Foster Care System



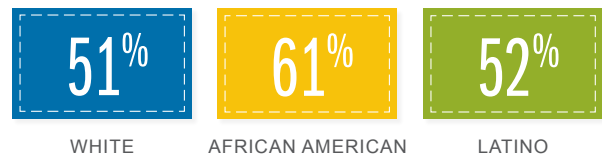
Number of Placements During Most Recent Foster Care Episode



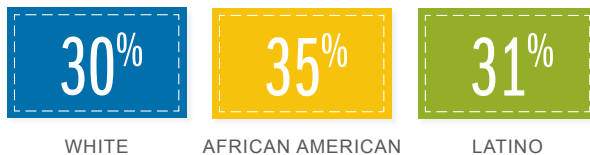
VIRGINIA 2+ Foster Care Episodes



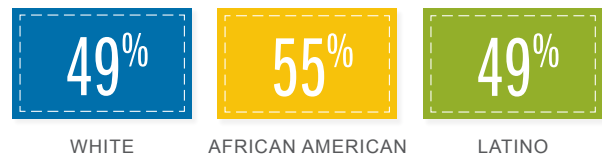
VIRGINIA 3+ Foster Care Placements



UNITED STATES 2+ Foster Care Episodes



UNITED STATES 3+ Foster Care Placements



The percentage of young people in each racial and ethnic group who have experienced multiple foster care episodes and placements.

Time in Foster Care by Exit Outcome or Type

	VIRGINIA	UNITED STATES
PERMANENCY	16 months	13 months
EMANCIPATION	24 months	34 months
OTHER	16 months	17 months

Placement Type

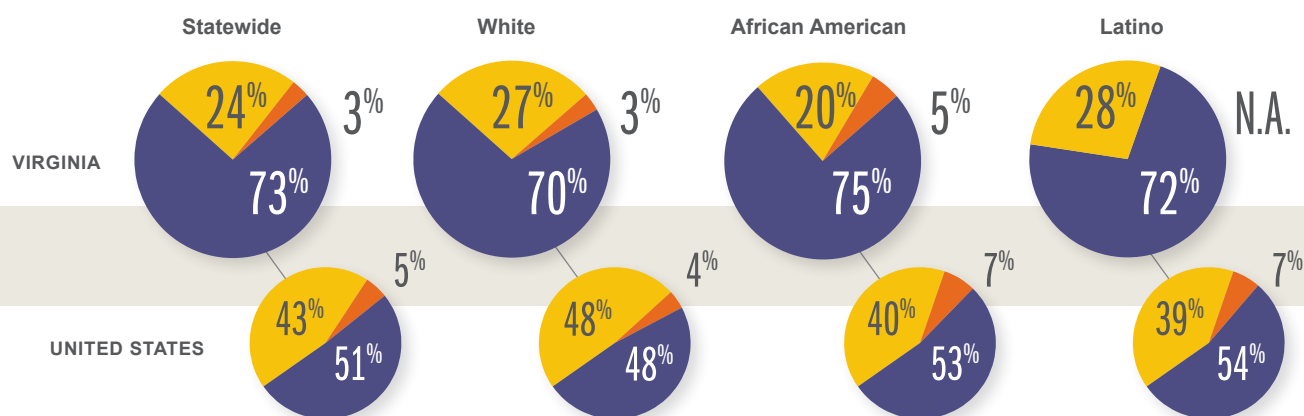
■ VIRGINIA ■ UNITED STATES



Reasons for Leaving Foster Care

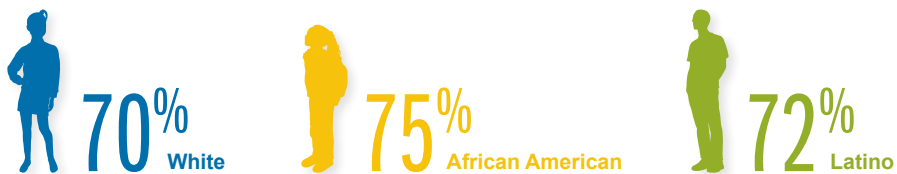
Lingering in foster care, experiencing unstable placement settings while in foster care and leaving foster care without a permanent, legal connection to family are important indicators of how youth in Virginia are faring.

■ PERMANENCE ■ EMANCIPATION/ AGE-OUT (NON-PERMANENCY) ■ OTHER



Due to rounding some charts may not equal 100%

Percentage of Youth Who Emancipated by Race – Virginia



Number of Young People in Care on Their 18th and 19th Birthdays

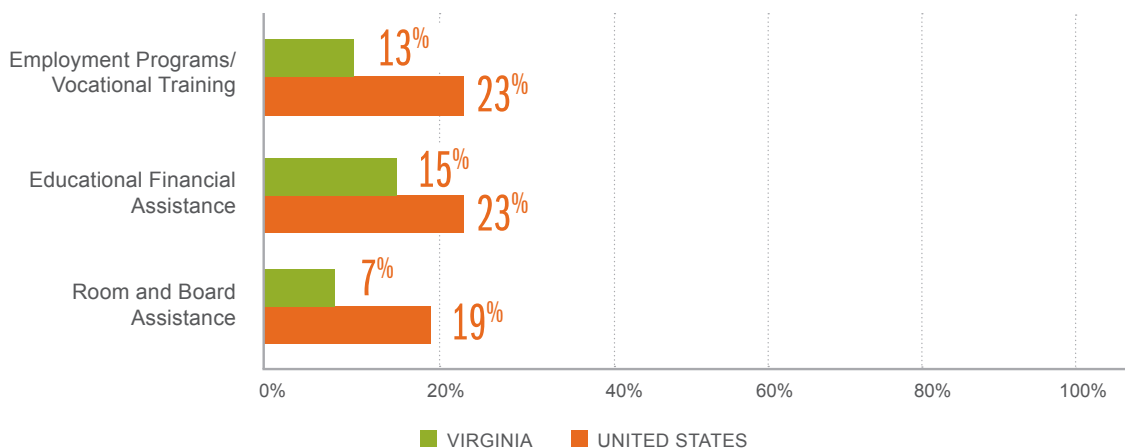
	18TH	19TH		18TH	19TH	
VIRGINIA	489	15		UNITED STATES	24,797	6,489

Percentage Still in Care on Their 19th Birthday

	WHITE	AFRICAN AMERICAN	LATINO		WHITE	AFRICAN AMERICAN	LATINO	
VIRGINIA	N.A.	N.A.	N.A.		UNITED STATES	17%	29%	37%

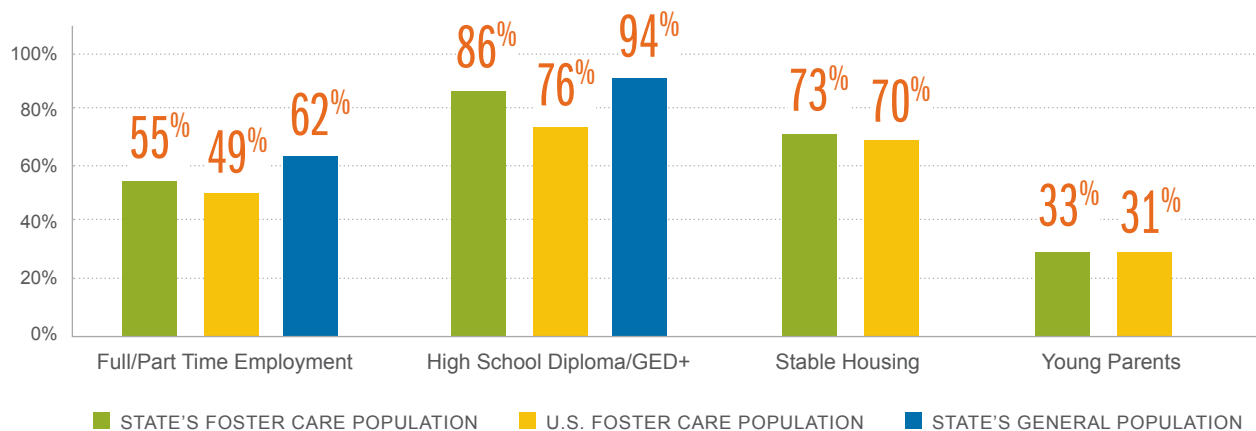
Services

Transition services, such as vocational training and housing assistance, are designed to help young people with foster care experience transition to adulthood. Participation in federally funded transition services provides a window into how well young people are being equipped for employment, education and housing.



Young Adult Outcomes by Age 21

Research shows that young adults who experienced foster care have worse outcomes than their peers in the general population across a variety of spectrums — from education to employment to housing to early parenthood. Examining data on these outcomes in Virginia is important as we strive to improve the practices, programs and policies that help ensure these young people have the relationships, resources and opportunities they need for well-being and success.



FOSTERING FUTURE S

A guide for professionals who work with youth currently or formerly in foster care

WHAT IS FOSTERING FUTURE S?

Fostering Futures is a foster care program available to youth in foster care after age 18. This voluntary program enables the youth's local department of social services (LDSS) to provide financial assistance, support and services to youth until they turn 21 years old, to help them successfully transition to independence.

YOUTH MAY BE ELIGIBLE:

If, on or after July 1, 2016, the youth:

- › Turned 18 in foster care and has not yet turned 21, they are eligible
- › Turned 18 while under supervision or in the custody of the Department of Juvenile Justice (DJJ) but had been in foster care when they entered, they are eligible upon release (between the ages of 18-21)

FUNDS CAN BE USED FOR THE FOLLOWING:

- › Room and board at vocational school/college, or
- › Foster home maintenance payments (if the youth is remaining in their foster home, the Department may continue to make payments to the foster parents just as they had been doing before the youth turned 18), or
- › Payment or rent for an independent living arrangement, as agreed upon in their plan;
- › Assistance with the costs of vocational training, college tuition, work uniforms, tools, computers, books, and related items;
 - › Groceries, transportation, and clothing;
 - › Child care, case management, and other supports, as needed, to help the youth be successful;



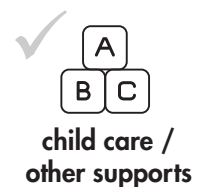
housing support



education / job training



independent living needs



child care / other supports



WHAT IF THE YOUTH CHANGES THEIR MIND?

- › If they did not want to apply near their 18th birthday and later want to, they are eligible to any time before they turn 21
- › If they participated at some point but have exited the program, they may apply for re-entry any time before they turn 21
- › If they are in the program and decide it is not for them, they may leave at any time

YOUTH EXPECTATIONS

- › Commitment to go to school, vocational training, or work in order to maintain eligibility, unless a medical condition prevents participation at any such time
- › Willingness to continue to work with their foster care worker
- › Participation in the development of a transition plan and efforts to achieve their goals
- › Completion of the Voluntary Continuing Services and Support Agreement (VCSSA)
- › Attendance at court hearing(s), administrative review(s), and case planning meetings

HOW DO YOUTH APPLY TO FOSTERING FUTURES?

- › Youth may apply for fostering futures anytime between 18 and 21 years of age
- › Before turning 18, youth should talk with their foster care worker and create a transition plan which can include Fostering Futures
- › If the youth is between the ages of 18 and 21 and they have left foster care, they should contact their LDSS (where they were in care) and speak with their former worker or another agency representative about Fostering Futures

YOUTH CHOICE, YOUTH VOICE

- › Youth have the right to say what will happen to them. Participation in the Fostering Futures program is completely voluntary and depends upon the youth's agreement and commitment. As an adult, they have the right to make decisions on their own.
- › The youth's plan should reflect their input on personal goals, strengths, interests, and needs. Their planning team should include their support system and the professionals who are key to their success.

HOW CAN YOU HELP?

- › Be a part of the youth's planning team
- › Advocate for them as your role allows
- › Continue to support the youth and stay connected whether or not they choose Fostering Futures right now
- › Encourage, empower, and empathize



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

DFS Division of
Family Services

FosterMyFuture.com

Youth who leave foster care through adoption or KinGAP between the ages of 16 and 18 may also be eligible for some extended services and assistance. Please contact the youth's local Department of Social Services for more information. The Fostering Futures Guidance Manual is available on our website: www.dss.virginia.gov

History

Great Expectations began in 2008 to help Virginia’s foster youth pursue associate degrees and workforce certifications, transfer to four-year colleges and universities, and position themselves for employment and life success. Since then, the program has served over 3,000 current and former foster youth at 21 community colleges. Coaches served almost 1400 students across Virginia during the fall of 2018. The Virginia Foundation for Community College Education is the primary funder of this program.

Return on Investment

Few young people who have experienced foster care ever attain any kind of college degree, only around 8% nationally. Great Expectations students are graduating at a rate of 20%. Outcomes for former foster youth are dim, with 76% incarcerated at some time before they are 26, over 30% becoming homeless, and over 60% relying on public assistance (Courtney, et al., 2011). Great Expectations students are succeeding, obtaining credentials and degrees, and flourishing.

Total annual costs for the Commonwealth are estimated at \$41,460 per aging-out foster youth, calculated from incarceration costs, use of public assistance, and decreased economic output. Great Expectations can eliminate the achievement gap and save Virginia over \$25.7 million per year (Chmura, 2011), based on the current number of graduates.

Current Costs

The average cost per student has been calculated for each college. Average cost was based upon total program expenses and the total number of all students served. The average cost of the GE program per student was \$853 per year. The program is largely philanthropically supported.

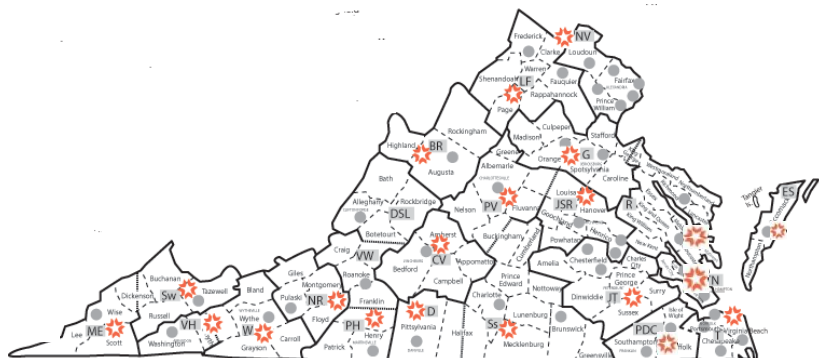
**A Success Story:
Diamond**



Diamond Jackson's experience in foster care was not a positive one. At times, she was separated from her siblings. She came to VHCC as part of the Great Expectations program in 2013-2014 school year, and things began to turn around. She excelled academically and professionally . She completed her Associate's in General Studies at VHCC and then went on to complete her Bachelor's in Healthcare Administration at King University. In December 2019, she will receive her MBA in Project Management and recently accepted a management position with Cintas Corporation. In addition to this, she is a nationally certified Pharmacy Technician. Diamond continues to be active with the Great Expectations program at VHCC. She is always willing to help in any way she can to inspire and encourage other Great Expectations students. She believes that the Great Expectations Program and VHCC have been a huge part of her academic success.

Where We Are

Great Expectations coaches are at 21 of Virginia’s 23 community colleges. Visit <http://greatexpectations.vccs.edu/> our facebook page @VCCSGreatExpectations or email Rachel Mayes Strawn, Ph.D., Program Director at rstrawn@vccs.edu to learn more.



Great Expectations is empowering Virginia's foster youth through active support and access to higher education.

1372

students were enrolled in Great Expectations in 2016/2017

105

certificates or degrees were earned by Great Expectations students in 2016/2017

396

degrees or certificates have been awarded to Great Expectations students since 2008

12X

The number of students in Great Expectations has increased by a factor of 12 since the program launched.

25%

of Great Expectations graduates earn academic honors



Local Departments of Social Services

In Virginia, what is the relationship between state and local social services?

Virginia has a state-supervised and locally-administered social services system. There are 120 local departments of social services in Virginia. Local departments are tasked with delivering the majority of the state’s social services programs.

The state-supervised, locally-administered nature of Virginia’s system means that **the vast majority of contact with individuals and families through social services programs occurs through these 120 local departments, including foster care and adoption.**

Virginia’s supervision structure is in the minority when compared to the other 49 states and D.C. Only nine states can be described as state-supervised and locally-administered: California, Colorado, Minnesota, New York, North Carolina, North Dakota, Ohio, Pennsylvania, and Virginia.

Virginia’s Department of Social Services and each local department has a board of social services. Federal agencies and local governments also play a role in the supervision and funding for the system’s programs.

What is the Virginia League of Social Services Executives (VLSSE)?

The VLSSE is a professional organization comprised of the executive leadership of the local departments of Social Services.

The mission of the VLSSE is to: “**Support** local agency leadership; **Advocate** for our agencies, our staff, and the people we serve; and **Collaborate** with state partners and other stakeholders to shape service delivery and guide public policy.” The League has 18 standing committees to further its mission, vision, values, and commitments.

Virginia League of Social Services Executives Contact Information

Andrew (Andy) Crawford, LCSW
President, VLSSE
Director, Bedford County DSS
119 East Main Street
Post Office Box 1187
Bedford, Virginia 24523
540-586-7750 x 2226
andrew.crawford@dss.virginia.gov

James Pickral
Commonwealth Strategy Group
118 N 8th St,
Richmond, VA 23219
804-239-3579
james@commonwealthstrategy.net



Children's Services Act

In this section:

- Foster Care Services Provided Through the Children's Services Act (PowerPoint)

Facts and Statistics about Foster Care Services Funded through the CSA

The Children's Services Act, administered by the Office of Children's Services, provides funding to children receiving foster care services (Code of Virginia §63.2-905), including the following:

- Children in custody of a local department of social services (LDSS) as a result of abuse/neglect or being a Child in Need of Services
- Children in non-custodial foster care agreements with a LDSS
- Children and families receiving services to prevent placement in foster care
- Children receiving independent living services
- Children in a Kinship Guardianship placement (effective 2018)

Services for Abused and Neglected Children

- 2017 – 7,020 Children, \$154.3M
- 2018 – 6,894 Children, \$155.1M
- Top 3 Services include Private Foster Care Support and Supervision, Residential Treatment and Basic/Enhanced Maintenance

Services for Children in Need of Services

- 2017 – 1,376 Children, \$28.9M
- 2018 – 1,410 Children, \$29.4M
- Top 2 Services include mostly Residential Treatment, but also some for Education, Room and Board

Services for Children in Foster Care and Prevention

- 2017 – 4,373 Children, \$24.7M
- 2018 – 4,227 Children, \$23.3M
- Top 3 Services include Family Support Services, Mentoring, and Individualized Support Services

Contact Information

Office of Children's Services
1604 Santa Rosa Road • Suite 137
Richmond, VA 23229
(804) 662-9815
Email: csa.office@csa.virginia.gov
<http://www.vdh.virginia.gov>
Executive Director – Scott Reiner

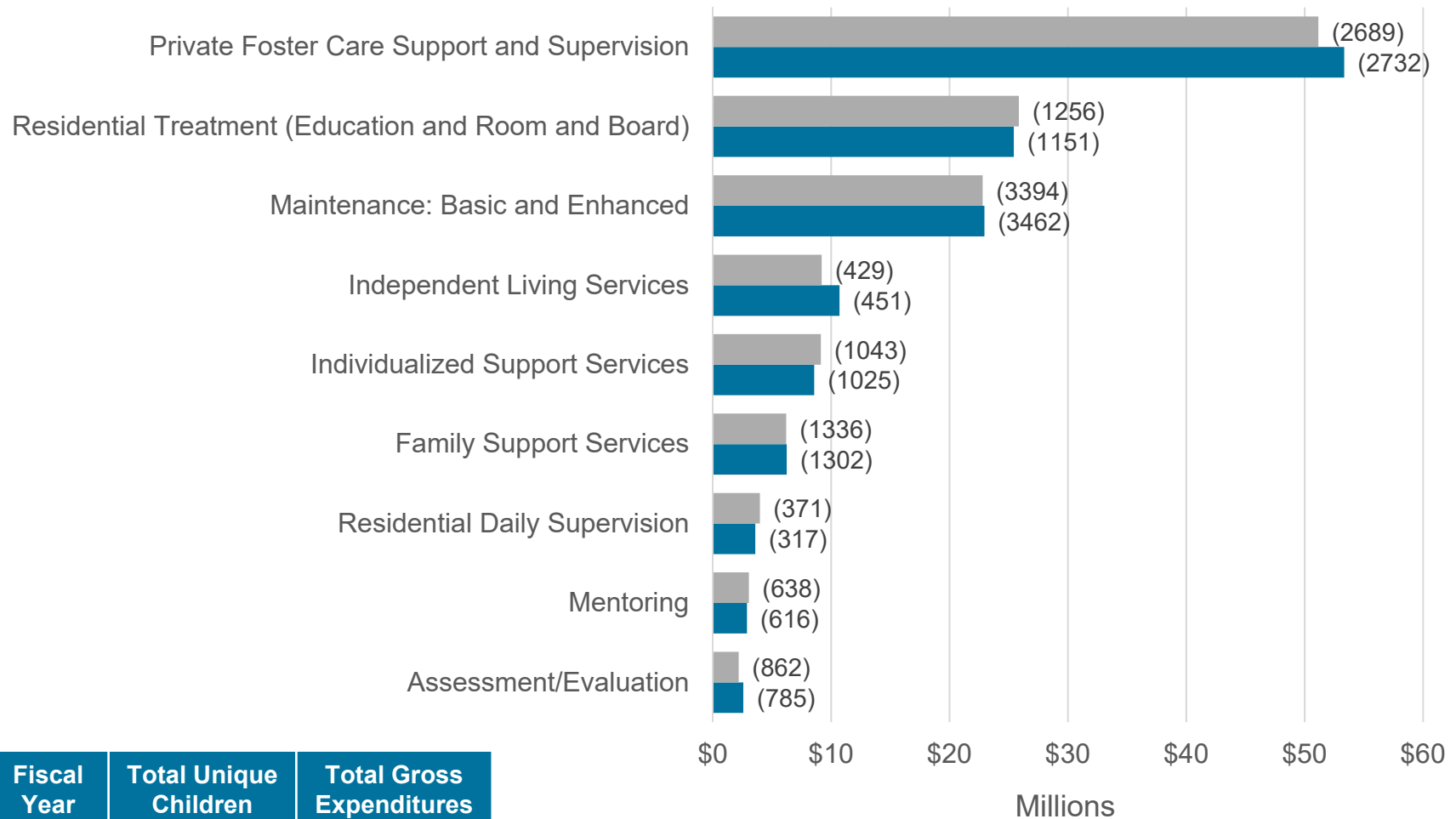
Foster Care Services Provided Through the Children's Services Act

Prepared for the Virginia Commission on Youth
April 2019

Foster Care Services

- CSA provides sum sufficient funding to children receiving foster care services under §63.2-905, COV including:
 - Children in custody of a local department of social services (LDSS) as a result of abuse/neglect or being a Child in Need of Services
 - Children in non-custodial foster care agreements with a LDSS
 - Children and families receiving services to prevent placement in foster care
 - Children receiving independent living services
 - Children in a Kinship Guardianship placement (effective 2018)

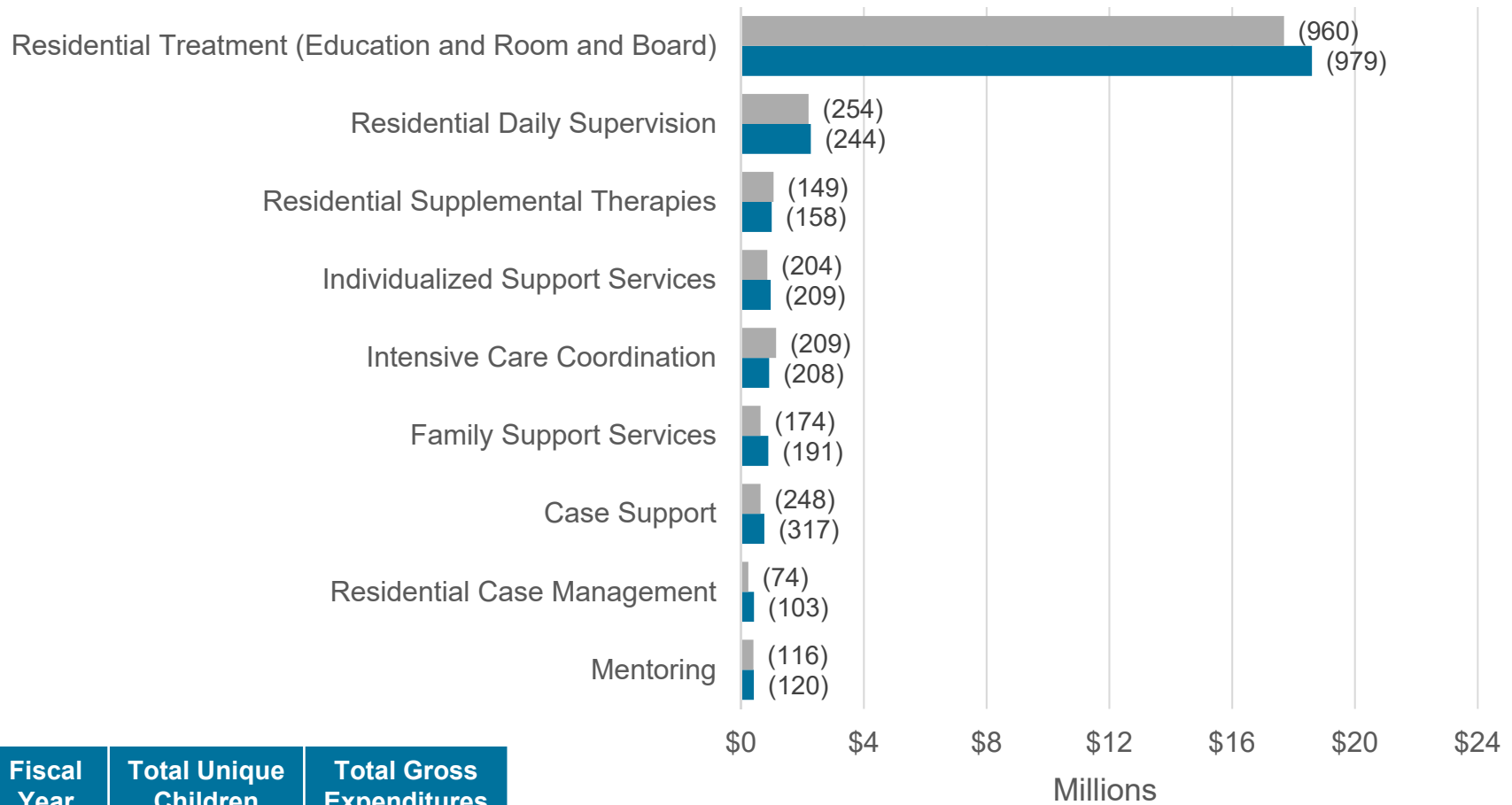
Top Total Gross Expenditures (Unique Child Count) for Services Foster Care: Abuse / Neglect



Fiscal Year	Total Unique Children	Total Gross Expenditures
2017	7,020	\$154.3M
2018	6,894	\$155.1M

■ 2017 ■ 2018

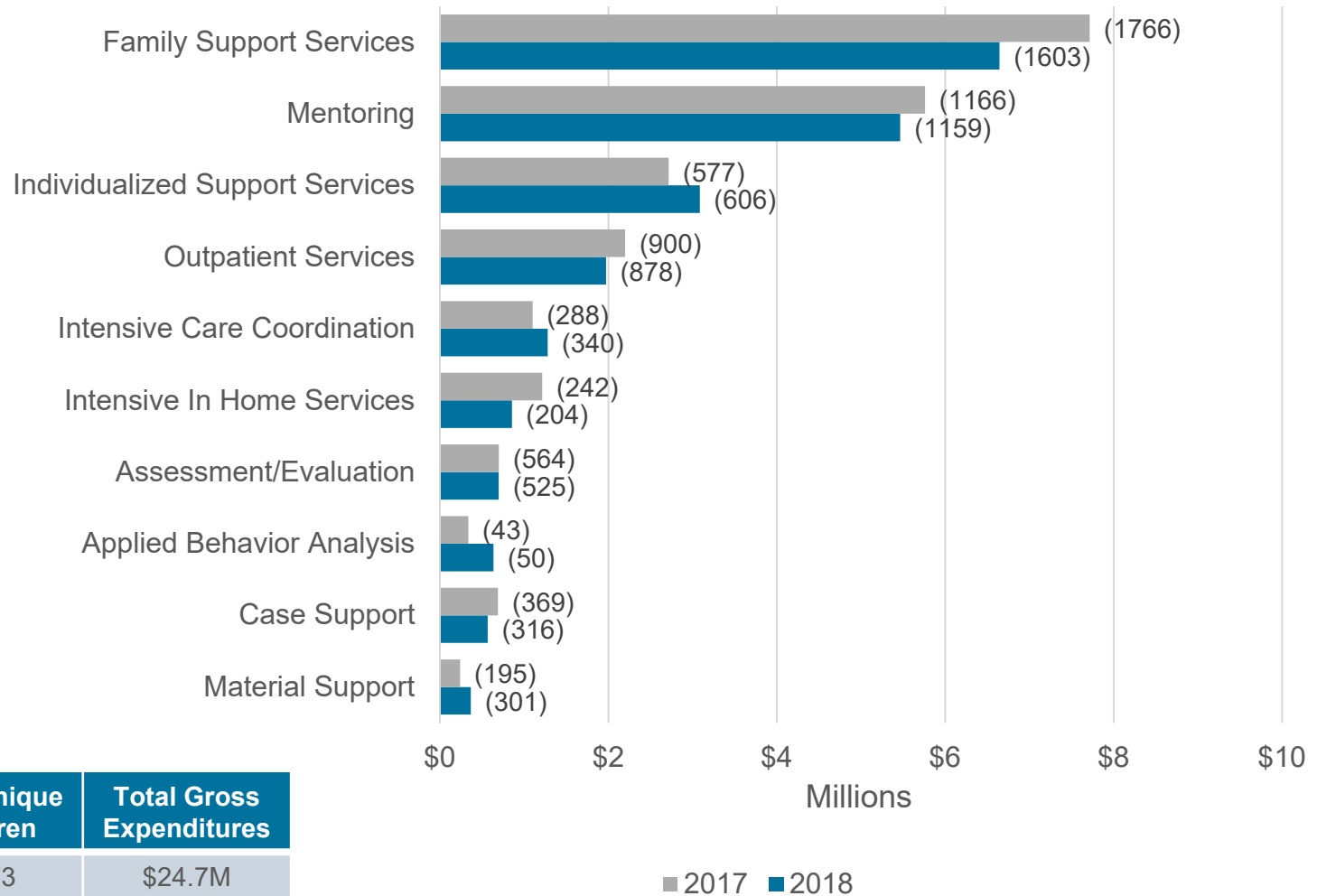
Top Total Gross Expenditures (Unique Child Count) for Services Foster Care: Children In Need Of Services



Fiscal Year	Total Unique Children	Total Gross Expenditures
2017	1,376	\$28.9M
2018	1,410	\$29.4M

■ 2017 ■ 2018

Top Total Gross Expenditures (Unique Child Count) for Services Foster Care: Prevention



Fiscal Year	Total Unique Children	Total Gross Expenditures
2017	4,373	\$24.7M
2018	4,227	\$23.3M

Glossary

Service	Definition
Applied Behavior Analysis	ABA is the design, implementation, and evaluation of environmental modifications to produce socially significant improvement in human behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA uses changes in environmental events, including antecedent stimuli and consequences, to produce practical and significant changes in behavior.
Assessment/Evaluation	Service conducted by a qualified professional utilizing a tool or series of tools to provide a comprehensive review with the purpose to make recommendations, provide diagnosis, identify strengths and needs, risk level, and describe the severity of the symptoms.
Case Support	Service may be purchased from a public child serving agency and includes basic case oversight for a child not otherwise open to a public child-serving agency, for whom a case manager is not available through the routine scope of work of a public child-serving agency, and for whom the worker's activities are not funded outside of the State Pool. Services may include administration of the CANS, collection and summary of relevant history and assessment data and representation of such information to the FAPT; with the FAPT, development of an IFSP; liaison between the family, service providers and the FAPT.
Family Support Services	A broad array of services targeted to provide assistance, support, and/or training in various community settings to build natural supports and functional skills that empower individuals and families towards autonomy, attaining and sustaining community placement, preserving the family structure, and assisting parents in effectively meeting the needs of their children in a safe, positive and healthy manner. The services may include but are not limited to skill building (parenting skills, fiscal management, coping skills, communication, interpersonal skills, supervised visitation, babysitting, non-foster care/maintenance day care, etc.) and behavioral interventions.
Independent Living Services	Services specifically designed to help adolescents make the transition to living independently as an adult. Services include training in daily living skills, as well as vocational and job training.
Individualized Support Services	Support and other structured services provided to strengthen individual skills and/or provide environmental supports for individuals with behavioral/mental health problems. Services are based on the needs of the individual and include training and assistance. These services normally do not involve overnight care by the provider; however, due to the flexible nature of these services, overnight care may be provided on an occasional basis. Service includes "Supportive In-home Services" licensed by the Department of Behavioral Health and Developmental Services.

Service	Definition
Intensive Care Coordination	<p>Services, as defined by State Executive Council policy, conducted by an Intensive Care Coordinator (ICC) for children who are at risk of entering or who are placed in residential care. ICC providers must be trained in the High Fidelity Wraparound model of care coordination and receive weekly clinical supervision. The purpose of the service is to safely and effectively maintain the child in home, or transition/return the child to a relative's home, family-like setting, or community at the earliest appropriate time that addresses the child's needs. Services must be distinguished as above and extend beyond the regular case management services provided within the normal scope of responsibilities for the public child serving agencies. Services and activities include: identifying the strengths and needs of the child and his family through conducting comprehensive family-centered assessments; developing plans in the event of crisis situations, identifying specific formal services and informal supports necessary to meet the identified needs of the child and his family, building upon the identified strengths; implementing regular monitoring of, and making adjustments to, the plan to determine whether the services and placement continue to provide the most appropriate and effective services for the child and his family.</p>
Intensive In Home Services	<p>IIH services for Children/Adolescents under age 21 are intensive, time-limited interventions provided typically but not solely in the residence of a child who is at risk of being moved into an out-of-home placement or who is being transitioned to home from out-of-home placement due to documented clinical needs of the child. These services provide crisis treatment; individual and family counseling; and communication skills (e.g., counseling to assist the child and his parents to understand and practice appropriate problem-solving, anger management, and interpersonal interaction, etc.); and coordination with other required services. Service also includes 24-hour emergency response.</p>
Maintenance: Basic and Enhanced	<p>Basic: Payments made on behalf of a child in foster care to cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel for the child to visit with family or other caretakers and to remain in his or her previous school placement.</p> <p>Enhanced: The amount paid to a foster parent over and above the basic foster care maintenance payment. Payments are based on the needs of the child for additional supervision and support by the foster parent as identified by the VEMAT.</p>
Material Support	<p>Payment for items or services for families when such assistance is not otherwise available but is necessary to prevent an out-of-home placement of a youth or assist with reunification. Payments may include, but are not limited to, support with housing and utilities costs.</p>

Service	Definition
Mentoring	Services in which children are appropriately matched with screened and trained adults for one-on-one relationships. Services include meetings and activities on a regular basis intended to meet, in part, the child's need for involvement with a caring and supportive adult who provides a positive role model.
Outpatient Services	Treatment provided to individuals on an hourly schedule, on an individual, group, or family basis, and usually in a clinic or similar facility or in another location (including the home). Outpatient services may include counseling, dialectical behavioral therapy, psychotherapy, behavior management, laboratory and other ancillary services, medical services and medication services.
Private Foster Care Support and Supervision	Services provided by a Licensed Child Placing Agency (LCPA) which include, but are not limited to, recruiting, training, assessing and retaining foster parents for the LCPA; making placement arrangements; purchasing/ensuring child has adequate clothing; providing transportation; counseling with child to prepare for visits with biological family; providing support and education for LCPA foster parents regarding management of child's behavior; providing ongoing information and counseling to child regarding permanency goals; preparing a child for adoption; 24/7 crisis intervention and support for both child and LCPA foster family; developing and writing reports for FAPT; attending and presenting at FAPT meetings; administering LCPA foster parent payments; identifying adoption placements; assessment of adoption placements; and arranging adoption placements. The provision of services will vary for each child based on that child's specific needs and the identified level of care. Services are provided at non-treatment levels of foster care as well as treatment levels of foster care.
Residential Case Management	A component of the total daily cost for placement in a licensed congregate care facility. Activities include maintaining records, making calls, sending e-mails, compiling monthly reports, scheduling meetings, discharge planning, etc.
Residential Daily Supervision	A component of the total daily cost for placement in a licensed congregate care facility. Activity supervision.
Residential Supplemental Therapies	A component of the total daily cost for placement in a licensed Level C residential treatment facility. Activity includes a minimum of 21 group interventions (outside of the 3-5 group therapies lead by a licensed clinician). The 21 interventions are goal-based with clear documentation/notes regarding the goal addressed, the intervention used, the resident's response/input, and plan for follow-up.

Service	Definition
<p>Residential Treatment (Education and Room and Board)</p>	<p>A component of the total daily cost for placement in a licensed level C residential treatment facility. These education services are provided in a licensed, privately owned and operated Level C residential treatment facility to a child/youth with or without an individualized education program (IEP) who has been placed for non-educational reasons. Room and Board costs include room, meals and snacks, and personal care items.</p>



Virginia's Court System

In this section:

→ [Overview of the Court Process for Foster Care Cases in Virginia](#)

What do Juvenile and Domestic Relations (JDR) District Courts do?

Serving the Commonwealth through 32 judicial districts, the JDR court is a limited jurisdiction trial court that hears cases involving children and families. There is a JDR court in each Virginia city and county. The JDR court hears all matters involving juveniles, such as criminal or traffic matters. Juvenile delinquency cases are cases involving a minor under the age of 18 who has been accused of committing an offense that would be considered criminal if committed by an adult. Other juvenile offenses may be referred to as status offenses. Status offenses are those acts that are unlawful only because they are committed by a minor.

In addition, this court handles other matters involving the family such as custody, support, and visitation. The court also hears family abuse cases, cases where adults have been accused of child abuse or neglect, and criminal cases where the defendant and alleged victim are family or household members.

What is the Court Improvement Program?

The Office of the Executive Secretary (OES) staff for this program work on all aspects of juvenile and family law to integrate best practices into the policies and daily routines of the court system. Major activities include developing, conducting and supporting special projects that address issues of concern to children and families involved with the court system and implementing standards promulgated by the Judicial Council of Virginia governing lawyers who serve as guardians ad litem.

Contact Information

Virginia's Courts

<http://vacourts.gov>

Court Improvement Program

Office of the Supreme Court of Virginia

100 N. 9th St., 3rd Floor

Richmond, VA 23219

804-786-6455

Director – Sandra L. Karison

Overview of the Court Process for Foster Care Cases in Virginia*

I. General Introduction

A. Scope

“Child dependency” generally includes cases involving abuse or neglect, entrustment and relief of custody, foster care, permanency planning, termination of parental rights

B. Authorities

1. Multiple Virginia statutes, especially in the following Titles of the Virginia Code:
 - a. 16.1 - “Juvenile Code”
 - b. 63.2 - Social Services
 - c. 20 - Domestic Relations
 - d. 22.1 - Education
2. Regulations (VDSS - 22 VAC 44)
3. VDSS Guidance Manuals, www.dss.virginia.gov
4. Major bodies of federal law
 - a. Child Abuse Prevention and Treatment Act (CAPTA) 1974
 - b. Indian Child Welfare Act (ICWA) 1978
 - c. Adoption Assistance and Child Welfare Act of 1980
 - d. Multi Ethnic Placement Act (MEPA) 1994 & (IEPA) 1996
 - e. Adoption and Safe Families Act (ASFA) 1997

* Adapted from outline prepared by the Court Improvement Program, Office of the Executive Secretary, Supreme Court of Virginia for the Virginia CLE *Representation of Children as a Guardian Ad Litem – 2018 Qualifying Course*

- f. Keeping Children & Families Safe Act (KCFSA) 2003
- g. Fostering Connections to Success and Increasing Adoptions Act 2008
- h. Preventing Sex Trafficking and Strengthening Families Act 2014
- i. Every Student Succeeds Act (ESSA) 2015
- j. Family First Prevention Services Act (FFPSA) 2018
- k. Social Security Act, as amended

C. Subject Matter Jurisdiction

- 1. Code § 16.1-241 (basic); see *also* Va. Code §§ 16.1-241.3, 16.1-242, 16.1-242.1
- 2. Uniform Child Custody Jurisdiction and Enforcement Act - § 20-146.1 et seq.
- 3. Indian Child Welfare Act (federal)

D. Child Dependency Case Process in Brief

- 1. Case initiation - petition
- 2. Clerk of court processes case
- 3. Summonses, notices of hearing issued for service of process
- 4. Appointment of guardian ad litem for child, advisement of right to counsel for parent or guardian, appointments of counsel (Va. Code §§ 16.1-266, 16.1-281 F)
- 5. Emergency hearing (*ex parte*)
- 6. Preliminary hearing
- 7. Adjudication
- 8. Disposition
 - a. Legal custody may be established or transferred
 - b. Initial foster care plan is reviewed
- 9. Foster care review (petition)

10. Permanency planning (petition)
11. Achieve permanent goal (petition)
 - a. Return home
 - b. Custody to relative
 - c. Termination of residual parental rights
 - d. Other options

12. Post permanency planning
 - a. Foster care review (petition)
 - b. Adoption Progress Report

E. Statutorily Authorized Placements in Foster Care

1. Virginia law authorizes placement of a child with a local department of social services only as a result of the following:
 - a. Court order in child abuse or neglect case
 - b. Court order in case of a child at risk of abuse or neglect by a parent or custodian who has been adjudicated as having abused or neglected another child in the care of the parent or custodian
 - c. Entrustment agreement by parent
 - d. Court order in relief of custody case
 - e. Court order in child in need of services, child in need of supervision, status offense or delinquency case
 - f. Placement agreement between local department and parents or guardian
2. Court is not authorized to place a child in foster care with a local department of social services as a result of:
 - a. Court order in a custody case
 - b. Child protective order entered pursuant to § 16.1-253. But if the petition alleges abuse or neglect and the child is found by the court to be abused or neglected, transfer of custody to a local department is authorized upon disposition of the petition. Va. Code § 16.1-278.2.

F. Limitations on Placement

1. Interstate Compact on the Placement of Children (ICPC) - § 63.2-1000
 - a. Applicable to any child in DSS custody or supervision placed out of state
 - b. Includes placement with relatives
 - c. Protects children with services across state lines
 - d. Cannot be “waived”
2. Indian Child Welfare Act (ICWA)
 - a. Applicable to any child who is, or who is eligible to be, a member of a federally-recognized Indian tribe
 - b. Higher standards of proof apply for child’s removal from home (clear and convincing evidence) and termination of parental rights (beyond a reasonable doubt)
 - c. Preferences for placements for foster care or adoption apply
 - d. Requires “active efforts” by DSS to prevent removal and to return home
 - e. Seeks to maintain Indian child’s ties to Indian family and tribe for placements and provision of tribal and cultural services

G. Requirements for Court Determinations and Orders

1. Correct court orders meet funding eligibility requirements
 - a. Federal financial participation (Title IV-E funding)
 - b. State/local Children’s Services Act funding for children who are not IV-E eligible
2. Required judicial determinations (findings in a court order):
 - a. Continued placement in the home would be contrary to the welfare of the child (“Imminent threat to child’s life or health to extent that severe or irremedial injury would be likely to result if the child were returned to or left in the custody of his parents, guardian, legal custodian...” Va. Code §§ 16.1-251, 16.1-252.)

- b. Reasonable efforts have been made to prevent removal (or reasonable efforts are not required under law)
 - c. Reasonable efforts have been made to reunite the child with parents, guardian or other person standing in loco parentis (or reasonable efforts are not required under law). See Va. Code § 16.1-282.
 - d. Reasonable efforts to finalize the permanency plan that is in effect. See Va. Code §§ 16.1-282.1, 16.1-282.2.
 - e. Reasonable efforts to prevent removal or reunify child with parent are not required when:
 - i. Parent's rights to sibling were involuntarily terminated
 - ii. Parent convicted of murder or voluntary manslaughter of child or other parent
 - iii. Parent convicted of felony assault or felony sexual assault and victim is child
 - iv. Parent subjected child to aggravated circumstances or abandoned child.
See, e.g., Va. Code § 16.1-281.
 - f. Judicial determinations must be:
 - i. Detailed, explicitly documented;
 - ii. Child specific, made on a case by case basis, one child per order; and
 - iii. In a written court order. 45 CFR § 1356.21(d).
3. Written order must be entered timely
- a. The date that the order is signed determines whether the required time frames are met, not the date the hearing is held
 - b. Nunc pro tunc orders and later affidavits do not cure problems with timeliness or documentation of judicial determinations
 - c. A transcript of the proceeding is the sole alternative to documentation in a timely, complete, sufficient court order for purposes of establishing title IV-E eligibility

H. Standards of Proof (non-ICWA cases)

1. Preponderance of the evidence for all petitions resulting in child's placement in foster care
2. Clear and convincing evidence for voluntary or involuntary termination of parental rights

II. Abuse or Neglect Cases

A. How Department of Social Services Becomes Involved

1. Pre-court case
 - a. A complaint or report to Virginia Department of Social Services or a local department may be made by calling the Hotline or otherwise notifying the department. See Va. Code §§ 63.2-1503, 63.2-1510.
 - b. Call from a mandated reporter - Va. Code § 63.2-1509
2. Court initiated Preliminary Child Protective Order, or other court referral
 - a. Va. Code § 16.1-253 A authorizes the entry of a preliminary child protective order on the court's motion if necessary to protect a child's life, health, safety or normal development pending the final determination of any matter before the court
 - b. Va. Code § 16.1-278 authorizes the juvenile and domestic relations district court to order a local department of social services to provide child protective services upon notice and an opportunity to be heard
 - c. Va. Code § 16.1-260 (Court Services Unit intake statute) provides in subsection A that complaints alleging abuse or neglect of a child shall be referred initially to the local department of social services

B. Role of Department of Social Services Upon Receipt of Complaint or Report

1. Differential response system - Va. Code § 63.2-1504. All local departments operate as a "child protective services differential response agency," meaning the department responds to valid reports or complaints of child abuse or neglect by conducting either (a) an investigation or (b) a family assessment and developing a safety plan in consultation with the family (Va. Code § 63.2-1505 B)

2. Local department is authorized to take child into custody for up to 72 hours without a prior court order. Va. Code § 63.2-1517.
3. Local department may file petition with juvenile and domestic relations district court alleging abuse or neglect of child and seeking
 - a. Child protective order
 - b. Removal of child from home
 - c. Both removal and protective order

C. Child Protective Orders

1. Ex parte preliminary child protective order - Va. Code § 16.1-253 B
 - a. When it is established that there would be an imminent threat to life or health, and that delay occasioned by providing an adversary hearing would be likely to result in serious or irreparable injury to the child
 - b. Hearing is required within the shortest time possible, not to exceed 5 business days, with at least 24 hours-notice to the parties and guardian ad litem
2. Preliminary child protective order - Va. Code § 16.1-253 A
 - a. May issue upon petition or court's own motion
 - b. Court finding: necessary to protect a child's life, health, safety or normal development, pending the final determination of any matter before the court
 - c. Court order: abstention from offensive conduct; cooperation in the provision of reasonable services or programs designed to protect the child's health, safety and normal development; access to the child's home to visit the child and to inspect the fitness of the home; visitation with the child; refraining from acts which endanger the child; and/or refraining from contacts with the child, or family or household members
 - d. Duration: pending the final determination of any matter before the court
3. Adjudication of allegation of abuse or neglect at 5-day hearing or, upon objection, within 30 days of the date of the preliminary hearing
4. Final child protective order may be entered upon disposition of the petition if a child is found by the court to be abused or neglected, at risk of abuse or neglect by a custodian who has been adjudicated as having abused or

neglected a child in his or her care, or abandoned or without parental care, a final child protective order may be entered to protect the child's welfare

D. Removal of Child from Home

1. Emergency removal from parent, guardian, legal custodian, or person in loco parentis - Va. Code §16.1-251
 - a. May be ordered ex parte
 - b. Court findings
 - i. Child would be subjected to an imminent threat to life or health to the extent that severe or irremediable injury would be likely to result if the child were returned to or left in the custody of his parents, guardian, legal custodian, or other person standing in loco parentis and
 - ii. Reasonable efforts have been made to prevent removal of the child from his home and there are no alternatives less drastic than removal which could reasonably and adequately protect the child's life and health pending a final hearing on the petition
 - iii. Substitute reasonable efforts findings:
 - a) Reasonable efforts are deemed to have been made because there is no reasonable opportunity to provide preventive services or
 - b) Reasonable efforts to prevent removal are not required under law
 - c. Alternatives less drastic than removal include provision of medical, educational, psychiatric, psychological, homemaking or other similar services to the child or family or the issuance of a preliminary child protective order
 - d. Court shall give consideration to temporary placement of the child with a relative or other interested individual, including grandparents, under the supervision of the local department of social services
 - e. Hearing must be held as soon as practicable, but no later than 5 business days after the physical removal of the child
2. Preliminary removal order hearing - Va. Code § 16.1-252
 - a. Court findings

- i. Child would be subjected to an imminent threat to life or health to the extent that severe or irreparable injury would be likely to result if the child were returned to or left in the custody of his parents, guardian, legal custodian, or other person standing in loco parentis and
- ii. Reasonable efforts have been made to prevent removal of the child from his home and there are no alternatives less drastic than removal which could reasonably and adequately protect the child's life and health pending final hearing on the petition
- iii. Substitute reasonable efforts findings:
 - a) Reasonable efforts are deemed to have been made because there is no reasonable opportunity to provide preventive services or
 - b) Reasonable efforts to prevent removal are not required under law
- b. Alternatives less drastic than removal include provision of medical, educational, psychiatric, psychological, homemaking or other similar services to the child or family or the issuance of a preliminary child protective order
- c. Adjudication of allegation of abuse or neglect at 5-day preliminary hearing or, upon objection, within 30 days of the date of the preliminary hearing
- d. Court order
 - i. Preliminary removal - the court may place the child in the temporary care and custody of a relative or other interested individual, including grandparents, provided certain criteria are met; or if such placement is not available, in the care and custody of a suitable agency
 - ii. Reasonable visitation between the child and parents, guardian, legal custodian, or other person in loco parentis and with siblings, if such visitation would not endanger the child's life or health
 - iii. Dismiss the petition if the evidence is insufficient to establish abuse or neglect of the child

E. Dispositional Hearing - Va. Code § 16.1-278.2

1. Timing and scope
 - a. Held within 60 days of the preliminary hearing held pursuant to § 16.1-252 or 16.1-253 if the child was found to be abused or neglected
 - b. Va. Code § 16.1-278.2 also applies to disposition of a case involving a child who is found by the court to be at risk of abuse or neglect by a custodian who has been adjudicated as having abused or neglected a child in his or her care
2. Court order
 - a. Upon a finding of no less drastic alternative, the court may transfer legal custody of the child
 - i. to a relative or other interested individual, provided certain criteria are met
 - ii. to a child welfare agency
 - iii. to a local department of social services
 - b. Court findings if legal custody of the child is transferred to a local department of social services
 - i. Reasonable efforts have been made to prevent removal, unless court finds such efforts are not required under law
 - ii. Continued placement in the home would be contrary to the welfare of the child
3. Foster care plan pursuant to § 16.1-281 is reviewed and court order entered at dispositional hearing

F. Appeal

1. Dispositional order is first appealable order in abuse or neglect case (removal and adjudicatory orders are not appealable)
2. J&DR District Court retains jurisdiction to hear petition for foster care review - § 16.1-241.2

III. Entrustment Cases

- A. Authority to Accept Child for Entrustment - Va. Code § 63.2-903
- B. Basic filing requirements

1. Petition for approval of entrustment agreement filed by board or agency accepting child filed in juvenile and domestic relations district court
 2. Foster care plan pursuant to § 16.1-281 must be filed with petition
 3. Timing for filing petition
 - a. Shall be filed within a reasonable period of time, not to exceed 89 days after the execution of an entrustment agreement for less than 90 days, if the child is not returned to his home within that period
 - b. Shall be filed within a reasonable period of time, not to exceed 30 days after the execution of an entrustment agreement for 90 days or longer or for an unspecified period of time, if such entrustment agreement does not provide for the termination of all parental rights and responsibilities with respect to the child
 - c. May be filed in the case of a permanent entrustment agreement which provides for the termination of all parental rights and responsibilities with respect to the child
 4. Scheduling of hearing
 - a. Within 45 days of the filing of the petition without order of publication
 - b. Within 75 days of filing of petition with order of publication
- C. Adjudication and Disposition - Va. Code § 16.1-277.01
1. Entrustment agreement is voluntary and may be temporary or permanent
 2. At the hearing, the court shall hear evidence on the petition and review the foster care plan filed pursuant to § 16.1-281
 3. Best interest is the standard for approval, by clear and convincing evidence if a permanent entrustment provides for voluntary termination of parental rights
 4. Any order transferring custody of the child must contain same findings as in case of abused or neglected child pursuant to § 16.1-278.2
 5. Written agreement to post adoption contact expressly authorized
 6. Upon termination of parental rights, entrustment agreement is rendered irrevocable and local department of social services or child placing agency is given authority to place the child for adoption and give consent

7. Adoption Progress Report shall be filed in the juvenile and domestic relations district court every 6 months from the date of an order terminating parental rights, for the purpose of reviewing progress being made to place child in an adoptive home

IV. Relief of Custody Cases

A. Basic Filing Requirements

1. Request for relief of care and custody of a child shall be referred initially to the local department of social services for investigation and provision of services, if appropriate (foster care prevention services). Va. Code § 16.1-277.02.
2. Relief is available to the petitioner(s) (petition may be joined by another party)
3. May seek temporary or permanent relief of custody; the latter can include voluntary termination of parental rights

B. Adjudication and Disposition

1. Process may take 2+ hearings - §§ 16.1-277.02 and 16.1-278.3 apply
2. Upon receipt of the petition, the court shall schedule a hearing which may include or final disposition of the matter
3. Standard for granting petition
 - a. Good cause (preponderance of the evidence) for temporary relief of custody
 - b. Clear and convincing evidence in best interest of child, if permanent relief of custody and termination of parental rights is sought
4. Any order transferring custody of the child must contain same findings as in case of abused or neglected child pursuant to § 16.1-278.2
5. Written agreement to post adoption contact expressly authorized
6. Upon termination of parental rights, local department of social services or child placing agency is given authority to place the child for adoption and give consent
7. Adoption Progress Report shall be filed in the juvenile and domestic relations district court every 6 months from the date of an order

terminating parental rights, for the purpose of reviewing progress being made to place child in an adoptive home

V. Other Out of Home Placements

A. Pursuant to Dispositional Order (in statutorily authorized case types)

1. Child in need of services - § 16.1-278.4
2. Child in need of supervision - § 16.1-278.5
3. Status offender - § 16.1-278.6
4. Delinquent child - § 16.1-278.8

B. Authorized Placements

1. Parents enter into an agreement for placement of the child by a local board of social services or a public agency designated by the community policy and management team, subject to the foster care statutes, in suitable placements with legal custody remaining with the parents or guardians under a placement agreement. See Va. Code § 63.2-900; Virginia Department of Social Services Child and Family Services Manual, E. Foster Care, Section 3.7.5, http://dss.virginia.gov/files/division/dfs/fc/intro_page/guidance_manuals/fc/06_2017/section_3_entering_foster_care.pdf
2. Transfer legal custody to
 - a. A relative or other individual who, after study, is found by court to be qualified to receive and care for the child
 - b. A child welfare agency
 - c. A local board of social services with notice and opportunity to be heard or in an emergency, temporarily place for a period not to exceed 14 days
3. Court order authorizing removal of child from home and placement under an agreement with local board or public agency or upon transfer of legal custody to local board of social services must contain certain findings:
 - a. Reasonable efforts have been made to prevent removal and
 - b. Continued placement in the home would be contrary to the welfare of the child

4. For children placed in foster care, the board or agency must file a foster care plan within 45 days for a hearing to be held within 60 of placement

VI. Case Planning for a Child in Foster Care

A. In General

1. Each child in foster care shall have a foster care plan
2. Each child in foster care shall be assigned a permanent plan goal
3. A guardian ad litem shall be appointed to represent the child any time a hearing is held to review the foster care plan for the child or the child's status in foster care. Va. Code § 16.1-281.
 - a. The same guardian ad litem for the child should be appointed for every hearing, if at all possible
 - b. The guardian ad litem should attend Family Partnership Meetings and other case planning meetings, including Family Assessment and Planning Team (FAPT) meetings

B. Permissible Plan Goals - § 63.2-906

1. Transfer custody of the child to his prior family
2. Transfer custody of the child to a relative other than his prior family
 - a. Statutory findings must be satisfied - relative is willing and qualified, committed to providing a permanent suitable home for the child, etc. *See, e.g., Va. Code § 16.1-281 C1. See also Lynchburg Div. of Soc. Servs. v. Cook, 276 Va. 465 (2008).*
 - b. Kinship Guardianship Assistance Program (KinGAP) facilitates placements with relatives for children for whom adoption or being returned home are not appropriate permanency options. Certain eligibility criteria apply for payment allowances made to kinship guardians under kinship guardianship assistance agreements. *See Va. Code §§ 63.2-100, 63.2-1305.*
3. Finalize an adoption of the child
4. Place a child who is 16 years of age or older in permanent foster care. Va. Code § 63.2-908.
5. Transition to independent living if, and only if, the child is admitted to the United States as a refugee or asylee

6. Place a child who is 16 years of age or older in another planned permanent living arrangement in accordance with subsection A2 of § 16.1-282.1

C. Court Reviews for a Child in Foster Care

1. The permanent goal assigned for the child shall be reviewed and approved by the juvenile and domestic relations district court having jurisdiction of the child's case.
2. Each child in foster care shall be subject to the permanency planning and review procedures established in §§ 16.1-281, 16.1-282, and 16.1-282.1.
3. The court may review the plan or the status of a child in foster care on its own motion. Va. Code § 16.1-281.
4. Ask whether the child can be safely returned home today. If not, why not?

VII. Foster Care and Permanency Hearings

A. Foster Care Plan Pursuant to § 16.1-281

1. Filed within 45 days of custody granted to local department of social services or child welfare agency (may be extended to 60 days) or with a petition for approval of an entrustment agreement
2. Hearing on foster care plan within 60 days of custody transfer (at the dispositional hearing pursuant to § 16.1-278.2 if the child was found to be abused and neglected and placed in foster care)
3. Plan is developed with involvement of the parents or other custodians and the child, if it is in the child's best interest. 14 year old has right to be involved and may choose up to two members of the case planning team

B. Foster Care Review Pursuant to § 16.1-282

1. Hearing is held within 4 months of dispositional hearing at which the initial foster care plan was reviewed
2. Purpose of the hearing is to review the progress made on the initial foster care plan or make changes in the plan
3. Court reviews progress toward meeting the foster care goal, approves or disapproves changes to the plan

4. Judicial determination (finding) is made whether reasonable efforts have been made to return the child home if that is the goal or to finalize another permanent placement
- C. Initial Permanency Planning Hearing - Va. Code § 16.1-282.1, -281(B), -283
1. Hearing is within 5 months of foster care review, or within 30 days of finding reasonable efforts to reunite are not required
 2. Purpose of this hearing is to establish a permanent goal for a child and either to achieve the goal or defer such action through approval of an interim plan for a maximum of six months
 3. Approval of an interim plan requires particularized court findings, for example, if the goal for the child is to return home, the court must find that:
 - a. the parent has made marked progress toward reunification with the child
 - b. the parent has maintained a close and positive relationship with the child
 - c. the child is likely to return home within the near future
 4. Child's placement must be described in foster care plan
 - a. Including in state and out of state options and whether placement is in or out of state
 - b. If placement is out of state, plan must provide the reason why the placement is appropriate and in the best interests of the child
 5. Child's right to be heard - § 16.1-282.1
 - a. Consultation with the child by judge in age appropriate manner in every permanency hearing unless the court finds that such consultation is not in the best interests of the child
 - b. Child in permanent foster care or another planned permanent living arrangement must be asked about child's desired permanency outcome
 6. Child placed out of state
 - a. Least restrictive alternative possible is preferred

- b. All in state and out of state options shall be documented in foster care plan
- c. Court shall consider and if child is placed out of state, determine if appropriate and in best interests of child

7. Necessary reasonable efforts findings and implications

- a. Court shall find whether reasonable efforts have been made to reunite the child with the child's prior family, if returning home is the permanent goal for the child; or whether reasonable efforts have been made to achieve the permanent goal identified by the board or agency, if the goal is other than returning the child home
- b. Federal law requires reasonable efforts to place the child in a timely manner in accordance with the permanency plan, and to complete whatever steps are necessary to finalize the permanent placement of the child; Virginia statute satisfies this
- c. Implications
 - i. Finding is required for Title IV-E funding within 12 months of the date the child is considered to have entered foster care and every 12 months thereafter
 - ii. Without finding made timely and documented in court order, the child's case is ineligible for federal financial participation until the finding is made. See 45 CFR § 1356.21(b).

8. Reasonable efforts for siblings

- a. Local departments of social services must make reasonable efforts to place siblings together and if they can't, to provide frequent visitation among the siblings unless contrary to the safety or well-being of any of the siblings
- b. Consider reasonable efforts for siblings in making reasonable efforts findings to reunify the child and family or finalize an alternate permanency plan, but a specific court finding on reasonable efforts for siblings is not required
- c. Va. Code § 63.2-912 authorizes courts to grant visitation rights to siblings (and parents, grandparents), and requires the court's order to state the nature and extent of any visitation rights granted

D. Subsequent permanency planning hearing - Va. Code § 16.1-282.1

The same requirements apply to this hearing as apply to the first permanency planning hearing.

VIII. Termination of Residual Parental Rights - Va. Code § 16.1-283

A. Standing and requirements of filing petition

1. Child must be in foster care
2. No petition shall be accepted by the court prior to the filing of a foster care plan documenting that termination of parental rights is in the best interest of the child
3. Separate petitions are required for each parent (not on same petition)
4. Adoptive family need not have been identified prior to filing petition
5. Local department of social services is required to file petitions to terminate parental rights when the child has been in foster care for 15 out of the past 22 months. Va. Code § 63.2-910.2
6. Guardian ad litem has standing to file for termination of parental rights. *Stanley v. Fairfax County Dep't of Social Servs.*, 242 Va. 60 (1991).

B. Hearing

1. Various grounds for termination of parental rights are specified in § 16.1-283
2. Foster care plan with goal of adoption (petition for permanency planning hearing) may be heard in the same proceeding as the termination of parental rights petition(s)
3. Clear and convincing evidence required to grant petition(s)
4. Reasonable efforts must have been provided to the parent(s), unless not required under law
5. Parental rights of one parent may be terminated without affecting rights of other parent
6. Child's' right to object: parental rights may not be terminated if child age 14 years or otherwise of an age of discretion objects

C. Court Order and Next Steps

1. Order terminating parental rights shall be accompanied by an order continuing or granting custody to a local department of social services or

child placing agency or granting custody or guardianship to a relative or other interested individual, subject to specified findings

- a. However, the court shall consider granting custody to a relative, including grandparents
- b. An order continuing or granting custody to a local department of social services or child placing agency shall indicate whether the department or agency has authority to place the child for adoption and consent thereto

2. Adoption Progress Report shall be filed in the juvenile and domestic relations district court every 6 months from the date of an order terminating parental rights, for the purpose of reviewing progress being made to place child in an adoptive home

D. Appeal of Involuntary Termination of Parental Rights

1. Trial de novo in circuit court within 90 days of appeal - § 16.1-296 C
2. Court of Appeals - case takes precedence on the docket. *Id.*

IX. Post Permanency Planning

A. Foster Care Review Hearing

1. Held within 6 months of approving placement in another planned permanent living arrangement. Va. Code § 16.1-282.1.
2. Held annually pursuant to § 16.1-282.2 for any child who remains in the custody of a local department of social services or child welfare agency
 - a. On whose behalf petitions to terminate parental rights have been granted, filed, or ordered to be filed
 - b. Who is placed in permanent foster care
 - c. For whom the plan is independent living with services to transition from foster care
3. Court shall inquire of GAL and local DSS whether child has expressed a preference for the possibility of restoring parental rights and, if so, the court shall direct the GAL or local DSS to conduct an investigation of the parent or parents

B. Adoption Progress Report

Filed every 6 months from the date of the order terminating parental rights and heard every 12 months with the petition for foster care review, for the purpose of reviewing progress being made to place child in an adoptive home

C. Restoration of parental rights pursuant to § 16.1-283.2

1. Petition may be filed by guardian ad litem or the local department of social services if:
 - a. Child is at least 14 years of age
 - b. Child was adjudicated abused, neglected, in need of services or supervision, or delinquent
 - c. Parent's rights were involuntarily terminated at least 2 years prior to filing petition
 - d. Child has not achieved his permanency goal or the permanency goal was achieved but not sustained
 - e. Child and parent consent to the restoration of parental rights
2. Petition may be filed by GAL or local DSS after an investigation ordered by the court pursuant to § 16.1-282.2, when child has expressed a preference to have the possibility of restoration of parental rights investigated

X. Fostering Futures

A. Description

Program of extended foster care services available to eligible youth reaching age 18 on or after July 1, 2016. 2018 Appropriation Act, Item 344.

B. Scope

Local department of social services and youth may enter into a voluntary continuing services agreement for youth age 18 to 21 to receive continuing services and support

C. Additional Eligibility Criteria

1. Child was in foster care before 18
 - a. Youth turned 18 while in foster care and is not yet 21 (includes permanent foster care non-custodial foster care or entrusted)
 - b. Youth was released from DJJ custody between ages 18-21 and was in foster care immediately prior to commitment to DJJ

- c. Life skills: engaged in an eligible program (education, vocation, employment, etc., or incapable due to a medical condition)
- d. Living arrangement: living in independent living setting (may be a foster home; may not be a group home or residential treatment facility)

D. Court Process

1. Local department of social services files petition for approval of agreement
2. Court may appoint counsel to represent the youth, preferably the lawyer who formerly represented the youth as GAL while in the custody of the local department prior to reaching age 18
3. Court may enter order approving the agreement and may schedule the case for future review hearings

XI. New Federal Law Transforms Child Welfare

A. Family First Prevention Services Act (FFPSA) (Public Law 115-123, February 9, 2018) - Overview

1. Expands use of Title IV-E funds to reimburse states for providing evidence-based foster care prevention services effective October 1, 2018
 - a. Eligibility includes child and/or parent/kin caregiver
 - b. Types of prevention services
 - i. Services to address mental health challenges
 - ii. Substance abuse treatment
 - iii. In-home parent skill-based programs
2. Restricts federal reimbursement for foster care maintenance of a child placed in a group home or residential treatment facility, with certain exceptions
3. Encourages placements of children in foster care with relatives and with their siblings or in foster family homes¹

¹ Virginia's use of congregate care is comparatively high, with 17% of children in foster care placed in non-family settings compared to 12% nationwide, as of 9/30/2016. JOINT LEGISLATIVE AUDIT AND REVIEW COMMISSION, IMPROVING VIRGINIA'S FOSTER CARE SYSTEM at 37 (2018). <http://jlarc.virginia.gov/2018-foster-care.asp> (last visited March 19, 2019).

B. Virginia Plans to Implement FFPSA in Stages

1. 2019 Virginia General Assembly aligned state law
 - a. Requires a criminal background check as a condition of employment, volunteering, or providing services on a regular basis in a children's residential facility licensed by specified state agencies. Va. Code § 37.2-408.1. 2019 Acts of Assembly Ch. 100 (Senate Bill 1678), Ch. 282 (House Bill 2014) (contains emergency enactment clause; effective March 8, 2019).
 - b. Establishes requirements for court approval when a child is placed in a "Qualified Residential Treatment Program." 2019 Acts of Assembly Ch. 282 (House Bill 2014), Ch. 688 (Senate Bill 1679) (effective July 1, 2019).
2. Placements in Qualified Residential Treatment Programs - start date TBA
3. Implementation of FFPSA foster care prevention services - start date TBA

C. FFPSA Placement Preferences

1. In general, states are eligible for federal reimbursement of foster care maintenance payments made on behalf of foster children placed:
 - a. in a foster family home,
 - b. with a parent residing in a licensed residential family-based substance abuse treatment facility meeting certain requirements, see 42 U.S.C. 672(j), or in a "child-care institution,"² with certain limitations. See 42 U.S.C. § 672(a).
2. Title IV-E will not reimburse foster care maintenance payments made by a state on behalf of a child placed in a child care institution, beginning with the 3rd week of the placement, unless the child is placed in one of the following³:

² A "child care institution" means a private or child-care institution, or a public child-care institution which accommodates no more than 25 children, which is licensed by the State...or has been approved by the agency...." 42 U.S.C. § 672(c). At any given time, 15-16% of Virginia's foster care population is placed in a non-family setting, including group homes and psychiatric treatment facilities. Only psychiatric treatment facilities will likely meet the new federal standard.

³ 42 U.S.C. § 672(k).

- a. Setting specializing in prenatal, post-partum, or parenting supports for pregnant or parenting youth
- b. Residential facility providing care and support for youth who are or are at risk of becoming victims of human trafficking
- c. Supervised independent living setting for youth 18 or older (Virginia’s “Fostering Futures” program)
- d. Juvenile justice setting (but numbers of youth placed may not increase)
- e. “Qualified residential treatment program” (QRTP) with court approval and child must meet strict clinical criteria. See 42 U.S.C. § 671(k)(4). See also Va. Code §§ 16.1-228, 16.1-281, 16.1-282, 16.1-282.1, 16.1-282.2, 63.2-100, 63.2-906.1.

D. Requirements for Placement in a Qualified Residential Treatment Program (QRTP)

- 1. What is a QRTP? (Va. Code §§ 16.1-228, 63.2-100)
 - a. 24-hour residential treatment program (facility) for children in foster care; is licensed and accredited by DBHDS⁴
 - b. Meets the clinical and other needs of children with serious emotional or behavioral disorders
 - c. Uses a “trauma-informed”⁵ treatment model
 - d. Employs registered and/or licensed clinical staff on site and available 24 hours/day, 7 days/week
 - e. Facilitates child maintaining connections with family members, including siblings, and “fictive kin” (defined term)
 - f. Facilitates engagement of family in child’s treatment program, if in child’s best interests
 - g. Provides discharge planning and 6 months of aftercare

⁴ An estimated 39/141 Virginia facilities may receive “endorsement” by October 2019.

⁵ The organizational structure and treatment framework of a QRRP must address the consequences of trauma and facilitate healing. Virginia’s Children’s Cabinet has adopted the federal Department of Health and Human Services Substance Abuse and Mental Health Services Administration’s definition of “trauma informed” for use in Virginia.

- h. Requires that any child placed in the program receive an assessment within 30 days of placement by a “qualified individual” (defined term)
2. Assessment requirement (set out in definition of “qualified residential treatment program,” Va. Code §§ 16.1-228, 63.2-100):
 - a. Timing - assessment must be completed within 30 days of placement
 - b. Conducted by a “qualified individual,” meaning a trained professional or licensed clinician who is independent of the placing agency and placement setting. Va. Code §§ 16.1-228, 63.2-100.⁶ (CSBs may conduct these assessments)
 3. Role of qualified individual in assessment (set out in definition of “qualified residential treatment program” Va. Code §§ 16.1-228, 63.2-100):
 - a. Assesses child’s strengths and needs using a designated tool (currently used for Medicaid approval process for residential treatment)
 - b. Identifies whether the child’s needs can be met in a placement with a family member or in a foster home
 - c. Addresses whether the QRTP is the least restrictive environment and consistent with the short- and long-term goals for the child set forth in his foster care or permanency plan
 - d. Establishes list of short- and long-term mental and behavioral health goals for the child
 - e. Conducts assessment in conjunction with child’s “family and permanency team,” defined in § 63.2-100. See *also* Va. Code § 63.2-906.1.
 - f. Documents assessment in a written report filed with the court prior to any hearing on the child’s placement.
 4. Case plan requirements (Va. Code § 63.2-906.1; see *also* Va. Code §§ 16.1-281 B):

⁶ More specifically, a “qualified individual” for the purpose of conducting a QRTP assessment is a “licensed mental health professional” as defined in 12 VAC 35-105-20 (a physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed substance abuse treatment practitioner, licensed marriage and family therapist, certified psychiatric clinical nurse specialist, or licensed behavior analyst).

- a. Developed by local department of social services or child placing agency
 - b. Describes reasonable and good faith efforts agency made to identify the child's relatives, fictive kin, and professionals to be included on the child's Family and Permanency Team
 - c. Family and Permanency Team involvement in case plan
 - i. Agency must include contact information
 - ii. Meetings must be held at times and places convenient to the family
 - iii. Child's parent participates in selecting members of the team if the goal is reunification
 - d. Assessment was done according to law and in conjunction with the FPT
 - e. Considers placement preferences of the child and FPT "with recognition that the child should be placed with his siblings unless the court finds that such placement is contrary to the best interests of the child"
 - f. If the child's and FPT placements preferences differ from the placement recommended in the assessment, the reasons why their preferences were not recommended
5. Hearing and court approval of placement is required
- a. Initial approval within 60 days of placement. Va. Code § 16.1-281 E (requirements for court hearing). See also Va. Code §§ 16.1-282, -282.1, -282.2, and 63.2-906.1.
 - b. Qualified individual must submit written assessment report prior to any hearing on the child's placement in a QRTP
 - c. Local board or child placing agency files a foster care plan or permanency plan, including all information required in § 63.2-906.1 for placement in a QRTP
 - d. Local board shall present evidence that demonstrates the child's needs cannot be met in a foster home and the QRTP provides the most appropriate level of care in the least restrictive environment and is consistent with the short and long term goals for the child in the foster care plan or permanency plan; the length of time placement is

expected to continue; and efforts to achieve the child's goal. See Va. Code § 16.1-281. See *also* Va. Code §§ 16.1-282, -282.1, -282.2, and 63.2-906.1.

6. Court's role in QRTP process
 - a. Consider qualified individual's assessment, determination, and documentation
 - b. Consider local board or child placing agency's documentation in foster care or permanency plan and evidence presented on QRTP placement
 - c. Determines whether the needs of the child can be met through a placement in a foster family home or, if not, whether a QRTP provides the most effective and appropriate level of care for the child in the least restrictive environment and is consistent with the child's short and long term goals in the permanency plan and approves or denies the QRTP placement
7. Time limits on placement in QRTP
 - a. Only for time needed to provide services and treatment, up to 12 consecutive or 18 non-consecutive months for child 13 years or older, or 6 months for 12 or younger
 - b. Placement for longer requires written approval of VDSS Commissioner to federal Secretary of HHS



Virginia Department of Education

In this section:

- **Overview of Educational Stability for Youth in Foster Care**
- **Challenges**
- **State Funding**
- **Summary of Federal and State Statutory Requirements**
- **Flowchart: School Placement Process For Students In Foster Care**
- **Preliminary Data About Academic Achievement and Graduation Rates for Students In Foster Care**
- **Provisions In the Appropriation Act and Code of Virginia Related to Foster Care Reimbursement**
- **Annual Superintendent's Memo Distributed to School Divisions – Student Enrollment Requirements – Foster Care Provisions Highlighted**

Facts about Foster Youth and Education in Virginia

- More than 5,000 children and youth in foster care in Virginia (2018):
 - Approximately 80 percent (3,385) are school-aged (ages 4-17) per Virginia Department of Social Services' data
- Changes in Home Placement often mean changes in School Placement for Foster Care Youth, which means the youth are adjusting to:
 - Different curricula;
 - Different expectations;
 - New friends;
 - New teachers; as well as
 - New family and home environment.
- In 2016-17, out-of-district students in foster care were served for 158,816 days (882 full-time students) and out-of-district foster care special education students were served for 97,935 days (544 full-time students). The reimbursement for this was \$10.1 million provided in 2017-18.
- Virginia Departments of Education and Social Services issued joint guidance in October 2017 (*Foster Connections and the Every Student Succeeds Act: Joint Guidance for School Stability*)

of Children and Youth in Foster Care) and must work together to ensure a smooth transition for the student.

→ Challenges for educational stability include the following:

- High turnover of Case Workers in Local Departments of Social Services, which affects training efforts;
- Limited funding and resources for transportation of children in foster care;
- Delays in enrollment due to meeting the requirements of the Individualized Education Program (IEP), Children’s Services Act processes, and transitioning students from private placements to public placements.; and
- Requirements of joint decision-making and immediate enrollment.

→ Commonwealth reimburses localities for educating students in foster care who are not residents of their school division.

→ Local Social Services Agency and the local school division determine jointly the best determination about educational placement based on the needs of the student.

→ Social Services works in collaboration with the School’s Foster Care Liaison to transition the child, coordinating IEP, transportation and other needs of the student.

→ Students in foster care who are transitioning to new schools must be enrolled immediately, even if they do not possess the necessary enrollment documents (i.e., health and immunization records, birth certificate) at that time.

→ At the time of enrollment, case workers must provide in writing, to the best of his/her knowledge, the student’s age, and declare that the student is in good health and free from communicable or contagious diseases.

→ Case workers have 30 days after enrollment to provide a birth certificate and obtain a health physical for the student with immunization records.

→ The Social Services agency must notify the principal and superintendent about the student in foster care who is being enrolled, and inform the principal of the parental rights status within 72 hours of student placement.

→ Based on new tracking of foster care youth in 2017-18, with a 322 student cohort, the following was tracked:

- 241 youth in foster care graduated High School
- 74.8% graduated on-time
- 56 students in foster care dropped-out of high school (17.4%)

Contact Information

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Superintendent – Dr. James F. Lane

I. Overview of Educational Stability for Youth in Foster Care

Of the more than 5,000 children and youth in foster care in Virginia, approximately 80 percent are school-aged (ages 4-17). According to the Virginia Department of Social Services (VDSS), 3385 children and youth between the ages of five to 17 were in foster care on September 30, 2018.

Children and youth in foster care are among the most vulnerable populations in our country. Children in foster care experience much higher levels of residential and school instability than their peers. Studies have revealed that students in foster care at age 17 were less likely to graduate from high school with only 65 percent graduating by age 21 compared to 86 percent among all youth ages 18 to 24.¹ Statistics show that close to 64 percent of youth in care experience two or more foster home placements throughout the duration of one foster care episode, indicating the vital need to provide stability for these youth wherever possible. Stability, when in the youth's best interest, is promoted by maintaining a predictable and familiar school environment where the youth is known, cared for, and supported.

For children and youth in foster care, a change in *home* placement frequently results in a change in *school* placement. The educational impact of every school change is significant. Each time students enter new schools they must adjust to different curricula, different expectations, new friends, and new teachers. Keeping children in the same school:

- provides continuity in education;
- maintains important relationships at school;
- provides stability during a traumatic time for the children; and
- improves educational and life outcomes.

Virginia began addressing the need for educational stability through collaborative efforts among social services staff and educators in 2010. Federal and state legislation and practitioners in the field have informed this work. Most recently, the Virginia Department of Education (VDOE) and VDSS issued *Foster Connections and the Every Student Succeeds Act: Joint Guidance for School Stability of Children and Youth in Foster Care* in October 2017. Both state agencies support localities and their designated points of contact through ongoing regional trainings and technical assistance to ensure school stability or immediate enrollment when stability is determined not to be in the student's best interest.

II. Challenges

The challenges to implementation of educational stability include high turnover of case workers in local DSS offices that affects training efforts, limited funding and resources to provide

¹ National Center for Education Statistics (2014). *Digest of education statistics*, 2014 104.40.
Retrieved from https://nces.ed.gov/programs/digest/d15/tables/dt15_104.40.asp?current=yes

transportation to maintain school stability. Delays in enrollment can be caused by additional steps when the IEP process must be followed, when the Children's services Act (CSA) processes are involved, and when students are stepping down from private placements and schools are concerned about student needs and safety.

The *Code of Virginia* (§ 22.1-3.4.) requires a joint decision about educational stability but also requires immediate enrollment. It is unclear how to resolve a possible conflict when a case worker has not followed the joint decision making process and presents a student for immediate enrollment.

III. State Funding

The Commonwealth provides foster care funding to reimburse localities for educating students in foster care who are not residents of their school division, under the authority set forth in the *Code of Virginia* at § 22.1-101.1 and in the Appropriation Act, at Item 136.C.25. State funds are provided for prior year local operations costs for each pupil who is not a resident of the school division providing his education if the student has been placed in foster care or other custodial care within the geographical boundaries of such school division by a Virginia child-placing agency. Funds also cover children who have been placed in an orphanage or children's home which exercises legal guardianship rights, or who is a resident of Virginia and has been placed, not solely for school purposes, in a child-caring institution or group home. Funds are also provided to support children with disabilities attending public school who have been placed in foster care or other such custodial care across jurisdictional lines.

These reimbursements are based on the number of days that foster care students were educated in the serving division and average local expenditure. In the 2016-17 school year, out-of-district students in foster care were served for 158,816 days, or the equivalent of 882 full-time students. In the same year, out-of-district foster care special education students were served for 97,935 days, or the equivalent of 544 full-time students. The appropriated reimbursement for the 2016-17 school year, which was provided during FY2017-18, was approximately \$10.1 million.

IV. Appendices

- A. Summary of Federal and State Statutory Requirements
- B. Flowchart: School Placement Process for Students in Foster Care
- C. Preliminary data about academic achievement and graduation rates for students in foster care
- D. Provisions in the Appropriation Act and *Code of Virginia* related to Foster Care Reimbursement
- E. Annual Superintendent's Memo distributed to school divisions – Student Enrollment Requirements – Foster care provisions highlighted

Summary of Federal and State Statutory Requirements

The federal *Fostering Connections to Success and Increasing Adoptions Act of 2008* (Fostering Connections) (P.L. 110-351, Section 204) requires child welfare agencies to provide:

(i) assurances that the placement of the child in foster care takes into account the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled at the time of placement; and

(ii)(I) an assurance that the State agency has coordinated with appropriate local educational agencies (as defined under section 9101 of the Elementary and Secondary Education Act of 1965) to ensure that the child remains in the school in which the child is enrolled at the time of placement; or (II) if remaining in such school is not in the best interests of the child, assurances by the State agency and the local educational agencies to provide immediate and appropriate enrollment in a new school, with all of the educational records of the child provided to the school.

The federal *Every Student Succeeds Act of 2015* (ESSA) (P.L. 114-95) provides a parallel mandate for state and local departments of education to provide educational stability for youth in foster care. ESSA reauthorizes and amends the *Elementary and Secondary Education Act of 1965* and includes foster care provisions under Title I, Part A that complement requirements in the Fostering Connections Act, emphasizing shared agency responsibility and decision making. These provisions include:

- Local Title I plans must contain an assurance that the LEA will collaborate with the state or local child welfare agency to:
 - Designate a point of contact if the corresponding child welfare agencies notifies the LEA, in writing, that it has designated a point of contact for the LEA.
 - Develop and implement procedures for how transportation to maintain foster youth in their schools of origin, when in their best interest, will be provided, arranged and funded, which must:
 - Ensure that youth in foster care who need transportation to the school of origin promptly receive it in a cost-effective manner, and in accordance with the child welfare agency's authority to use child welfare funding available under section 475(4)(A) of Title IV-E of the Social Security Act to provide transportation.
 - Ensure that if there are additional costs incurred in providing transportation to the school of origin, LEAs will provide it if:
 - they are reimbursed by the child welfare agency;
 - the LEA agrees to pay the costs; or

- the LEA and the child welfare agency agree to share the costs.
- Beginning with the 2017-18 school year, states are required to publicly report achievement and graduation rates for students in foster care, at the state, division, and school level.

The *Code of Virginia* reinforces Fostering Connections and ESSA for educational stability.

§ 22.1-3.4. Enrollment of certain children placed in foster care.

A. Whenever a student has been placed in foster care by a local social services agency and the placing social services agency is unable to produce any of the documents required for enrollment pursuant to § 22.1-3.1, 22.1-270, or 22.1-271.2, the student shall immediately be enrolled; however, the person enrolling the student shall provide a written statement that, to the best of his knowledge, sets forth (i) the student's age (ii) compliance with the requirements of § 22.1-3.2, and (iii) that the student is in good health and is free from communicable or contagious disease.

B. The sending and receiving school divisions shall cooperate in facilitating the enrollment of any child placed in foster care across jurisdictional lines for the purpose of enhancing continuity of instruction. The child shall be allowed to continue to attend the school in which he was enrolled prior to the most recent foster care placement, upon the joint determination of the placing social services agency and the local school division that such attendance is in the best interest of the child.

C. In the event the student continues to attend the school in which he was enrolled prior to the most recent foster care placement, the receiving school division shall be accorded foster children education payments pursuant to § 22.1-101.1; further, the receiving school division may enter into financial arrangements with the sending school division pursuant to subsection C of § 22.1-5. Under no circumstances shall a child placed in foster care be charged tuition regardless of whether such child is attending the school in which he was enrolled prior to the most recent foster care placement or attending a school in the receiving school division.

D. For the purposes of subsections A, B, and C:

"A child or student placed in foster care" means a pupil who is the subject of a foster care placement through an entrustment or commitment of such child to the local social services board or licensed child-placing agency pursuant to clause (ii) of the definition of "foster care placement" as set forth in § 63.2-100.

For the purposes of this section:

"Receiving school division" means the school division in which the residence of the student's foster care placement is located.

"Sending school division" means the school division in which the student last attended school.

E. Notwithstanding the provisions of subsections A, B, and C or § 22.1-3 or 22.1-5, no person of school age who is the subject of a foster care placement, as such term is defined in § 63.2-100, shall be charged tuition.

§ 63.2-900.3. School placement of children in foster care.

When placing a child of school age in a foster care placement, as defined in § 63.2-100, the local social services agency making such placement shall, in writing, determine jointly with the local school division whether it is in the child's best interests to remain enrolled at the school in which he was enrolled prior to the most recent foster care placement, pursuant to § 22.1-3.4.

School Placement Process for Students in Foster Care

A student in foster care needs an initial or change in residence.

- The LDSS case worker notifies the current school that the student needs an initial or change in residence.
- The school provides the LDSS case worker with information regarding the appropriateness of the student's current educational setting.
- The LDSS case worker determines most appropriate residence for student, taking into account information provided by school and proximity to the current school.
- LDSS case worker makes the residence placement and, within 72 hours, notifies the foster care liaison(s) of student's new residence and need for joint determination of student's best interest for school placement and notifies the LDSS educational stability liaison.
- Complete FC/ESSA Form A-17.

The LDSS case worker collects information from the student, parents, and other possible BID members using communication options in Guidance.

The foster care liaison shares information with the school of origin (SOO) transportation designee to identify options according the local Title I Plan.

The foster care liaison collects information from appropriate school and division staff, including an IEP team representative if the student has an IEP.

The SOO transportation designee provides the foster care liaison with possible transportation options.

Taking into account input from all members, the LDSS case worker and foster care liaison jointly determine if the student's best interest is to remain in current school.
Complete FC/ESSA Form B-17 2017.

As quickly as possible. Within 3 work days of residence change.

Yes

Student remains in current school.

The school division explores options to support SOO transportation and notifies the LDSS case worker.

If the school division does not have any options or cannot provide complete coverage, LDSS arranges and pays for transportation for the child using Title IV-E funds or requesting CSA funds.

When "specialized" transportation is indicated in child's IEP, the school division responsible for FAPE arranges and pays for transportation.

No

LDSS case worker notifies school division and school of child's new residence of need to enroll student.

LDSS case worker, foster parent or LCPA presents child for immediate enrollment in school of residence with required information and certifications. Present completed FC/ESSA Form C -17.

School of residence immediately enrolls student.

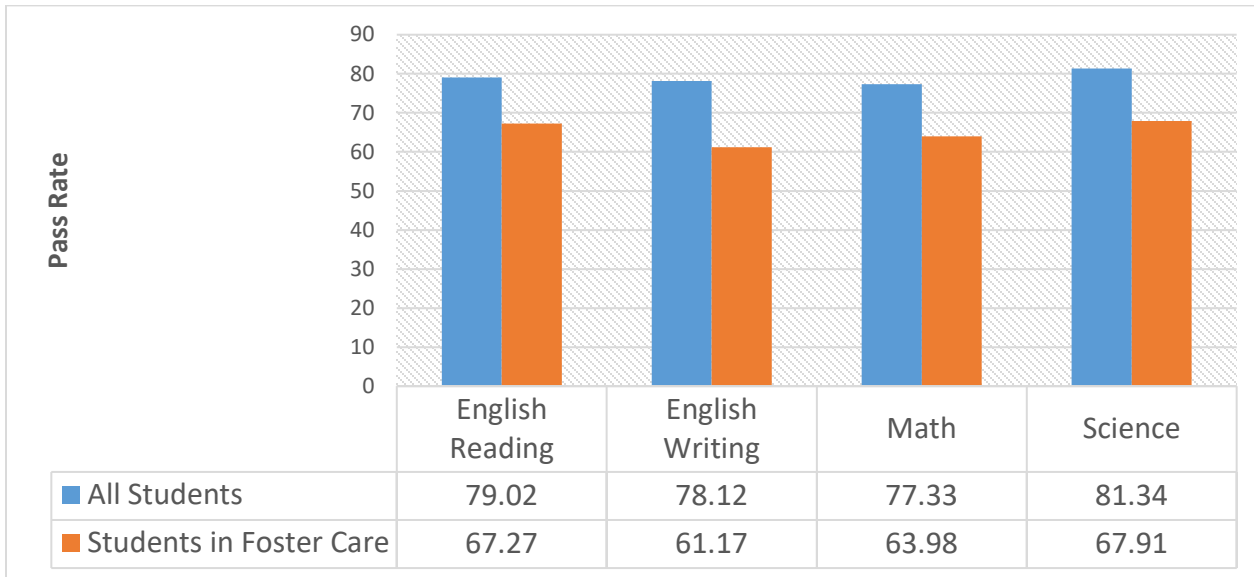
Sending school expedites transfer of school records to receiving school. (within 5 days)

Within 30 days

LDSS case worker provides receiving school any missing required documentation.

Note: Some steps may occur concurrently.

2017 - 2018: SOL Pass Rates by Subject



Note: These are preliminary, baseline data. The 2017-18 academic year was the initial year for flagging students in foster care, and these data should be viewed cautiously.

Status of Virginia Students After Four Years of High School

Students Subgroup	Students in Cohort	Graduates	On-Time Graduation Rate	Completers	Completion Rate	Cohort Dropouts	Cohort Dropout Rate
All Students	97961	89739	91.6	90917	92.8	5399	5.5
Students with Disabilities	11674	10297	88.2	10480	89.8	1105	9.5
Economically Disadvantaged	33921	29734	87.7	30279	89.3	2637	7.8
Homeless	1422	1017	71.5	1066	75	302	21.2
Foster Care	322	241	74.8	252	78.3	56	17.4
Military Connected	3170	3096	97.7	3108	98	38	1.2

Note: The on-time graduation rate should reflect all students identified as being in foster care at any point during the four years of high school. Since the foster care data flag was new in 2017-18, the graduation rate above only refers to students flagged during the last academic year. Students who were in foster care during previous years of high school and those not flagged during the baseline year are not captured in these statistics.

Provisions in the Appropriation Act and *Code of Virginia* related to Foster Care Reimbursement

2019 Appropriation Act (as enrolled)

Item 136.C.25. Foster Children Education Payments

a. An additional state payment is provided from the Lottery Proceeds Fund for the prior year's local operations costs, as determined by the Department of Education, for each pupil of school age as defined in § 22.1-1, *Code of Virginia*, not a resident of the school division providing his education (a) who has been placed in foster care or other custodial care within the geographical boundaries of such school division by a Virginia agency, whether state or local, which is authorized under the laws of this Commonwealth to place children; (b) who has been placed in an orphanage or children's home which exercises legal guardianship rights; or (c) who is a resident of Virginia and has been placed, not solely for school purposes, in a child-caring institution or group home.

b. This appropriation provides ~~\$11,010,422~~ \$9,615,192 the first year and ~~\$11,979,339~~ \$10,387,961 the second year from the Lottery Proceeds Fund to support children attending public school who have been placed in foster care or other such custodial care across jurisdictional lines, as provided by subsections A and B of § 22.1-101.1, *Code of Virginia*. To the extent these funds are not adequate to cover the full costs specified therein, the Department is authorized to expend unobligated balances in this Item for this support.

§ 22.1-101.1. Increase of funds for certain nonresident students; how increase computed and paid; billing of out-of-state placing agencies or persons.

A. To the extent such funds are appropriated by the General Assembly, a school division shall be reimbursed for the cost of educating a child who is not a child with disabilities and who is not a resident of such school division under the following conditions:

1. When such child has been placed in foster care or other custodial care within the geographical boundaries of the school division by a Virginia agency, whether state or local, which is authorized under the laws of this Commonwealth to place children;
2. When such child has been placed within the geographical boundaries of the school division in an orphanage or children's home which exercises legal guardianship rights; or
3. When such child, who is a resident of Virginia, has been placed, not solely for school purposes, in a child-caring institution or group home licensed under the provisions of Chapter 17 (§ [63.2-1700](#) et seq.) of Title 63.2 which is located within the geographical boundaries of the school division.

B. To the extent such funds are appropriated by the General Assembly, a school division shall be reimbursed for the cost of educating a child with disabilities who is not a resident of such school division under the following conditions:

1. When the child with disabilities has been placed in foster care or other custodial care within the geographical boundaries of the school division by a Virginia agency, whether state or local, which is authorized under the laws of this Commonwealth to place children;
2. When such child with disabilities has been placed within the geographical boundaries of the school division in an orphanage or children's home which exercises legal guardianship rights; or
3. When such child with disabilities, who is a resident of Virginia, has been placed, not solely for school purposes, in a child-caring institution or group home licensed under the provisions of Chapter 17 (§ [63.2-1700](#) et seq.) of Title 63.2 which is located within the geographical boundaries of the school division.

C. Each school division shall keep an accurate record of the number of days which any child, identified in subsection A or B above, was enrolled in its public schools, the required local expenditure per child, the handicapping condition, if applicable, the placing agency or person and the jurisdiction from which the child was sent. Each school division shall certify this information to the Board of Education by July 1 following the end of the school year in order to receive proper reimbursement. No school division shall charge tuition to any such child.

D. When a child who is not a resident of Virginia, whether disabled or not, has been placed by an out-of-state agency or a person who is the resident of another state in foster care or other custodial care or in a child-caring institution or group home licensed under the provisions of Chapter 17 (§ [63.2-1700](#) et seq.) of Title 63.2 located within the geographical boundaries of the school division, the school division shall not be reimbursed for the cost of educating such child from funds appropriated by the General Assembly. The school division in which such child has been enrolled shall bill the sending agency or person for the cost of the education of such child as provided in subsection C of § [22.1-5](#).

The costs of the support and maintenance of the child shall include the cost of the education provided by the school division; therefore, the sending agency or person shall have the financial responsibility for the educational costs for the child pursuant to Article V of the Interstate Compact on the Placement of Children as set forth in Chapters 10 (§ [63.2-1000](#) et seq.) and 11 (§ [63.2-1100](#) et seq.) of Title 63.2. Upon receiving the bill for the educational costs from the school division, the sending agency or person shall reimburse the billing school division for providing the education of the child. Pursuant to Article III of the Interstate Compact on the Placement of Children, no sending agency or person shall send, bring, or cause to be sent or brought into this Commonwealth any child for placement unless the sending agency or person has complied with this section by honoring the financial responsibility for the educational cost as billed by a local school division.

E. To the extent that state funds appropriated by the General Assembly pursuant to subsection A or B or other state funds, such as those provided on the basis of average daily membership, do not cover the full cost of educating a child pursuant to this subsection, a school division shall be reimbursed by (i) the school division in which a child's custodial parent or guardian resides or (ii) in the case of a child who has been placed in the custody of the Department of Social Services, the school division in which the parent or guardian who had custody immediately preceding the

placement resides, for any remaining costs of educating such child, whether disabled or not, who has been placed, not solely for school purposes, in (a) foster care or other custodial care within the geographical boundaries of the school division to be reimbursed, or (b) a child-caring institution or group home licensed under the provisions of Chapter 17 (§ [63.2-1700](#) et seq.) of Title 63.2 that is located within the geographical boundaries of the school division to be reimbursed.

Superintendent's Memo #184-18



COMMONWEALTH of VIRGINIA Department of Education

DATE: July 20, 2018
TO: Division Superintendents
FROM: James F. Lane, Superintendent of Public Instruction
SUBJECT: Student Enrollment Requirements – School Year 2018-2019

As you begin to prepare for the 2018-2019 school year, I want to take the opportunity to provide you with some general information and remind you about certain enrollment requirements. Please distribute this information as widely as possible throughout your school division to ensure that appropriate school division employees are aware of these requirements.

Compulsory Attendance

Section [22.1-254](#) of the *Code of Virginia* (the compulsory attendance law) provides:

...Except as otherwise provided in this article, every parent, guardian, or other person in the Commonwealth having control or charge of any child who will have reached the fifth birthday on or before September 30 of any school year and who has not passed the eighteenth birthday shall, during the period of each year the public schools are in session and for the same number of days and hours per day as the public schools, cause such child to attend a public school or a private, denominational, or parochial school or have such child taught by a tutor or teacher of qualifications prescribed by the Board of Education and approved by the division superintendent, or provide for home instruction of such child as described in § [22.1-254.1](#)....

The compulsory attendance law permits a child to attend a private or public school or receive an education through certain alternatives to school attendance, such as home instruction, unless the child is excused from attendance by a local school board, as referenced in § [22.1-254](#) of the *Code of Virginia* (*Code*). Parents who wish to seek a religious exemption to compulsory attendance must petition the school board and show that, by reason of bona fide religious training or belief, the pupil, together with his parents, is conscientiously opposed to attendance at school. (§ [22.1-254.B.1](#) of the *Code*)

Please refer to the Department of Education's [Guidelines for Home Instruction in Virginia](#) for additional information on home instruction and other alternatives to school attendance.

Any child who will not have reached his sixth birthday on or before September 30 of each school year whose parent or guardian notifies the appropriate school board that he does not wish the child to attend school until the following year because the child, in the opinion of the parent or guardian, is

not mentally, physically, or emotionally prepared to attend school, may delay the child's attendance for one year. (§ [22.1-254](#) of the *Code*)

Residency

Section [22.1-3](#) of the *Code* provides “[t]he public schools in each school division shall be free to each *person of school age* who resides within the school division....” Section [22.1-1](#) of the *Code* defines a *person of school age* to mean a person who will have reached his fifth birthday on or before September 30 of the school year and who has not reached twenty years of age on or before August 1 of the school year.

For the purposes of enrollment, the local school division determines whether a student meets the following residency requirements set out in the *Code*:

- The student is living with a natural parent or a parent by legal adoption.
- The student has a parent in the military and is living with a noncustodial parent or other person standing in loco parentis, not solely for school purposes, pursuant to a Special Power of Attorney executed under Title 10, United States Code, § 1044b, by the custodial parent.
- The student’s parents are deceased, and the student is living in loco parentis with a person who resides in that locality.
- The student is living in the locality, not solely for school purposes, as an emancipated minor.
- The student is experiencing homelessness as described in § [22.1-3\(A\)\(6\)](#) of the *Code*.
- The student is living with another person who resides in the school division, not solely for school purposes, and that individual: (a) is the court-appointed guardian, or has legal custody, of the person; or (b) is acting in loco parentis pursuant to placement of the person for adoption by a person or entity authorized to do so under § [63.2-1200](#) of the *Code*; or (c) is an adult relative providing temporary kinship care as that term is defined in § [63.2-100](#) of the *Code* when the student’s parents are unable to care for him or her.

The school division may require one or both of the parents and the adult relative providing kinship care to submit certain documents and verifications in order to enroll the child. In addition, a school division may also require the parent or adult relative to obtain written verification from the department of social services where the parent or parents live, or from both that department and the department of social services where the kinship care provider lives, to show that the kinship care arrangement serves a legitimate purpose that is in the best interest of the child and is not solely for purposes of school enrollment.

Please see § [22.1-3](#) for more information regarding residency.

Students with a Parent or Parents in the Military

Virginia is a member of the Interstate Compact on Educational Opportunity for Military Children (the Compact). The purpose of the Compact is to streamline the transfer of children of military families into Virginia public schools. Specifically, the Compact addresses the following: (1) education records and enrollment (Article IV), which contains provisions regarding record transfers, immunizations, and school entrance age; (2) placement and attendance (Article V), which contains provisions regarding course and program placement and special education services; (3) eligibility (Article VI), which addresses documentation requirements for enrollment; and (4) graduation

(Article VII), which addresses how receiving school divisions will facilitate the on-time graduation of military transfer students. (§ [22.1-360](#) of the *Code*)

The *Code* includes specific provisions governing the enrollment of military children:

- [A student of a military family is deemed a resident of a school division and cannot be denied admission or charged tuition if the student lives with a noncustodial parent or other person standing in loco parentis, not solely for school purposes, pursuant to a Special Power of Attorney executed under](#) Title 10, United States Code, § 1044b, by the custodial parent. Such students may continue to attend school in the school division they attended while residing with the custodial parent without paying tuition, or they may attend school in the school division in which the noncustodial parent or other person resides without paying tuition. (§§ [22.1-3.A.3](#) and [22.1-360, Art. VI of the Code](#))
- Children of a person on active military duty may remain enrolled in a school division, free of charge, upon relocation to military housing in another Virginia school division, when their parents receive an order for such relocation. (§ [22.1-3.B.1](#) of the *Code*)
- **New in 2018:** Children of a person on active military duty may remain enrolled in a school division upon relocation outside of the school division, free of charge until the end of the school year, when their parents receive an order to relocate to a new duty station or be deployed. (§ [22.1-3.B.2](#) of the *Code*)
- **New in 2018:** Children of a person on active military duty may enroll in the school division of the child’s intended residence, free of charge, once his parent is relocated pursuant to orders received. A permanent address must be established in the school division of the intended residence within 120 days, otherwise the school division may charge tuition. (§ [22.1-3.B.3](#) of the *Code*)
- **New in 2018:** School boards governing school divisions that contain a military installation or military housing must establish policies permitting students residing on a military installation or in military housing to enroll in any school within the school division, upon request of their parent if there is space available. (§ [22.1-7.2](#) of the *Code*)

For additional information about the enrollment of students of military families, please see http://www.doe.virginia.gov/support/student_family/military/index.shtml and http://www.doe.virginia.gov/support/student_family/military/guidance_training/index.shtml.

Students Experiencing Homelessness

School divisions must immediately enroll students experiencing homelessness and coordinate the provision of services to these students with relevant local social services agencies and other agencies and programs providing services to such students, and with other school divisions.

For more information regarding the enrollment of students experiencing homelessness, please see § [22.1-3 of the Code](#) and visit <https://education.wm.edu/centers/hope/> .

Students in Foster Care

A student who has been placed in a foster care placement by a local social services agency (as defined in § [63.2-100 of the Code](#)) shall be immediately enrolled in school even if the placing social

services agency is unable to produce the documents required for enrollment. In such cases, the person enrolling the student must provide a written statement that, to the best of his knowledge, sets forth the student's age and compliance with the requirements of § [22.1-3.2](#) of the *Code* and indicates that the student is in good health and free from communicable or contagious disease. (§ [22.1-3.4](#) of the *Code*)

Within 72 hours of placing a child of school age in a foster care placement, the local social services agency making such placement shall, in writing: (a) notify the principal of the school in which the student is to be enrolled and the superintendent of the relevant school division or his designee of such placement; and (b) inform the principal of the status of the parental rights.

Please refer to [Enrollment of Students in Foster Care](#) on the Virginia Department of Education's website for additional information regarding the enrollment of these students.

Birth Certificate

Except as provided in § [22.1-3.1](#) of the *Code*, no student shall be admitted for the first time to any public school in any school division in Virginia unless the person enrolling the student shall present, upon admission, a certified copy of the student's birth record. A photocopy of the child's birth certificate will not meet this requirement. If a certified copy of the child's birth certificate cannot be obtained, the person enrolling the child must submit a sworn statement setting forth the child's age and explaining the inability to present a certified copy.

Students in Foster Care. If the birth certificate is required for enrollment of the foster child and is not immediately available upon taking the child into custody, the placing social services agency shall obtain and produce or otherwise ensure compliance with such requirement for the foster child within 30 days after the child's enrollment. (§ [63.2-900.D](#) of the *Code*)

A certified copy of a birth record for a person born in Virginia may be obtained from the Division of Vital Records and Health Statistics at the Virginia Department of Health. Refer to the [Division of Vital Statistics](#) website for information about that process.

Comprehensive Pre-school Physical Examination

Section [22.1-270](#) of the *Code* precludes the admission of students for the first time to any public kindergarten or elementary school in a school division unless the student furnishes, prior to admission, a report of a comprehensive physical examination from a qualified licensed physician, or a licensed nurse practitioner or a licensed physician assistant acting under the supervision of a licensed physician. The examination must be of the scope prescribed by the State Health Commissioner and must have been performed within 12 months before the date the student first enters the public school. In the alternative, students may provide records showing that they furnished such a report upon admission to another school or school division and provide the information that was contained in that report.

Religious Exemption. Section [22.1-270](#) of the *Code* includes an exemption from the physical examination for students whose parents object for religious reasons. Such physical examination is

not required of any child whose parent objects on religious grounds and who shows no visual evidence of sickness, provided that the parent shall state in writing that, to the best of his knowledge, the child is in good health and free from any communicable or contagious disease.

Students with a Parent or Parents in the Military. Children of military parents must meet the physical examination requirements as the Interstate Compact on Educational Opportunity for Military Children does not waive this requirement for them.

Students Experiencing Homelessness. Section [22.1-3.4](#) of the *Code* provides specific requirements for the immediate enrollment of children in foster care who do not have the requisite physical examination report. Students experiencing homelessness cannot be excluded from school attendance because the requisite health information required of other students cannot be provided. School divisions must immediately refer the student to the school division liaison to assist the student in obtaining the necessary physical examination.

Students in Foster Care. If the report of a comprehensive physical examination is not immediately available upon taking the child into custody, the placing social services agency shall obtain and produce or otherwise ensure compliance with such requirements for the foster child within 30 days after the child's enrollment. (§ [63.2-900.D](#) of the *Code*)

Please note that while the report of the comprehensive physical examination must contain the elements prescribed by the State Health Commissioner, state law does not require it to be on the [School Entrance Health Form, MCH 213G](#) in order to be accepted by the local school board. Therefore, school divisions cannot deny enrollment to a student who provides the necessary report on a different form, as long as that form is attached to a MCH 213G. For more information, please refer to Superintendent's Memorandum #103-12, issued on April 20, 2012: http://www.doe.virginia.gov/administrators/superintendents_memos/2012/103-12.shtml.

Immunizations

Pursuant to § [22.1-271.2](#) of the *Code*, no student shall be admitted by a school if his parent does not submit documentary proof of immunization to the admitting official unless, at the time of admission, the student is exempted from immunization pursuant to subsection C, or the student is a homeless child or youth as defined in § [22.1-3](#) of the *Code*. If a student does not have documentary proof of immunization, the school shall notify the student or his parent: (i) that it has no documentary proof of immunization for the student; (ii) that it may not admit the student without proof unless the student is exempted pursuant to subsection C, including any homeless child or youth as defined in § [22.1-3](#) of the *Code*; (iii) that the student may be immunized and receive certification by a licensed physician, licensed nurse practitioner, registered nurse, or an employee of a local health department; and (iv) how to contact the local health department to learn where and when it performs these services. Documentation indicating that the child has received the required immunizations must be provided.

Any child whose immunizations are incomplete may be admitted conditionally if the parent or guardian provides documentation, at the time of enrollment, that the child has received at least one dose of the required immunizations and has a written schedule for completing the remaining doses

within 90 days. If the student requires more than two doses of hepatitis B vaccine, the conditional enrollment period shall be 180 calendar days.

Religious Exemption. No certificate of immunization shall be required for a student's school admission if the student or his parent submits an affidavit to the admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices; or the school has written certification from a licensed physician, licensed nurse practitioner, or a local health department that one or more of the required immunizations may be detrimental to the student's health, indicating the specific nature and probable duration of the medical condition or circumstance that contraindicates immunization.

Students with a Parent or Parents in the Military. Children of military families without documentation of immunizations should be immediately enrolled and shall have up to 30 days from the date of enrollment to obtain any immunizations required by the receiving state. (§ [22.1-360](#) of the Code)

Students Experiencing Homelessness. Students experiencing homelessness cannot be excluded from school attendance because the requisite immunization information required of other students cannot be provided. School divisions must immediately refer the student to the school division liaison to assist the student in obtaining the necessary proof of completion of immunizations.

Students in Foster Care. If the proof of immunization is not immediately available upon taking the child into custody, the placing social services agency shall obtain and produce or otherwise ensure compliance with such requirements for the foster child within 30 days after the child's enrollment. (§ [63.2-900.D](#) of the Code)

Please review the [School and Day Care Minimum Immunization Requirements](#) (available on the website for the Virginia Department of Health) for a list of the required immunizations.

Expulsion Statement

When a student is registered, the parent must provide a sworn statement or affirmation indicating whether the child has been expelled from attending a private school or another public school in Virginia or a school in another state for an offense involving weapons, alcohol or drugs, or for willful infliction of injury to another person. In addition, the parent must provide a sworn statement or affirmation indicating whether the student has been found guilty of or adjudicated delinquent for any offense listed in subsection G of § [16.1-260](#) of the Code or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories. (§ [22.1-3.2](#) of the Code)

Transfer Students

Section [22.1-253.13:4](#) of the Code (Standard 4 of the Standards of Quality) requires local school boards to make provisions for students who transfer between public secondary schools and from nonpublic schools or from home instruction as outlined in the [Regulations Establishing Standards for Accrediting Public Schools in Virginia](#) (SOA). The SOA, at [8VAC 20-131-60](#) provides:

...Students transferring in grades kindergarten through 8 from Virginia public schools or nonpublic schools accredited by one of the approved accrediting constituent members of the [Virginia Council for Private Education](#) (VCPE) shall be given recognition for all grade-level work completed. The academic record of students transferring from all other schools shall be evaluated to determine appropriate grade placement in accordance with policies adopted by the local school board.... ([8VAC20-131-60.A of the SOA](#))

...A secondary school shall accept credits toward graduation received from Virginia nonpublic schools accredited by one of the approved accrediting constituent members of the VCPE.... ([8VAC20-131-60.D of the SOA](#))

All school divisions should have policies regarding the transfer process.

Students from Other Countries

Generally, students who are 18 and 19 and who are transferring from high schools in other countries should be counseled on all options. However, they are still eligible for enrollment as a person of school age as provided in the *Code* unless they have a comparable diploma from a high school located in a foreign country. If a receiving school division has questions about a student's diploma or transcript, the receiving school division should research the issues to determine what kind of diploma the student has and to determine whether it comparable to Virginia's diploma requirements. In addition, students who are from other countries and who have special education needs may be eligible for special education and related services through age 21 if they have not graduated with a comparable diploma from a high school located in a foreign country. If an English Learner is enrolled in a Virginia public school and turns 22 during the school year, that student may continue through the end of that school year.

Questions have arisen regarding a local school board's authority to inquire into a prospective student's citizenship or visa status and to bar enrollment to those students who reside within the school division but do not hold a student visa. School divisions are not permitted to inquire into a prospective student's citizenship or visa status in order to enroll that student in school. Pursuant to a decision by the United States Supreme Court, *Plyler v. Doe*, 457 U.S. 202 (1982), school divisions are required to accept students who meet residency requirements under § [22.1-3](#) of the *Code* and may not deny a free public education to undocumented school-age children who reside within their jurisdiction because they do not hold valid United States citizenship or a student visa.

On May 8, 2014, the United States Department of Education (USED), in conjunction with the United States Department of Justice (USDOJ), issued an [advisory letter](#) reminding educational agencies that, under federal law, state and local educational agencies are required to provide all children with equal access to public education at the elementary and secondary levels. In the advisory letter, USED and USDOJ indicated that they had become aware of student enrollment practices that may discourage or lead to the exclusion of students based on their or their parents' or guardians' citizenship or immigration status. The letter of May 8, 2014 replaced the [advisory letter](#) previously issued May 6, 2011 and was written in response to inquiries the

Department received about the May 6, 2011 letter. The guidance in the May 8, 2014 letter is applicable to the 2018-2019 school year.

Here are highlights from the May 8, 2014 advisory letter:

- A school division should review the list of documents that can be used to establish residency and ensure that any required documents would not unlawfully bar or discourage a student who is undocumented or whose parents are undocumented from enrolling in or attending school.
- As with residency requirements, rules vary among states and school divisions as to what documents students may use to show that they fall within state or district mandated minimum and maximum age requirements, and jurisdictions typically accept a variety of documents for this purpose. A school division may not bar a student from enrolling in its schools because he or she lacks a birth certificate or has records that indicate a foreign place of birth, such as a foreign birth certificate.
- School divisions have federal obligations, and in some instances, state obligations to report certain data, such as the race and ethnicity of their student populations. While the USED requires divisions to collect and report such information, divisions cannot use the acquired data to discriminate against students; nor should a parent's or guardian's refusal to respond to a request for this data lead to a denial of the child's enrollment.

To ensure compliance, please read the [advisory letter](#) of May 8, 2014 very carefully.

For additional guidance regarding school division responsibilities and actions with regard to students and immigration, please refer to Superintendent's Memorandum #059-17, issued on March 1, 2017: http://www.doe.virginia.gov/administrators/superintendents_memos/2017/059-17.shtml.

Social Security Numbers

The Department of Education and local school boards are prohibited from requiring any student enrolled in a public school or receiving home instruction, or his parent, to provide the student's federal social security number. (§ [22.1-287.03](#) of the *Code*)

Nondiscrimination on the Basis of Age in Programs or Activities Receiving Federal Financial Assistance

All school divisions must comply with [34 CFR PART 110](#) (**Nondiscrimination on the Basis of Age in Programs or Activities Receiving Federal Financial Assistance**). In addition, [Title VI of the Civil Rights Act of 1964](#) prohibits discrimination on the basis of race, color, and national origin by recipients of federal funds, and refusal by a school division to enroll qualified students on the basis of race, color, or national origin is a violation of this prohibition against discrimination.

Please contact the Office of Policy at (804) 225-2092, or by email at policy@doe.virginia.gov, if you have any questions.

JFL/ZLR/bj



Department of Medical Assistance Services (DMAS)

In this section:

- [Virginia Medicaid Managed Care Success Stories from Foster Care Members](#)

What is DMAS?

- The Department of Medical Assistance Services (DMAS) is the state agency that administers Virginia's Medicaid program.

How Does DMAS Intersect with Virginia's Foster Care System?

- Foster care children who receive Medicaid benefits were transitioned to managed care by June 2014.
- DMAS conducts detailed training sessions, communicates regularly, and provides targeted outreach to local DSS staff, child placement agencies, and foster care and adoptive parents.
- DMAS collaborates with managed care partners and the Virginia Social Services System (state and local) to ensure that all foster care members receive the full range of benefits.
- Enrollment into managed care provides foster care children and youth increased access to care, specialized services, one-on-one care management, and comprehensive health risk assessments.
- Many foster care families are pleased with the support and guidance they have received with the new managed care system.

Contact Information

Virginia Department of Medical Assistance Services
600 East Broad Street • Richmond, VA 23219
804-786-7933 • <http://www.dmas.virginia.gov>
Director – Dr. Jennifer Lee



VIRGINIA MEDICAID MANAGED CARE SUCCESS STORIES FROM FOSTER CARE MEMBERS

These are the stories of real Virginia Medicaid members whose names and photographic images are protected under the Health Insurance Portability and Accountability Act.

The photographs are illustrative examples, not portraits of the individual members.

BACKGROUND

- Foster care children who receive Medicaid benefits were transitioned from fee-for-service (FFS) programs to managed care no later than June 2014, and the Commonwealth of Virginia Department of Medical Assistance Services (DMAS) continually improves the quality and timeliness of care for these children.
- DMAS conducts targeted outreach to local DSS staff, child placement agencies, and foster care and adoptive parents; and conducts extensive trainings and communications.
- DMAS works in collaboration with our managed care partners and our state and local DSS staff to ensure that all foster care members receive the full range of benefits.

CARE MANAGEMENT

- Enrollment into managed care has provided this special needs population increased access to care, specialized services, one-on-one care management, and comprehensive health risk assessments.
- The next few slides highlight care management stories from the managed care health plans.



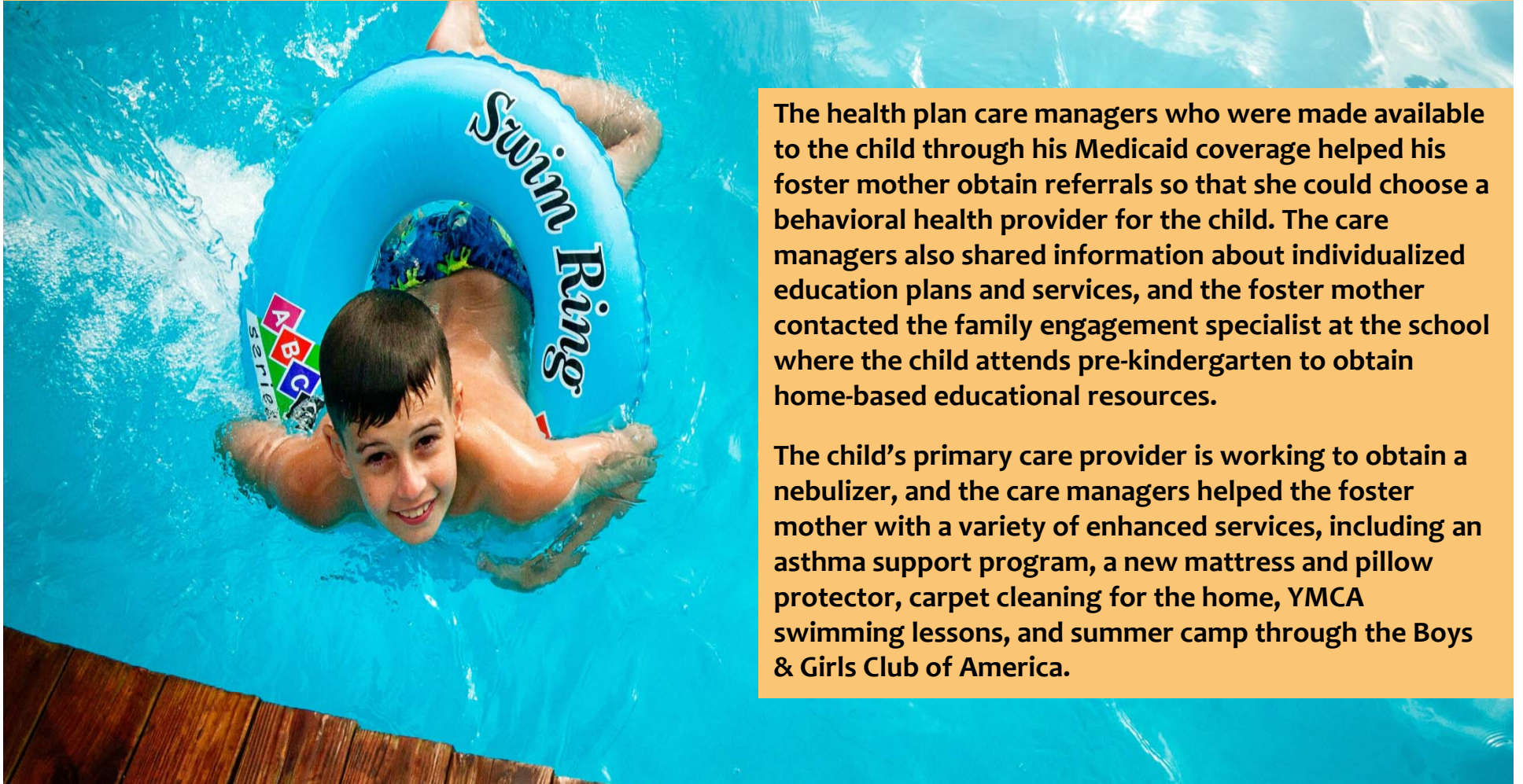
A toddler with a diagnosis of Fetal Alcohol Syndrome and sensory processing issues is receiving Early Intervention Services as a Virginia Medicaid member. His foster mother needed help navigating the health care system and information about providers who could diagnose and treat the child.

This was an email sent by the foster mother to the care coordinator assigned by Virginia Medicaid to the child:

“Care Coordination has made a major impact on my well-being as well as the overall health of my foster, soon-to-be adopted, son with special needs. The Care Coordinators listen with care and then both help me to take action to improve health outcomes while also knowing when they need to step in to move things along if there are glitches in the system. The medical needs of a child facing challenges can be complex and navigating all of this gets overwhelming but with Care Coordination I know I have a skilled person guiding me to find answers and take the necessary steps myself to make sure this wonderful child is getting the help he needs, when he needs it. I navigate a wide range of services and providers in order to make sure his needs are met. Many of these people use jargon that Care Coordinators explain clearly.

The value of a non-judgmental, skilled listener cannot be overstated when I get overwhelmed by the sheer volume of details I need to pay attention to for his sake. The other thing that is amazing is the regular check-ins. This helps me stay on track as I handle each task, appointment or service. It is also nice to be encouraged by people who clearly care about the people in their care. I am absolutely sure that the Care Coordination system is worth at least five times what it may cost to provide. I am a strong advocate for this important role in order for best practices in medical care and overall health to be achieved. I look forward to seeing Care Coordination become stronger and more available to everyone in need of this valuable program.”

A child in his fourth foster home in a two-year period has a history of Neonatal Abstinence Syndrome due to exposure to methadone. He was experiencing a series of physical and behavioral health issues, including asthma, self-harming behavior and aggression toward a five-month-old foster sibling. His biological father is in jail, and his biological mother is in and out of rehabilitation.



The health plan care managers who were made available to the child through his Medicaid coverage helped his foster mother obtain referrals so that she could choose a behavioral health provider for the child. The care managers also shared information about individualized education plans and services, and the foster mother contacted the family engagement specialist at the school where the child attends pre-kindergarten to obtain home-based educational resources.

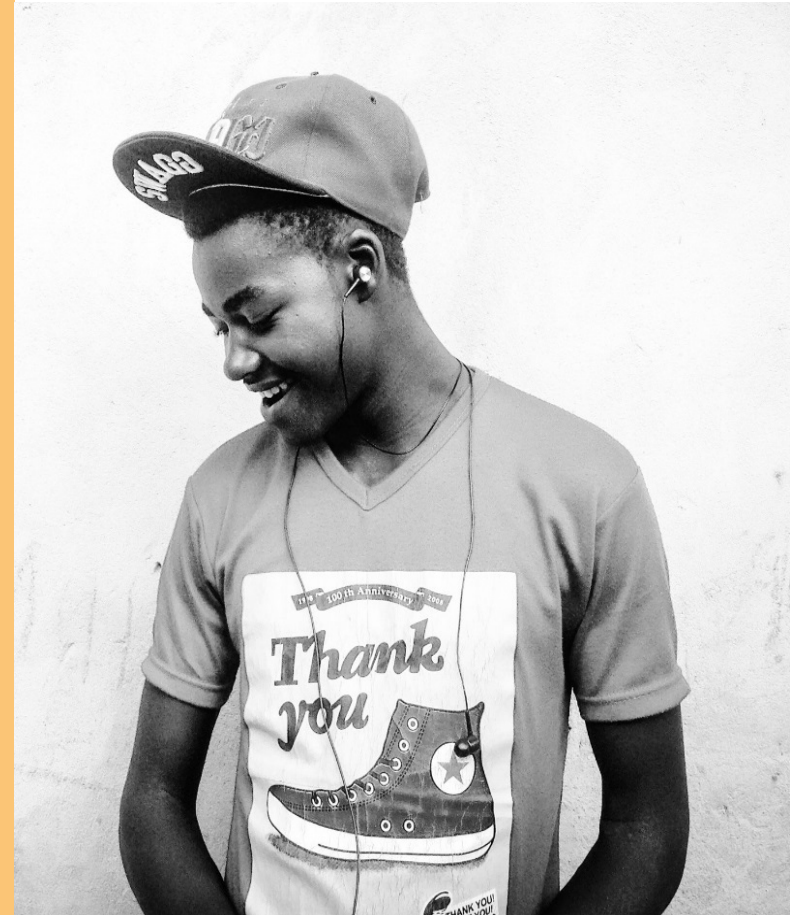
The child's primary care provider is working to obtain a nebulizer, and the care managers helped the foster mother with a variety of enhanced services, including an asthma support program, a new mattress and pillow protector, carpet cleaning for the home, YMCA swimming lessons, and summer camp through the Boys & Girls Club of America.

The foster mother expressed gratitude for the help given to her and the child:

"I want to thank you for all your help and support. This is a new and difficult process all around for our family. These children deserve a fighting chance and both of you are helping to make that possible. It's people like both of you who make a world of difference. Thank you for caring about the children and their caregivers. I truly appreciate it from the bottom of my heart."

A young man with significant childhood trauma and health care needs aged out of foster care and was unsure how to manage his medication or access the health care system. Through continued support by his foster mother, the Fostering Futures program, and the clinical outreach team provided through his Virginia Medicaid health coverage, he was able to establish a stable home environment and develop a trusting relationship with his therapist.

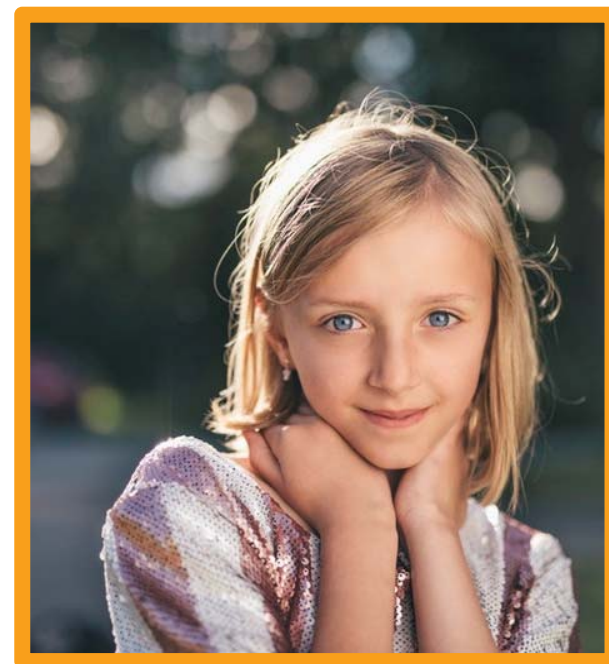
He continues to receive support from Virginia Medicaid and his managed care health plan as he makes progress toward achieving greater self-sufficiency as a young adult.



Two weeks after enrollment in Virginia Medicaid, a young woman in foster care who has experienced significant trauma was admitted to an acute psychiatric hospital. After she was discharged from the hospital and placed in a new foster home, her Medicaid behavioral health care coordinator worked to ensure she had in-home services, primary care, individual therapy, and medication management.

Over the course of two additional hospitalizations, the behavioral health care coordinator continued to work with the young woman, her foster parent, and providers to increase the number of hours of intensive in-home services she received.

The young woman made progress in her treatment and was able to move out-of-state to live with her birth father. The behavioral health coordinator remained in touch with the young woman, made sure she had coverage for her prescriptions, and helped to obtain Comprehensive Services Act funding for outpatient treatment. The coordinator also shared information on Medicaid eligibility with the young woman's birth father. The young woman was ultimately able to discontinue all psychotropic medications. She continues to live with her father, who now has custody of his daughter.





Department of Behavioral Health and Developmental Services (DBHDS)

In this section:

→ [DBHDS and Foster Care in Virginia](#)

Facts about DBHDS

- DBHDS is the state's Single State Alcohol and Drug Agency (SSA) and State Mental Health Authority (SMHA) (Title 37.2 of the Code of Virginia) that provides public behavioral health (mental health and substance use disorders) and developmental (intellectual disability) services in Virginia.
- DBHDS' mission is to provide leadership/service to improve Virginia's system of quality treatment and prevention services and supports for individuals and families whose lives are affected by mental health or substance use disorders or developmental disabilities.
- DBHDS' central office promotes recovery, self-determination, and wellness.
- DBHDS directly operates the following:
 - 8 state hospitals (The Commonwealth Center for Children and Adolescents (CCCA) in Staunton is the only state hospital for children with serious emotional disturbances.);
 - 3 training centers;
 - 1 medical center; and
 - 1 behavioral rehabilitation center for sexually violent predators (SVP).
- DBHDS contracts with, provides consultation to, funds, monitors, licenses and regulates 39 Community Service Boards.
- Local community services are provided by the following:
 - 39 Community Services Boards (referred to as CSBs);
 - 1 behavioral health authority; and
 - contracts with private providers.

- Community Service Boards are essential partners with DBHDS and provide the following:
- preadmission screening for single points of entry into state mental health and developmental services facilities;
 - case management and coordination of services;
 - discharge planning for individuals leaving state facilities;
 - support for individuals who are receiving services, or who are in need of services;
 - community education, organization, and planning services; and
 - consultation to local governments about behavioral health and developmental services/needs.

Foster Care and DBHDS

- CSBs are members of the Family Assessment and Planning Teams (FAPT) through the Children's Services Act (CSA).
- FAPT is a multidisciplinary team to address a family's and youth's strengths and needs.
- DBHDS received a System of Care (SOC) Expansion Implementation Grant and now uses Intensive Care Coordination to provide High Fidelity Wraparound (HFW).
- DBHDS trains clinicians in Trauma Focused – Cognitive Behavioral Therapy (TF-CBT) and Parent Child Interaction Therapy (PCIT) to support youth eligible for prevention services to avoid foster care placements.
- The Mental Health Initiative (MHI) Fund was created as a dedicated funding source to preserve families by providing mental health and substance abuse services for children and adolescents with serious emotional disturbances (SED) who are not mandated for the Children's Services Act (CSA).

Contact Information

Virginia Department of Behavioral Health and Developmental Services

1220 Bank Street • PO Box 1797 • Richmond, VA 23218-1797

804-786-3921 • <http://www.dbhds.virginia.gov>

Commissioner – Dr. S. Hughes Melton

DBHDS and Foster Care in Virginia

April 2019

What is DBHDS's Role in Virginia?

The Department of Behavioral Health and Developmental Services (DBHDS) is responsible for providing public behavioral health (mental health and substance use disorders) and developmental (intellectual disability) services in Virginia. Title 37.2 of the *Code of Virginia* establishes DBHDS as the state authority for Virginia's public behavioral health and developmental services system, thereby designating the agency as the Single State Alcohol and Drug Agency (SSA) and State Mental Health Authority (SMHA).

Local community services are provided by 39 community services boards and one Behavioral Health Authority (referred to as CSBs), established by local governments, that provide services directly or through contracts with private providers. DBHDS directly operates eight state hospitals, three training centers, a medical center, and a behavioral rehabilitation center for sexually violent predators (SVP). The Commonwealth Center for Children and Adolescents (CCCA) in Staunton is the only state hospital for children with serious emotional disturbances.

CSBs function as the single points of entry into publicly funded behavioral health and developmental services, including access to state facility services through preadmission screening, case management and coordination of services, and discharge planning for individuals leaving state facilities. CSBs advocate for individuals who are receiving services or who are in need of services; act as community educators, organizers, and planners; and advise their local governments about behavioral health and developmental services and needs.

While not part of DBHDS, CSBs are key operational partners with DBHDS and its state facilities in Virginia's public behavioral health and developmental services system. DBHDS's relationship with all CSBs are based on the community services performance contract, provisions of Title 37.2 of the *Code of Virginia*, State Board policies and regulations and other applicable state or federal statutes or regulations. DBHDS contracts with, provides consultation to, funds, monitors, licenses, and regulates CSBs.

The mission of DBHDS' central office is to provide leadership and service to improve Virginia's system of quality treatment and prevention services and supports for individuals and families whose lives are affected by mental health or substance use disorders or developmental disabilities. The central office seeks to promote recovery, self-determination, and wellness in all aspects of life.

How do Community Service Boards (CSBs) and DBHDS intersect with the Foster Care System?

- CSBs are members of the Family Assessment and Planning Teams (FAPT) through the Children's Services Act (CSA). The FAPT is a multidisciplinary team that considers the needs and strengths of youths and families, identifies and reviews the service plan, and makes recommendations to ensure the plan builds on the family's strengths and needs. Each member of a FAPT brings a unique set of expertise, information and skills to the process. Bringing the team together in a multi-disciplinary forum helps bring the system of care concepts to life.
- DBHDS received a System of Care (SOC) Expansion Implementation Grant and through this grant has expanded the SOC approach through the use of Intensive Care Coordination to provide High Fidelity Wraparound (HFW). A SOC is a broad, flexible and effective array of services and supports that is coordinated across multiple stakeholder agencies, culturally and linguistically competent, and builds partnerships with families at both the service delivery and policy levels. Over the past 26 years Virginia made considerable progress laying the foundation for a SOC for children with serious emotional disturbance and their families through legislation and policy development.
- To support the Family First Prevention and Services Agreement (FFPSA) through the Virginia Department of Social Services (VDSS), DBHDS will provide training for clinicians in two evidence based practices: Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and Parent Child Interaction Therapy (PCIT). TF-CBT and PCIT will be used to support youth who will be eligible for prevention services to avoid foster care placements. DBHDS has participated in VDSS' planning process (Evidence Based Practices, Prevention and Finance work groups) and will continue with on-going coordination as a home team member for FFPSA implementation.
- The Mental Health Initiative (MHI) Fund was established by the General Assembly in FY 2000 to create a dedicated source of funding for mental health and substance abuse services for children and adolescents with serious emotional disturbances (SED) who are not mandated for the Children's Services Act (CSA). In general, SED services have the purpose of keeping children in their homes and communities and preserving families whenever possible.



Virginia Department of Health

In this section:

→ **Overview of Virginia Department of Health Programs and Services that Impact Foster Care Youth**

What VDH Programs Serve Foster Youth?

The Virginia Department of Health (VDH), Children and Youth with Special Healthcare Needs (CYSHCN) Program serves all children, including foster care children, with the following programs working in partnership with eligible families, service providers and communities:

- Care Connection for Children
- Child Development Services
- Virginia Bleeding Disorders Program
- Genetics and Newborn Screening Services
- Virginia Sickle Cell Awareness Program
- Pediatric Comprehensive Sickle Cell Clinic Network

Reproductive Health Team Programs:

- Positive Youth Development Programs (Sexual Risk Avoidance Grant)
- Pregnancy Support/Home Visiting Programs (Resource Mothers)
- Virginia LARC Initiative (TANF grant)
- Family Planning Program (Title X Grant)

Home Visiting Prenatal and Postnatal support to at risk mothers to ensure healthy birth outcomes, positive development and prevention of child abuse and neglect through the following programs:

- 34 Healthy Families sites
- 11 Parents As Teachers sites
- 3 Nurse Family Partnerships sites
- 3 Healthy Start Loving Steps sites

FACTS ABOUT VIRGINIA YOUTH

Of the 103,073 infants born in VA in 2015:

- 9.2% were preterm births
- 7.7% were low birth weight infants
- 3.1% had late/no prenatal care
- 6.1% had a mother who smoked during pregnancy

There were 605 infant deaths in 2015

There were 6,141 teen pregnancies in 2015 (aged 15-19)

Contact Information

Virginia Department of Health

109 Governor Street • PO Box 2448
Richmond, VA 23218

<http://www.vdh.virginia.gov>

State Health Commissioner – Dr. M. Norman Oliver

Virginia Department of Health

Overview of VDH Programs and Services that Impact Foster Care Youth

April 2019

- The Virginia Department of Health (VDH), Children and Youth with Special Healthcare Needs (CYSHCN) program administers the following networks and services:
 - Care Connection for Children-statewide network of six regional centers of excellence that provide care coordination services to reduce barriers that families face when trying to access care.
 - Child Development Services-statewide network of five regional centers that provide multidisciplinary assessments, diagnoses and short-term care coordination of children suspected of having behavioral or developmental disorders (e.g., autism, ADD/ADHD, learning disabilities, anxiety, PTSD, mood disorders).
 - Virginia Bleeding Disorders Program-supports a statewide network of four regional comprehensive hemophilia treatment centers to promote coordinated, family-centered, culturally competent, multidisciplinary system of care for clients of all ages with inherited bleeding disorders and their families.
 - Genetics and Newborn Screening Services- prevents intellectual disability, permanent disability, or death through early identification and treatment of infants who are affected by selected inherited disorders; promotes early detection of and intervention for infants with congenital hearing loss to maximize linguistic and communicative competence and literacy development; promotes early detection of and intervention for newborns with critical congenital heart disease to maximize positive health outcomes and help prevent disability and death early in life.
 - Virginia Sickle Cell Awareness Program-statewide program for the education and screening of individuals for sickle cell disease, sickle cell trait and other genetically related hemoglobinopathies.
 - Pediatric Comprehensive Sickle Cell Clinic Network-supports a statewide network of five regional comprehensive sickle cell clinics that provide comprehensive medical and support services that are collaborative, family centered, culturally competent, community based and outcome oriented for newborns identified from newborn screening, children, and youth living with sickle cell disease.

The programs promote the optimal health and development of individuals living in the Commonwealth with special health care needs by working in partnership with families,

service providers, and communities. CYSHCN programs are not specific for children in foster care but they are able to access services if they meet program eligibility criteria.

- The Reproductive Health Team programs do not track information about the number of foster youth served by the following programs.
 - Positive Youth Development Programs (Sexual Risk Avoidance Grant): Evidence-based programs designed to increase protective factors in order to promote healthy behaviors and reduce sexual risk taking
 - Pregnancy Support/Home Visiting Programs (Resource Mothers): Evidence-based programs designed to support pregnant and parenting teens through educational, social, and practical support to teens and their families
 - Virginia LARC Initiative (TANF grant): No-cost hormonal IUDs and implants to low-income women throughout the Commonwealth
 - Family Planning Program (Title X Grant): Comprehensive family planning services to all people throughout the Commonwealth, regardless of ability to pay
- Home visiting in Virginia's goal and mission is to provide prenatal and postnatal support to at risk mothers to ensure healthy birth outcomes, positive development and prevention of child abuse and neglect. These objectives are achieved through various home visiting models. In Virginia, there are 34 Healthy Families sites, 11 Parents As Teachers sites, 3 Nurse Family Partnerships sites and 3 Healthy Start Loving Steps sites. While each home visiting model does not directly affect foster care youth, home visiting services are proven strategies to prevent child abuse and neglect therefore reducing out of home placements. In a few cases teen parents in foster care have benefited from home visiting services to aid in their knowledge of development and positive parent/child interactions to increase bonding and attachment that fosters positive parenting behaviors.

Each model provides the following:

- Healthy Families
 - Serves overburdened families who are at-risk for child abuse and neglect and other adverse childhood experiences; families are determined eligible for services once they are screened and/or assessed for the presence of factors that could contribute to increased risk for child maltreatment or other poor childhood outcomes, (e.g., social isolation, substance abuse, mental illness, parental history of abuse in childhood, etc.); home visiting services must be initiated either prenatally or within three months after the birth of the baby

- Uses evidenced based model and curriculum (Healthy Families America model and Parents As Teachers curriculum) to serve families.
- Parents As Teachers
 - Serves Families with an expectant mother or parents of children up to kindergarten entry (usually 5 years)
 - Increase parent knowledge of early childhood development and improve parenting practices; provide early detection of developmental delays and health issues; prevent child abuse and neglect; increase children's school readiness and school success
 - Uses evidenced based model and curriculum (Parents As Teachers) to serve families.
- Nurse Family Partnership
 - Improve pregnancy outcomes by promoting health-related behaviors; improving child health, development and safety by promoting competent care-giving; enhancing parent life-course development by promoting pregnancy planning, educational achievement, and employment
 - Uses an evidenced based nursing home visiting model to serve families.
- Healthy Start/Loving Steps
 - To reduce infant mortality and perinatal health disparities by delivering high-quality, effective prevention strategies to individuals, families and communities.
 - Strives to primarily serve African American and Hispanic families who are at highest risk for life stressors and loss during pregnancy and parenting.
 - Uses an evidenced based curriculum, Growing Great Kids, to serve families.



Department of Juvenile Justice (DJJ)

In this section:

- [Virginia Department of Juvenile Justice \(Overview and Foster Care Information\)](#)

Facts about DJJ

- The Department of Juvenile Justice (DJJ) provides services to youth and families by operating 32 Court Service Units (CSUs) and the Bon Air Juvenile Correctional Center (JCC).
- DJJ audits and certifies the following:
 - ▶ 34 CSUs, including two locally-operated units;
 - ▶ 24 juvenile detention centers (JDCs);
 - ▶ Bon Air JCC;
 - ▶ 9 community placement programs (CPPs);
 - ▶ 13 detention reentry programs; and
 - ▶ 15 group homes, shelters, and independent living programs.
- DJJ's Mission: To protect the public by preparing court-involved youth to be successful citizens using an integrated approach to juvenile justice, including current research and best practices to:
 - ▶ modify delinquent behavior;
 - ▶ meet the needs of offenders, victims, and communities; and
 - ▶ manage activities and resources in a responsible and proactive manner.
- DJJ responds to court-involved juveniles using a balanced approach that provides:
 - ▶ protection of public safety;
 - ▶ community supervision and secure confinement;
 - ▶ incentives and graduated sanctions;
 - ▶ accountability for juveniles' actions;
 - ▶ opportunities for skill- and competence-building;
 - ▶ substance abuse and aggression management treatment; and
 - ▶ support for academic and career readiness education.

- Efforts are focused on the juveniles with the highest risk of reoffending and addressing the individual criminogenic risk factors.
- DJJ uses a set of research and consensus-based instruments at decision points within the juvenile justice system.
- Successful outcomes require services that are individualized to the strengths and needs of juveniles, families, and communities. Positive incentives matched to the individual’s situation include early release from supervision, extended curfew, and recreational outings with volunteers.
- Electronic monitoring, drug screening, and various levels of supervision encourage long-term behavior change.
- Some youth under DJJ supervision are “dual system” youth involved in both the juvenile justice and child welfare systems.
- Family First Prevention Services Act (FFPSA): DJJ is working collaboratively with DSS and serving on inter-agency workgroups.

DJJ and the Foster Care System

- DJJ provides services to youth in foster care, including processing intake complaints and petitions for the Juvenile & Domestic Relations Court (e.g., support, family abuse, determination of custody, abuse and neglect, termination of parental rights, visitation rights, paternity, and emancipation), and provides probation, parole and direct care supervision.
- DJJ and DSS MOA - Collaborative Re-Entry Planning for foster care youth: Assigned foster care worker serves as the legal guardian and participates in reentry planning meetings throughout the youth’s direct care length of stay with DJJ and support youth who age out of foster care while in commitment through Fostering Futures.
- DJJ, DSS and DMAS Collaborate to Ensure Medicaid Eligibility: Pre-Medicaid applications are completed for all qualifying youth, including youth who were in foster care at time of their commitment.

Contact Information

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804-371-6497 • <http://www.djj.virginia.gov>

Director – Valerie Boykin



Virginia Department of Juvenile Justice

The Department of Juvenile Justice (DJJ) provides services to youth and families by operating 32 court service units (CSUs) and Bon Air Juvenile Correctional Center (JCC). DJJ audits and certifies 34 CSUs, including two locally-operated units; 24 juvenile detention centers (JDCs); Bon Air JCC; nine community placement programs (CPPs); 13 detention reentry programs; and 15 group homes, shelters, and independent living programs.

DJJ's mission is to protect the public by preparing court-involved youth to be successful citizens. To accomplish this mission, DJJ uses an integrated approach to juvenile justice. It brings together current research and best practices to better understand and modify delinquent behavior; to meet the needs of offenders, victims, and communities; and to manage activities and resources in a responsible and proactive manner.

DJJ responds to court-involved juveniles using a balanced approach that provides (i) protection of public safety by control of juveniles' liberty through community supervision and secure confinement, (ii) a structured system of incentives and graduated sanctions in both community and direct care settings to ensure accountability for juveniles' actions, and (iii) a variety of services and programs that build skills and competencies (e.g., substance abuse and aggression management treatment, support for academic and career readiness education) to enable juveniles to become law-abiding members of the community during and upon release from DJJ's supervision.

DJJ is committed to the principle that the greatest impact on juvenile offending may be realized by focusing resources on those juveniles with the highest risk of reoffending and by addressing the individual criminogenic risk factors that contribute to the initiation and continuation of delinquent behavior. DJJ uses a set of research and consensus-based instruments at decision points within the juvenile justice system, including the initial decision to detain and the assignment to various levels of community probation or parole supervision.

In addition to matching the most intensive resources to those juveniles with the highest risk, DJJ recognizes that successful outcomes require services that are individualized to the strengths and needs of juveniles, families, and communities. Case-specific risk factors are identified and addressed to increase the likelihood of successful outcomes. The application of appropriate public safety strategies such as electronic monitoring, drug screening, and various levels of supervision also are matched to juveniles' individualized circumstances. Incentives such as early release from supervision, extended curfew, and recreational outings with volunteers are used to reward success and improve the chances of long-term behavior change.

FY 2018 Data:

- Intake complaints 183,046
 - Domestic Relations and Child Welfare complaints 132,097
 - Juvenile Intake complaints 50,949
- Juvenile Detention Center detainments 7,293
- Probation / Parole Supervision average daily population 3,129
- Direct Care average daily population 368

Information for COY Foster Care Seminar - May 6, 2019

Does DJJ work with or provide services to youth involved in foster care? DJJ processes intake complaints and petitions for the Juvenile & Domestic Relations Court. Those intakes include domestic relations and child welfare petitions (e.g., support, family abuse, determination of custody, abuse and neglect, termination of parental rights, visitation rights, paternity, and emancipation). DJJ also provides probation, parole and direct care supervision. Some youth under DJJ supervision are “dual system” youth involved in both the juvenile justice and child welfare systems. Some youth are status offenders who have not committed a delinquent offense, but rather are open to probation supervision as the result of a Child in Need of Supervision (CHINS) petition. For youth on direct care or parole status, some youth were being served by the Department of Social Services and/or in the foster care system at the time of commitment. Youth who were in DSS custody at the time of commitment to DJJ and who are under age 18 at time of release from direct care status are released to the custody of DSS. Youth who were in DSS custody at the time of commitment to DJJ and are released from DJJ after age 18 and prior to turning 21, may elect to remain in foster care through *Fostering Futures*. Youth benefit from the on-going financial and social support of DSS as they transition into adulthood and DJJ staff encourage youth to voluntarily remain in care.

Family First Prevention Services Act: DJJ is working collaboratively with the DSS and serving on a number of inter-agency workgroups in support of the Family First Prevention Services Act (FFPSA). As the FFPSA is implemented and Title IV-E funding is expanded and made available for prevention cases, it is hoped that youth and families can access services earlier and without entering the foster care or juvenile justice systems.

DJJ and DSS MOA - Collaborative Re-Entry Planning: Historically there had been challenges with direct care reentry planning for youth in foster care at time of their commitment to DJJ. Those challenges included housing, employment, education and career planning, and medical / mental health coverage. As a result, the Children’s Cabinet that operated during Governor McAuliffe’s administration, developed a Memorandum of Agreement (MOA) between DJJ and DSS. The MOA supports reentry planning for foster care youth. The assigned foster care worker serves as the legal guardian and participates in reentry planning meetings throughout the youth’s direct care length of stay with DJJ. DJJ committed youth who age out of foster care while in commitment are also supported through *Fostering Futures*.

DJJ, DSS and DMAS Collaborate To Ensure Medicaid Eligibility: DJJ partners with DSS and DMAS to complete pre-Medicaid applications for DJJ youth in direct care status who are over the age of 17 and returning to the community on parole. These pre-Medicaid applications are completed for all qualifying youth, including youth who were in foster care at the time of their commitment.



Public/Private Partnerships

What are public/private partnerships?

Public/private partnerships is a term that describes collaborative associations among the Virginia Department of Social Services, the private sector, and the community, including private foster care providers, businesses, nonprofits, and faith-based groups.

What are private foster care providers?

Private foster care providers contract with VDSS to recruit, train, and support foster care families. Many private providers specialize in youth who need a higher level of care and attention due to behavioral or medical issues, past traumatic experiences, or advanced age. This higher level of care—known as therapeutic foster care—provides the positive aspects of a nurturing and therapeutic family environment with active and structured treatment.

What are wraparound services?

According to Virginia Kids Belong, roughly 50% of foster care families quit within a year because they don't get the support they need. Kinship care families—relatives or friends who take in children in need to keep them out of the foster care system—receive even less support than foster families. Wraparound services describe the efforts of members of the community to support these caregivers in their day-to-day needs. Services can include respite care, donations of food and clothing, help with transportation to and from appointments, or simply being on-call to help caregivers succeed.

What is the Virginia Fosters campaign?

Virginia Fosters is a statewide campaign that empowers Virginians to be the solution for children, families, and social services workers in Virginia's foster care system. Launched in 2019 in partnership with Virginia Kids Belong, the campaign coordinates leaders in the government, faith, non-profit, business and creative communities and engages Virginians from all walks of life to address the challenges inherent in Virginia's foster care system. It also works to recruit and support foster families, adoptive families, and kinship families, and to ensure that social services workers have community support and adequate resources as they care for vulnerable children and families.

Virginia Kids Belong is a nonprofit organization that mobilizes government, faith-based, business and creative leaders around the goal of permanency and belonging for every child. Through innovated initiatives, it helps ensure that every child is in a loving home by: recruiting more foster and adoptive families, engaging wrap-around support for at-risk, foster & adoptive families along the way, and helping youth who have aged out without a family reach their full potential.



Many groups that advocate for children and families in Virginia concentrate some of their efforts on improving the foster care system. These organizations provide analysis and other supports to help pass legislation that benefits foster care youth. Some also develop initiatives in partnership with other nonprofit groups on issues such as permanency, kinship care, and older foster youth transitioning to adulthood.

Major advocacy groups in Virginia that support foster care youth include:

Voices for Virginia’s Children

Voices for Virginia’s Children is a child policy and advocacy organization focused on the areas of early childhood, foster care and adoption, health and mental health, and family economic security. Its foster care advocacy work includes promoting permanency for youth who have entered foster care, increasing support for kinship care, coordinating health and mental health services, promoting successful adoptions, and supporting the transition to productive adulthood. For more information, contact Allison Gilbreath, Policy Analyst, at allison@vakids.org

NewFound Families

NewFound Families provides educational, advocacy, and support services to families caring for children unable to live with their birth parents. It advocates in support of foster, adoptive, and kinship families; provides resources and information; and builds partnership with public and private agencies. NewFound Families also provides the Kinship Navigator tool, a web-based tool that helps kinship caregivers find resources in their communities. For more information, contact Cate Hawks, Director, at info@newfoundva.org

The Virginia Poverty Law Center

The Virginia Poverty Law Center (VPLC) is committed to leading and coordinating efforts to seek justice in civil legal matters for low-income Virginians. Advocacy efforts in the area of foster care include improving the foster care system, supporting kinship care, and maintaining familial connections for adopted children. It also produces “Learn Your Rights,” a guide for youth in foster care to help navigate through some of the most commonly asked questions about what to expect while in foster care in Virginia. For more information, contact Valerie L’Herrou, Esq., Staff Attorney – Center for Family Advocacy, at valerie@vplc.org



Recent Articles

Articles in this section:

- **“As Drug Crises Surge, Babies Enter Foster Care at Higher Rate,”** by Teresa Wiltz, Pew Charitable Trusts. *Stateline*, April 9, 2019.
- **“Soul Crushing. PTSD Symptoms Showing Up In More Than Half of Children’s Services Workers,”** by Terry De Mio. *Cincinnati Enquirer*, March 6, 2019.
- **“Virginia Should Do More to Help Foster Kids Find Homes With Family, Advocates Say,”** by Dave Ress. *The Virginian-Pilot*, April 2, 2019.

Stateline

As Drug Crises Surge, Babies Enter Foster Care at Higher Rate

STATELINE ARTICLE April 9, 2019 By: [Teresa Wiltz](#) Topics: [Health](#) & [Safety Net](#) Read time: 5 min



An Albuquerque police officer holds his newly adopted daughter, whose birth mother used heroin while she was pregnant. Babies and toddlers are entering the foster care system at a higher rate, possibly because of the opioid crisis.

Russell Contreras/The Associated Press

Babies and toddlers are entering the foster care system at a higher rate, a trend that some child welfare experts fear is correlated to the opioid and methamphetamine epidemics wreaking havoc across the country. And that is further straining the nation's already overburdened child welfare system.

From 2009 to 2017, the rate of very young children entering foster care grew incrementally, exceeding the rates of older children, which remained steady, according to [data compiled by Child Trends](#), a Maryland-based research organization that focuses on child welfare issues. In

fiscal year 2017, children age 3 and under entered foster care at a rate of 6.6 in 1,000, more than twice the 2.8 rate of children ages 4 to 17.

“Babies are driving that increase,” said Sarah Catherine Williams, one of the authors of the Child Trends study.

The trend has a big impact on states, whose budgets often already are overstretched responding to the drug crisis and other needs.

West Virginia has the highest rates of very young children entering foster care, at 20.8 in 1,000 – and it also has the highest overdose death rates in the country.

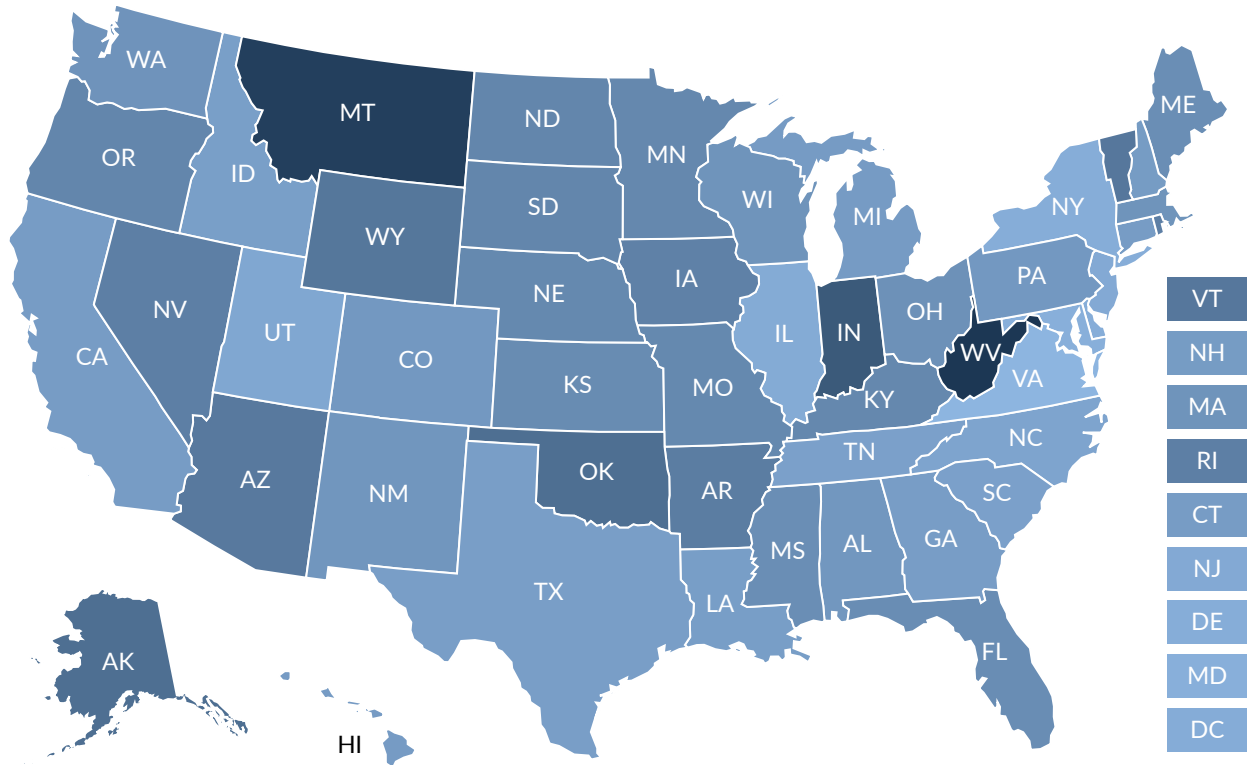
West Virginia is followed in the foster care rates by Montana (19.6), Indiana (15.7), Alaska (12.6) and Oklahoma (12.6).

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Infants and Toddlers in Foster Care

Foster care entry rate per 1,000 children under age 3 in FY 2017



6.6 U.S. foster care entry rate per 1,000 in FY 2017



[Show Data Table](#)

In fiscal year 2017, infants and toddlers under the age of 3 entered foster care at a rate of 6.6 per 1,000, more than twice the 2.8 rate of children ages 4 to 17.

Source: Child Trends, using data from the U.S. Census Bureau and the Adoption and Foster Care Analysis and Reporting System at the U.S. Children's Bureau.

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Opioid deaths jumped 77% in Alaska between 2010 and 2017. Montana and Indiana, on the other hand, have grappled with an [explosion in methamphetamine use](#).

In recent years, there's been a decrease in the overall number of Oklahoma children entering foster care, according to Sherry Skinner, program administrator for Oklahoma's KIDS, Technology and Governance Unit.

But at the same time, there's been an increase in children under 3 entering the system, Skinner said. In 2018, two-thirds of children removed from their homes were under 5, she said.

The increase in very young children entering the system is a result of the state's meth crisis, Skinner said.

To be sure, while there's a strong correlation between the drug epidemic and the increase in children entering foster care, there's no data yet showing that it's the direct cause of the uptick, child welfare experts say.

For example, Ohio, [which ranks second in overdose death rates](#) at 46.3 in 100,000, has a relatively low rate of babies and toddlers entering foster care.

But nationally, neglect and parental drug abuse are the most commonly reported reasons for removing children of all ages from their homes, according to Child Trends.

And more state child welfare agencies are saying they're seeing an increase in children affected by the drug crisis, said Tracey Feild of the Annie E. Casey Foundation, a Baltimore-based child welfare research and advocacy group.

Officials in West Virginia's Department of Health and Human Resources declined requests for a telephone interview. Officials in Alaska, Arkansas, Indiana and Montana did not respond to interview requests.

On the other end of the scale, Puerto Rico (0.9), Virginia (2.2), Maryland (3.0), Delaware (3.3), and New York (3.3) had the lowest rates of young children entering foster care.

The different rates among states of children entering foster care in part are caused in part by highly variable state policies and procedures for removing children from their homes, said Jill Berrick, a professor at the School of Social Welfare at the University of California at Berkeley.

That's because the federal government gives states tremendous latitude to customize their child welfare systems, Berrick said. This means that states differ considerably on who they require to report suspected child abuse or neglect and on in-utero drug use policies.

For example, [according to the Guttmacher Institute](#), a Washington, D.C.-based reproductive rights advocacy group, fewer than half of all states consider substance abuse while pregnant to be child abuse under child welfare statutes.

Some states may be better at identifying babies at risk, Feild said, and in other instances, high-profile news stories about abused children has raised awareness, so more people may be calling local child agencies with concerns about potential maltreatment.

States also vary drastically when it comes to determining whether to take children from their parents. A [2017 Cornell University study](#) found that states with more punitive criminal justice systems and restrictive public welfare benefits tend to remove children from their homes far more frequently than those with "generous and inclusive welfare systems."

Often placing infants with foster families can be hard, because many foster parents work outside the home, which means they need to use day care, said Irene Clements, executive director of the National Foster Parent Association, a Texas-based nonprofit. That can result in a shortage of foster families willing to take on an infant.

By the Numbers

Nationally, the number of children entering [foster care increased every year from 2013 to 2016](#), according to the U.S. Department of Health and Human Services. At the same time, at least half of states saw a decrease in the number of available foster homes, according to a 2017 investigative project by the [Chronicle of Social Change](#).

The numbers are troubling, because those early years are a pivotal time in child development, child welfare experts say. Abuse and neglect during this time has lasting effects into adulthood, even changing brain functioning. And children who enter foster care once are much more likely to be involved in foster care later in life, Williams said. Child welfare experts agree that children fare best in a family setting.

The number of babies entering the child welfare system likely will continue to rise until states are able to contain the opioid and methamphetamine crisis, child welfare experts say.

The federal 2018 Family First Act, which mandated a massive overhaul of the foster care system, further complicates matters, child welfare workers say. That's because the law, the most extensive reboot of the child welfare system in nearly 40 years, prioritizes [keeping](#)

families together and puts more money into at-home parenting classes, mental health counseling and substance abuse treatment.

But not all states are prepared to provide the level of care needed to keep families together, child welfare experts say. (Family First dictates that states get these programs up and running by October.)

For example, in Nevada, when an older child is identified as being at risk for abuse or neglect, her parents are connected to services such as substance abuse treatment that might help keep the family together, said Denise Tanata, executive director of the Children's Advocacy Alliance, a community-based advocacy group based out of Las Vegas.

But in the state, children under 5 are considered a special, high-risk category requiring additional and immediate safety protections, so families with very young children wouldn't qualify for those programs, Tanata said.

That means very young children end up in foster care to better protect them, Tanata said. Biological parents, meanwhile, could wait 12 to 18 months in Nevada to get into a substance abuse treatment program, she said.

Meanwhile, "you've put a child in a [foster] home where they've established a bond. Then you're looking at the best interests of a child," Tanata said. "They've been in this [foster] home, does it make sense to return them to their [biological parents] down the road?"

Babies who have been exposed to drugs pose even more challenges for foster families. Often they have a host of medical problems, including neurological issues and skin sensitivity, making it all but impossible to cuddle them, Clements said. And it's tough to find a day care center that's able to meet their considerable needs, she said.

"When you have a baby that doesn't feed well, cries a lot, maybe is experiencing apnea episodes, just all of it, becomes a full-time job," Clements said.

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[Top State Stories 4/9](#) >

AUTHORS



Teresa Wiltz
Staff Writer
Stateline



Soul crushing. PTSD symptoms showing up in more than half of Children's Services workers

[Terry DeMio](#), Cincinnati Enquirer Published 10:05 p.m. ET March 6, 2019

She woke up at 5:30 a.m. and checked her email for emergencies. By 8, she was at work preparing a plan for a child and, at 10:30, she met with her manager and a client who yelled at her, accusing her of lying.

Before noon, she already felt belittled and demeaned.

After that, it was off to a home visit until 1:30 p.m., then another, with a teenager and foster parent until 3:30 p.m. She arrived, late, at 4:45 p.m., to the next visit. This family was upset with her, too.

She worked until 7:30. She got home just in time to put her kids to bed. And check email and get a few things done and go to bed. And regardless of how tired she felt, she did not sleep well that night.

At 5:30 the next morning, Warren County Child Protective caseworker Becky Campana woke to another day full of appointments, trauma, hope, defeat and exhaustion.

A recent study shows that 53 percent of Ohio's children's services caseworkers have symptoms of post-traumatic stress disorder. That compares with national incidences that range from 35 percent to 75 percent of child-welfare staff.

Campana is not among them. But the burden she carries is indicative of the job that is taking considerable toll on those who work to keep children safe.

Campana runs a blurry race every day (sometimes until after 11 at night) tied to children who can't stay at their own homes because their parents hurt or neglect them.

Still, some days are worse than others.

The teen was a handful. She'd had to move him from place to place for years because of his behavior. Forget a permanent home. And in this snowstorm on this night, here she was, driving him to some new place again. Trying to keep the wheels on the road.

"He said, 'Mom,' " she recalled. "He called me mom. And he said, 'Could you just take me to your house?' Like, 'why do I have to go to another place?' "

Her heart did not stop of course, but it felt like it.

"You understand that you're the only constant person for the last three years in that child's life, and they really do look at you as a mom figure. You see trauma happening to kids. You feel that," said Campana. "You take that home, as much as you don't want to."

It is thoughts like these and days like most, for child-welfare workers, that make the recent findings about

PTSD symptoms among them both frustrating and heart wrenching.

“We were shocked,” said Angela Sausser, executive director of the Public Children Services Association of Ohio.



Becky Campana, 32, child protective caseworker, talks about her experiences on the job and the way it has affected her life at the Warren County Children Services office in Lebanon, Ohio. (Photo: Sam Greene, The Enquirer)

So what's to be done?

A national research study is underway to help with the recruitment and retention of child-welfare staff nationwide. That's where the PTSD finding came from. The project is headed by the Quality Improvement Center for Workforce Development, which is partnering with the U.S. Health and Human Services' Children's Bureau in a five-year, federally funded project.

Participating states are Ohio, Michigan, Virginia, Oklahoma, Louisiana, Nebraska and Washington. Milwaukee and the Eastern Band of Cherokee Indians are jurisdictions that are also taking part. In Ohio, eight counties are taking part: Hamilton, Champaign, Crawford, Knox, Montgomery, Summit, Trumbull and Wayne.

Ohio is planning an intervention strategy to prevent and lessen the effects of burnout, secondary trauma and disengagement among caseworkers, said Angela Terez, a spokeswoman for Ohio Job and Family Services.

"This is a critical time in the study. Our results could have implications for all 88 Ohio counties," Terez said, "as well as for the nation."

Once the intervention is done, she said, its impact on the caseworkers and outcomes among children will be assessed.

Kody Krebs, a Hamilton County Children's Services manager, encourages his staff to talk to each other and to him about their stresses.



Kody Krebs works as a Family Services case manager. He stands for a portrait inside the Hamilton County Job & Family Services building in Downtown Cincinnati Friday, January 18, 2019. Krebs spoke about the longterm affects of being a children services worker. "The workers are dealing with crisis and trauma every day and the first response is to help the family or deal with that situation," he explains. "And when you are constantly dealing with and resolving other people's problems because that's the job, you forget to take care of yourself. That builds up and you tuck it away." (Photo: The Enquirer/Meg Vogel)

He is not surprised about the PTSD findings. Children's services workers are focused on their clients and can forget to take care of themselves, Krebs said. "We tuck it away and continue to do the job."

Working through the trauma

Hamilton County children's services worker Morgan Springsteen was assigned to a little girl whose mother was struggling, with some success, with addiction last year. One day in April, Springsteen got a call. The child and her caregiver had found the girl's mother dead from an overdose.

"I was one of the first calls they made," Springsteen said. "It was very unexpected. It was a mom who had been doing well."

She hurried to the scene, worried about how the child was coping. "She was sitting in the car. She opened the car door immediately and gave me a hug. She was very upset."

Springsteen stayed with the girl for hours, shielded her from some police questions and whisked her off to a nearby restaurant for a break from it all.



Morgan Springsteen works as a Children's Services worker. She stands for a portrait inside the Hamilton County Job & Family Services building in Downtown Cincinnati Friday, January 18, 2019. Springsteen spoke about two of her cases where parents have overdosed and died last year. "It is really hard to know what we all do and see on a daily basis, until you are in our shoes," she said. "A lot of people outside of this building don't really understand what we go through and the trauma we are exposed to on a daily basis." (Photo: The Enquirer/Meg Vogel)

"I kept thinking," Springsteen said, " 'How is this kid going to go to sleep tonight, and how are we going to go forward?' "

She said she tries to keep healthy boundaries with her families, works on "self-care" and, when she gets back to her office after a troubling case, finds a colleague and talks it out.

That's common with child-protective workers, said Susan Walther, director of Warren County Children Services. "Our caseworkers are close-knit and many are friends outside of work."

They also get training in secondary trauma – that indirect exposure they have to their work kids' difficult lives – to help them understand how their job can affect their lives and to give them skills to cope. And supervisors meet routinely with the caseworkers, watching out for their well-being.

The work is not without its rewards. Caseworkers describe getting "excited" about watching a child and parent interact well. About seeing a parent who's progressing in addiction treatment. There's the joy of seeing a foster family hug their new child. Or a child smile at you.

"I love my job," said Michaela Parker, a child-protective services caseworker in Warren County.



Michaela Parker, 24, Child Protective Caseworker, describes how her work affects her personal life at the Warren County Children Services office in Lebanon, Ohio, on Monday, Feb. 4, 2019. (Photo: Sam Greene, The Enquirer)

"The kids are amazing. They're resilient," she said.

Even so, she said, "It gets to you, because it's a 5-year-old, a 6-year-old child telling you that they got whooped with a belt or they were getting smacked with a paddle."

"I always try to imagine and understand their pain," she said. "This isn't always a good thing. Trying to personally imagine and understand the pain and emotion of a rape a child suffered at age 12 is torture."

Parker is assigned to an Ohio intervention program that gives kids whose parents have addiction specialized services and helps their parents with treatment. The idea is to keep families together, but sometimes a child must be removed.

That happened in February. A parent tested positive for drugs, and Parker had to break the news and take the child from their home.

The parents were in tears and angry. Another caseworker called police for help, and Parker had to get the child ready to go with his family watching. She knew that one parent had suicidal ideation, and that weighed on her.

"I was upset," she said. "I wished I did not have to remove the child."

Hours later she was relieved to drop off the child with a foster caregiver who was thrilled to welcome a child.

But Parker slept fitfully that night, dreaming that the parent died by suicide while she was at their home.

Parker never had to worry about being harmed, or hungry, or having any need unmet as a child. Now she's working in the same county where she grew up.

"I have witnessed overdoses, been exposed to illegal substances, lost several clients to overdose deaths and witnessed children sob because they just want to go back to their parents," she said.

She is only 24.

Her colleague Campana, at 32, is, pretty much a senior caseworker, a highly experienced social worker with six years behind her.

She said she's glad to handle cases with teenagers now rather than small children who might remind her of her own kids.

But her case kids are, in a way, her kids, too. Kids like the teenager in the snowstorm.

Eventually the boy aged out of the system at 18. He was, as Campana called it, "emancipated."

She has no idea where he is now.

By Terry DeMio, tdemio@enquirer.com

<https://www.cincinnati.com/story/news/2019/03/06/ptsd-symptoms-showing-up-more-than-half-childrens-services-workers/2647035002/?fbclid=IwAR2WfcbVCo0RQGFfQeFCSAFde500OnX51CMcv4iu0vsfvzEhkFbtM5-hx8>

Virginia should do more to help foster kids find homes with family, advocates say

- By Dave Ress, Staff writer. Apr 2, 2019



Virginia is full of grandparents and other relatives eager to take care of children otherwise headed for foster care, but the state lags the rest of the nation when it comes to making this common-sense idea happen, new data show. The problem, advocates for children say, is money. When a relative wants to take in a child, they don't receive the payments that foster care parents or group homes do.

“If you're going to be a foster parent for my kid, you'd get \$700 a month; if my brother does, he gets nothing,” said state Sen. Monty Mason, D-Williamsburg. “Real world case: I had a couple come in, he works at the ABC (Alcoholic Beverage Control department) warehouse ... his sister's not not doing well, and they've got two hours to decide what to do about her kids. If they don't help, the boy goes to Virginia Beach, the girl to Roanoke,” Mason said. “So of course they take the kids. Now they've got five and debt's piling up and they're struggling.”

Only 7 percent of Virginia children in foster care have a place with a relative, the Annie E. Casey Foundation's latest analysis of federal Adoption and Foster Care Analysis and Reporting System data show. That percentage hasn't changed in 10 years, and is a fraction of the national average of 32 percent. Mason says the figures miss an important trend — the overall number of children in foster care in Virginia is down, in part because of a stepped-up effort to find alternatives. Often, that's an informal agreement for a relative to care for a child.

“But there’s no help for them ... and you know, you bring a 13-year-old boy into your home, your grocery bill is going to soar,” Mason said. That kind of informal diversion doesn’t count as kinship care, but even when a child formally enters the foster care system and is placed with relatives, there’s no stipend, Mason said.

Tackling that needs to be a top priority, said Allison Gilbreath, a policy analyst with Voices for Virginia’s Children, a non-profit advocacy group. “All the data show children do much better with kinship placement,” she said. “They usually know the child better. They’re more likely to stick with them, too.” Children in kinship care are more likely to be adopted, or to end up back with their birth parents, which is supposed to be the system’s top goal, Gilbreath said.

Last year, the General Assembly authorized the state to tap into a federal program that pays some kinship guardians. But only about 100 kids are eligible for this, Gilbreath said. The reason is that to get the assistance, the child must have lived with the relative for six months, and the relative must have completed state training to become a certified foster parent. In addition, the federal program says it won’t pay unless the child is never going to return to his or her birth parents — a decision children can make only after they’ve turned 14.

Gilbreath said she hopes Virginia will expand access by creating a separate funding stream for kinship care, as other states have. Virginia foster care kids are far less likely than young people elsewhere in the nation to find a permanent placement — only 24 percent of Virginia children do, compared to 43 percent for the nation as a whole, according to the data compiled by the Casey Foundation.

Since many kids in foster care got there because of trauma at home, they often need help that other children don’t — and making sure they have access to those services ought to be another state priority, Gilbreath said.

“You may have taken in a child and suddenly you have to figure out, ‘How do I sign them up for school? Where’s the other help they need?’ ” Gilbreath said.

She’s hoping the new federal Family First Prevention Services Act will bring money and evidence-based services to help kids. Mason, meanwhile, sponsored the legislation this year that aims at getting Virginia on a fast track to tap those federal resources.

2019 Foster Care Bill Summary

BILL AND STATUS	WHAT IT DOES
SB 1339 (Reeves) Foster Care Omnibus <i>Status:</i> Passed into law	Incorporates many of the JLARC report recommendations. Tightens state oversight of local social services department's foster care activities. Creates a new state position to oversee foster care health and safety.
HB 2014 / SB 1678 and SB 1679 (Peace and Mason) Family First Prevention Services Act <i>Status:</i> Passed into law	Aligns the Code of Virginia with the federal Family First Prevention Services Act of 2018. The new law increases the standards for congregate care settings.
HB 1730 / SB 1253 (Brewer and Reeves) Credit Freeze for Children in Foster Care <i>Status:</i> Passed into law	Requires local departments of social services to request the placement of a security freeze on the credit report or record of any child who has been in foster care for at least six months in order to prevent cases of identity theft.
HB 2108 (Bell) Dispute Resolution for Foster Parents <i>Status:</i> Passed into law	Establishes a dispute resolution process through which a foster parent may contest an alleged violation of regulations.
HB 1728 / SB 1139 (Reid and Favola) Post-Adoption Contact & Communication Agreements <i>Status:</i> Passed into law	Encourages post-adoption contact and communication with birth parents. A local board may inform birth parents and shall inform adoptive parents that they may enter into such an agreement.
HB 2758 / SB 1720 (Carroll-Foy and Mason) Kinship Foster Care; Notice to Relatives <i>Status:</i> Passed into law	Requires local departments to take all reasonable steps in a foster care placement to determine whether a child has any relatives who may be eligible to become a kinship foster parent, provide notice to those relatives, and explain to them the opportunities they may have to become a kin foster home.
HB 2350 (Miyares) Four-year College Tuition and Fees for Foster Care Youth <i>Status:</i> Passed into law	Allows foster youth who meet certain requirements to receive tuition grants to attend four-year colleges. Current law guarantees such grants only at two-year colleges.

BILL AND STATUS

WHAT IT DOES

HB 1883 (Kearney)

Motor Vehicle Insurance Policies for Foster Parents and Children

Status: Passed into law

Prohibits an insurer from refusing to issue or failing to renew a motor vehicle insurance policy solely because of the status of the applicant or policyholder as a foster care provider or a person in foster care. This was a recommendation of the Commission on Youth.

HB 2542 (Byron)

Temporary Placement of Children

Status: Passed into law

Established the Safe Families foster care diversion model in Virginia. Allows a parent or legal custodian of a minor to delegate to another person by a properly executed power of attorney any powers regarding care, custody, or property of the minor for a period not exceeding 180 days. This action must be done with the support of a licensed child-placing agency.

SB 1135 (Favola)

Foster Care Child With a Developmental Disability

Status: Passed into law

Directs local departments to notify the appropriate community services board (CSB) as soon as it is known that a child in foster care has a developmental disability so that the CSB may screen the child for placement on the statewide developmental disability waiver waiting list.

HB 2234 / SB 1581 (Robinson and Suetterlein) **Department of Human Resource Management (DHRM) Parental Leave Benefits**

Status: Passed into law

Requires that parental leave be available following the birth, foster placement, or adoption of a child under age 18 and be available to both parents of such child if both are state employees.

HB 2622 (Austin)

Removal of a child; Names and contact information of relatives

Status: Passed into law

In any proceeding in which a child is removed from his home, the court may order the parents or guardians of such child to provide the names and contact information for all persons with a legitimate interest to the local department of social services.

HB 2381 (Hurst)

Office of the Children's Ombudsman

Status: Left in Appropriations

Creates the Office of the Children's Ombudsman to provide ombudsman services, including investigation of complaints, advocacy, and information for children, parents, and citizens involved with child-serving agencies, including foster care.

Summary: Improving Virginia’s Foster Care System

WHAT WE FOUND

Requirements to ensure children’s health and safety are followed in most foster care cases, but lack of adherence to requirements in some cases puts children at risk

In most cases, the basic steps required by federal and state laws to ensure the safety of children in foster care are being followed in Virginia, and most children are receiving required physical and mental health services. However, a lack of adherence to federal and state requirements for ensuring children’s health and safety, even if they are infrequent, creates avoidable risks for children in the government’s custody.

A review of foster care cases by the Virginia Department of Social Services (VDSS) found that basic safety requirements have not always been followed. In 98 sampled cases (four percent), the requirements to ensure the safety of placement settings were not followed. Additionally, despite the requirement that caseworkers visit children at least once a month—and the importance of these visits for monitoring children’s safety and well-being—caseworkers in some local departments were found to not be conducting monthly visits, and some children in foster care are not being visited for multiple consecutive months. Evidence also shows that children do not always receive required health screenings, and the proportion of children in foster care in Virginia who did not receive required screenings in FY16 was higher than in some other states.

VDSS has recently taken steps to collect case-level information that—once it is prioritized by VDSS staff—will allow VDSS to identify practices that unnecessarily place children’s health and safety at risk and work with local departments to resolve identified problems.

Expanded state-level policies and investments are needed to place more children in family-based foster care settings

Local departments of social services do not do enough to place children in foster care with relatives, and the state does not take sufficient steps to ensure non-relative foster families are available to care for children when relatives are unavailable. Although state requirements, federal law, and child welfare best practices prioritize placement with

WHY WE DID THIS STUDY

In 2017, the Joint Legislative Audit and Review Commission directed its staff to study the foster care and adoption services delivered by Virginia’s local departments of social services and supervised by the Virginia Department of Social Services (VDSS). JLARC staff examined the extent to which local departments follow requirements to ensure the safety and well-being of children in foster care and effectively manage foster care cases; the appropriateness of foster care placements; efforts to place children in permanent homes; and the role of VDSS in supervising the delivery of foster care and adoption services.

ABOUT VIRGINIA’S FOSTER CARE SYSTEM

Virginia’s foster care system is intended to provide temporary protection and care for children who cannot remain safely in their homes. About 5,300 Virginia children are in foster care, and total federal, state, and local spending on foster care and adoptions amounts to nearly \$500 million annually. Both the number of children in foster care and expenditures for administering the system have increased in recent years.

relatives, local departments in Virginia are not using relatives nearly as frequently as other states. In 2016, only six percent of children in foster care were placed with relatives, about one-fifth as often as the national average (32 percent). Virginia's low rate of placement with relatives can be explained, at least in part, by inconsistent efforts by caseworkers to identify relatives who may be willing and able to assume the role of foster parent.

A key resource for family-based placements, particularly when relatives are not an option, are non-relative foster families, but the statewide shortages of non-relative foster families in Virginia are long standing and well known. Despite the persistent nature of these shortages, Virginia still has no plan, dedicated funding, or staff to systematically recruit non-relative foster families, in contrast to other states.

Because of the shortage of both relative and non-relative foster families, many local departments have had to rely on costlier, more restrictive placements for children whose needs are not effectively met in such placements. Virginia's use of congregate care (group homes and residential treatment centers) is higher than other states' and has been increasing. A substantial proportion of children in congregate care settings in Virginia do not have a clinical need to be there, according to two separate indicators of clinical need and observations from foster care caseworkers across many local departments of social services. In some instances, short stays in congregate care are necessary for children in foster care, but research shows that unnecessary time in congregate care can have negative effects on children's healthy development. In some other states, the rates of congregate care placements have been a factor in federal class-action litigation against state child welfare systems.

Additional casework is needed to improve the likelihood that children in foster care will find a permanent home

Federal and state law require local departments to minimize the time children spend in foster care by working diligently to reunify children with their birth parents as soon as it is safe and appropriate to do so, or to find relatives or others willing to permanently care for children when timely reunification is not possible. Compared to children in other states, a higher proportion of children "age out" of Virginia's foster care system before finding a permanent family. For example, of children 12 and older who entered foster care between 2012 and 2016, 54 percent aged out before finding a permanent home—approximately double the 50-state average (25 percent). Virginia has been among the worst three states annually for children aging out of foster care since at least 2007.

Compared to other states, Virginia takes fewer children into foster care, and it is commonly assumed that the children who enter foster care in Virginia have more severe challenges and are more difficult to place. This assumption is sometimes used to explain lengthy stays in foster care in Virginia, but analysis shows that a more likely explanation is the combination of inadequate casework by local departments and certain barriers outside caseworkers' control, such as the court system and service availability.

Reunification with birth families appears to be the type of permanency with the greatest opportunity for improvement in Virginia. VDSS data indicates that local departments are not involving birth parents and other key individuals in critical decision points in the foster care process, and children in Virginia are significantly less likely to be reunified with their birth parents than children in other states.

Some children are waiting an unnecessarily long time for adoptions to occur, due in part to the practices of local departments with respect to the “termination of parental rights” (TPR) process. TPR permanently eliminates all legal rights and responsibilities of birth parents and is legally required to occur before a child may be adopted. However, in some cases foster care caseworkers do not request TPR at the milestones required by federal and state law, delaying a child’s ability to become eligible for adoption. The often lengthy TPR appeals process in Virginia can also prolong the amount of time taken for children to be placed in a permanent home, and steps need to be taken to ensure birth parents are aware of a voluntary TPR option that could potentially avoid the appeals process and make children eligible for adoption sooner.

Fifteen percent of caseworkers carry high foster care caseloads, and high caseloads affect nearly one-third of children

Fifteen percent of foster care caseworkers in Virginia carry caseloads of more than 15 children at a time—higher than the widely accepted caseload standard of 12 to 15 children per caseworker. Caseworkers with these high caseloads are in 32 local departments distributed across all five regions of the state. The number of foster care caseworkers with caseloads of more than 15 has been increasing, and a relatively large number of children in foster care are affected. Foster care caseworkers with high caseloads were collectively responsible for managing the cases of 1,657 children (31 percent of all children in foster care). Higher foster care caseloads are associated with lower rates of routine medical exams, fewer in-home visits by caseworkers, and fewer contacts between children and their birth families each month, according to JLARC analysis of VDSS data.

VDSS has not effectively supervised the foster care system and does not have an effective means to identify and resolve poor performance

Many stakeholders—social services staff, foster parents, judges, and others—expressed concerns about the lack of accountability in Virginia’s foster care system and the impact this has on children and families. VDSS has historically narrowly interpreted its supervisory responsibilities, which are set in statute, and past VDSS leaders have equivocated about the state’s ability to assertively supervise foster care services and hold local departments of social services accountable. The current VDSS commissioner has signaled that VDSS may be more proactive in its supervisory role under his leadership, but state law should be clarified to ensure that VDSS has unequivocal statutory direction regarding its responsibilities for holding local departments accountable for providing foster care services in a manner consistent with federal and state

laws. For example, although the commissioner of VDSS has the statutory authority and responsibility to intervene when local departments of social services fail to provide services to those who need their assistance, current state law is not clear about the *circumstances* under which VDSS should intervene to resolve cases in which children are not receiving needed services.

To improve its effectiveness as supervisor of the system, VDSS also needs to more closely monitor local departments' child welfare practices. VDSS initiated a case review process in 2017 to identify problems with the administration of child welfare services, but the results of the case reviews—which have been conducted for nearly two years—have not been systematically reviewed by central office staff, and VDSS has no process to ensure that identified problems are resolved. The information from case reviews could be leveraged to make improvements, and the current case review process could be replaced with a more comprehensive and structured quality assurance review process that prioritizes those departments that appear to be at the greatest risk of providing inadequate services.

WHAT WE RECOMMEND

Legislative action

- Direct VDSS to examine the results of regional consultants' 2017 and 2018 case file reviews and certify that all safety-related concerns identified in those reviews have been resolved.
- Direct VDSS to develop and maintain a strategic plan for recruiting foster families and to maintain a statewide inventory of foster families.
- Direct VDSS to identify all children who do not have a clinical need to be in a congregate care setting and take steps to move them to a more appropriate placement.
- Establish a standard for the number of foster care cases managed by a single caseworker.
- Specify VDSS's supervisory responsibilities for the state's foster care system and the actions it is authorized to take to ensure local departments comply with state foster care laws and regulations.

Executive action

- Require local department staff to routinely search for the relatives of children in foster care and issue clear guidance to local departments on the existing policies that can facilitate the approval of relatives to serve as foster parents.
- Identify children who have been in foster care for longer than 36 months and provide technical assistance and resources to local departments to minimize prolonged stays in foster care for these children.
- Develop clear guidance that should be distributed to all birth parents on their ability to voluntarily terminate parental rights.

The complete list of recommendations is available on page vii.

JLARC Report – Recommendations and Status

Recommendation 1

The General Assembly may wish to consider including language in the Appropriation Act directing the Virginia Department of Social Services to thoroughly review all the information collected through the agency case reviews conducted in 2017 and 2018 by regional staff, re-communicate all serious case-specific or systemic safety-related concerns identified in past reviews to the relevant departments of social services, communicate such concerns to the relevant local boards of social services, and work with local department staff to resolve all identified safety problems. The commissioner should be directed to submit a letter to the House Health, Welfare and Institutions Committee and the Senate Rehabilitation and Social Services Committee certifying that all safety-related concerns identified in the 2017 and 2018 reports have been resolved no later than November 1, 2019. (Chapter 2)

Not in Appropriation Act. The foster care omnibus bill increases staffing for regional oversight and an enactment clause in the bill directs VDSS to develop and implement a more reliable, structured, and comprehensive case review and quality improvement process.

Recommendation 2

The Virginia Department of Social Services (VDSS) should convene a work group to address the underutilization of the CANS assessment in case planning and service provision for children in the foster care system. The work group should include caseworkers, supervisors, and directors from all regions of the state. VDSS should report its findings and recommendations to the Virginia Board of Social Services no later than July 1, 2020. (Chapter 2)

As part of the Family First implementation efforts, the Service Array workgroup at VDSS reviewed the use of the CANS assessment in meeting the Family First requirements, and determined that the CANS assessment would be used in all cases that met the Family First requirements.

The Office of Children’s Services is a key member of this workgroup and is actively involved in the recommendations regarding the use of the CANS instrument. The Division of Family Services plans to continue to work with the Service Array workgroup to provide recommendations regarding the use of the CANS assessment both internally and to the Office of Children’s Services.

Recommendation 3

The General Assembly may wish to consider amending § 63.2-200 of the Code of Virginia and including sufficient funding in the Appropriation Act to create a new position, director of foster care health and safety, within the Virginia Department of Social Services. (Chapter 2)

Included in the Appropriation Act and Foster care omnibus bill.

The position description has been drafted, it was reviewed by partners at the Department of Medical Assistance Services as VDSS and DMAS will be working closely in regards to this recommendation and the work of the Managed Care Organizations who oversee foster care children. Once approved, the position will be posted, with the intent to hire and fill by 7/1/19.

Recommendation 4

The Virginia Board of Social Services should promulgate regulations to require staff of local departments of social services to at least annually conduct a search for relatives of every child who (i) is not placed with relatives and (ii) has no clear permanent placement options. The amended regulation should further require that relative searches be conducted when a child's placement changes, if such a search has not been conducted in the 90 days prior. (Chapter 3)

Foster care omnibus bill achieves this recommendation.

Practice Guidance will be revised to include relative searches and documentation of efforts in OASIS/COMPASS at the following points:

- Prior to the Child and Family Team Meeting and Family Partnership Meetings;
- Prior to removal;
- Quarterly (which addresses not placed with relatives and no clear placement options, placement changes, if such a search has not been conducted within the 90 days prior);
- Annually

Additionally, reminders for workers and supervisors will be added to the COMPASS Mobility App to correspond with each aforementioned search point.

Recommendation 5

The General Assembly may wish to consider amending Chapter 11 of Title 16.1 of the Code of Virginia to require juvenile and domestic relations courts to order the birth parents of children who have been removed from their homes to provide to local departments of social services contact information for all immediate relatives and extended family members. (Chapter 3)

HB 2622 (Austin) passed during the 2019 General Assembly session provides that, in any proceeding in which a child is removed from the home, the court may order the parents or guardians of such child to provide the names and contact information for all persons with a legitimate interest to the local department of social services.

While this is permissive, it leaves the option available to the judge whether or not to require the family to provide relative contact information.

Recommendation 6

The Virginia Department of Social Services (VDSS) should issue clear guidance that presents the options available to local departments of social services to facilitate the approval of relatives to serve as foster parents. Guidance materials should be issued to all local departments and regional VDSS staff. (Chapter 3)

VDSS has created a diligent recruitment workgroup and is receiving technical assistance from the Center for States. The workgroup will make recommendations to strengthen current practice guidance and provide technical assistance to LDSS on full disclosure and option for relatives.

Recommendation 7

The General Assembly may wish to consider amending Title 63.2, Chapter 9 of the Code of Virginia to require every local department of social services to provide semiannually to the Virginia Department of Social Services a list of all licensed foster families who reside in their locality. The list should, at a minimum, include foster families' contact information, preferences regarding the age, number, and needs of children each family would consider fostering, key demographic information for each family, the number and ages of children each family is currently fostering, the total number of other children in each family's home and their ages, and biological relationships (if any) between each family and the children they are fostering. (Chapter 3)

Foster care omnibus bill achieves this recommendation. Enacted legislation requires list to be updated quarterly.

VDSS is working with LDSS on updating their lists regularly, and is also addressing the capacity to track the information via the Comprehensive Child Welfare Information System (CCWIS) system.

Recommendation 8

The General Assembly may wish to consider including language in the Appropriation Act directing the Virginia Department of Social Services to develop and maintain a statewide strategic plan for recruiting and retaining foster families. (Chapter 3)

Foster care omnibus bill achieves this recommendation.

VDSS has created a diligent recruitment workgroup and is receiving technical assistance from the Center for States. The workgroup along with guidance from the Center for States will develop and maintain a statewide Diligent Recruitment Strategic Plan.

Separate from the FC Omnibus bill, \$100,000 was included in the 2019 budget to implement the Virginia Fosters program. This unique partnership with Virginia Kids Belong will take the lead on developing the diligent recruitment plan for the Commonwealth.

Recommendation 9

The General Assembly may wish to consider including language in the Appropriation Act to establish six positions—five regional staff and one at the central office—at the Virginia Department of Social Services responsible for implementing the statewide strategic plan for recruiting and retaining foster families and supporting local recruitment and retention efforts. (Chapter 3)

Foster care omnibus bill adds requirement that regional offices have no less than four staff members. Additionally, an enactment clause in the bill directs VDSS to develop and implement a data-driven strategic plan, to be updated biennially, to improve the recruitment and retention of foster parents in the Commonwealth.

The position descriptions have been drafted and are currently in the organizational development process. Once these positions have been developed as appropriate, the positions will be posted, with the intent to hire and fill by 7/1/19.

Recommendation 10

The General Assembly may wish to consider including language in the Appropriation Act to direct the Virginia Department of Social Services (VDSS) to (i) determine the amount of funding necessary to implement the statewide strategic plan for recruiting and retaining foster parents; and (ii) identify all possible sources of funding that could be used to support statewide recruitment and retention efforts, including Title IV-E funds, limits on these funding sources, and general fund match requirements. VDSS could be required to submit its findings to the House Appropriations and Senate Finance Committees by November 1, 2019. (Chapter 3)

The foster care omnibus bill directs VDSS to develop and implement a data-driven strategic plan, to be updated biennially, to improve the recruitment and retention of foster parents in the Commonwealth.

VDSS has created a diligent recruitment workgroup and is receiving technical assistance from the Center for States. The workgroup along with guidance from the Center for States will develop and maintain a statewide Diligent Recruitment Strategic Plan.

Separate from the FC Omnibus bill, \$100,000 was included in the 2019 budget to implement the Virginia Fosters program. This unique partnership with Virginia Kids Belong will take the lead on developing the diligent recruitment plan for the Commonwealth.

Recommendation 11

The General Assembly may wish to consider including language in the Appropriation Act directing the Virginia Department of Social Services to (i) conduct an immediate review of the circumstances of every child in foster care currently in congregate care, to identify children who do not have a clinical need to be in congregate care; (ii) communicate its findings to each local department of social services; (iii) direct the local departments to make concerted efforts to identify appropriate family-based placements for these children; and (iv) direct the local departments to move identified children to an appropriate family-based placement, if feasible. (Chapter 3)

The foster care omnibus bill directs VDSS to develop and implement an ongoing review process to monitor the placement of children by local boards of social services in children's residential facilities and ensure that such placements are warranted by medical necessity for congregate care.

VDSS has been in communication with the Department of Medical Assistance Services as this will be a key partnership in determining medical necessity for all children in congregate care facilities.

Recommendation 12

The General Assembly may wish to consider amending Title 63.2, Chapter 9 of the Code of Virginia to direct the Virginia Department of Social Services (VDSS) to review, at least annually, the circumstances of every child in foster care who is placed in a congregate care setting, and identify children for whom such a placement is not justified by their needs. When it is determined that a child's placement in a congregate care setting is not justified by their needs, and the local department of social services does not take reasonable steps to find an appropriate family-based placement, the local department should be required to pay all costs associated with the congregate care placement out of local funds until VDSS determines that the local department has made reasonable efforts to place the child in an appropriate family-based placement. (Chapter 3)

The foster care omnibus bill directs VDSS to develop and implement an ongoing review process to monitor the placement of children by local boards of social services in children's residential facilities. Additionally, the bill requires regional oversight over placements to congregate care.

VDSS is presently developing a process for an annual review of children in congregate care and the procedures for addressing any issues identified with children who remain in congregate care.

Recommendation 13

The Virginia Department of Social Services should (i) modify its guidance to require caseworker visits with birth parents at least once every two months as long as reunification remains the foster care goal, and require caseworkers to document these visits in the electronic case management system; (ii) monitor the frequency of these visits on an ongoing basis; and (iii) notify the relevant directors and boards of local departments of social services when required visits with birth parents have not occurred over an extended duration, such as five months. (Chapter 4)

Foster care omnibus bill achieves this recommendation. The department will monitor compliance via a dashboard. The July 1, 2019 guidance will be updated to reflect these changes.

Recommendation 14

The General Assembly may wish to consider amending § 63.2-900 of the Code of Virginia to require local departments of social services to hold structured meetings, facilitated by a trained, neutral moderator, with birth parents, relatives, and other relevant stakeholders, to make decisions that are in the best interest of the child in foster care, prior to all critical decisions points during a child’s stay in foster care. (Chapter 4)

Legislation not proposed or enacted.

VDSS has developed a family engagement workgroup and developed strategies to better engage parents, relatives and stakeholders, and to increase the use of Family Partnership Meetings prior to all critical decision points.

Recommendation 15

The General Assembly may wish to consider amending § 63.2-1305 of the Code of Virginia to create a state-funded Kinship Guardianship Assistance program that waives the requirement for potential guardians to serve as a licensed foster parents for six consecutive months and limit eligibility for this program to children who are least likely to be placed in a permanent home or who have been in foster care for an extended period of time. (Chapter 4)

Legislation not proposed or enacted.

Recommendation 16

The Virginia Department of Social Services should (i) develop in guidance a list of acceptable reasons for not filing for termination of parental rights after 15 months in foster care and (ii) require local departments to document at least one of these reasons in the state’s electronic case management system whenever a decision is made to delay filing for termination of parental rights. (Chapter 4)

VDSS in Collaboration with the Court Improvement Program has developed a strategy to enhance court processes to reinforce the requirement that termination of parental rights petitions are filed in accordance with required provisions.

Recommendation 17

The General Assembly may wish to consider amending § 16.1-282.1 of the Code of Virginia to require, for all permanency planning hearings after 15 months in foster care in which termination of parental rights (TPR) has not occurred, that the local departments of social services include the reason for not initiating TPR in the petition for the hearing. (Chapter 4)

Legislation not proposed or enacted.

VDSS in Collaboration with the Court Improvement Program has developed a strategy to enhance court processes to reinforce the requirement that termination of parental rights petitions are filed in accordance with required provisions.

- VDSS will assess the foster care service plan and foster care service plan review templates to identify where the local agency documents a compelling reason not to file a petition for termination of parental rights (TPR); make changes, as necessary and appropriate.
- The Court Improvement Program will develop a proposed revision to the *Petition for Permanency Planning Hearing* (district court form DC-556), to include an indicator for the local agency to identify that a compelling reason for not filing a petition for termination of parental rights is documented in the foster care service plan or foster care service plan review.

Recommendation 18

The General Assembly may wish to consider including language in the Appropriation Act directing the Supreme Court of Virginia to evaluate the feasibility, costs, and effectiveness of the following options to expedite the appeals process for termination of parental rights (TPR) cases: (i) designate juvenile and domestic relations courts as courts of record for TPR hearings and send appeals directly to the court of appeals; (ii) originate TPR hearings in circuit courts; (iii) shorten the 90-day deadline for circuit courts to hold TPR hearings; (iv) establish a deadline for the court of appeals to hold TPR hearings; and (v) any other options that could expedite the appeals process for TPR cases. The executive secretary of the Supreme Court of Virginia should submit the results of this evaluation to the House and Senate Courts of Justice Committees; the House Health, Welfare and Institutions Committee; and the Senate Rehabilitation and Social Services Committee by November 1, 2020. (Chapter 4)

Member request included in the Senate budget. Not in Appropriation Act. Study or evaluation is not included in Supreme Court's work plan.

Recommendation 19

The Virginia Department of Social Services should develop a clear guidance document to educate birth parents about their option to voluntarily terminate parental rights and require local departments of social services to provide this document to all birth parents no later than at the first foster care review hearing. (Chapter 4)

In collaboration with VDSS, the Court Improvement Program will revise the Handbook for Parents and Guardians in Child Dependency Cases to add a section on relative identification and the importance of parents cooperating in efforts to identify relatives who may be placement options for their child. This Handbook is designed to help parents understand what will happen throughout the course of a child dependency court case.

LDSS will also enhance guidance to notify family members of the opportunity to enter a voluntary entrustment agreement.

Recommendation 20

The Virginia Department of Social Services (VDSS) should develop a list of children who have been in foster care for more than 36 months, to be updated quarterly. Each quarter, VDSS should require regional staff to review each case and authorize them to respond with direct technical assistance or referrals to relevant VDSS contractors, as necessary and appropriate, to minimize unnecessarily lengthy stays in foster care. (Chapter 4)

Foster care omnibus bill achieves this recommendation. The number of children in foster care for more than 24 months will be entered into the dashboard. Additionally, VDSS shall develop and implement a process to (i) identify and review foster care cases in which the child has been in foster care for 24 months or longer; (ii) provide assistance to local boards and departments of social services to find a permanent home for such children; and (iii) conduct follow-up reviews of such cases annually to ensure that the local board and department of social services continue to make diligent efforts to secure a permanent home for such children.

Recommendation 21

The Virginia Department of Social Services should prepare reports each quarter on (i) the percentage of children in each locality in foster care for over 12 months, 24 months, and 36 months, and (ii) the regional and state average lengths of stay in foster care. The reports should be sent at least quarterly to relevant local directors and boards of social services and juvenile and domestic relations courts. (Chapter 4)

Foster care omnibus bill achieves this recommendation

A draft permanency data analyst position description is in review. Once hired, this position will be responsible for producing these reports and incorporating findings into the continuous quality improvement (CQI) system in addition to communicating to the appropriate local departments of social services.

Recommendation 22

The State Board of Social Services should promulgate regulations to (i) require that independent living needs assessments and transition plans be conducted within 30 days of a child turning 14 in foster care or entering foster care at age 14 or older; and (ii) require that the needs assessments and transition plans be updated annually. (Chapter 4)

This will be included in VDSS' regulatory actions beginning in the Fall 2019 time frame.

Recommendation 23

The Virginia Department of Social Services should update its guidance on the Fostering Futures program to allow local departments of social services to disenroll youth for substantial violation of the written agreement. This guidance should include information on the types of requirements that the agreements may and may not include. (Chapter 4)

VDSS is currently reviewing this recommendation and will make a recommendation for how to be proceed.

Recommendation 24

The General Assembly may wish to consider amending § 63.2-905 of the Code of Virginia to require the Virginia Department of Social Services to (i) establish a caseload standard for foster care caseworkers; (ii) notify relevant local boards of social services when foster care caseworkers carry caseloads that exceed this standard for an extended period of time; and (iii) periodically review and update the caseload standard, as appropriate, to account for changes in the time and work required to effectively manage each foster care case. (Chapter 5)

Foster care omnibus bill achieves this recommendation. VDSS shall, pursuant to Board regulations, establish a caseload standard that limits the amount of foster care cases that may be assigned to each foster care caseworker. Such caseload standard shall be reviewed and updated, as appropriate, annually on the basis of the time and work necessary to effectively manage each foster care case.

Recommendation 25

The Virginia Department of Social Services (VDSS) should develop plans of action for ensuring that local departments of social services that have foster care caseworkers carrying caseloads in excess of 15 children are able to reduce those caseloads to 15 or fewer without compromising the safety or well-being of children. VDSS should assist local departments, as necessary, in implementing these plans. These plans of action should be developed in collaboration with regional office staff and local department directors and sent to the relevant local boards of social services by June 30, 2019. (Chapter 5)

Foster care omnibus bill achieves part of this recommendation. The dashboard mandated in the bill requests information about the number of foster care caseworkers with caseloads exceeding the standard established pursuant to § 63.2-913.1; and the number of children in foster care to whom a caseworker with a caseload exceeding the standard set forth in § 63.2-913.1 has been assigned. Additionally, it is the job of the director of foster care health and safety to ensure that local boards remedy any failures, including those related to caseworker visits.

Recommendation 26

The General Assembly may wish to consider including language in the Appropriation Act directing the Virginia Department of Social Services (VDSS) to (i) identify local departments of social services in greatest need of assistance with recruiting and retaining foster care caseworkers; (ii) recommend solutions for the specific barriers to caseworker recruitment and retention; and (iii) identify additional funding needs, and federal funding that could be leveraged, to implement the recommendations. VDSS should report its findings and recommendations to the House Appropriations and Senate Finance Committees no later than November 1, 2019. (Chapter 5)

Not in Appropriation Act.

Recommendation 27

The General Assembly may wish to consider including language in the Appropriation Act directing the Virginia Department of Social Services (VDSS) to review the feasibility and costs of establishing a standard for supervisory spans of control within Virginia’s foster care system. VDSS should report its findings to the House Appropriations and Senate Finance Committees no later than November 1, 2020. (Chapter 5)

Not enacted. However, foster care omnibus bill mandates additional regional oversight. Also, the legislation gives the Commissioner additional authority, including the ability to create and enforce a corrective action plan.

Recommendation 28

The Virginia Department of Social Services should monitor foster care staffing problems on an ongoing basis and assist local departments in addressing these problems, as necessary. For the purposes of targeted interventions and support, the following should be monitored, at a minimum: (i) competencies and compensation of caseworkers and supervisors; (ii) vacancy and turnover rates among caseworkers and supervisors; (iii) foster care caseloads; (iv) supervisory spans of control; and (v) specific opportunities to use caseworkers’ and supervisors’ time more efficiently and effectively. (Chapter 5)

Foster care omnibus bill achieves much of this recommendation via the dashboard as well as with the assistance of newly implemented regional oversight.

Recommendation 29

The General Assembly may wish to consider amending § 63.2-900 of the Code of Virginia to authorize and direct the Virginia Department of Social Services to (i) annually conduct structured reviews of a representative sample of foster care cases to ensure that local departments of social services are complying with state and federal laws and policies, and are implementing effective practices; (ii) communicate to the relevant local departments and boards of social services problems and areas for improvement that are identified through these reviews; (iii) work with local departments to develop strategies to resolve all identified problems; (iv) monitor the performance of these departments to ensure problems are satisfactorily resolved; and (v) report annually on the results of the reviews to the Virginia Board for Social Services. (Chapter 6)

Foster care omnibus bill achieves this recommendation. The omnibus legislation increases regional oversight by stating that at least one staff member shall be tasked with conducting foster care and adoption case reviews to ensure that local boards within the region are providing foster care and adoption services in a manner that complies with state and federal laws and regulations and protects the health, safety, and well-being of children under the supervision and control of such local boards.

Recommendation 30

The General Assembly may wish to consider including language in the Appropriation Act directing the Virginia Department of Social Services (VDSS) to develop a plan to phase in structured, comprehensive annual quality assurance reviews for a representative sample of foster care cases and report findings to the Virginia Board for Social Services. The plan should describe (i) the design of a comprehensive quality assurance review process; (ii) strategies for recruiting and training qualified reviewers; (iii) the role of VDSS central office staff in reviewing and acting on the findings of quality assurance reviews; and (iv) criteria for phasing in quality assurance reviews, prioritizing those departments that are, according to evidence, at the highest risk for providing inadequate services. The plan should be submitted to the House Appropriations and Senate Finance Committees by June 30, 2020. (Chapter 6)

Foster care omnibus bill achieves this recommendation. VDSS shall develop and implement a more reliable, structured, and comprehensive case review and quality improvement process to monitor and improve foster care services provided by local boards and departments of social services in the Commonwealth.

VDSS is presently conducting annual quality assurance reviews as required by the federal Child and Family Services Review and will continue and enhance this process as the agency moves forward.

Recommendation 31

The General Assembly may wish to consider including language in the Appropriation Act directing the Virginia Department of Social Services to (i) continue conducting agency case reviews at all local departments of social services as a more structured, comprehensive quality assurance review process is phased in; (ii) require central office staff to examine the results of agency case reviews and continue to communicate all identified problems to the relevant local departments; (iii) communicate such concerns to the relevant boards of social services; (iv) work with local departments to develop strategies to resolve all identified problems; and (v) monitor local departments' efforts to resolve all identified problems. (Chapter 6)

Foster care omnibus bill achieves this recommendation. VDSS shall develop and implement a more reliable, structured, and comprehensive case review and quality improvement process to monitor and improve foster care services provided by local boards and departments of social services in the Commonwealth.

VDSS is presently conducting annual quality assurance reviews as required by the federal Child and Family Services Review and will continue and enhance this process as the agency moves forward. VDSS is building the continuous quality improvement (CQI) process on the backend and will be moving towards to fully implementing the required changes.

Recommendation 32

The General Assembly may wish to consider amending Chapter 2 of Title 63.2 of the Code of Virginia to create an independent office of child welfare ombudsman, which would report directly to the Secretary of Health and Human Resource and be responsible for (i) receiving and responding to complaints related to the safety and well-being of children in foster care; (ii) reporting annually to the governor, the General Assembly, and the Court Appointed Special Advocate program at the Department of Criminal Justice Services on the complaints received and actions taken; and (iii) making recommendations to improve services and outcomes for children in foster care and their families. (Chapter 6)

Legislation not enacted – HB 2381 (Hurst) failed to report during the 2019 Session.

VDSS is moving forward with creating a Foster Care Ombudsman who will actively work to achieve many of the recommendations for the child welfare ombudsman, only limited to the foster care program.

Recommendation 33

The General Assembly may wish to consider amending § 63.2-900 of the Code of Virginia to specify the conditions under which the Virginia Department of Social Services (VDSS) should intervene at local departments of social services to address shortcomings with the delivery of foster care services and to expressly authorize VDSS action to ensure that local departments comply with state foster care laws and regulations. (Chapter 6)

Foster care omnibus bill achieves this recommendation. The VDSS Commissioner is given the authority to place or remove any child, under the control of a local board, from a home or facility that is not complying with child health, safety, or well-being requirements.

Additionally, the Commissioner shall have the authority to create and enforce a corrective action plan.

Recommendation 34

The General Assembly may wish to consider including language in the Appropriation Act requiring the Virginia Department of Social Services to develop a plan for staffing its regional offices in such a way that facilitates effective state supervision of the delivery of foster care services by local departments of social services. The plan should be submitted to the House Appropriations and Senate Finance Committees no later than November 1, 2020. (Chapter 6)

Foster care omnibus bill achieves this recommendation. The legislation spells out the utilization of regional staff to provide effective oversight of and assistance with foster care and adoption services provided by local boards