



**FINAL REPORT OF THE
VIRGINIA COMMISSION ON YOUTH**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**

Virginia's Foster Care System

**COMMONWEALTH OF VIRGINIA
RICHMOND
2020**

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from the Commonwealth at Large**

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Deirdre S. "Dede" Goldsmith
Christian Rehak

Commission on Youth Staff

Amy M. Atkinson, Executive Director
Will Egen, Senior Policy Analyst
Christine Wilcox, Policy Editor

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I. Authority for Study

Section 30-174 of the *Code of Virginia* establishes the Commission on Youth and directs it to “study and provide recommendations addressing the needs of and services to the Commonwealth’s youth and their families.” This section also directs the Commission to “encourage the development of uniform policies and services to youth across the Commonwealth and provide a forum for continuing review and study of such services.” Section 30-175 of the *Code of Virginia* outlines the powers and duties of the Commission on Youth and directs it to “undertake studies and to gather information and data ... and to formulate and report its recommendations to the General Assembly and the Governor.”

In response to Virginia’s increasing focus on the foster care system, and to facilitate the work of Virginia lawmakers in addressing issues affecting foster care, the Virginia Commission on Youth hosted a seminar titled “Foster Care for Legislators” at its May 6, 2019, meeting. The purpose of this seminar was to inform lawmakers about the complexities of the foster care system and to develop recommendations to improve Virginia’s foster care system.

At its May 6, 2019, meeting, the Commission approved a study plan to investigate issues and develop recommendations related to the following topics concerning Virginia’s foster care system:

- Child welfare and foster care workforce caseloads (later expanded to encompass workforce recruitment and retention)
- Legislative action and resources needed to implement the Family First Prevention Services Act (later modified to focus on kinship care)
- Recruiting and retaining foster families
- Supporting youth transitioning from foster care to adulthood (Fostering Futures)

II. Members Appointed to Serve

The Commission on Youth is a standing legislative commission of the Virginia General Assembly. It is comprised of twelve members: three Senators, six Delegates, and three citizens appointed by the Governor.

2019 membership of the Virginia Commission on Youth is listed below.

Delegate Richard P. “Dickie” Bell, Staunton, Chair
Delegate Emily M. Brewer, Smithfield
Delegate Jerrauld C. “Jay” Jones, Norfolk
Delegate Mark L. Keam, Vienna
Delegate Christopher K. Peace, Mechanicsville

Delegate Todd E. Pillion, Abingdon
Senator David W. “Dave” Marsden, Burke, Vice-Chair
Senator Charles W. “Bill” Carrico, Sr., Galax
Senator Barbara A. Favola, Arlington
Avohom B. Carpenter, Chester
Deirdre S. “Dede” Goldsmith, Abingdon
Christian Rehak, Radford

III. Executive Summary

In response to Virginia’s increasing focus on the foster care system, and to facilitate the work of Virginia lawmakers in addressing issues affecting foster care, the Virginia Commission on Youth hosted a seminar titled “Foster Care for Legislators” at its May 6, 2019, meeting. The purpose of this seminar was to inform lawmakers about the complexities of the foster care system and to develop recommendations to improve Virginia’s foster care system.

In February of 2018, the federal Family First Prevention Services Act was enacted. Family First makes major changes to federal funding for foster care, and supports family permanency by providing funding for services to families who have children who are at risk of entering the child welfare system. Virginia is currently working to implement the law in advance of the effective date of most of its provisions (July 1, 2020).

During December of 2018, the Joint Legislative Audit & Review Commission (JLARC) released a report titled *Improving Virginia’s Foster Care System*. The report generated 34 recommendations, some of which were addressed during the 2019 General Assembly Session. However, the report indicates that many improvements to our current foster care system are still needed.

To facilitate the work of Virginia’s lawmakers in response to JLARC’s recommendations and the requirements of implementing the Family First Prevention Act, the Commission on Youth hosted an informational seminar on Virginia’s foster care system titled “Foster Care for Legislators” at its May 6, 2019, meeting. The purpose of this seminar was to inform lawmakers about the complexities of the foster care system. Presentations were made by state and local stakeholders on a variety of topics which included:

- Overview of Virginia’s Foster Care System From a State and Local Perspective
- Funding of Virginia’s Foster Care System
- Foster Care Prevention and Family First
- Virginia’s Foster Care System, Bedford Department of Social Services Team
- Foster Families Panel

- Foster Youth Transition to Adulthood Panel
- Plan of Action

Over 200 people attended the seminar. Legislators also had an opportunity to talk with invited foster and kinship families, foster youth, and former foster youth at a luncheon held immediately after the seminar. To supplement information provided at the seminar, Commission staff prepared a resource binder titled “Foster Care 101: A Resource for Virginia’s Legislators,” which is available on the Commission’s webpage.

Following the seminar, Commission staff conducted a study on Virginia’s foster care system. Staff met with state agencies, local departments of social services, members of the executive and judiciary branches, providers, advocacy groups, and other stakeholders across the Commonwealth to learn about challenges within the foster care system. Draft study findings and recommendations were presented at the Commission’s September 18, 2019, meeting. The Commission received written public comment through November 22. After receiving public comment at the December 4, 2019, meeting, the Commission on Youth approved the following recommendations:

Workforce Recruitment and Retention

Recommendation 1 – Training Academy

Introduce a budget amendment for additional staff positions at VDSS to administer a Training Academy for Family Services Specialists as recommended in the 2018 study conducted by the University of Denver, Butler Institute for Families.

Recommendation 2 – Virginia’s Child Welfare Stipend Program

Introduce a budget amendment to expand Virginia’s Child Welfare Stipend Program to include stipend positions funded with state-only dollars, which will allow these stipend graduates to fulfil their stipend agreements in child welfare positions to include child protective services and ongoing/prevention services. These state-funded stipend positions will not have the federal requirement to have an employee work 51% of their job in Title IV-E.

Recommendation 3 – Salary Increase for Family Services Employees

Introduce a budget amendment to increase the minimum salary for Family Services Series positions and provide a salary adjustment for current Family Services employees.

Recommendation 4 – Technology Update

Request that the Virginia Department of Social Services present to the Commission on Youth an update on the status of VDSS technology, to include Compass, OASIS, and any efforts by

the Department to allow Title IV-E to be processed electronically. Introduce a budget amendment to implement a new technology system to replace OASIS.

Recommendation 5 – Family Assessment

Amend § 16.1-1506 of the *Code of Virginia* to extend the family assessment requirement from 45 days to 60 days with no additional extension.

Fostering Futures

Recommendation 6 – Codify the Fostering Futures Program

Amend the *Code of Virginia* to codify the Fostering Futures program, as currently authorized in the Virginia State Budget language, ensuring that Federal Law is properly addressed. Include a provision allowing video conferencing as an option for monthly visits between LDSS and participants. Include in the legislation enactment clauses directing the Virginia Department of Social Services to make certain actions:

- Determine what services are appropriate for participants.
- Develop requirements to be included in the Voluntary Continuing Services and Support Agreement (VCSSA). Requirements should include maintaining contact with the youth's case manager, and making rent payments on time. Case managers should tailor the VCSSA to the youths' situation and needs.
- Allow discretion for LDSS to disenroll youth from the Fostering Futures program for substantial violation of the VCSSA.
- Develop a budget worksheet and/or payment forms to monitor how participants are using their allotted funds and increase oversight of maintenance payments when needed.

Kinship Care

Recommendation 7 – Support Kinship Navigator Programs

Support the ongoing systemic review process being done by the Administration for Children and Families of kinship navigator programs and encourage the addition of well-supported, supported, or promising kinship navigator program to be included in the Family First Clearinghouse.

Recommendation 8 – Support funding for Regional Kinship Navigator Program

Support the continuation of the current federal funding for Virginia's regional kinship navigator program.

Recommendation 9 – Develop Statewide Kinship Navigator Program

Direct VDSS to develop a statewide Kinship Navigator program in Virginia, which will provide information, resource, and referral services to children and kin caregivers.

Recommendation 10 – Track Facilitated Diversion

Request that VDSS add an input box to OASIS to mark when a youth is diverted to a “facilitated care arrangement.”

Recommendation 11 – Diligent Search

Request that VDSS as part of the upcoming diligent search RFP obtain feedback from LDSSs on the strengths and weaknesses of the current system and what is needed to make a search tool successful.

Recommendation 12 – Fictive Kin Definition

Amend § 63.2-1305 of the *Code of Virginia* to add fictive kin to the definition of relative for the purpose of the KinGAP program.

Recommendation 13 – State-funded Kinship Guardianship Assistance Program (KinGAP)

Amend § 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.

This recommendation was made by JLARC in their 2018 report. It was not introduced as legislation during the 2019 session.

Recommendation 14 – General Relief Program

Introduce a budget amendment to increase funding for the General Relief program.

Recommendation 15 – Reimbursement for Kinship and Fictive Kin Families

Direct VDSS to create a state funded program to provide facilitated care reimbursement payments to kinship and fictive kin families who have custody over kin due to the child being identified as being at imminent risk of entering foster care. Local departments shall track these families and provide case management as necessary.

Recommendation 16 – Study of Guardianship

Direct the Commission on Youth to study adding guardianship as a permanency option in Virginia by creating an Advisory Group to:

- a) Look at the benefits as well as obstacles this change would create.
- b) Determine what is the potential impact on school enrollment and medical care.
- c) Investigate what would be the rights of the parties in such an arrangement.
- d) Explore the possible implementation of state funded guardianship assistance.

Recommendation 17 – Emergency Approval Process for Kinship Caregivers

Direct the Virginia Department of Social Services to create an emergency approval process for kinship caregivers and develop foster home certification standards for kinship caregivers using as a guide the Model Family Foster Home licensing Standards developed by the American Bar Association Center on Children and the Law, the Annie E. Casey Foundation, Generations United, and the National Association for Regulatory Administration. The adopted standards should align, as much as reasonably possible, to the Model Family Foster Home Licensing Standards, and should ensure that children in foster care 1) live in safe and appropriate homes under local department of social services and court oversight; 2) receive monthly financial assistance and supportive services to help meet their needs; and 3) can access the permanency options offered by Virginia's Guardianship Assistance Program.

Foster Care Family Recruitment and Retention

Recommendation 18 – Grant Program for Recruitment and Retention of Foster Care Families

Direct VDSS and CSA to establish a grant program to incentivize the recruitment and retention of foster care families within local departments of social services. Grants will be awarded to local agencies who demonstrate a strategy to recruit families that will meet the needs of the children they serve. These families should be trained and supported by the local DSS, the community, and local service providers to provide the necessary trauma-informed services for children with emotional, medical, or behavioral needs. The grant application shall identify a targeted marketing strategy, supporting community partners, and additional supports that will be provided to foster families recruited under this grant. Local departments may contract with private providers to deliver the daily support and supervision of these families. The local agency will be exempt from paying the local match for services provided to families recruited and trained under this grant. Two or more local agencies will be permitted to form partnerships under this grant program.

Recommendation 19 – Update on Recruitment and Retention of Foster Care Families

Request an update from VDSS on the recruitment and retention of foster care families by November 2020, to include an update on the creation of a stronger framework and parameters for LDSS around family supports (to include but not be limited to a provision for a dedicated recruiter and trainer; trauma training, parenting strategies, and respite care for foster care families; and social support mentors the foster children). Request VDSS to provide i) an estimate 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.

IV. Study Goals and Objectives

In response to Virginia’s increasing focus on the foster care system, and to facilitate the work of Virginia lawmakers in addressing issues affecting foster care, the Virginia Commission on Youth hosted a seminar titled “Foster Care for Legislators” at its May 6, 2019, meeting. The purpose of this seminar was to inform lawmakers about the complexities of the foster care system and to develop recommendations to improve Virginia’s foster care system.

At its May 6, 2019, meeting, the Commission approved a study plan to investigate issues and develop recommendations related to the following topics concerning Virginia’s foster care system:

- Child welfare and foster care workforce caseloads (later expanded to encompass workforce recruitment and retention)
- Legislative action and resources needed to implement the Family First Prevention Services Act (later modified to focus on kinship care)
- Recruiting and retaining foster families
- Supporting youth transitioning from foster care to adulthood (Fostering Futures)

A. IDENTIFIED ISSUES

- During December of 2018, the Joint Legislative Audit & Review Commission (JLARC) released a report titled *Improving Virginia’s Foster Care System*. The report generated 34 recommendations, some of which were addressed during the 2019 General Assembly Session. However, the report indicates that many improvements to our current foster care system are still needed.
- In February of 2018, the federal Family First Prevention Services Act was enacted. Family First makes major changes to federal funding for foster care, and supports family permanency by providing funding for services to families who are at risk of entering the child welfare system. Virginia is currently working to implement the law in advance of the effective date of most of its provisions (July 1, 2020).

- To facilitate the work of Virginia’s lawmakers in response to JLARC’s recommendations and to the requirements of implementing the Family First Prevention Act, the Commission on Youth hosted an informational seminar on Virginia’s foster care system titled “Foster Care for Legislators” at its May 6, 2019, meeting.
- The purpose of this seminar was to inform lawmakers about the complexities of the foster care system. Presentations were made by state and local stakeholders on a variety of topics. Legislators also had an opportunity to talk with invited foster families, foster youth, and former foster youth at a luncheon held immediately after the seminar.
- To supplement information provided at the seminar, Commission staff prepared a resource binder titled “Foster Care 101: A Resource for Virginia’s Legislators.”
- At the Commission on Youth’s May 6, 2019, meeting, the Commission approved a study plan to investigate issues and develop recommendations related to the following topics concerning Virginia’s foster care system:
 - Child welfare and foster care workforce caseloads (later expanded to encompass workforce recruitment and retention)
 - Legislative action and resources needed to implement the Family First Prevention Services Act (later modified to focus on kinship care)
 - Recruiting and retaining foster families
 - Supporting youth transitioning from foster care to adulthood (Fostering Futures)

B. STUDY ACTIVITIES

The Commission’s approved study plan includes the following activities:

- Host an informational seminar titled “Foster Care for Legislators” at the Commission on Youth’s May 6, 2019, meeting. The Seminar will be held at U-Turn Sports Academy, Richmond, Virginia, from 9:00 a.m. to 12:30 p.m.
- Invite all members of the General Assembly, heads of agencies who interact with the foster care system, and other interested parties.
 - Presentations will be made by state and local stakeholders on the following topics:
 - Overview of Virginia’s Foster Care System from a State and Local Perspective
 - Funding of Virginia’s Foster Care System
 - Foster Care Prevention and the Family First Prevention Act
 - Virginia’s Foster Care System in Action – CPS and Foster Care Process
 - Foster Families Panel
 - Transitional Foster Youth Panel
 - Legislators will have an opportunity to talk with invited foster families, foster youth, and former foster youth at a luncheon held immediately after the seminar
- Provide an informational resource binder to legislators titled “Foster Care 101: A Resource for Virginia’s Legislators.” This resource will include an overview of Virginia’s foster care system, descriptions provided by Virginia agencies about how they interact with the foster

care system, and selected articles and reports. This resource will be distributed to legislators at the seminar and will be available on the Commission’s webpage.

- Solicit information from Virginia’s agencies that interact with the foster care system.
- Develop recommendations as needed on the following topics related to foster care in Virginia:
 - Child welfare and foster care workforce caseloads (later expanded to encompass workforce recruitment and retention)
 - Legislative action and resources needed to implement the Family First Prevention Services Act (later modified to focus on kinship care)
 - Recruiting and retaining foster families
 - Supporting youth transitioning from foster care to adulthood (Fostering Futures)
- Provide information to the Foster Care Caucus.
- Present findings and recommendations to the Commission on Youth.
- Receive public comment.
- Prepare final report.

V. Methodology

The findings of this study are based on several distinct activities conducted by the Commission on Youth.

A. FOSTER CARE FOR LEGISLATORS SEMINAR

To facilitate the work of Virginia’s lawmakers in response to JLARC’s recommendations and to the requirements of implementing the Family First Prevention Act, the Commission on Youth hosted an informational seminar on Virginia’s foster care system titled “Foster Care for Legislators” at its May 6, 2019, meeting. The purpose of this seminar was to inform lawmakers about the complexities of the foster care system. Presentations were made by state and local stakeholders on a variety of topics. Legislators also had an opportunity to talk with invited foster families, foster youth, and former foster youth at a luncheon held immediately after the seminar.

The “Foster Care for Legislators” seminar was held at U-Turn Sports Academy, Richmond, Virginia, from 9:00 a.m. to 12:30 p.m. Invitations were extended to all members of the General Assembly, heads of agencies that interact with the foster care system, and other interested parties.

Attendees

Over 200 people attended the seminar, including:

- Members of the Commission on Youth
- 7 additional Senators and Delegates

- 12 representatives sent on behalf of legislative offices
- Directors and Deputies from:
 - Court Improvement Program, Office of Executive Secretary, The Supreme Court of Virginia
 - Department of Behavioral Health and Developmental Services
 - Department of Education
 - Department of Medical Assistance Services
 - Department of Social Services
 - Office of Children’s Services
 - Office of Health and Human Resources
 - Office of Secretary of Finance
- Local Departments of Social Services
- Advocacy groups
- Foster Care and Kinship Care families
- Foster youth and alumni
- Other stakeholders
- Members of the public

Agenda

The following presentations were made by state and local stakeholders:

Overview of Virginia’s Foster Care System From a State and Local Perspective

Carl Ayers, Director, Division of Family Services,
Virginia Department of Social Services

Andrew Crawford, Director, Bedford Department of Social Services,
President of Virginia League of Social Services Executives

Funding of Virginia’s Foster Care System

Mike Tweedy, Legislative Fiscal Analyst, Senate Finance

Foster Care Prevention and Family First

Carl Ayers, Director, Division of Family Services

Virginia’s Foster Care System, Bedford Department of Social Services Team

Casey Tanner, Family Services Specialist, CPS
Jennifer Hooper, Family Services Specialist, Foster Care
Joseph Wriston, Family Services Specialist, CPS Ongoing/Prevention

Foster Families Panel

Janet Kelly, President, Virginia’s Kids Belong
Autumn Zaborowski, Henrico Foster to Adopt Parent

Tony Fowler, HopeTree Foster Parent
Brittany Jones, Richmond City Foster Parent

Foster Youth Transition to Adulthood Panel

Rachel Strawn, Director, Great Expectations
Allison Gilbreath, Policy Analyst, Voices for Virginia’s Children
Taylor Landrie, Coach, Great Expectations
Tiffani Beissel, Young Alum, Great Expectations

Luncheon

Immediately following the seminar, legislators and other invited guests participated in a luncheon to facilitate discussion among legislators, stakeholders, and invited foster families, foster youth, and former foster youth.

Resource Binder

To supplement information provided at the seminar, Commission staff prepared a resource binder titled “Foster Care 101: A Resource for Virginia’s Legislators.” This resource includes an overview of Virginia’s foster care system, descriptions provided by Virginia agencies and groups about how they interact with the foster care system, and selected articles and reports.

A hard copy of this resource binder was distributed to Commission members and other legislators in attendance. An electronic copy of this resource is posted on the Commission on Youth webpage. A list of topics covered in “Foster Care 101: A Resource for Virginia’s Legislators” is provided as Appendix A.

B. LISTENING SESSIONS

Commission on Youth staff conducted listening sessions across the Commonwealth with the following state agencies, local departments of social services, members of the executive and judiciary branches, providers, advocacy groups, and other stakeholders to learn about challenges within the foster care system.

- Advocacy Organizations
- Court Improvement Program, Office of the Executive Secretary, The Supreme Court of Virginia
- Kinship Providers
- Licensed Child Placing Agencies
- Office of Children’s Services
- Office of the Governor
- Office of the Secretary of Health and Human Resources

- Virginia Department of Social Services
- Virginia Fosters
- Virginia’s Kids Belong
- Virginia League of Social Services Executives
 - Child and Family Services
 - Legislative

Regional Directors Groups

- Central Region
- Eastern Region
- Middle Peninsula/Northern Neck
- Piedmont Region
- Planning District 6
- Western Region

Local Departments of Social Services

- Bedford County
- Chesterfield County
- Fairfax County
- City of Harrisonburg/Rockingham County
- Henrico County
- Hopewell County
- James City County
- Loudoun County
- Mathews County
- Roanoke County
- Wythe County

C. RESEARCH AND ANALYSIS

Commission on Youth staff reviewed literature related to foster care and social services. Specifically, staff analyzed articles and publications by the National Conference of State Legislatures (NCSL), The Annie E. Casey Foundation, Casey Family Programs, Administration for Children and Families (ACF), and law review articles.

To gain an understanding of what challenges are specific to Virginia, staff reviewed legislation, policy, and procedures related to foster care, including recent General Assembly legislative proposals, the Joint Legislative Audit and Review Commission’s (JLARC) 2018 report on foster care, the Department of Social Services Child and Family Services Manual, other DSS reports, and information provided by local departments of social services.

Staff also reviewed related federal legislation and guidance, as well as policy initiatives undertaken in other states on topics specific to foster care. This includes federal Family First legislation, the Fostering Connections to Success and Increasing Adoptions Act of 2008, and other states programs to support the foster care workforce and to recruit and retain families.

VI. Background and Analysis

A. BACKGROUND

JLARC Foster Care Study

In December of 2018, the Joint Legislative Audit and Review Commission (JLARC) released a report titled *Improving Virginia's Foster Care System*. The report generated 34 recommendations related to improving foster care in Virginia. Recommendation areas include:

- Safety concerns and addressing service needs of children
- State oversight over local agencies
- Recruitment and retention of foster families
- Appropriate placements and assessing use of congregate care
- Kinship care
- Delay in termination of parental rights and youth at-risk of aging out
- High worker caseloads and staffing concerns

Most of these recommendations have been addressed legislatively (Foster Care Omnibus Bill and Appropriation Act) and via administrative action by VDSS. However, the report indicates that many improvements to our current foster care system are still needed.

Family First Prevention Services Act

In February of 2018, the federal Family First Prevention Services Act¹ (Family First) was enacted. Family First makes major changes to federal funding for foster care, and allows states to use Title IV-E foster care funds to provide enhanced support to at-risk children and families with the aim of preventing foster care placements.

- States may access Title IV-E funds to deliver approved programs and services to families whose children are at risk of entering the foster care system. Services are reimbursable for up to 12 months.
- Federal reimbursement for children placed in congregate care for more than two weeks will no longer be permitted unless the child has a clinical need to be in a congregate care setting or meets other specified criteria.

¹ Public Law (P.L.) 115-123.

- Virginia is working to implement the law in advance of the effective date of most of its provisions (July 1, 2020).

Foster Care Caucus

During the 2019 General Assembly Session, the first Foster Care Caucus was formed.

- The bipartisan Foster Care Caucus was co-chaired by Delegate Emily Brewer (R-Suffolk) and Senator Monty Mason (D-Williamsburg).
- The Foster Care Caucus met several times, heard presentations from the Virginia Department of Social Services and the Secretary of Health and Human Resources office, and held discussions with child advocacy groups.

2019 Foster Care Legislation

The following Foster Care Legislation was signed into law in 2019:

- SB 1339 (Reeves) Foster Care Omnibus
- HB 2014 / SB 1678 and SB 1679 (Peace and Mason) Family First Prevention Services Act
- HB 1730 / SB 1253 (Brewer and Reeves) Credit Freeze for Children in Foster Care
- HB 2108 (Bell) Dispute Resolution for Foster Parents
- HB 1728 / SB 1139 (Reid and Favola) Post-Adoption Contact & Communication Agreements
- HB 2758 / SB 1720 (Carroll-Foy and Mason) Kinship Foster Care; Notice to Relatives
- HB 2350 (Miyares) Four-year College Tuition and Fees for Foster Care Youth
- HB 1883 (Kear) Motor Vehicle Insurance Policies for Foster Parents and Children
- HB 2542 (Byron) Temporary Placement of Children
- SB 1135 (Favola) Foster Care Child With a Developmental Disability
- HB 2234 / SB 1581 (Robinson and Suetterlein) Department of Human Resource Management (DHRM) Parental Leave Benefits
- HB 2622 (Austin) Removal of a Child; Names and Contact Information of Relatives

The following items in the 2019 Appropriation Act are related to foster care:

- **Implementation of Foster Care Omnibus Bill (Howell)**
Matches funding to implement SB 1339. This appropriation includes \$2.8 million and adds 18 positions for improving the foster care system.
- **Funding to support Family First implementation (Howell)**
\$851,000 the second year from the general fund for training, consultation, technical support, and licensing costs for the federal Family First Prevention Services Act.

- **Review of children in congregate care (Howell)**
VDSS to review all cases of children in congregate care without a clinical need to be there and assist local departments in finding appropriate family-based settings. The Department shall certify completion of the reviews by June 30, 2020.
- **Virginia Fosters position**
New position at VDSS to support Virginia Fosters retention/recruitment of foster families.

Foster Care Seminar – Commission on Youth

To facilitate the work of Virginia’s lawmakers in response to JLARC’s recommendations and the requirements of implementing the Family First Prevention Act, the Commission on Youth hosted an informational seminar on Virginia’s foster care system titled “Foster Care for Legislators” at its May 6, 2019, meeting.

The purpose of this seminar was to inform lawmakers about the complexities of the foster care system. Presentations were made by state and local stakeholders on a variety of topics. Legislators also had an opportunity to talk with invited foster and kinship families, foster youth, and former foster youth at a luncheon held immediately after the seminar.

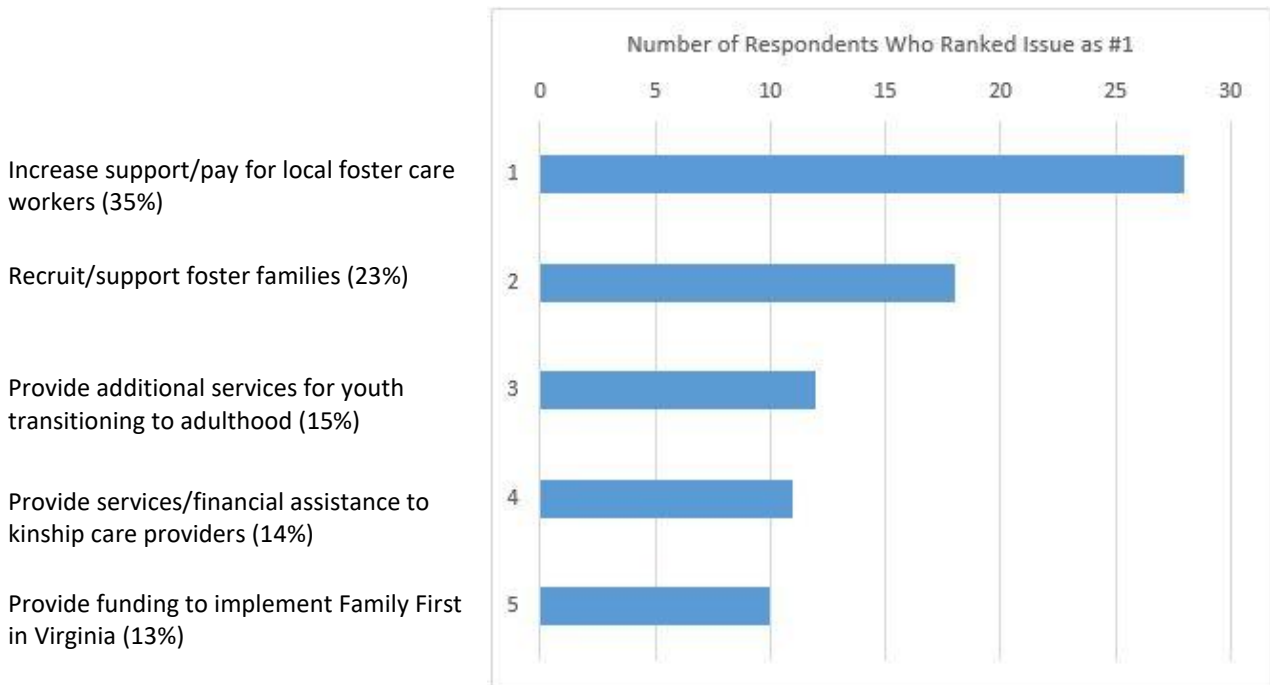
To supplement information provided at the seminar, Commission staff prepared a resource binder titled “Foster Care 101: A Resource for Virginia’s Legislators.” This resource includes an overview of Virginia’s foster care system, descriptions provided by Virginia agencies and groups about how they interact with the foster care system, and selected articles and reports. A hard copy of this resource binder was distributed to Commission members and other legislators in attendance. An electronic copy of this resource is posted on the Commission on Youth webpage. A list of topics covered in this resource is included in Appendix A.

At the conclusion of the seminar, attendees were asked to complete a short survey to capture their thoughts on how Virginia’s foster care system could be improved. Attendees were presented with five areas of Virginia’s foster care system and asked to rank them in order of importance. Responses related to the top ranked priority are captured in Figure 1.

At the Commission on Youth’s May 6, 2019, meeting (held concurrently with the Foster Care Seminar), the Commission approved a study plan to investigate issues and develop recommendations related to the following topics concerning Virginia’s foster care system:

- Child welfare and foster care workforce caseloads (later expanded to encompass workforce recruitment and retention)
- Legislative action and resources needed to implement the Family First Prevention Services Act (later modified to focus on kinship care)
- Recruiting and retaining foster families
- Supporting youth transitioning from foster care to adulthood (Fostering Futures)

Figure 1
To improve Virginia’s foster care system, which of the following is the most important (ranked #1)?



Scope of Study

The following four sections address four areas of Virginia’s foster care system that the Commission has identified as being in critical need of stabilization and improvement. They are:

- Recruiting and retaining a stable, well-trained, fully-staffed child welfare workforce (Workforce Recruitment and Retention)
- Promoting kinship foster care and supporting kinship care families (Kinship Care)
- Codifying the Fostering Futures program to ensure continued support of youth transitioning from foster care to adulthood (Fostering Futures)
- Recruiting, retaining, and supporting an adequate number of local agency foster families (Foster Care Family Recruitment and Retention)

B. WORKFORCE RECRUITMENT AND RETENTION

Overview of Virginia's Child Welfare Workforce

Approximately 2500 of Virginia's 2843 Family Services Specialists (FSS) positions are in child welfare roles in local departments of social services. Most child welfare FSSs work in Child Protective Services (CPS), CPS Ongoing and Prevention Services, and Foster Care and Adoption. Child welfare FSSs are the front-line workers serving youth and families in their localities. These specialists work together as a team and sometimes share duties, especially in smaller, rural agencies.

During 2019, Virginia Commission on Youth (VCOY) staff conducted listening sessions across the Commonwealth to receive input on Virginia's foster care system. Stakeholders identified workforce recruitment and retention issues as the most significant barrier to improving caseworker services to the foster care population. In addition, discussions with local departments of social services revealed that difficulties in recruiting and retaining trained foster care workers disproportionately impacts smaller, rural agencies. Stakeholders across the state emphasized that understaffed local departments and high turnover rates among foster care workers are negatively impacting foster children, and to improve Virginia's foster care system, focus must be placed on recruiting and retaining a skilled, front-line foster care workforce.

Overview of Workforce Recruitment and Retention Issues

As of July 2019, approximately 20 percent of all FSS positions were vacant, compared to a state job average of 13 percent.² In addition, JLARC reports that the vacancy rate of FSS positions in at least 15 local agencies was 35 percent or higher.³ Entry level positions (FSS I), which are typically filled by new social work graduates beginning their careers in child welfare, had the highest rate of vacancies: approximately one-third of these positions were vacant as of July 2019. A breakdown of vacancies by position is detailed in Table 1.

VCOY's listening sessions confirmed JLARC's finding⁴ that nearly three-fourths of local departments have either moderate or substantial difficulty in recruiting qualified foster care workers. This is particularly pronounced in smaller, rural agencies, where compensation levels are often lower than in larger agencies.

² Information provided by Virginia Department of Social Services.

³ Joint Legislative Audit and Review Commission (JLARC), *Improving Virginia's Foster Care System* (Richmond, VA: LIS, 2018), <http://jlarc.virginia.gov/pdfs/reports/Rpt513-2.pdf>.

⁴ Ibid.

Table 1: Vacancies by FSS Role as of July 2019

Role	Total Positions	Current Vacancies	Percent Vacant
FSS I	310	103	33%
FSS II	1116	253	23%
FSS III	687	114	17%
FSS IV	246	45	18%
FSS Supervisors	442	43	9%
FSS Managers	42	9	2%
Total	2843	567	20%

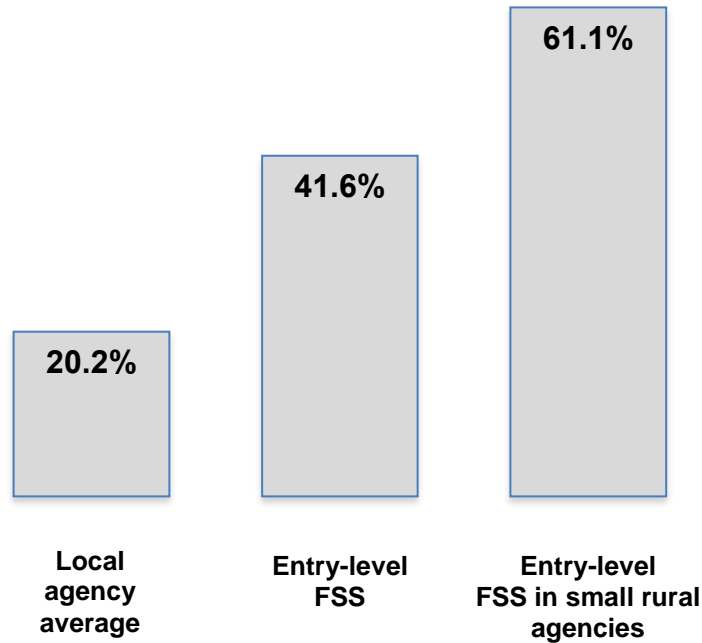
Source: VDSS

Local departments also have difficulties retaining foster care workers, especially those in entry-level positions in smaller, rural agencies. VDSS reports that, in CY 2016-2017, the overall turnover rate among entry level FSSs was 41.6 percent, more than double the average turnover rate of all local agency positions. In smaller, rural agencies, the turnover rate among entry level FSSs was more than three times the average turnover rate, at 61.1 percent. (See Figure 2.)

VCOY's listening sessions revealed that the most common factors contributing to high turnover rates are inadequate compensation, high caseloads, and the challenging nature of the work.⁵ Many front-line workers expressed frustration that high caseloads and other barriers made it difficult to serve foster youth properly, and that they were not fairly compensated for the demands of their jobs, which sometimes became unmanageable due to high caseloads caused by staffing problems and high turnover rates. VCOY also found that problems with worker burnout and high turnover were more pronounced in small, rural agencies. These findings align with JLARC's 2018 foster care report, which found that more than one-fifth of foster care workers were considering leaving their jobs in the next year, with more than half of these workers stating they were "very strongly considering leaving."

⁵ These findings confirm findings detailed in JLARC's *Improving Virginia's Foster Care System*.

Figure 2: Turnover Rates for Family Services Specialists (FSS)



Source: VDSS data for CY 16-17

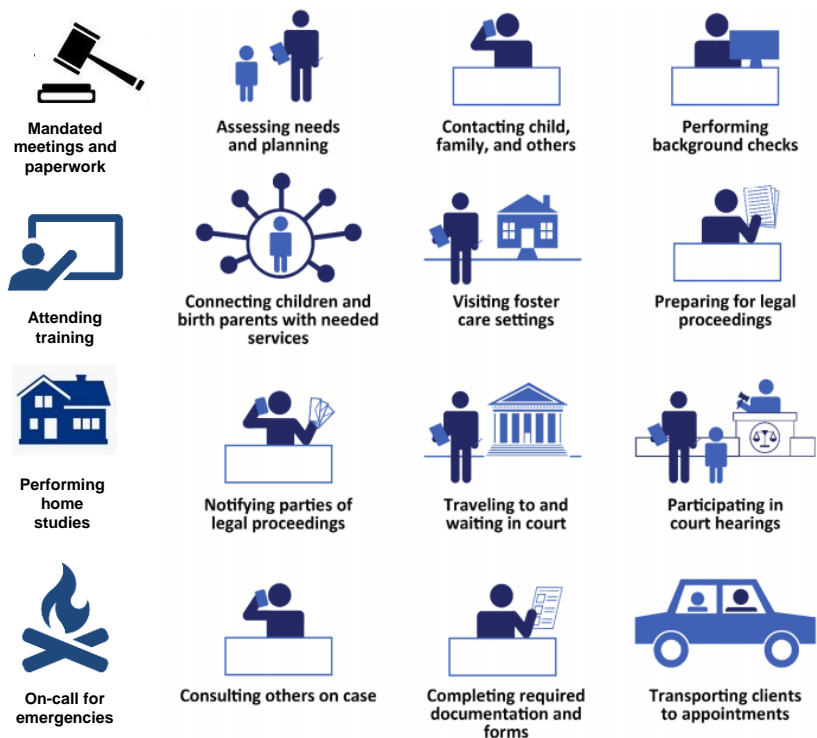
VCOY has identified four areas of concern that impact recruitment and retention of foster care workers. They are 1) overburdened workforce; 2) compensation; 3) training and workforce development; and 4) higher education (Child Welfare Stipend Program).

Overburdened Workforce

Even when workers are not overburdened by high caseloads and other challenges, foster care work is a demanding occupation. For example, some duties include: securing an appropriate placement for children coming into care; visiting each child at their foster care placement at least monthly; facilitating parental visits (which, for infants and very young children, must occur up to three times a week); preparing for and attending mandated court hearings and family partnership meetings; arranging school placement; facilitating transportation to doctor appointments and other necessary appointments (which can mean driving the youth when necessary); completing lengthy assessments; arranging for services, such as mental and behavioral health services, for children in care and for birth families; and documenting all work in Virginia’s state child welfare database, OASIS. Timely “permanency”—defined as reunification with the birth family or, if that cannot occur, adoption—often depends upon a foster care worker’s ability to work in a timely and efficient manner.

Figure 3 details some of the responsibilities of foster care workers, and Figure 4 lists some of the assessments, meetings, and documentation that is required to be completed in the first thirty days for each child who enters foster care.

Figure 3: Sample of Foster Care Worker Responsibilities



Source: Adapted from *Improving Virginia’s Foster Care System*, JLARC, 2018.

It is also important to note that foster care worker responsibilities are not always confined to foster care and adoption duties. In smaller agencies, foster care workers assist with child protective services investigations and adult protective services tasks.⁶ Foster care workers can also be responsible for recruitment of foster families. In addition, because the welfare of the children in their care often depends upon responding to emergencies, visiting families in the evening or on weekends, and meeting mandated deadlines, foster care workers typically work evening and weekend hours and must work significantly more than 40 hours a week, which can make it difficult to maintain a healthy work/life balance.

⁶ JLARC, *Improving Virginia’s Foster Care System*.

**Figure 4: Sample List of the Assessments, Meetings, and Documentation
Required in the First 30 Days for Each Foster Care Case**

Place the child on the day of removal	Copy of Pathways to Permanency
Obtain:	Client Health Report
Allergies information	Client Education Report
Medications	Copy of Transitional Living Plan
Medicaid Card	Immunization Record
Birth Certificate	Best Interest Determination Meeting for School Placement
Social Security Card	Expedited enrollment in school within 72 hours
Immunization Report	Title IV-E/Medicaid Application within 10 days
Clothing	Family Assessment and Planning Team (FAPT) within 14 days
Send out New Child in Care alert to finance and Child's Services Office	Child and Adolescent Needs and Strengths (CANS) Assessment
Complete placement agreements, which may require:	Authorization to Exchange Information
Application	Procedural Safeguards
Individual Family Service Plan (IFSP)	Home visit with prior custodian
Child and Adolescent Needs and Strengths (CANS)	Pathways to Permanency
Family Assessment and Planning Team (FAPT) Assessment	Begin Full Disclosure Affidavit
Therapeutic Foster Care Confirmation	Indian Child Welfare Affidavit
Placement agreement	Paternity Affidavit
Virginia Enhanced Maintenance Assessment Tool (VEMAT)	Relative Locator and Family Tree
Complete Individual Family Service Plan (IFSP):	Clear Search (family locator)
Transmittal	Relative Letters
Order/Underlying Petition	Visits with family – up to 3 times a week required
Legal Issues Supplement Order	Family Partnership Meeting
Uniform Child Custody Jurisdiction and Enforcement Act Affidavit	Casey Life Skills Assessment
Service Member Civil Relief Act/Default Judgement Affidavit	Transitional Living Plan if applicable
Service Plan Part A	Fatherhood Registry Search
Indian Child Welfare Affidavit	5 day court hearing
Paternity Affidavit	30 day court hearing
	Service plan to court
	Mandated visit with child in placement

Source: Bedford County Department of Social Services

Even though child welfare is an inherently challenging vocation, many of Virginia's child welfare workers face additional challenges that increase their workload beyond what is typical for a child welfare or foster care worker. VCOY identified four such issues: 1) high caseloads (which are both caused by and contribute to recruitment and retention problems); 2) excessive travel time; 3) mandated deadlines for family assessments; and 4) technology issues.

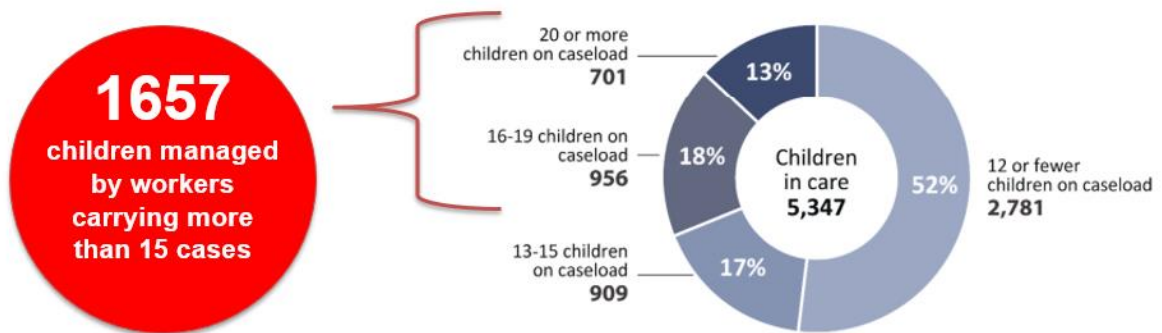
High Caseloads

Although there is no mandated upper limit on foster care caseloads, 12-15 cases is widely accepted as an appropriate caseload standard in Virginia. This aligns with national standards; according to the Child Welfare League of America, foster care workers should have a caseload of no more than

12-15 children, depending upon the level of services required to meet the needs of each child.⁷ However, some research suggests that a caseload of 12-15 is too high. For instance, a 2008 study prepared for VDSS by Hornby Zeller Associates showed that, because of the work involved in a single foster care case, workers who carry more than 10-13 cases are unable to effectively manage their cases or provide necessary services to the children on their caseload.

Despite the acceptance of national standards, as of July 2018, only 69 percent of foster care workers carried 15 or fewer cases. 18 percent of workers carried a caseload of 16-19 children, and 13 percent carried a caseload of 20 or more children. In terms of children served, a total of 1657 children—or 30 percent of all children in foster care—were served by workers carrying more than 15 cases.⁸ (See Figure 5.) According to stakeholders interviewed by VCOY, recruitment issues and staffing shortages were the cause of these high caseloads.

Figure 5: Foster Care Worker Caseloads as of July 1, 2018



Source: Adapted from JLARC, *Improving Virginia's Foster Care System*, 2018

High or unmanageable caseloads impact the well-being of children in care. For instance, foster youth served by workers with high caseloads often receive inadequate medical and dental care, have fewer in-home visits by caseworkers, and have fewer contacts with their birth families each month.⁹ VCOY listening sessions revealed that workers who had higher caseloads said they did not have enough time to establish trust with the families they were serving, to support foster families, or to move foster children toward permanency in a timely manner. This confirmed

⁷ Sean Hughes and Suzanne Lay, *Direct Service Workers' Recommendations for Child Welfare Financing and System Reform* (Washington, DC: Child Welfare League of America, January 2012), <https://www.cwla.org/wp-content/uploads/2014/05/DirectServiceWEB.pdf>.

⁸ JLARC, *Improving Virginia's Foster Care System*.

⁹ *Ibid.*

findings from JLARC’s 2018 report, which found that only 32 percent of foster care workers said they are able to fulfill their case management responsibilities for most or all of the children on their caseloads.¹⁰

Stakeholders also indicated to VCOY staff that high caseloads were related to delays in service delivery, to delays in locating kinship caregivers, to errors and delays in meeting mandated deadlines, and to delays in achieving permanency (reunifying families or facilitating adoption).

Worker Burnout and High Turnover

High caseloads due to staffing issues were cited again and again as a significant factor in worker burnout and high turnover rates, especially in small, rural agencies. Listening sessions revealed that some understaffed agencies exist in a constant state of emergency, in which there are not enough staff to properly manage the agency’s foster care youth. New workers starting at these agencies are often overloaded with casework before they are properly trained to do so. (The impact of VDSS foster care training on workforce recruitment and retention is discussed in a later section.) This can cause new workers to work inefficiently, make errors, and experience worker burnout. According to the Children’s Bureau, “Burnout refers to a state of physical, mental, and/or emotional exhaustion caused by excessive or prolonged stress. It can lead to a sense of reduced accomplishment and loss of personal identity.”¹¹

In the first two years of employment, approximately 25 percent of new workers leave their positions due to burnout.¹² Some of these workers leave child welfare practice altogether, while others leave for a position at an agency that has a more manageable workload. When this happens, remaining workers at an understaffed agency must again increase their caseloads, and the agency must start the recruitment process again. The agency also loses its investment in training the new worker, which can be significant. According to the National Child Welfare Workforce Institute, on average, the cost for each child welfare worker leaving an agency is \$54,000.¹³

Thus, some agencies—especially those in small, rural localities—are caught in a costly cycle in which recruitment and retention problems cause high caseloads, and high caseloads cause recruitment and retention problems. This cycle is described in Figure 6.

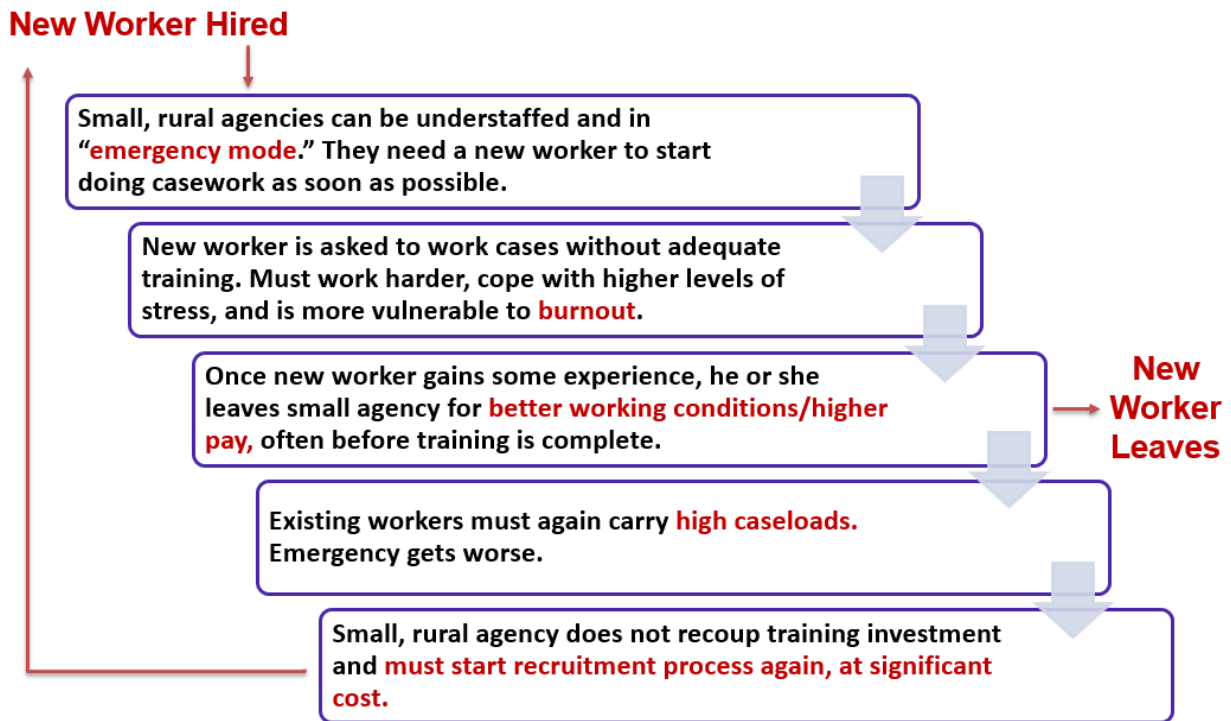
¹⁰ Ibid.

¹¹ “Burnout, Compassion Fatigue, and Secondary Trauma,” Child Welfare Information Gateway, accessed December 28, 2019, <https://www.childwelfare.gov/topics/management/workforce/workforcewellbeing/burnout/>.

¹² Jenna Zibton, “New Technology Helping Social Workers, Families Across Virginia,” *WSLS*, November 6, 2019, <https://www.wsls.com/news/2019/11/06/new-technology-helping-social-workers-families-across-virginia/>.

¹³ Child Welfare League of America (CWLA), *The Nation’s Children 2019* (Washington, DC: Child Welfare League of America, March 2019), <https://www.cwla.org/wp-content/uploads/2019/04/National-2019.pdf>.

Figure 6: The Relationship Between High Caseloads and Recruitment/Retention Problems in Small, Rural Agencies



Extensive Travel Time

One of a foster care worker's duties is to visit foster care placements at least once per month. This can mean up to fifteen home visits every month—or more if a worker has a higher caseload. Because federal and state policy dictates that foster children are placed in the least restrictive, most family-like setting consistent with the best interests and needs of the child, most foster children can and should be placed with locally trained and supervised agency foster families within their home communities. When foster youth stay within their communities, these home visits are not overly time consuming or burdensome for a foster care worker.

In some cases, foster care children need a higher level of care or supervision than can be provided in a local agency foster care home. These children must be placed in privately managed settings such as therapeutic foster care homes or congregate care facilities. These private placements are often near urban or densely populated areas, which means that workers in rural areas must travel greater distances to perform home visits. However, since the majority of foster youth do not need to be in therapeutic foster care or congregate care, the burden of travelling to private placements could be avoided if foster care families were available in their community.

Unfortunately, some localities rely heavily on private placements—not because children in these localities have a greater clinical need than average, but because these agencies have a shortage of

local foster care families in their communities. In general, these localities tend to be small, rural agencies that do not have a robust recruitment and retention program in place for foster families.

One result of an overreliance on private placements is that caseworkers must travel extensively to meet the mandated requirement of monthly home visits. For example, a foster care caseworker in Bedford County who has a caseload of sixteen had only a single child in foster care within the locality (See Figure 7). The remaining youth were in foster care placements across the state—some hundreds of miles away.

Figure 7: Example of Foster Youth Placement Locations for a Worker in a Small, Rural Agency



Source: Based on information provided by Bedford County of Social Services

VCOY listening sessions revealed that extensive travel time impacts a worker’s ability to properly manage cases and move youth to permanency, and it can be excessively burdensome for workers. It also has a negative impact on foster youth, who can be placed far away from their relatives, school, friends, and community support systems in settings that are unnecessarily restrictive.¹⁴

Mandated Deadlines for Family Assessments

According to § 63.2-1504 of the *Code of Virginia*, local departments of social services (LDSS) are permitted “to respond to valid reports or complaints of child abuse or neglect by conducting either an investigation or a family assessment.” If a LDSS conducts an investigation, it is required to determine if child abuse and neglect has (founded) or has not (unfounded) occurred and take any necessary legal and protective action. If a LDSS conducts a family assessment, it does not return

¹⁴ For more information on the effect that unnecessary private placement has on children, see “Section E: Foster Care Family Recruitment and Retention” of this chapter.

a formal finding of child abuse and neglect, but works with the family to institute services as necessary.

In § 63.2-1506 of the *Code of Virginia*, family assessment is defined as follows:

"Family assessment" means the collection of information necessary to determine:

1. The immediate safety needs of the child;
2. The protective and rehabilitative services needs of the child and family that will deter abuse or neglect;
3. Risk of future harm to the child;
4. Whether the mother of a child who was exposed in utero to a controlled substance sought substance abuse counseling or treatment prior to the child's birth; and
5. Alternative plans for the child's safety if protective and rehabilitative services are indicated and the family is unable or unwilling to participate in services.

Typically, family assessments are initiated when a department determines that it is likely that, with appropriate services, the child can remain in the home. For instance, a department may initiate an investigation if a child displays signs of physical abuse. Alternatively, a department may initiate a family assessment if there are signs that a child is not being properly supervised. For this reason, investigations are more urgent than family assessments and are prioritized as such by the LDSS.

Sections 63.2-1505 and 63.2-1506 state that both investigations and family assessments must be completed within 45 days. This timeline may be extended, upon written justification by the local department, not to exceed a total of 60 days. (Investigations conducted in cooperation with law enforcement may, in some cases, be extended up to 90 days.)

During a family assessment, the CPS must complete all of the following activities within 45 days:¹⁵

- Notify family of the assessment
- Conduct home visits
- Notify non-custodial parent
- Interview alleged victim child
- Interview siblings and other children in the home
- Interview parents or other involved caretakers
- Assess sleep environments for children < 1
- Identify relatives and family supports
- Make contacts with babysitters, etc.
- Conduct a safety assessment and develop a safety plan
- Assess protective capacities of family

¹⁵ Adapted from Virginia Department of Social Services (VDSS), Child and Family Services Manual, Section C, Chapter 4: Family Assessment and Investigation, July 2017.

- Make dispositional notifications
- Get supervisor approval of the assessment
- Document all these above activities

Inadequate Time to Complete Family Assessments

Because the mandated timeline for completing both investigations and family assessments is the same, and because investigations are prioritized, LDSS staff reported that it was often difficult to complete a family assessment within the 45 day time period. For this reason, requesting a 15 day extension for the completion of family assessments is common, especially in small or understaffed local departments. VCOY listening sessions revealed that there was general consensus that 45 days was not enough time to complete a family assessment and that the request and approval of a 15 day extension has become routine.

Although family assessments are typically performed by Child Protective Services (CPS) workers, foster care workers often share responsibilities with CPS workers, especially in small, rural agencies. For this reason, some LDSS staff interviewed by VCOY said that increasing the mandated timeframe for family assessments from 45 days to a more reasonable timeframe of 60 days that reflects current practice would reduce a burden on CPS workers, which would in turn positively impact all child welfare workers within a local department.

Technology Issues

In recent years, Virginia has made significant investments to modernize VDSS's Child Welfare Information Systems. For instance, in 2016, Virginia began a multi-year project to develop the Comprehensive Permanency Assessment and Safety System (COMPASS). The COMPASS project aims to provide child welfare staff with innovative, integrated, and web-based tools that will accelerate service delivery and improve outcomes for Virginia's children and families. VDSS rolled out its first mobile COMPASS application on October 7, 2019. This tablet-based application allows workers to complete documentation in the field.

Despite this investment in technology—and although technology was not a topic surveyed by VCOY in this study—workers throughout the state consistently said that computer and technology issues hampered their efficiency and productivity. Workers said they frequently experienced issues with connectivity and lag time. Managers noted that there was often a significant delay between when a new worker was hired and when a new computer could be procured, and there were also significant delays in obtaining refreshed or updated computers. These issues are currently being addressed by VDSS.

The most common complaint among all child welfare staff was difficulties and delays related to interfacing with OASIS.¹⁶ OASIS is the official database for VDSS and contains extensive information about child welfare activities, including extensive details and documentation related to all foster care cases. All child welfare workers, including foster care workers, must document their cases in OASIS. Workers and supervisors widely describe OASIS as being “cumbersome and inefficient,”¹⁷ and a 2017 VDSS report notes that OASIS “is outdated, no longer meeting the needs of the field, and very challenging to modify given its aged software.”¹⁸ OASIS was developed using software from the 1990s, and VDSS staff have stated that even minor modifications can cost hundreds of thousands of dollars due to the lack of available programmers and the complexity of the system.

According to VCOY’s survey, the inadequacy of the OASIS database causes significant inefficiencies among child welfare staff. For instance, OASIS cannot be used to process eligibility for Title IV-E. Workers must complete eligibility applications by hand (on paper). Virginia is the only state in the U.S. that cannot complete IV-E eligibility electronically. Virginia’s Child Welfare Advisory Committee (CWAC) noted that the necessity of completing Title IV-E eligibility by hand contributes to Virginia’s error rate.¹⁹ In addition, OASIS contains cumbersome and non-intuitive data entry screens and inefficient processes, and new workers must undergo extensive training to master the system. Finally, foster care workers consistently said that inefficiencies and delays caused by OASIS takes time away from necessary case management activities, such as working with children and families.

While OASIS provides basic functionality to comply with federal adoption and foster care reporting requirements it does not provide reports to local agencies to monitor their compliance. In the *Virginia Five Year State Plan for Child and Family Services (2018)*, VDSS asserted that it was seeking a solution for OASIS-related issues. The COMPASS project is part of that solution.

¹⁶ OASIS stands for Online Automated Services Information System.

¹⁷ JLARC, *Improving Virginia’s Foster Care System*.

¹⁸ Virginia Department of Social Services, Division of Family Services, *Virginia’s Five Year State Plan for Child and Family Services, Annual Progress and Services Report* (Richmond, VA: VDSS, September 2018), https://www.dss.virginia.gov/files/about/reports/children/annual_progress_services/APSR_2018_FINAL_9_28_2018.pdf.

¹⁹ “Child Welfare Advisory Committee Meeting Recap,” NewFound Families Virginia, July 9, 2018, <https://newfoundva.org/about/blog/599-child-welfare-advisory-committee-meeting-recap>.

Compensation

In 2019, the minimum starting salary for an entry level Family Services Specialist (FSS I) was \$29,930, which is slightly above the 2019 Federal Poverty Level for a family of 4 (\$25,100). To compete in the employment marketplace, local departments of social services may offer more than the minimum starting salary, as their budget allows. The state-wide average starting salary for a FSS I position is \$38,019. However, this is still a relatively low starting salary for a position that requires a bachelor's degree. In comparison, the average salary of an entry-level administrative assistant position in Richmond, Virginia (a position that typically does not require a bachelor's degree), was \$41,747 in 2019.²⁰

VCOY's listening sessions confirmed JLARC's finding that the most common reasons that positions remained unfilled at local departments are inadequate compensation and an inability to attract qualified candidates at the offered starting salary. This is especially true in small, rural agencies, which are sometimes forced by budgetary concerns to offer the lowest starting salaries. As one foster care worker from a small rural agency explained, "A new worker makes as much as a new employee at Hobby Lobby without having the added stress and student loans that come with a job in foster care."²¹ Table 2 illustrates the connection between minimum and average salaries and vacancy rates.

**Table 2: Minimum and Average Salaries of Family Services Specialists
Compared to Statewide Vacancy Rates**

Role	Percent Vacant	Minimum Salary	Average Salary
FSS I	33%	\$29,930	\$38,019
FSS II	23%	\$29,930	\$49,188
FSS III	17%	\$32,089	\$53,813
FSS IV	18%	\$36,886	\$65,310
FS Supervisors	9%	\$36,886	\$67,416
FS Managers	2%	\$41,564	\$87,454

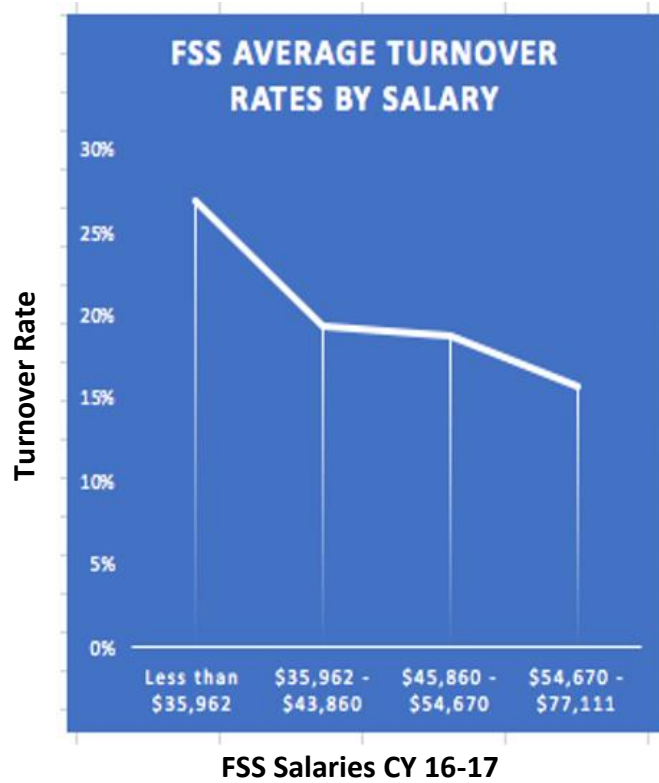
Vacancy rates as of July 2019; salary information as of September 2019.
Source: VDSS Budget Office

²⁰ Salary.com reports that the salary range for Administrative Assistant I positions in Richmond, VA, was \$37,357 to \$47,417 as of October 2019.

²¹ *Virginia's Foster Care System: Bedford Team* [PowerPoint], Bedford Department of Social Services, May 2019, <http://vcoy.virginia.gov/Bedford%20Presentation.pdf>.

VCOY also found that low compensation is a major factor in high turnover rates, especially in small, rural agencies, where turnover among FSS I workers has been reported at 61 percent.²² Nearly all FSS workers surveyed expressed that, even though they understood that child welfare is not a high-paying profession, they did not feel that they were fairly compensated for the demanding work that they do, especially in agencies that are understaffed. An analysis of compensation levels vs. staff turnover revealed that lower salaries correlate with high turnover rates among FSS workers (see Figure 8).

Figure 8: Turnover Rates Decrease as Salaries Increase



Source: Based on VDSS Budget Office data for CY 16-17 provided via email.

VCOY’s listening sessions also revealed the following:

- Because child welfare workers must have a bachelor’s degree in social services, many workers are repaying student loans, which increases their financial burden.
- Health care plans offered by many localities are often expensive and inadequate, especially in small, rural agencies. Some workers said that they cannot afford to add family members to the health care plan offered by their locality.

²² Data for CY 16-17 provided by VDSS Budget Office.

- Although part of a worker’s employment package is paid vacation days, and although workers are often compensated with “comp time” when they work more than 40 hours a week, many workers feel that they cannot use this earned time because their agencies are understaffed and the children on their caseloads will suffer. This contributes to poor work/life balance and worker burnout—another factor in high turnover rates.
- Because of low compensation, some FSS workers qualify for and receive welfare benefits to provide for their families.

To address the issue of high caseloads due to understaffing and high turnover rates, SB 1339 (2019) allocated additional funding to 29 localities that had one or more employees with greater than 15 open and active foster care cases (localities are listed in Figure 9). These localities receive ongoing annual funding to support additional Family Services Specialists positions. However, VCOY’s listening sessions revealed that, despite the creation of and funding for these new positions, many have not been filled due to a lack of qualified applicants.

Figure 9: 29 Understaffed Localities Receive Ongoing Annual Funding to Support Additional FSS Positions

Alleghany/Covington	Scott
Amherst	Spotsylvania
Appomattox	Tazewell
Augusta/Staunton/Waynesboro	Washington
Bedford	Wise
Carroll	Bristol
Franklin County	Galax
Henrico	Hampton
Loudoun	Norfolk
Louisa	Portsmouth
Madison	Richmond City
Nelson	Roanoke City
Rappahannock	Virginia Beach
Rockbridge/Buena Vista/Lexington	Winchester
Rockingham/Harrisonburg	

Source: VDSS Budget Office.

Training and Workforce Development

In Virginia, foster care worker training is based on a legacy training system developed over thirty years ago from a competency-based training model used in Ohio. Foster care workers must complete mandated training within two years of hiring. Requirements are described in Table 3.

Table 3: Mandated Training Requirements for Foster Care Workers

Timeframe	Number of Courses
First 3 weeks	3 (online)
First 3 months	3 (classroom)
First 6 months	2 (online)
First 12 months	11 (classroom)
First 24 months	6 (classroom)
Total	25

Source: VDSS Foster Care Manual, 17.3, July 2019.

Classroom trainings are held at five regional training centers across the state and are scheduled quarterly on a rotating schedule. Courses often span multiple days and can require extensive travel and overnight stay for workers who are not located near their regional training center.

The Butler Study: Training Services Model Assessment and Recommendations

In August of 2017, VDSS contracted with The University of Denver, Butler Institute for Families, to assess VDSS's Family Services training model. Butler Study activities included:²³

- Review of current training program
- VDSS leadership self-assessment
- Survey of 2717 staff across the state (52% response rate)
- 13 listening sessions in five regions (147 participants)
- National scan of child welfare training systems across the US (online survey and telephone interviews)

²³ The Butler Institute for Families, Graduate School of Social Work, University of Denver, *Training Services Model Assessment and Recommendations* (Denver, CO: University of Denver, December 2017). Report prepared for Virginia Department of Social Services.

During 2019, VCOY staff conducted listening sessions across the Commonwealth. Concerns expressed about Virginia’s current training model confirmed findings reported in the Butler Study. A summary of stakeholder comments are detailed below:

Stakeholder comments related to training content:

- **Initial training does not prepare new workers for casework.** Although foster care workers must have a degree in social work, many new hires have not had any college-level instruction in child welfare or foster care issues. Stakeholders expressed the belief that the initial training offered by VDSS in the first few months after a new worker is hired does not prepare that worker to handle a caseload. Unfortunately, in many agencies, workers are expected to carry caseloads well before training is complete due to staffing shortages. This results in errors, inefficiencies, job dissatisfaction, and burnout, and was cited as a factor in high turnover rates among new workers in understaffed agencies.
- **Courses could be shorter or delivered online.** Nearly all workers surveyed believed that many courses were generally too long and contained too many redundancies (repetition of material covered). Some believed that these courses contain too many ice-breaker activities and partner-sharing activities, and could be condensed. Others felt that many courses could easily be converted to an online or distance learning format.
- **Content is out-of-date.** There was general consensus that training was not relevant to real-world casework. Some workers said that many courses are out-of-date, and that examples (videos, etc.) are no longer relevant to field work. Others said that training does not focus enough on practicing the application of skills, policy, or procedure, or that it does so in a way that is not relevant to current policy and practices. A few workers said that some trainers were not current in their knowledge of policy and procedure.
- **There is no rigorous evaluation of transfer of learning.** Stakeholders noted that, for many courses, there is not a formal assessment or a rigorous way to evaluate whether knowledge, skills, and abilities have been transferred to the learner.

Stakeholder comments related to training model and delivery:

- **The two-year training period is too long.** Stakeholders overwhelmingly agreed that a training model that spanned two years was far too long. In many small, rural agencies, where turnover is high, it is common for new workers to leave their positions before training is complete. For this reason, many small, rural agencies effectively act as a training ground for inexperienced new hires, some of whom leave their positions and take their skills elsewhere before the agency can recoup their training investment. As stated previously, on average the cost for each child welfare worker leaving an agency is \$54,000,²⁴ which includes investment in training.

²⁴ CWLA, *The Nation’s Children 2019*.

- **Training time is not protected and is viewed as less important than casework.** Many workers surveyed—especially those in agencies that were understaffed—said that the demands of their jobs prevented them from participating or fully engaging in training. Workers said that training time was not protected, and that they were often forced to choose between the welfare of the children in their caseload and attending training. In other words, if these workers could not arrange to have their cases covered while in training, if they had mandated deadlines to meet, or if they had a crisis, they could not attend training.
- **Training is difficult to schedule.** Many workers said that training was difficult to schedule. Wait-listing for courses is common, and some workers were forced to wait months to attend required trainings. One stakeholder noted that the difficulty scheduling courses, coupled with the protracted two-year training schedule, sent the message that training was not important or valuable.
- **Travel time is a barrier.** Travelling to regional training centers is a barrier for workers in some localities, especially those in rural areas. These workers would like to see some courses converted to an online or distance learning format.
- **Some supervisors do not have time to perform transfer of learning activities.** Some supervisors said they did not have time to properly perform transfer of learning (TOL) activities that are provided to the supervisor after a worker attends a course. TOL activities are designed to reinforce skills learned in training.

Butler Study Recommendations: Academy Model

In December 2017, the Butler Institute delivered their final report to VDSS. One major recommendation of the Butler Study was for VDSS to convert its current training system to an Academy Model of training. A brief summary of the Academy Model is outlined in Figure 10. The executive summary of the Butler Study is included as Appendix B.

Figure 10: Summary of Butler Study Academy Model of Training

- **New workers spend their first 16 weeks in training.** The first ten weeks are spent in general child welfare training (CORE training); the final six weeks are spent in program specific training (e.g. foster care training).
- During this 16-week period:
 - **Alternating weeks are spent at a central training academy** (Monday – Thursday) for face-to-face training; Friday is reserved for simulation lab training (real world simulations and testing).
 - **Alternating weeks are spent at the worker’s home agency**, where workers participate in transfer of learning activities with supervisors, dedicated coaches, and mentors.
 - **Workers do not carry a caseload until training is complete.**
 - **Workers must demonstrate transfer of learning through rigorous knowledge and skills assessment.**

VDSS Training Model Implementation Team

In April 2018, VDSS created a 25-member statewide advisory group, the Training Model Implementation Team, to assess the current training system and Butler Study findings and make decisions about the development and implementation of a new family services training model. The advisory group's recommendations pertaining to the training model are included below. The full "talking points" document developed by the advisory group is provided in Appendix C.

Training Model Implementation Team Recommendations²⁵

New Academy Training Model Needed:

- **Training System Assessment and Recommendations:** In 2017, VDSS hired The Butler Institute for Families at the University of Denver School of Social Work to study our 30+ year old training system and make recommendations to develop a new training academy model to train new Family Services Specialists and supervisors on core competencies to transform an antiquated two year completion system to a 16 week certification process with rigorous knowledge and skills evaluation. Over 10,000 hours of work has been conducted to develop an Academy implementation plan.
- **Rigorous Curriculum:** Transform current curricula to provide foundational skills (10 weeks of Core Training) courses across all program areas using a rigorous approach to curriculum development and additional 6 weeks of Program Area Specific Training (Prevention, CPS, Foster Care, Adoption, Adult Services).
- **Certification Process:** Establish a training completion certification process where Family Services Specialists and Supervisors must demonstrate their knowledge and skills through testing and behavioral evaluation in simulation labs and on-the-job performance to advance toward a professional child welfare career. This standardized career ladder will aid in retention, employee growth and development, and sustaining a confident and competent workforce.
- **Simulation Labs:** Create five regional simulation labs to provide new workers and supervisors a feedback and review process where workers can demonstrate foundational and advanced skills, to include family engagement, assessment, interviewing, and safety planning.
- **Advanced Training:** Increase the frequency and depth of ongoing, refresher, and booster training while increasing the number of webinar training events and online training events to make training more accessible and address changing complexities of child and family issues.

²⁵ Information provided by Richard Verilla, member of the Training Model Implementation Team, York Poquoson DSS.

- **Transfer of Learning Portfolio for OTJ Training:** Plan a transfer of learning process for all foundational training courses to take the newly learned classroom skills and practice on the job with mentoring, coaching and supervisory oversight to measure learning and behavioral change.
- **Coaching Needed:** Provide coaches to focus on advanced training supporting and enhancing supervisor skills and coaching.
- **Supervisor/Management Professional Development:** A trauma informed reflective supervision model will be used to train supervisors in both adaptive and technical supervision skills in a six month process. Mandated supervisor training requirements of Core Supervisor Series will be tracked and a completion certification will be given upon successful evaluation of knowledge and skills and support cohort learning and peer to peer networking.
- **Comprehensive Evaluation of Training:** Utilize subject matter experts to assess training courses using Kirkpatrick's Training Evaluation Model, which is a proven method for objectively analyzing the impact of training, determining what participants learned, and improving learning in the future to measure behavioral change.

Stakeholder Responses to Proposed New Training Model

During VCOY listening sessions, most stakeholders expressed general concern about the new training model proposed by VDSS. However, it is important to note that VDSS was in the process of communicating details about the model at the time these listening sessions were conducted; therefore, these comments may not reflect current thoughts and attitudes about the model.

- Some stakeholders, especially those at understaffed agencies, stated that they could not lose a new worker to 16 weeks of protected training time without negatively impacting the delivery of critical services.
- Stakeholders noted that many new workers have young children at home, and it would not be possible for them to spend four to five days at a central training center every other week.
- Stakeholders were concerned that, because new workers would be away from the agency every other week, they would not be able to follow through with time sensitive activities, such as meeting mandated deadlines or responding to emergencies. Some expressed concern that existing staff would be required to carry higher caseloads until new worker training is complete.

Higher Education (Child Welfare Stipend Program)

Background

In Virginia, child welfare workers hired in local departments of social services must have a minimum of a bachelor's degree in social work (BSW). In recent years, many BSW programs have shifted their emphasis away from preparing students for occupations in child welfare and human services and now emphasize clinical social work, which prepares social workers for roles as therapists or other clinical occupations. As a result, it is common that many students graduating with a BSW have had no formal education in child welfare practice.

The consequence of this is that many new child welfare workers are unprepared and unable to perform the duties of their job. For this reason, most state human services agencies must devote extensive resources to design and deliver training programs in child welfare practice to compensate for skills that many social work graduates lack.²⁶

During 2019, VCOY staff conducted listening sessions across the Commonwealth. Stakeholders in small, rural agencies consistently said that one of the reasons they were experiencing staffing shortages was because there was a lack of qualified applicants who had child welfare experience and could “hit the ground running” in child welfare positions.

The Child Welfare Stipend Program (CWSP)

To address the shortage of BSW and MSW graduates with experience in child welfare, Virginia created the Child Welfare Stipend Program (CWSP). CWSP is a partnership between VDSS and five state universities:

- Virginia Commonwealth University
- George Mason University
- Radford University
- Norfolk State University
- East Tennessee State University, Abingdon VA campus

Virginia's Child Welfare Stipend Program is funded through Title IV-E federal dollars and offers a total of 82 stipends for new and returning full-time BSW and MSW students at participating universities. Currently, CWSP is operating at near capacity and graduates about 40 students each year. Details of the program are as follows:

²⁶ Tom Morton, “A Need for Fresh Ideas on Training the Child Welfare Workforce,” *The Chronicle of Social Change*, April 9, 2019, <https://chronicleofsocialchange.org/child-welfare-2/need-for-fresh-ideas-on-training-child-welfare-workforce/34337>.

- Students receive a \$10,000 stipend per year against tuition and related expenses.
- Students receive targeted child welfare coursework and attend auxiliary topical seminars reflecting regional child welfare workforce needs.
- Students participate in internships (field placements) at local departments.
- Students supplement their child welfare coursework with VDSS training.
- In exchange, upon graduation, students commit to work at a LDSS in a foster care/adoption position, repaying each year of stipend funding with one year of work. This employment obligation must begin within six (6) months of graduation.
- Because of Title IV-E funding rules, stipend program workers **must fulfill their employment obligations by working in foster care/adoption positions**, which is defined as 51 percent or more of the work performed must be in the areas of foster care and adoption.

National research shows that Title IV-E stipend programs are successful in addressing the shortage of qualified child welfare workers in the U.S. For instance:

- Title IV-E stipend programs are effective in recruiting and retaining child welfare workers,²⁷ and stipend graduates are more likely to remain employed in their agencies.²⁸
- Stipend graduates report having effective skills, the ability to change their agency from within, increased knowledge/ethics, coping skills, and assertiveness.²⁹
- As compared to non-stipend graduates, stipend graduates have better case outcomes, as demonstrated by a reduction in the length of time it takes to achieve permanency for the children they serve.³⁰

A State-Funded Stipend Program Would Help Stabilize the Workforce Pipeline and Benefit Small, Rural Agencies

As stated previously, because of Title IV-E funding rules, stipend program graduates must fulfill their employment obligation by taking positions in which they spend at least 51 percent of their time in foster care and adoption. This is a barrier to many small, rural departments because, even

²⁷ R. J. Gomez, D. J. Travis, S. Ayers-Lopez, and A. J. Schwab, "In Search of Innovation: A National Qualitative Analysis of Child Welfare Recruitment and Retention Efforts," *Children & Youth Services Review*, 32, no. 5 (2010): 664-671.

²⁸ E. E. Madden, M. Scannapieco, and K. Painter, "An Examination of Retention and Length of Employment Among Public Child Welfare Workers," *Children and Youth Services Review*, 4 (2014): 37-44.

²⁹ M. Scannapieco and K. Connell-Corrick, "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, no. 1 (2003): 35-51.

³⁰ P. Leung and N. Willis, "The Impact of Title IV-E Training on Case Outcomes for Children Served by CPS," *Journal of Family Strengths*, 12, no. 1 (2012).

though they have significant staffing issues, they may not have open positions that work 51 percent in foster care and adoption and, therefore, cannot hire stipend graduates.

Stakeholders in these agencies said that many positions in critical areas such as CPS remain unfilled because of a lack of qualified applicants and an inability to hire stipend graduates. They also noted that, because these agencies are small and staff work as a team, it is often the case that foster care workers must take on CPS and other critical duties to compensate for staffing shortages. This situation can result in poor outcomes for foster care youth, as foster care workers in understaffed agencies are simply stretched too thin to provide quality service delivery to children and families on their caseloads.

To help stabilize the child welfare workforce, a state-funded stipend program is needed to help support smaller agencies. Creating a state-funded stipend program would allow Virginia to extend eligibility to all family services positions and produce highly skilled workers who could fill vacant CPS and other FSS positions in small, rural agencies.

C. FOSTERING FUTURES

Background

Virginia currently ranks 49th out of 50 states for the rate at which youth “age out” of the foster care system,³¹ a term that means a child leaves foster care and enters adulthood without achieving permanency with a family. Youth who age out of the foster care system are more likely to face poorer outcomes compared to the general population. For instance:³²

- More than one in five youth aging out without permanency at 18 will become homeless within two years.
- Only 66 percent of former foster children finish high school or earned a GED by age 19, compared to 91 percent of the general population.
- By age 21, 25 percent of former foster children have been incarcerated in the previous two years.
- 16 percent of 19- to 21-year-olds have been referred for substance abuse treatments in the previous two years.

Because former foster children who lack permanency are at a substantially greater risk of homelessness, low educational attainment, incarceration, and substance abuse, it is imperative to both extend and strengthen critical supports to this population.

To address these issues, in 2008, Congress passed the “Fostering Connections to Success and Increasing Adoptions Act.”³³ In pertinent part, this act amended the definition of “child” in Title IV-E of the Social Security Act to allow states to change their definition of “child” to a person under the age of 21. States that amended their definition with the purpose of extending certain supports to youth until age 21 would receive federal Title IV-E matching funds for doing so. Figure 11 depicts states that have extended Title IV-E foster care to youth beyond age 18.

³¹ JLARC, *Improving Virginia’s Foster Care System*.

³² Statistics from: 1) “Supporting Older Youth in Foster Care,” *National Conference of State Legislatures*, December 10, 2019, <http://www.ncsl.org/research/human-services/supports-older-youth.aspx>; and 2) Elizabeth Jordan, Gareth Fryar, and Kerry DeVooght, *Supporting Young People Transitioning from Foster Care* (Bethesda, MD: Child Trends, November 2017), <https://www.childtrends.org/wp-content/uploads/2017/11/SYPTFC-Virginia-Findings-from-a-National-Survey-and-Policy-Scan-11.29.17.pdf>.

³³ H.R. 6893 Fostering Connections to Success and Increasing Adoptions Act of 2008.

Fostering Futures Program Requirements

Eligibility Requirements: Federal

Federal law requires that young adults participating in the Fostering Futures program must meet at least one of the following requirements:³⁴

- (iv) who is--
 - (i) completing secondary education or a program leading to an equivalent credential;
 - (ii) enrolled in an institution which provides post-secondary or vocational education;
 - (iii) participating in a program or activity designed to promote, or remove barriers to, employment;
 - (iv) employed for at least 80 hours per month; or
 - (v) incapable of doing any of the activities described in subclauses (I) through (IV) due to a medical condition, which incapability is supported by regularly updated information in the case plan of the child.

Eligibility Requirements: Virginia

VDSS has interpreted federal requirements in guidance. The following is from the VDSS Child and Family Services Manual:

14.4.4.1 Participation Requirements³⁵

To meet the requirements for continued eligibility in Fostering Futures a participant shall meet at least one (1) of the following five (5) criteria either by current participation or by evidence of intent and planning to engage in the activity in the immediate future [documentation of eligibility is required]:

- Completing secondary education or a program leading to a General Education Diploma (GED);
- Enrolled full-time or part-time (at least half-time) in an institution that provides post-secondary or vocational education;
- Participating in a program or activity designed to promote employment or remove barriers to employment;
- Employed at least 80 hours per month; or
- Incapable of engaging in any of the above activities due to a medical condition.

³⁴ Ibid.

³⁵ Adapted from Virginia Department of Social Services (VDSS), Child and Family Services Manual, Section E, Chapter 14: Fostering Futures Program for Young Adults 18-21, July 2019.

VDSS also created additional requirements for eligibility:

14.4.3 Eligible youth³⁶

Youth who qualify for Fostering Futures are those who reach age 18 on or after July 1, 2016; and,

- Were in foster care in custody of a Virginia LDSS at the time they turned 18 years old but have not yet turned 21, including those who were in care under an entrustment and those who were in non-custodial foster care; or,
- Were in Permanent Foster Care (PFC) when they turned 18. They will remain in PFC and concurrently qualify for Fostering Futures; or,
- Were released from the Department of Juvenile Justice (DJJ) between ages 18 and 21 and who were in foster care in custody of a Virginia LDSS immediately prior to the commitment to DJJ.

Voluntary Continuing Services and Support Agreement Requirements

Similar to 19 other Title IV-E funded states,³⁷ Virginia requires foster youth to sign a Voluntary Continuing Services and Support Agreement (VCSSA) outlining the rights and responsibilities of the foster youth and the local department of social services (LDSS). The VCSSA also states that participation in Fostering Futures is voluntary on the youth's part, thus allowing the LDSS to have placement and care responsibility for them. The VCSSA also documents the following:³⁸

- The requirement that the youth must continue to meet one (1) of the five (5) participation conditions.
- The youth's agreement to participate in specific services and support to be provided (to be documented in a foster care plan and Transition Plan). For example, a VCSSA might include a requirement for drug testing or treatment for young adults with a history of substance abuse. For young adults who lack basic budgeting skills, A VCSSA might be modified to include the LDSS sending a portion of the monthly maintenance payment directly to the youth's landlord.
- The youth's legal status as an adult.
- The youth's agreement to report changes to the worker, be supervised by the LDSS, reside in a qualified setting, and comply with program requirements and eligibility conditions.

³⁶ Ibid.

³⁷ Other states include: Alabama, California, Georgia, Hawaii, Illinois, Indiana, Maine, Maryland, Massachusetts, Michigan, Nebraska, North Carolina, North Dakota, Ohio, Tennessee, Texas, Washington, West Virginia, and Wisconsin.

³⁸ Adapted from VDSS, Child and Family Services Manual, Section E, Chapter 14: Fostering Futures Program.

- The youth’s agreement to provide the LDSS with information and documents which verify compliance with participation conditions.
- An explanation of the voluntary nature of program participation and termination.
- The specific conditions that may result in termination by the LDSS.
- The right to appeal program termination or denial or delay of a service required in the service plan.

Within 30 days of signing the VCSSA, the LDSS should file a petition for juvenile and domestic relations court review of the agreement. Upon hearing the case, the court will determine whether remaining in foster care is in the best interests of the youth and will approve of or deny the VCSSA. Once the VCSSA is approved, the court may retain jurisdiction and will be able to conduct reviews every six months. If the VCSSA is denied, the VCSSA may be revised and the decision may be appealed.³⁹

Living Requirements

Virginia’s Fostering Futures program requires that youth live in a supervised independent living setting (SIL). The service worker does not have to approve of an independent living arrangement, but supervision does include a minimum monthly visit by a social services worker or contracted supervision. SIL settings can include a foster family home, a licensed independent living apartment program, or another independent living arrangement of the foster youth’s choosing, including a dorm, an apartment, or the home of a family member.

Provided Support and Services

Maintenance Payments

Participants of the Fostering Futures program are eligible to receive the total maintenance payment rate and annual supplemental clothing allowance in effect for foster youth in the age group 13 and over. As of December 2019, the monthly maintenance payment for foster youth in this age group is \$721, and the annual clothing allowance in Virginia is \$487.⁴⁰

To receive maintenance payments, the following must occur: (1) the youth must sign a VCSSA; (2) the LDSS and the participant must decide jointly whether to make all or part of a maintenance payment directly to youth or directly to a vendor such as a landlord; and (3) the youth must continue to meet eligibility requirements.⁴¹ Most often, maintenance payments are made directly

³⁹ VDSS, Child and Family Services Manual, Section E, Chapter 14: Fostering Futures Program.

⁴⁰ Virginia Department of Social Services, Child and Family Services Manual, Section E, Chapter 18: Funding Maintenance Costs, July 2019.

⁴¹ Ibid.

to the youth with the expectation that the funds are used for rent, groceries, and other basic expenses.

Case Management⁴²

In addition to financial support, Virginia's Fostering Futures provides case management. The assigned caseworker is tasked with:

- Visiting (face-to-face) with the participant at least monthly;
- Ensuring the participant maintains access to medical care under Medicaid to age 26;
- Assisting the participant in accessing educational, vocational, or employment readiness programs; resources to support employment; or, in arranging medical documentation of inability to engage in those activities, in fulfilling the participation requirements;
- Conducting life skills assessments and developing transition plans;
- Assisting the participant in arranging appropriate, affordable housing in a SIL, particularly in foster homes or with relatives;
- Engaging the participant in budgeting and financial planning;
- Developing a foster care plan promoting permanency for the participant through lasting relationships with caring adults;
- Facilitating approval for needed services through the local Family Assessment and Planning Team (FAPT) process; and
- Assisting the youth in accessing all available resources to supplement the financial benefit and assisting the youth in working towards independence.

Termination from Fostering Futures Program

The foster youth can terminate the VCSSA at any time by either verbal or written notification to the service worker. Participants who choose to exit the Fostering Futures program may re-enter at any time before their 21st birthday by signing a new VCSSA. There is no limit to the number of times a participant may exit and re-enter the program.

However, current guidance does not allow a LDSS to disenroll a participant from the program for violating his or her VCSSA. A LDSS may only terminate a VCSSA and disenroll a participant if that participant no longer meets eligibility criteria. Currently, state guidance states that a LDSS may terminate a VCSSA and disenroll a young adult if he or she “has not followed through on meeting the requirements for continued eligibility (i.e. engaging in one (1) of the five (5) participation conditions and signing a VCSSA), and the LDSS has made efforts to actively engage the youth in understanding the benefits of participation and to encourage participation.”⁴³

⁴² VDSS, Child and Family Services Manual, Section E, Chapter 14: Fostering Futures Program.

⁴³ Ibid.

Review of Programs in Other States

The Commission on Youth analyzed extension of foster care laws in other states. A detailed description of these laws and additional information is included in Appendix E. The following are a few state highlights:

Michigan and Indiana

Current law in these states places additional requirements and explicitly lists the conditions that may result in a youth's termination from the program. In **Michigan**, these requirements include (1) ongoing verification of eligibility by youth's supervisor to be done at least quarterly, to coincide with the case service plan due date; and (2) the ability to disenroll youth if the youth gets married or refuses to contact their case worker for more than 30 days, and does not make contact within a 30 calendar day grace period.⁴⁴ In **Indiana**, among six other agreement requirements, the VCSSA sets up a process for voluntary and involuntary termination of the agreement, as well as rules of conduct for youth participating in the collaborative care program.⁴⁵ In addition, the department of child services may terminate extended care if the youth violates any written standards of conduct specified in the VCSSA.⁴⁶

Michigan and Hawaii

These states mandate that periodic reviews shall be conducted no less than every 180 days. In **Michigan**, reviews are conducted by the Department of Health and Human Services to address the status of the youth's safety, the continuing necessity and appropriateness of placement, the extent of compliance with the case plan, and the projected date by which the youth may no longer require extended foster care services.⁴⁷ In **Hawaii**, reviews are conducted by the courts. At the periodic review, the court evaluates: (1) whether the young adult continues to meet the eligibility requirements, (2) whether the young adult continues to comply with his or her case plan, and the appropriateness of that case plan; and (3) the young adult's progress towards achieving independence.⁴⁸

North Carolina

North Carolina allows the court the opportunity to disenroll youth if the court determines that the youth is not meeting the goals of their Transitional Living Plan and/or the youth has violated the voluntary placement agreement, or if the youth has been absent from his or her approved placement

⁴⁴ Mich. Comp. Laws § 400.651.

⁴⁵ 465 Ind. Admin. Code 2-15.1-10.

⁴⁶ 465 Ind. Admin. Code 2-15.1-14.

⁴⁷ Mich. Comp. Laws § 400.661.

⁴⁸ Haw. Rev. Stat. § 346-403.

for more than 14 days without prior approval from the county department of social services.⁴⁹ State law also allows four different contact methods for the monthly visits (fact-to-face, phone, email, or skype). However, it also requires that within a three-month cycle, two out of three visits must be face to face.⁵⁰

Tennessee

While not an official extension of the Foster Care to 21 program in Tennessee, the state is currently partnered with Youth Villages, a private non-profit organization, to administer the YVLifeSet program. The YVLifeSet program assigns each youth a specialist to use evidence-based practices and research-driven interventions to help participants overcome challenges and meet their goals. These specialists are responsible for teaching skills and lessons necessary for independent living and will ensure that young adults are capable of accessing community resources such as medical attention, housing, and financial support. Specialists are assigned an average caseload of 8-10 youth. They have weekly contact with participants, but are available to youth 24 hours a day.⁵¹

California

California's Assembly Bill 12 (AB12) created the Extended Foster Care Program (EFC) to extend foster care to eligible youth until age 21. AB12 also created Transitional Housing Placement Plus Foster Care (THP+ FC), which provides non-minor dependents or youth in extended foster care with an eligible placement facility. Additionally, 25 counties within the state have also developed a program (Traditional Housing Plan Plus, or THP-Plus) to provide 24 or 36 months of supportive housing to former foster and probation youth aged 18 to 24 (or 25 if the participant is enrolled in school). Therefore, THP-Plus is useful for students past the age of 21 to continue receiving support. THP-Plus is also beneficial for youth requiring additional services such as education assistance, counseling, employment support and training, and mental health services.⁵² THP-Plus is funded through state dollars.

⁴⁹ NC DSS § 1201, XII. G. (p. 192), accessed December 28, 2019, https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals/permanency-planning_manual.pdf.

⁵⁰ Erin Baluyot, *NC's Extended Foster Care Program: Foster Care 18 to 21* [PowerPoint], North Carolina Division of Social Services, accessed December 28, 2019, https://www.sog.unc.edu/sites/www.sog.unc.edu/files/course_materials/Foster%20Care%2018%20to%2021_DSS%20Attorney%20Conference%202017.pdf.

⁵¹ "Youth Villages' YVLifeSet," Kidcentral TN, accessed December 28, 2019, <https://www.kidcentraltn.com/program/youth-villages--yvlifeset.html>.

⁵² WIC 1403.2(2) [California].

Findings from VCOY Listening Sessions

VCOY's listening sessions with state, regional, and local staff and other foster care stakeholders revealed the following:

- **There is too much uncertainty about the future of the program.** VCOY's listening sessions revealed that state, regional, and local staff and stakeholders were generally concerned that the Fostering Futures program had not yet been codified into law. Workers reported that this causes uncertainty for young adults enrolled in the program, who would lose critical benefits if funding for the Fostering Futures program was not included in upcoming Virginia budgets. Stakeholders expressed the belief that codification was necessary to provide stability, certainty, and uniformity to the program.
- **Monthly home visits are sometimes not practical when a participant moves.** Caseworkers are required to meet face-to-face with program participants monthly, and at least 50 percent of these visits must be at the young adult's place of residence.⁵³ In cases where distance (i.e., the participant has moved away) prohibits monthly visits by the caseworker, program guidance allows these visits to be performed by qualified staff other than the caseworker.⁵⁴ However, most workers surveyed preferred to conduct visits themselves to maintain a relationship with the young adult and to properly supervise their progress.

There was wide agreement among workers that, when appropriate, allowing home visits to be performed via a video conferencing application such as Skype would allow the worker to maintain a direct relationship with the participant and to monitor his or her progress without placing undue burden on the worker or participant.

- **There is no way to enforce compliance with the VCSSA.** As stated previously, youth may only be disenrolled from the Fostering Futures program for failing to meet one of the five federal eligibility requirements. Although participants sign an agreement (the VCSSA) that outlines their responsibilities and is tailored to their needs, current VDSS guidance does not allow disenrollment for violation of this agreement. In practice, this means that, even though a participant agrees to comply with certain requirements by signing the VCSSA (for instance, participating in drug treatment, or producing documentation of certain expenses), he or she cannot be disenrolled from the program for noncompliance.

There was wide agreement that guidance should be changed to allow a LDSS to disenroll youth from the program for substantial violations of their VCSSA. Workers surveyed expressed frustration that some participants refused to participate in independent living

⁵³ VDSS, Child and Family Services Manual, Section E, Chapter 14: Fostering Futures Program.

⁵⁴ Ibid.

planning sessions, were using their maintenance payment funds inappropriately, were using drugs or not attending drug treatment, or were otherwise not complying with their VCSSA. There was general agreement that allowing for disenrollment would help incentivize youth to comply with their agreements and would lead to better outcomes.

Stakeholders surveyed also requested that the standard VCSSA form be modified to include additional eligibility requirements (such as maintaining contact with the caseworker and, if applicable, making rent payments on time), but that the LDSS should have the ability to tailor these requirements to meet the needs of each participant. This would promote uniformity in the program while allowing program requirements to be matched to a participant's needs. Stakeholders also requested that VDSS provide budget worksheets and/or payment forms to help monitor the use of maintenance payments as necessary.

D. KINSHIP CARE

Research demonstrates the benefit of kinship care and of keeping families together. Children placed with relatives or close friends are less impacted by trauma and are less likely to run away from home. Kinship care arrangements also help maintain vital family connections, such as by keeping sibling groups together.⁵⁵

The role of the kin provider also differs from a traditional non-relative foster care provider and can have specific positive impact on the care of the child. Relatives are less likely to request that children be removed from their care if the child's behavior becomes difficult. Additionally, family members are more likely to maintain a nurturing relationship with children that they have cared for as those children grow into adulthood.⁵⁶

Kinship Care Defined

The *Code of Virginia* provides several definitions relevant to kinship care. Many of these definitions have been added to the *Code* in recent years because of new programs such as KinGAP or changes in federal law made by the Family First Prevention Services Act.

“Kinship care” is defined in § 63.2-100 of the *Code of Virginia* as the full-time care, nurturing, and protection of children by relatives.

“Kinship guardian,” “kinship guardianship,” and “kinship guardianship assistance program” (KinGAP program) are also defined in the *Code*. These definitions are specifically related to the KinGAP program.

“Kinship Guardianship Assistance Program” means a program consistent with 42 U.S.C. § 673 that provides, subject to a kinship guardianship assistance agreement developed in accordance with § 63.2-1305, payments to eligible individuals who have received custody of a relative child of whom they had been the foster parents. The KinGAP program was enacted during the 2018 General Assembly Session.

“Fictive kin” means persons who are not related to a child by blood or adoption but have established a relationship with the child or his family. This definition was added to § 63.2-100 in 2019 to align definitions with the federal Family First Prevention Services Act.

⁵⁵ “Keeping Kids in Families,” The Annie E. Casey Foundation, April 2, 2019, <https://www.aecf.org/resources/keeping-kids-in-families/>.

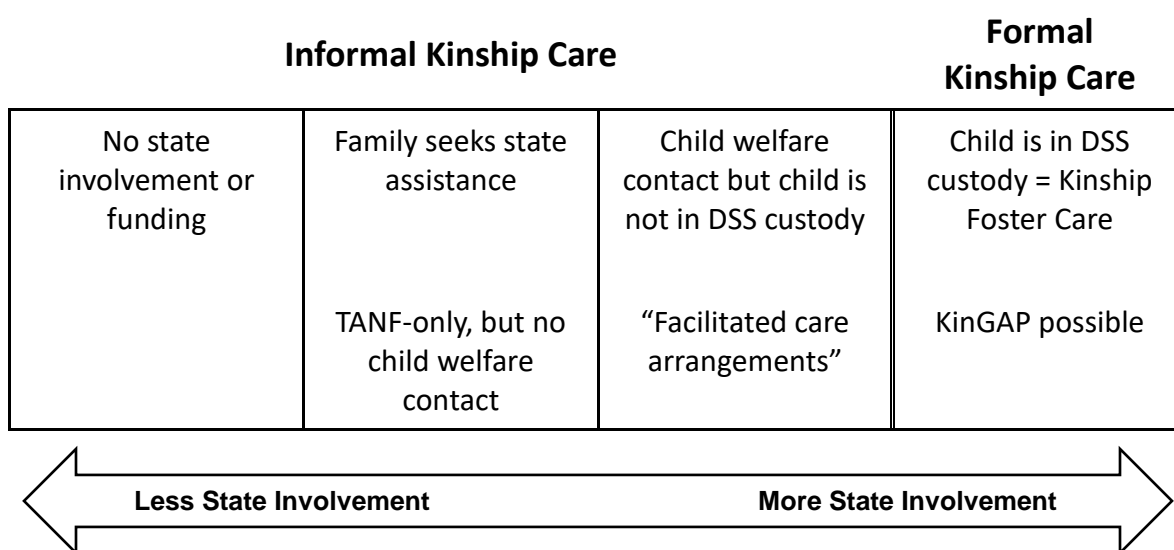
⁵⁶ *Ibid.*

Kinship Care Continuum

Kinship care exists on a continuum. In many situations, kinship care does not involve the foster care system or contact with a local department of social services (LDSS). For the purposes of this section, the difference between informal and formal kinship care is delineated by contact with a LDSS that results in the child being placed in a licensed kinship foster care home.

Figure 12 describes the continuum of kinship care in Virginia. Appendix F details eligibility and funding for kinship families on the continuum.

Figure 12: Virginia’s Kinship Care Continuum



Formal Kinship Care

Formal kinship care is also known as kinship foster care. In kinship foster care, relative caregivers are approved as foster care parents and have rights and responsibilities similar to those of non-relative foster parents. Kinship foster care providers must meet the same approval standards as non-related foster parents. For instance, kinship foster care providers must go through the same background check process, as well as participate in the home study process and receive training. In these situations, the LDSS has legal custody of the child, while the relative has physical custody of the child. Children receive all the services included in foster care, and relative caregivers receive a monthly stipend for the child’s basic care requirements.

Nationwide data has shown that the use of kinship foster care has grown on average across the country over the past ten years. According to the Annie E. Casey Foundation, kinship foster care placements have increased by seven percentage points, from 25 percent to 32 percent between

2007-2017 in the United States.⁵⁷ However, in Virginia in 2017, only 7 percent of foster care placements were kinship foster care placements. Virginia consistently ranks last in the nation in its efforts to get kinship relatives licensed as foster care providers. The December 2019 snapshot of children in foster care in Virginia indicates that 5,577 children were in foster care at the beginning of the month. Only 378, or 6.78 percent, of these children were in kinship foster care.⁵⁸

One commonly articulated reason about why the percentage of kinship foster care has remained so low in Virginia, compared to the rest of the nation, is that Virginia's list of barrier crimes is extensive. A barrier crime is a crime set forth in statute that explicitly disqualifies a person from foster care or kinship foster care. Federal law sets the baseline for barrier crimes standards that states must follow in setting up their foster care program in order to be eligible for Title IV-E funds. They also have a limited list of barrier crimes that states must comply with, as well as a short list of crimes for which an exception may be granted after five years. These barrier crime restrictions are in place to protect the safety of children.

The *U.S. Code*, in its state plan for foster care and adoption assistance, details barrier crimes as follows:

42 USCS § 671 (a) (20) (A) (i) in any case involving a child on whose behalf such payments are to be so made in which a record check reveals a felony conviction for child abuse or neglect, for spousal abuse, for a crime against children (including child pornography), or for a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery, if a State finds that a court of competent jurisdiction has determined that the felony was committed at any time, such final approval shall not be granted; and

(ii) in any case involving a child on whose behalf such payments are to be so made in which a record check reveals a felony conviction for physical assault, battery, or a drug-related offense, if a State finds that a court of competent jurisdiction has determined that the felony was committed within the past 5 years, such final approval shall not be granted.

Virginia law goes further than the federal standards and enumerates many additional barrier crimes. In the *Code of Virginia*, § 19.2-392.02 articulates over 150 barrier crimes. In addition, rather than requiring the federal baseline that five years lapse since conviction of the crime, Virginia requires a total of ten years to pass until a person convicted of certain crimes is eligible

⁵⁷ Ibid.

⁵⁸ Virginia Department of Social Services, *Snapshot of Children in Foster Care* (Richmond, VA: VDSS, December 17, 2019), https://www.dss.virginia.gov/files/about/reports/children/foster_care/2019/monthly_snapshot/Snapshot_Children_In_Foster_Care_-_20191201.pdf.

for an exception. In some situations involving the possession of controlled substances, the number of years required to lapse is reduced to eight years, in a process that is described in § 63.2-1721.

Virginia's extensive list of barrier crimes combined with its 10 year look back period makes it more difficult for families to be approved as kinship providers.

Informal Kinship Care

Informal kinship care arrangements, at the most basic level, are made by parents and other family members without the involvement of the local department of social services or juvenile court. In this type of arrangement, the legal custody of the child remains with the parents, who can take their child back at any time.

Kinship caregivers in these circumstances do not have legal custody of the child. In the past, these caregivers have encountered difficulty enrolling a child under their care in school, obtaining health insurance, authorizing medical care, and accessing other benefits. To address the issue of school enrollment, in 2016, the General Assembly passed, and the Governor signed, SB 776 into law that allows a child receiving informal kinship care from an adult relative to enroll in the school division where the kinship care provider resides.

Generally, the only type of financial assistance available to kinship caregivers under this type of arrangement is child-only TANF. In Virginia, this amount is \$163 a month average cash assistance per child. It is important to note that child-only TANF is only available to informal kinship caregivers who are relatives. Fictive kin, who frequently provide informal kinship care, are currently not eligible for child-only TANF under Virginia law. Fictive kin, however, may be eligible for General Relief in some localities. General Relief provides monetary assistance for needy children under 18 who would be eligible for TANF except for the relationship requirement. Currently only 25 localities in the state operate a General Relief program, and it operates on a limited budget of state and local funds.

Informal Kinship Care: Facilitated Care Arrangements / Kinship Diversion

Another informal kinship care arrangement is called a "facilitated care arrangement." If a child is at imminent risk of entering foster care, typically through a child protective services (CPS) investigation of child abuse and neglect, the local department may assist the family in finding a kinship caregiver (relative kin or fictive kin) who can take care of the child. The department also helps in placing the child and, if necessary, assists the kinship provider in obtaining legal custody. The practice of placing children in facilitated care arrangements is commonly referred to as "diversion," meaning that a child is not taken into state custody and is diverted from the foster care system. Caregivers in these situations are not eligible for foster care maintenance payments. However, they may be eligible for the child-only TANF or General Relief benefit described above.

Concerns Regarding Kinship Diversion in Virginia

An ongoing concern about kinship diversion in Virginia is that the number of children being diverted from foster care and placed in facilitated care arrangements is not known or tracked by VDSS. Because of this, in 2016 the General Assembly directed the VDSS to conduct a pilot project on data collection and reporting for local departments of social services regarding foster care diversion. From July 2016 to December 2017, quarterly data was collected from 32 agencies across the state, including 22 agencies from the Western region and 10 volunteer pilot agencies from other parts of the state.⁵⁹ The pilot found that 2,203 children were diverted from foster care from 1,262 families during the 18-month pilot. In the cases under examination, 48 percent of the children were placed with a grandparent and 11 percent of the children were placed with someone of no relation. In addition, legal custody was transferred to caregivers for only 12 percent of the children, and there was zero court involvement for 56 percent of the children.

Much of this pilot program data echoes a 2011 study that Child Trends conducted for VDSS to help inform the Department on the development of a kin diversion practice model. One topic Child Trends discussed was the OASIS system, which is used by local departments to document foster care and CPS cases. As Child Trends pointed out, OASIS does not support the documentation of kinship diversion in its system.⁶⁰ The inability to enter kinship diversion data into OASIS remains true to this day.

VCOY's listening sessions also revealed that another overarching issue of concern related to kinship diversion in Virginia is that there is no standardization to its practice. This means the state provides no guidance, no regulations, and no code section to instruct local departments on how they should practice diversion.⁶¹ This often leaves agencies with no way to adequately determine if they are meeting goals of safety and reunification or permanency for children they divert.⁶² In addition, lack of guidance and tracking also impacts the provision of services to children and families. Recent changes to federal law on prevention services will hopefully address the issue of

⁵⁹ Virginia Department of Social Services, *CWAC Diversion Input Session* (Richmond, VA: VDSS, October 31, 2019), https://www.dss.virginia.gov/files/division/dfs/cwac/minutes/2019/10.31.19_CWAC_Diversion_Input_Session_Meeting_Materials.pdf.

⁶⁰ Tiffany Allen and Karin Malm, *Kinship Diversion Qualitative Research Virginia Findings* [PowerPoint], Child Trends, September 22, 2011, https://www.dss.virginia.gov/files/division/dfs/ca_fc_prevention/early_prevention/studies_survey/child_trends_v_a_fc_diversion_study_2011.ppt.

⁶¹ Katie O'Connor, "Every Year, Children Are Diverted Away From Foster Care and Placed With Relatives. Nobody Knows What Happens Next," *Virginia Mercury*, June 3, 2019, <https://www.virginiamercury.com/2019/06/03/every-year-children-are-diverted-away-from-foster-care-and-placed-with-relatives-nobody-knows-what-happens-next/>.

⁶² "The Kinship Diversion Debate," The Annie E. Casey Foundation, January 1, 2013, <https://www.aecf.org/resources/the-kinship-diversion-debate/>.

service provision. (The impact of Family First on funding prevention services for informal kinship caregivers is discussed in a later section.)

Further, while services may be necessary, one of the most serious contemplations that many kinship care providers will make is to ask how they will be able to support a child being added to their home. As discussed in an earlier section, informal kinship caregivers are not eligible for foster care maintenance payments. However, they may be eligible for the \$163 child-only TANF or General Relief. These payments pale in comparison to the \$700 of monthly maintenance that is paid to a formal foster care provider for a child over 13 years of age. During its study, VCOY heard testimony from several informal kinship caregivers who stressed that if they did not step up and agree to take custody of kin, then their kin would have been placed in non-relative foster care. While a kinship provider has the option to become a licensed foster care provider, that is not always feasible. Some kinship providers have barrier crimes in their past or they simply desire less involvement with the state than would occur if they were foster parents.

The relationship between informal kinship care providers and local departments in Virginia is extremely important. Informal kinship care, as facilitated by local departments, helps keep children out of foster care. However, these caregivers are not being provided with monthly maintenance payments to care for children who would otherwise be taken into the foster care system. One recommendation that VCOY heard repeatedly was that informal caregivers should be compensated in the same way as formal foster care providers.

Finally, while the lack of court involvement in diversion cases is often viewed as a positive by social workers because it is less disruptive and stressful for the child and family, this lack of court involvement raises concerns that parents are not being adequately represented when making impactful decisions regarding the physical and legal custody of their children. In foster care cases, a judge decides if and when reunification between the parent and child occurs. However, in diversion cases, the court will only have a brief role if legal custody is transferred. Consequently, diversion potentially impedes parents' due process rights by closing off their legal means of recourse.⁶³

Federal and Virginia Law

Federal Law

Federal child welfare law and policy has long prioritized the placement of children with grandparents, relatives, or close family friends in formal kinship foster care. The federal government requires that, regarding foster care, states must "consider giving preference to an adult

⁶³ O'Connor, "Every Year, Children Are Diverted Away From Foster Care and Placed With Relatives. Nobody Knows What Happens Next."

relative over a non-related caregiver when determining placement for a child, provided that the relative caregiver meets all relevant state child protection standards.”⁶⁴

Federal Law: Family First

The recently enacted Family First Prevention Services Act, Public Law (P.L.) 115-123, (Family First) is designed to benefit informal kinship care by allowing states, for the first time, to use federal prevention services funds for children and kinship caregivers to help keep children safely out of foster care. Per VDSS’s guidance related to Family First, eligibility for Title IV-E prevention services funds will be permitted for “a child, (and their caregivers) who is a candidate for foster care who can remain safely at home or in a kinship home and is identified as being at *imminent risk* of entering foster care. ... ‘Imminent risk’ means a child and family’s circumstances demand that a defined case plan is put into place within 30 days that identifies interventions, services and/or supports and absent these interventions, services and/or supports, foster care placement is the planned arrangement for the child.”⁶⁵ A kinship navigator is one example of a program for which states can now use federal prevention services dollars made available by Family First.

Finally, Family First directed the U.S. Department of Health and Human Services (HHS) to identify reputable model licensing standards with respect to the licensing of relative and non-relative foster family homes. These model standards were designed to eliminate unnecessary licensing barriers across the board and facilitate the licensing of more relative foster homes. The final National Model Foster Family Home Licensing Standards were published on February 4, 2019.⁶⁶ These model standards provide states with an opportunity to reevaluate their foster care licensing standards and ensure that any non-safety standards are as streamlined as possible.

Figure 13 is adopted from a resource created by the ABA Center on Children and the Law, Children’s Defense Fund, and Generations United. It demonstrates how kinship families will benefit from the changes in the law made possible by Family First.

⁶⁴ 42 USC. 671.

⁶⁵ *Family First Prevention Services Act and Implementation Updates*, [PowerPoint], Virginia Department of Social Services, May 22, 2019, <http://dls.virginia.gov/groups/mhs/familyfirst052219.pdf>.

⁶⁶ US Department of Health and Human Services, Administration for Children and Families, *National Model Foster Family Home Licensing Standards* (Washington, DC: HHS, February 4, 2019), <https://www.acf.hhs.gov/sites/default/files/cb/im1901.pdf>.

**Figure 13: How Family First Act Benefits Kinship Families:
Before/After Family First**

BEFORE FAMILY FIRST		AFTER FAMILY FIRST	
Prevention Services to Kin			
No federal funds for prevention services to kin		Federal child welfare funds for up to 12 months of prevention services to keep children out of foster care	
Prevention Services to Child, Parent, and Kin			
No federal funds for prevention services to help the entire kinship triad simultaneously (child, parent, and kin)		Federal funds for prevention services available to help the entire kinship triad simultaneously (child, parent, and kin)	
Kinship Navigator Programs			
No ongoing federal funds for Kinship Navigator Programs		Ongoing federal funds for Kinship Navigator Programs (If approved in Clearinghouse.)	

Source: Adapted from “New Opportunities for Kinship Families: Action Steps to Implement the Family First Prevention Services Act in Your Community,” American Bar Association Center for Children and the Law, accessed December 28, 2019 <https://www.grandfamilies.org/Portals/0/Documents/FFPSA/new-opportunities-kinship-families.pdf>.

Virginia Law

The importance of placing children with kinship foster care providers is recognized in several places in the *Code of Virginia*.

First, in the process of making a foster care plan, § 16.1-281 of the *Code of Virginia* states that “if the department or child welfare agency concludes that it is not reasonably likely that the child can be returned to his prior family within a practicable time, consistent with the best interests of the child, the department, child welfare agency or team shall ... provide information on the opportunities for placing the child with a relative or in an adoptive home.”

Laws passed during the 2019 General Assembly Session bolstered the above requirement to include information about relatives in the foster care plan by adding notice and search requirements to another section of the *Code of Virginia*. House bill 2758 and SB 1720 added a requirement to § 63.2-900.1 that “the local board shall take all reasonable steps to provide notice to such relatives of their potential eligibility to become a kinship foster parent and explain any opportunities such relatives may have to participate in the placement and care of the child, including opportunities available through kinship foster care or kinship guardianship.”

Additionally, SB 1339, which passed during the 2019 Session, added a requirement to § 63.2-900.1 that “searches for relatives eligible to serve as kinship foster parents shall be conducted at the time the child enters foster care, at least annually thereafter.”

Kinship Care Engagement and Recruitment

Virginia

During 2019, VCOY staff conducted listening sessions across the Commonwealth. Stakeholders affirmed that diligent search tools are vital to the work of foster care services specialists in searching for kin. Local boards are mandated to “first seek out kinship care options to keep children out of foster care and as a placement option for those children in foster care.”⁶⁷ Local department workers rely on Internet search tools such as Google, Whitepages, and Ancestry websites to track down family members.

Virginia also has a contract with a person locator tool service provider that local departments can utilize. VDSS is currently in the process of developing a new request for proposal (RFP) for a person locator tool for use by local departments. The Commission on Youth heard feedback during its listening sessions that input from local departments would be beneficial in identifying what is needed to support their search efforts.

In addition, although it is not mandated by federal or Virginia law, the Commission on Youth learned that a few local departments have a designated kinship care worker who is tasked with locating relatives and getting those persons licensed as foster care providers. While some local departments have succeeded with this approach, others have not because of a lack of personnel funding and available staff time.

Finally, Virginia currently uses the Extreme Recruitment[®] program in a few pilot programs across the state. (The program is detailed in the next section.) VDSS will extend existing Extreme Recruitment contracts until June 30, 2020, after which a new Request for Proposals (RFP) will be issued to solicit proposals for the 30 Days to Family[®] program (also detailed in the next section). 30 Days to Family is a more preventative approach that searches for relatives and kin within the first 30 days of the child entering foster care for permanency options such as adoption.

Engagement and Recruitment Models Used in Other States

The Commission on Youth researched and evaluated the effectiveness of several engagement and recruitment models used in other states that go beyond simple internet search tools.

⁶⁷ Code of Virginia § 63.2-900.

Extreme Recruitment[®]

Extreme Recruitment is a diligent recruitment program that begins with an intensive 12- to 20-week-long individualized recruitment effort, during which the child is prepared for permanency.⁶⁸ As defined by the Children’s Bureau, “Diligent recruitment is the systematic process through which child welfare agencies recruit, retain, and support foster and adoptive families that reflect the ethnic diversity of children awaiting placements.”⁶⁹ Extreme Recruitment’s diligent recruitment program focuses on the hardest to place youth, including children ages 10 to 18, sibling groups, children of minority status, and youth with emotional, developmental, or behavioral concerns.⁷⁰

One vital element of the Extreme Recruitment program is its use of a private investigator. In St. Louis, Missouri, where this program began, the agency piloting the program found that the use of a private investigator caused the agency’s kin or relative contact rate to increase from 23 percent to 80 percent, and the percentage of children who found permanent families increased from 40 percent to 70 percent.⁷¹

Virginia has provided pilot project funding in the state budget to use Extreme Recruitment over the past several years. United Methodist Family Services (UMFS), C2Adopt, and Radford DSS have all been awarded contracts. These contracts will end in June 2020. Going forward, Virginia is seeking providers able to implement the 30 Days to Family program, which is described below.⁷²

30 Days to Family[®]

30 Days to Family is an intensive, short-term intervention designed to increase the number of children placed with relatives at the time they enter the foster care system. Specifically, the program aims to identify at least 80 relatives and kin per case and to ensure natural and community supports are in place to promote stability for the child.⁷³ This program operates in states including Ohio, Missouri, and California. 30 Days to Family has not yet been rated by the California Evidence-Based Clearinghouse. However, in one study conducted on this model, after 125 days,

⁶⁸ *Extreme Recruitment*[®], Foster and Adoptive Care Coalition, accessed December 28, 2019, <https://www.foster-adopt.org/recruitment-programs/#extreme>.

⁶⁹ “Diligent Recruitment,” Child Welfare Information Gateway, accessed December 28, 2019, <https://www.childwelfare.gov/topics/permanency/recruiting/diligent-recruitment/>.

⁷⁰ *Extreme Recruitment*[®], Foster and Adoptive Care Coalition.

⁷¹ “What are Some Examples of Effective Family Search and Engagement?” Casey Family Programs, October 3, 2018, <https://www.casey.org/family-search-engagement/>.

⁷² Virginia Department of Social Services (VDSS), *Report on Item 344 (F) (2) the 2018 Appropriation Act-Adoption of Children in Foster Care* (Richmond, VA: LIS, July 1, 2019), <https://rga.lis.virginia.gov/Published/2019/RD278/PDF>.

⁷³ “What are Some Examples of Effective Family Search and Engagement?” Casey Family Programs.

65.2 percent of children were placed with relatives when using this program, as compared to 44.3 percent in a non-program population.⁷⁴

Because 30 Days to Family is intensive and time-limited, family services specialists who utilize the model must have low caseloads (two to three cases).⁷⁵ These family specialists use a variety of resources to conduct and document their search for kin connections, including but not limited to: search engines, free and paid online people finders, law enforcement records, a state's Department of Revenue, child protection databases, other governmental databases, social networking sites, vital records departments, and obituaries and funeral homes. Throughout their search, family specialists use specialized software to make a genogram, or detailed family tree, to serve as a visual representation of integral members of the family's network.

After existing contracts with Extreme Recruitment expire on June 30, 2020, VDSS will issue a new Request for Proposals (RFP) to solicit proposals for the 30 Days to Family program. VDSS notes that "30 Days to Family is a more preventative approach that searches for relatives and kin within the first 30 days of the child entering foster care."⁷⁶

Family Finding

Family Finding is a model that is used to locate and engage relatives of children at risk of entering, or currently in, foster care. Family finding has six steps, beginning with the step: "Discover at least 40 family members and important people in the child's life."⁷⁷ The remaining steps involve engaging those relatives and kin in team decision-making, planning for permanency, and ensuring ongoing support.

Pennsylvania is one state that uses the Family Finding model. Under Pennsylvania law, each county agency must initiate Family Finding in every case at the time of referral to the child welfare agency and at least annually thereafter.⁷⁸ Additionally, all case workers receive training on the importance of placing children with kin. Caseworkers have access to resources such as court documentation, Department of Motor Vehicles and Department of Corrections databases, online search engines, and social media. These tools are used to search for kinship connections. One

⁷⁴ *30 Days to Family*®, Foster and Adoptive Care Coalition, accessed December 28, 2019, https://www.foster-adopt.org/wp-content/uploads/2017/08/2016_30DaystoFamily_Results_Updated.pdf.

⁷⁵ *30 Days to Family*®, California Evidence-Based Clearinghouse, accessed December 28, 2019, <https://www.cebc4cw.org/program/30-days-to-family/>.

⁷⁶ VDSS, *Report on Item 344 (F) (2) the 2018 Appropriation Act-Adoption of Children in Foster Care*.

⁷⁷ Sharon Vandivere and Karin Malm, *Family Finding Evaluations: A Summary of Recent Findings* (Bethesda, MD: Child Trends, January 2015), https://www.childtrends.org/wp-content/uploads/2015/01/2015-01Family_Finding_Eval_Summary.pdf.

⁷⁸ Pennsylvania Office of Children and Families in the Courts, *2013 Act 55*, accessed December 28, 2019, <http://www.ocfcpacourts.us/assets/files/page-548/file-1748.pdf>.

success story from Pennsylvania comes out of Allegheny County, where 65 percent of children in foster care are residing with kin.⁷⁹

Overall, the impact of the Family Finding model is inconclusive. A recent study published by Child Trends stated that “the evidence available from the recent evaluations is not sufficient to conclude that Family Finding improves youth outcomes above and beyond existing, traditional services. At the same time, the evidence is not sufficient to conclude that Family Finding does not improve outcomes.”⁸⁰ The Child Trends study further pointed out that any agency that implements the Family Finding model should work to ensure that all six steps are completed, including steps to evaluate the permanency plan and provide follow-up supports when necessary.

Encouraging and Supporting Kinship Care in Virginia

In addition to certain directives in the *Code of Virginia* instructing local departments to provide notice to kin and to search for relatives, Virginia also encourages kinship care through several programs across the state. The Kinship Guardianship Assistance Program and kinship navigators, in certain localities, support kinship caregivers in Virginia.

Kinship Guardianship Assistance Program (KinGAP)

The Kinship Guardian Assistance Program (KinGAP) is a newer permanency option for children, signed into law following the 2018 General Assembly Session. Figure 14 describes the processes for deciding whether a relative child qualifies for KinGAP.

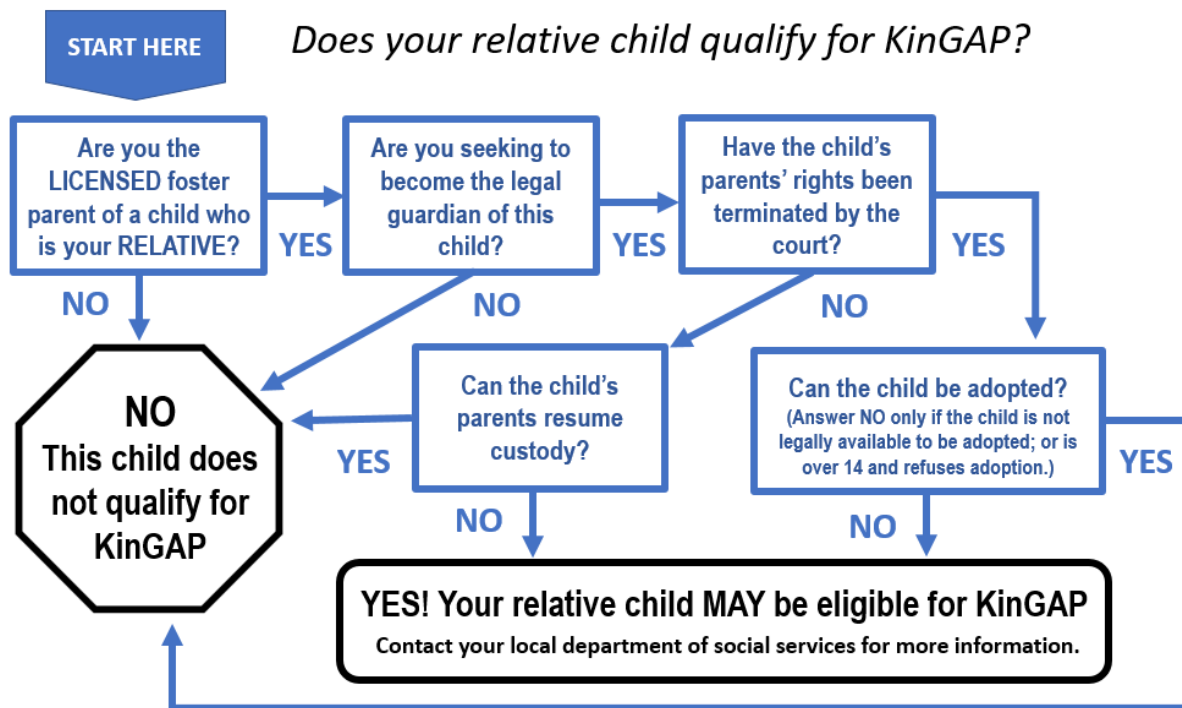
The purpose of KinGAP is to encourage placements with relative caregivers and ensure permanency for a child for whom adoption or being returned home are not appropriate permanency options. KinGAP provides monthly payments and access to foster care services to relatives who become legal guardians of children in foster care. As of January 2018, 35 states are known to have similar programs.⁸¹

⁷⁹ “What are Some Examples of Effective Family Search and Engagement?” Casey Family Programs.

⁸⁰ Vandivere and Malm, *Family Finding Evaluations: A Summary of Recent Findings*.

⁸¹ Joint Legislative Audit and Review Commission, *Fiscal Impact Review: HB 1333* (Richmond, VA: LIS, February 6, 2018), <https://lis.virginia.gov/cgi-bin/legp604.exe?181+oth+HB1333J110+PDF>.

Figure 14: Virginia Kinship Guardian Assistance Program (KinGAP) Flowchart



Source: Adapted from Virginia Poverty Law Center, "Kinship Guardian Assistance Program (KinGAP) Flowchart."

The Fostering Connections to Success and Increasing Adoptions Act of 2008 is the federal law allowing Virginia to offer KinGAP under the federal Title IV-E Guardianship Assistance Program. Kinship guardianship has the following guidelines that are imposed by the federal government. Section 63.2-1305 of the *Code of Virginia*, as follows, codifies the federal eligibility requirements:

B. A child is eligible for kinship guardianship assistance under the program if:

1. The child has been removed from his home pursuant to a voluntary placement agreement or as a result of a judicial determination that continuation in the home would be contrary to the welfare of the child;
2. The child was eligible for foster care maintenance payments under 42 U.S.C. § 672 or under state law while residing for at least six consecutive months in the home of the prospective kinship guardian;
3. Being returned home or adopted is not an appropriate permanency option for the child;
4. The child demonstrates a strong attachment to the prospective kinship guardian, and the prospective kinship guardian has a strong commitment to caring permanently for the child; and

5. The child has been consulted regarding the kinship guardianship if the child is 14 years of age or older

Lack of Utilization of KinGAP

The federal requirements detailed above have been cited as a reason for the lack of utilization of this program. In 2018, there were only three people enrolled in Virginia’s KinGAP program. One limiting factor to greater participation in Virginia’s KinGAP program appears to be the federal requirement for the potential guardian to be a licensed foster parent for six consecutive months. Among the eight other states known to use state funds for some guardianship cases, five have eliminated or minimized the six-month foster parent requirement for guardians.⁸²

To address this issue, in their 2018 report on foster care, the Joint Legislative Audit and Review Commission (JLARC) made a recommendation that “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.”⁸³ This recommendation was not introduced as legislation during the 2019 session.

The Commission on Youth heard similar feedback from local departments, specifically regarding the federal requirement that children can only be eligible for KinGAP if “being returned home or adopted is not an appropriate permanency option.” Many departments explained that even when the KinGAP program appears to be the best fit, it is nearly impossible to rule out adoption for a child under 14 years old. Therefore, children under the age of 14 cannot qualify for KinGAP.

Another limiting factor to enrollment in KinGAP is that the program does not allow for fictive kin guardianship. Fictive kin arrangements are permitted by the federal government, however, and are encompassed in other states federally funded kinship care guardianship assistance programs. Additionally, from a policy standpoint, VDSS and many LDSSs encourage fictive kin arrangements when available and when they are in the best interests of the child.

Guardianship

Finally, during one of the Commission’s listening sessions, stakeholders said that, although KinGAP is a limited permanency option due to federal rules and restrictions, full or limited guardianship could represent a more robust solution for kin who want to care for relatives and obtain supports. Currently, Virginia does not have full or limited guardianship, unlike the majority

⁸² JLARC, *Improving Virginia’s Foster Care System*.

⁸³ *Ibid.*

of states. Virginia does have standby guardianship, but that is used in only a few scenarios. Additionally, thirty-three states and D.C. have state-funded guardianship assistance programs that provide support to kinship guardians raising children.⁸⁴

During this study, Commission staff learned about the guardianship program implemented in Michigan. Guardianship was identified as a topic that merits more study and analysis as a potential solution for kinship caregivers.

Kinship Navigator Programs

Kinship navigator programs offer help to kinship providers and the public in areas such as financial assistance, legal referrals, education and support groups, basic needs, child care and respite, and outreach and public education. Many kinship navigator programs also assist caregivers in obtaining copies of birth certificates, social security cards, immunization records, and any documents needed for the school registration of a child.

In Virginia, there are six regional kinship navigator programs that serve 33 percent of local departments.⁸⁵ These programs are located at Arlington Department of Social Services, Bedford Department of Social Services, Dickenson Department of Social Services, James City County Department of Social Services, Virginia Beach Department of Human Services, and Smyth Department of Social Services. Virginia's kinship navigator programs are currently funded solely through a federal grant.

Though services provided by Virginia kinship navigators differ slightly in each region, some services are common to all. For example, each kinship navigator program provides services to kinship caregivers who are having trouble finding assistance for their unique needs and help these caregivers navigate the county's service system as well as federal, state, and local benefits. Kinship navigators also seek to connect and form a network of kinship caregivers who can support each other and their changing families.

Some kinship navigator programs provide family training (either in person or online) to both kinship caregivers and community partners to educate them on the barriers that kinship caregivers and youth face. Many programs have developed information packets and referral systems to assist in outreach to kinship caregivers and youth. For instance, Smyth Department of Social Services has a robust set of outreach materials including fliers, brochures, and a social media network to assist in educating and providing support to kinship caregivers and youth.

⁸⁴ "The Child Welfare Placement Continuum: What's Best for Children?" National Conference of State Legislatures, November 3, 2019, <http://www.ncsl.org/research/human-services/the-child-welfare-placement-continuum-what-s-best-for-children.aspx>.

⁸⁵ "Foster Care 101: Kinship Care," Virginia Commission on Youth, accessed December 28, 2019, <http://vcoy.virginia.gov/009%20kinship.pdf>.

Another feature of the Smyth kinship navigator is that the program also provides families with the services of a kinship navigation specialist, who is available to provide guidance, information, referrals, and face-to-face case management services tailored to each family's unique circumstances.

In addition to the six regional kinship navigator programs, the Virginia Department of Social Services has formed a partnership with 2-1-1 Virginia to provide specialized information and referral services to caregivers who call the 2-1-1 number.⁸⁶

For Virginia's six regional kinship navigator programs to remain in operation, the state will need to continue to receive federal grant funding. Family First Title IV-E prevention dollars also represents another possible source of funding, as discussed in a previous section. However, there are currently no kinship navigator programs that are rated "supported" or "well supported" in the Title IV-E Prevention Services Clearinghouse that would allow Virginia to access those funds.⁸⁷ Finally, if Virginia chose to expand its regional programs statewide, state funding would be necessary.⁸⁸

⁸⁶ Ibid.

⁸⁷ The Title IV-E Prevention Services Clearinghouse can be accessed at <https://preventionservices.abtsites.com/>.

⁸⁸ Virginia Department of Social Services, *Review of Current Policies Governing Facilitation of Placement of Children in Kinship Care to Avoid Foster Care Placements in the Commonwealth and the Recommendations for Regulations Governing Kinship Care Placements* [Senate Document 9], (Richmond, VA: LIS, January 1, 2016), <https://rga.lis.virginia.gov/Published/2016/SD9/PDF>.

E. FOSTER CARE FAMILY RECRUITMENT AND RETENTION

When it is determined that a child must be removed from the home and taken into foster care, the local department of social services must immediately place the child in an appropriate setting. The department has three options:

Non-relative or relative foster care (agency foster care). These resource families have been trained and licensed by the LDSS. Non-relative and relative (kinship) foster care placements are managed by a foster care worker.

Therapeutic foster care (private foster care). Therapeutic foster care families are families trained by licensed child placing agencies—private entities licensed and contracted by the state to provide therapeutic and case management services and support. These private placements are intended for children who need a higher level of care or supervision.

Congregate care (private residential foster care). Congregate care settings include group homes and residential treatment facilities. Congregate care placements are more restrictive than agency and therapeutic foster care placements. These settings are intended for children who need the highest level of care or supervision.

Title IV-E and VDSS policies require that foster children are placed in the least restrictive, most family-like setting consistent with the best interests and needs of the child. Local departments are also required to attempt to keep foster youth within their communities and near to their custodial parents, to take steps to keep siblings together, and to prioritize relative placement. Research has consistently found that foster children have better outcomes when these guidelines are followed.

Lack of Agency Foster Families

During 2019, VCOY staff conducted listening sessions across the Commonwealth. There is overwhelming agreement among stakeholders that there is a shortage of agency foster care families—relative and non-relative families that are licensed and supervised by that locality. There is also wide agreement that there is a lack of agency foster families willing to care for certain categories of youth. These difficult-to-place youth include: teenagers (who make up about a third of children in foster care); children who have special needs; children who have emotional and behavioral issues (often related to trauma) but do not have a clinical need for a higher level of care; and sibling groups.

JLARC's survey of local department staff found that 79 percent of respondents said there was a shortage of agency foster families in their locality.⁸⁹ VCOY's listening sessions confirmed this finding and revealed the following:

- Foster family shortages and retention issues were more likely in small, rural agencies; in agencies that were understaffed; and in agencies that did not have a robust foster family recruitment and retention program in place. Unfortunately, Virginia does not maintain a statewide record of licensed foster families, which would provide information on the number of licensed families and identify specific localities with foster family shortages.
- Some local DSS agencies are not making an investment in recruiting and retention because of a lack of funding, a lack of staff resources (time); and/or a lack of commitment to the issue.
- Some local agencies have not established programs that offer ongoing support for foster families (trauma training, parenting strategies, wraparound services, respite, etc.) to improve retention.
- The overreliance on private placement is causing children to be placed far from their localities in private placements. Children are moved away from their families, their schools, and their communities, and some foster care workers must travel hundreds of miles to comply with the requirement to meet with foster youth at least once a month. Additionally, research shows that foster parents who foster children placed out of their original county face difficulty in accessing supports and wraparound services that are essential for foster family retention.⁹⁰

Overreliance on Foster Care Placements by Private Agencies

VCOY's listening sessions revealed that the shortage of agency foster families has resulted in an overreliance on private foster care placements. This confirms findings by both the Office of Children's Services (OCS) and JLARC. According to a 2019 report by OCS, "Ongoing challenges in local DSS agencies' ability to sustain 'agency foster homes'... have resulted in 60 percent of children in care being placed through a licensed child placing agency (LCPA) in a TFC [therapeutic foster care] arrangement."⁹¹ JLARC found similar shortages in 2016. Their survey of foster care caseworkers who had children in therapeutic care revealed that 70 percent of workers

⁸⁹ JLARC, *Improving Virginia's Foster Care System*.

⁹⁰ Karissa Hughes, *Public Child Welfare Training Academy Research Summary: Supporting, Retaining and Recruiting Resource Families* (San Diego, CA: Academy for Professional Excellence at San Diego State University School of Social Work, October 2015).

⁹¹ Office of Children's Services, *Treatment Foster Care Services Under the CSA* (Richmond, VA: LIS, December 2019), <https://rga.lis.virginia.gov/Published/2019/RD523/PDF>.

said a few of those children, and 27 percent said at least a majority of those children, could be placed in an agency foster home if one were available.⁹²

In addition, VDSS regional staff in all five regions said that some children are placed in congregate care because of a shortage of less restrictive placements rather than because of a child’s needs. In their 2018 report, JLARC also determined that in 2016:

- About 60 percent of children who entered congregate care (short term) and about 23 percent of children who remained in congregate care did not have a clinical need to be there.
- Virginia has a higher proportion of children in congregate care settings (17 percent) than the national average (12 percent).

The number of teenagers placed in congregate care is increasing in Virginia, from 27 percent in 2012 to 39 percent in 2016.

Since 2016, the utilization of private placements in Virginia has remained relatively stable. (See Table 4.) For therapeutic foster care (TFC) placements, OCS reports that placements decreased in FY2017 and FY2018, and then increased in FY2019 to 2016 levels. OCS suggests that the increase in TFC placements in 2019 is likely due to a sharp increase (10.4 percent) in the total number of children in foster care, which increased from 4,807 in 2018 to 5,307 in 2019.⁹³ OCS also reports a steady downward trend in the use of congregate care in Virginia,⁹⁴ indicating that Virginia is making progress in reducing its overreliance on congregate care placements. However, OCS data also indicate that Virginia has not reduced the average stay that youth spend in therapeutic foster care or congregate care placements. (See Table 5.) This suggests that little progress is being made to move children who are placed unnecessarily in restrictive settings into foster family agency placements due to a lack of agency foster families.

Table 4: Number of Foster Youth in Private Placements

Placement Setting	Youth Served*			
	FY 2016	FY 2017	FY 2018	FY 2019
Therapeutic Foster Care	3195	3119	3105	3189
Congregate Care**	2887	2740	2568	2424

* Because youth may move from one placement setting to another, total numbers of “Youth Served” for any given year may include some duplication and is not related to the total youth who are served by the foster care system.

** Congregate Care includes temporary care facilities, group homes, and residential treatment facilities.

Source for congregate care data: “Utilization of Residential Care Under the CSA,” Office of Children’s Services, December 2019. Source for therapeutic foster care data: “Treatment Foster Care Services Under the CSA,” Office of Children’s Services, December 2019.

⁹² JLARC, *Improving Virginia’s Foster Care System*.

⁹³ Office of Children’s Services, *Treatment Foster Care Services Under the CSA*.

⁹⁴ Office of Children’s Services, *Utilization of Residential Care Under the CSA* (Richmond, VA: LIS, December 2019), <https://rga.lis.virginia.gov/Published/2017/RD498>.

Table 5: Average Length of Stay in Private Placement Settings

Placement Setting	Average Length of Stay (Days)*		
	FY 2017	FY 2018	FY 2019
Therapeutic Foster Care	206	203	207
Congregate Care	Temporary Care Facility	49	49
	Group Home	126	119
	Residential Treatment Facility	165	163

* FY 2016 data has been omitted due to a difference in the way length of stay was calculated in 2016. Source for congregated care data: “Utilization of Residential Care Under the CSA,” Office of Children’s Services, December 2019. <https://rga.lis.virginia.gov/Published/2017/RD498>. Source for therapeutic foster care data: “Treatment Foster Care Services Under the CSA,” Office of Children’s Services, December 2019. <https://rga.lis.virginia.gov/Published/2019/RD523/PDF>

Impact of Therapeutic Foster Care and Congregate Care Placements on Youth

Therapeutic foster care and congregate care provide necessary therapeutic and supervisory services for youth who need a greater level of care than can be provided in a less restrictive agency foster care setting. However, these placements can have a detrimental effect on youth who do not meet the clinical criteria to be placed in these settings. For example:⁹⁵

- Congregate care settings are more restrictive than family foster family settings. Living in these settings can limit a child’s ability to form healthy attachments and develop independence, and can impact healthy development.
- Therapeutic foster homes sometimes house multiple youth—and congregate settings can house dozens of youth—who have significant mental health or behavioral issues. For children that do not meet the criteria for private placements, being placed in these settings can add to the trauma of family separation. In addition, youth who have experienced trauma are at greater risk for further physical abuse when they are placed in group homes, compared with their peers placed in families.
- Licensed child placing agencies and their therapeutic foster homes and congregate care facilities are often located near highly populated areas. Children placed in these facilities—especially those living in rural areas—are often moved far away from their communities, schools, and relatives. This can make case management more difficult, impact permanency and reunification efforts, and cause significant disruption for the child.
- Youth placed in congregate care have poorer educational outcomes, including lower test scores in basic English and math. Youth in congregate care are also more likely to drop out of school and less likely to graduate from high school.

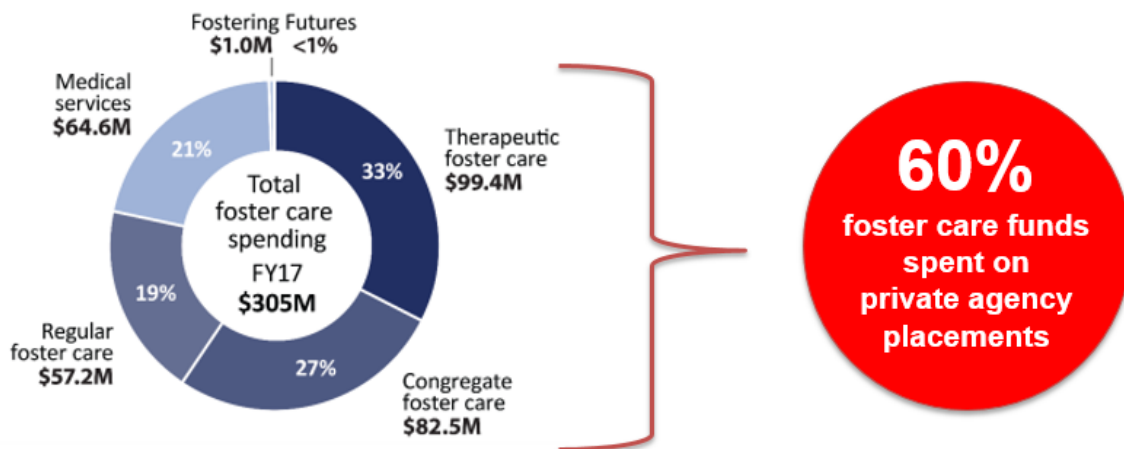
⁹⁵ “What are the Outcomes for Youth Placed in Congregate Care Settings?” Casey Family Programs, February 5, 2018, <https://www.casey.org/what-are-the-outcomes-for-youth-placed-in-congregate-care-settings/>.

- Young adults who have left congregate care are less successful than their peers in foster care. Youth with at least one group-home placement were almost 2.5 times more likely to become delinquent than their peers in foster care.

Cost of Private Placements

Private placements, which include therapeutic foster care and congregate care, are significantly more expensive than agency foster care. According to JLARC, in 2017, the average cost for a full year of therapeutic foster care for one child was \$40,673, and for congregate care was \$98,750. In comparison, the cost of a full year of regular foster care was \$12,938. In 2017, 60 percent of foster care funds were spent on private placements (therapeutic foster care and congregate foster care), compared to 19 percent spent on agency foster care (identified as “regular foster care” below).⁹⁶ (See Figure 15.)

Figure 15: Foster Care Spending



Source: Adapted from JLARC, *Improving Virginia’s Foster Care System*, 2018.

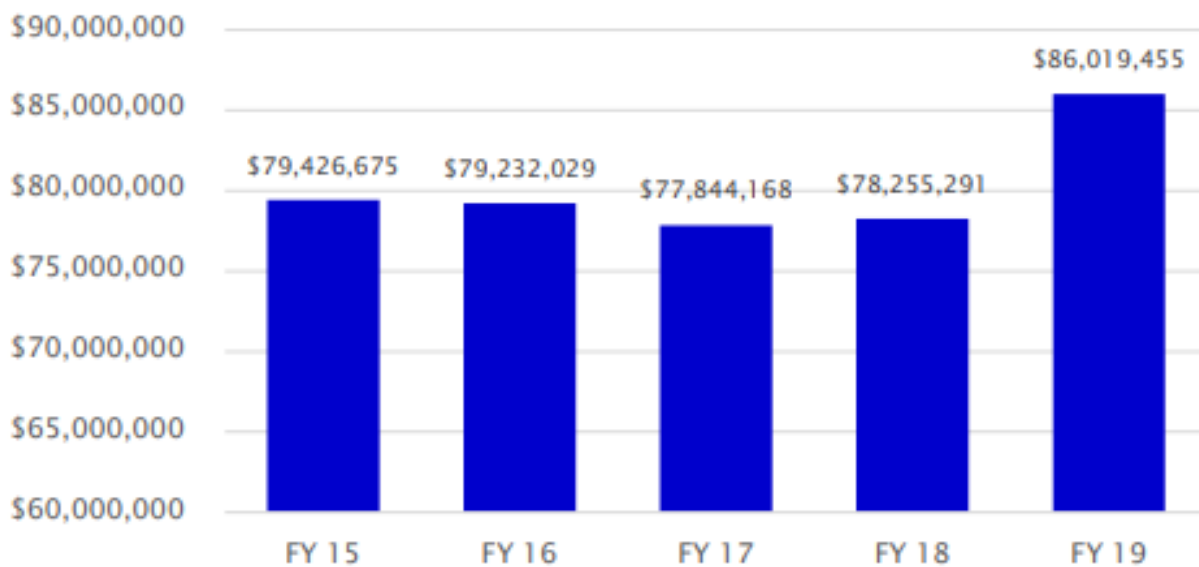
Although the overall number of foster care youth placed in all private settings in Virginia has remained relatively stable since 2016, there was a sharp increase in CSA expenditures for therapeutic foster care (TFC) placements in 2019. The Office of Children’s Services (OCS) attributes this to two factors. First, the sharp increase in children entering foster care in 2019 (10.4 percent) has caused an increase in utilization of therapeutic foster care placements, due to a lack of local agency foster care placements. Second, there has been a decline in foster care youth who are eligible for Title IV-E funding (from 64.91 percent in July 2017 to 59.49 percent on July 1, 2019). Title IV-E funding covers the monthly maintenance payment for Title IV-E eligible youth; however, for non-Title IV-E eligible youth, the maintenance payment is the responsibility of the

⁹⁶ JLARC, *Improving Virginia’s Foster Care System*.

CSA program (state pool (65%) and local matching (35%) funds). This has resulted in a significant shift in responsibility for therapeutic foster care maintenance costs to the CSA, resulting in an \$8.9 million, or a 12 percent, increase over FY 2018.⁹⁷ (See Figure 16.)

The OCS notes that “there is no specific explanation for the declining Title IV-E eligibility rate” among youth entering foster care in 2019.⁹⁸ However, the national opioid epidemic has been cited by states such as North Carolina as a reason for an increase in the number of youth entering foster care.⁹⁹ In addition, in recent years, opioid abuse has increased significantly among middle- and upper-middle class families¹⁰⁰ who typically would not be eligible for Title IV-E funding.

Figure 16: Total CSA Expenditures – Therapeutic Foster Care (FY 15 – FY 19)



Source: Office of Children’s Services, “Treatment Foster Care Services Under the CSA,” December 2019.

⁹⁷ Office of Children’s Services, *Treatment Foster Care Services Under the CSA*.

⁹⁸ Ibid.

⁹⁹ Ted Strong, “Number of Children in NC Foster Care System Reaches 10-year High,” CBS17, July 7, 2017, <https://www.cbs17.com/news/number-of-children-in-nc-foster-care-system-reaches-10-year-high/>.

¹⁰⁰ Golzar Salih, “Status of the Opioid Epidemic in the US: Respond to the Crisis,” *International Policy Digest*, June 5, 2019, <https://intpolicydigest.org/2019/06/05/status-of-the-opioid-epidemic-in-the-u-s-respond-to-the-crisis/>.

Family First: Potential Impact on Cost of Congregate Care

The Family First Prevention Services Act of 2018 seeks to address the overreliance of congregate care. To discourage states from placing children in congregate care settings because less restrictive settings are not available, Family First states that Federal Title IV-E reimbursement for children placed for more than two weeks in congregate care is allowed only for specified placements, such as for children with clinical treatment needs that must be served in a congregate care setting. Maintenance payments for placements of children who have no clinical need for congregate care will not be reimbursed. For this reason, there is some urgency to recruit foster families and move eligible children out of congregate care so as not to lose federal funding. States have a two-year window to come into compliance with the law and ensure that congregate care is clinically necessary for each child placed in this setting.

Virginia's Efforts to Improve Foster Family Recruitment and Retention

Legislative and Policy Initiatives

In its 2018 report, *Improving Virginia's Foster Care System*, JLARC made three specific recommendations to improve agency foster family recruitment and retention. The General Assembly responded to these recommendations as follows:

- Direct the Virginia Department of Social Services to develop and maintain a statewide strategic plan for recruiting and retaining foster families. (Recommendation 8) – **Adopted SB 1339, 2019**
- 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. (Recommendation 9) – **Adopted 2019 VA State Budget**
- 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. (Recommendation 10) – **In progress**

In addition, VDSS is responding to the issue of foster family recruitment and retention as follows:

- VDSS has created a diligent recruitment workgroup and is receiving technical assistance from the Center for States to develop and maintain a statewide diligent recruitment strategic plan.
- The VDSS Workgroup with guidance from the Center for States will develop and maintain a statewide diligent recruitment strategic plan.
- VDSS hired a director of Virginia Fosters in the summer of 2019 (see next section).

Virginia Fosters and Virginia’s Kids Belong

To address current issues in the foster care system, Virginia launched a statewide initiative that empowers leaders across the Commonwealth to be the solution for children, families, and workers in Virginia’s child welfare system. This initiative is called Virginia Fosters. Virginia Fosters coordinates leaders in the government, faith, non-profit, business and creative communities at the grass “tops” level and engages Virginians from all walks of life at the “grassroots” level to address the challenges inherent in the child welfare system. Virginia Fosters estimates that at least 1000 foster families and 2500 support families (families that offer wraparound services or respite services to foster families) are needed in 2020.¹⁰¹

America’s Kids Belong is a nonprofit that works with states to mobilize government, faith-based, business and creative leaders around the goal of permanency and belonging for every child. Virginia’s Kids Belong is the third state effort of America’s Kids Belong, which has the goal of creating innovative initiatives to help 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.
- Helping youth who have aged out without a family to reach their full potential.

Other state efforts of America’s Kids Belong include:

- Oklahoma’s Kids Belong. Since the start of this program, Oklahoma has seen a 42 percent increase in foster families.
- Tennessee Kids Belong. Since the start of this program, Tennessee has seen a 44 percent increase in foster families.

Unique Local Programs in Virginia

Several localities in Virginia have taken on the responsibility to personally strengthen their local foster care program. These successful programs have the potential to be mirrored throughout the state.

Localities that implement such programs greatly reduce spending on private agency placement and keep their foster care youth within their communities. Table 6 illustrates how three such localities have instituted unique programs that have reduced their reliance on therapeutic foster care. Roanoke City and County created the Specialized Treatment and Resources Support (STARS) foster program to provide homes for foster care children in their community by trained foster resource parents. Albemarle County, Greene County, and Charlottesville created the Community Attention Foster Families (CAFF) program to reduce spending on private placements. Hampton,

¹⁰¹ “Be the Solution,” Virginia Fosters, accessed December 28, 2019, <https://www.virginiafosters.org/>.

which began focusing on eliminating the use of private placements in 2008, spends zero dollars on private placements. These three programs are described below. In contrast, Bedford, a small rural locality that does not have a robust foster family recruitment and retention program, has not seen a reduction in private agency placement spending.

Table 6: Sample of Annual Spending on Therapeutic Foster Care by Locality

	FY 2016	FY 2017	FY 2018	FY 2019*
Roanoke City	1,661,599	1,156,307	800,933	933,843
Albemarle	1,460,582	630,328	657,269	725,567
Hampton	0	0	0	0
Bedford	887,560	808,079	748,003	967,550

Note: The Office of Children’s Services reports that the overall increase in therapeutic foster care spending in 2019 is likely due to a sharp increase (10.4 percent) in the total number of children entering foster care combined with a reduction in the number of those children who are eligible for Title IV-E funding.

*Hampton, Roanoke, and Bedford as of August 31, 2019; Albemarle as of July 31, 2019

Source: CSA Pool Reimbursement Request Report Comparison, www.ocs.csa.virginia.gov.

Roanoke – STARS

Roanoke County partnered with the City of Roanoke to create the Specialized Treatment and Resources Support (STARS) foster program, which is administered by the city and county local departments of social services. Foster parents that go through STARS training are able to take foster children with higher levels of need. STARS foster parents have a counselor assigned to help these foster parents and a support group with other STARS parents. This program enables Roanoke City and County to keep foster children in their community because of the additional support and services that STARS foster parents receive. Roanoke City and County, in turn, receives financial compensation from CSA for every child placed in a STARS home.¹⁰² For more information about STARS, see Appendix G.

¹⁰² Adapted from Natalie Moore, *Decreasing State Spending on Foster Care Private Placement Agencies Through Training and Recruiting Programs* (2019). Report prepared for the Virginia Commission on Youth.

Charlottesville – CAFF

The City of Charlottesville, in partnership with Albemarle and Greene Counties, has created the Community Attention Foster Families (CAFF) program, a nonprofit public agency and division within the Charlottesville Department of Human Services. CAFF is solely responsible for recruiting, training, and supporting foster families in the three participating localities. CAFF works alongside local departments to help design and support children’s individual treatment plans. This program provides local departments with a team to focus on recruitment and training in order to avoid reliance on private agencies.¹⁰³

Hampton – Community-Based Care

In 2008, Hampton made a commitment to eliminate the use of congregate care for youth entering foster care. They developed a unique community service system that focused on identifying at-risk youth, preventing those youth from entering foster care, and keeping those taken into care within their home community. To achieve this, stakeholders developed strong partnerships among the local CSA administration, FAPT team members, the juvenile and domestic relations court, Hampton’s Department of Human Services, the school system, and a wide variety of community partners. All stakeholders are committed to being flexible and creative when developing individualized solutions for each child and family. Hampton has developed dozens of prevention programs to meet the needs of its community, including home visiting programs, early truancy prevention programs, and family stabilization programs. Hampton’s program is committed to transparency and communication with families, to building and maintaining relationships among community partners, to constant system assessment and improvement, and to finding common sense solutions for its community’s children and families.

Foster Family Recruitment and Retention Programs in Other States

Many states are struggling to recruit and retain foster care families. Some states, such as Washington state, are using targeted Internet ads that describe the joys of fostering a child. Other states are providing more support and wrap-around services for foster parents. For instance, Louisiana is soliciting help from churches and area businesses to help foster parents by providing wrap-around services. Some local businesses and churches have developed service projects that help foster families with home and car repairs, while others sponsor children’s activities, such as summer camps and sports. In addition, many states are recognizing that their current foster care

¹⁰³ Ibid.

parents are their best recruitment advocates, and they are increasing support of these foster care parents in the hope that they will share their positive experiences with others.¹⁰⁴

The following is a description of several state initiatives to recruit and retain foster families:

Oklahoma

In 2014, the Annie E. Casey Foundation partnered with the state of Oklahoma to introduce effective strategies to recruit and retain more foster families. The state also launched the Oklahoma Fosters initiative in 2015, as well as partnering with America's Kids Belong to form Oklahoma's Kids Belong. Currently, stakeholders across the state are recruiting and retaining foster families by using the following strategies: holding regular training for new and experienced foster parents, having special events for foster families showing them appreciation, creating a team environment for decision-making, using a foster home assessment estimator, identifying the needs of each child and matching the child with a compatible family, and advertising the huge need for foster families through multiple media channels.¹⁰⁵

Tennessee

Similar to Virginia, Tennessee utilizes Therapeutic Foster Care (TFC) placements through licensed child placement agencies; however, recent findings show that only 7 percent of children entering the foster care system were initially placed in a TFC home,¹⁰⁶ indicating that Tennessee does not suffer from a shortage of agency foster homes. Tennessee's Department of Children Services (DCS) has achieved this through a formal foster parent training partnership with Harmony Family Center, a licensed child placing agency in Tennessee. Harmony Family Center provides training classes to prospective agency foster parents in partnership with DCS county and regional training coordinators and under the supervision of a statewide Director of Foster Parent Training and a Director of Training and Professional Development. This structure allows Harmony Family Center, with the support of DCS, to provide regular foster care training and treatment foster care training to foster parents within the state system. An increase and focus on training results in a decrease in the number of private agency placements for foster children in Tennessee.¹⁰⁷

¹⁰⁴ Teresa Wiltz, "As Need Grows, States Try to Entice New Foster Parents," PEW Trusts Stateline, March 1, 2019, <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2019/03/01/as-need-grows-states-try-to-entice-new-foster-parents>.

¹⁰⁵ Annie E. Casey Foundation, *Recruiting Foster Parents and Strengthening Child Welfare in Oklahoma: A Case Study* (Baltimore, MD: Casey Foundation, August 6, 2019), <https://www.aecf.org/resources/recruiting-foster-parents-and-strengthening-child-welfare-in-oklahoma/>.

¹⁰⁶ Office of the Assistant Secretary for Planning and Evaluation (ASPE), "Patterns of Treatment/Therapeutic Foster Care and Congregate Care Placements in Three States" [ASPE Research Brief] (Washington, DC: HHS, August 2019), <https://aspe.hhs.gov/system/files/pdf/262091/TreatmentFosterCareBrief.pdf>.

¹⁰⁷ Moore, *Decreasing State Spending on Foster Care Private Placement Agencies Through Training and Recruiting Programs*.

In addition, in 2016, Tennessee partnered with America's Kids Belong to form Tennessee Kids Belong. Tennessee uses general recruitment strategies such as public service announcements, community billboards, information booths at events, notifications in church and community publications, and foster care and adoption websites. In addition, they use target recruitment programs in specific areas to keep children within their home communities and implementing individual recruitment plans for each child. Retention strategies of foster families include:

- Providing respite for foster parents
- Providing experienced mentors for new foster care parents
- Hosting appreciation events
- Providing support from staff for challenging issues
- Encouraging team collaboration and requesting input from foster parents
- Facilitating peer support groups
- Providing ongoing training for foster parents.¹⁰⁸

North Carolina¹⁰⁹

Like Virginia, North Carolina has a state supervised, locally administered social services system, and each of North Carolina's 100 counties has a county social services agency. With over 11,000 children in foster care as of 2017, North Carolina has almost twice the number of children in foster care as Virginia, an increase that several North Carolina officials have attributed to the opioid epidemic.¹¹⁰ Also like Virginia, the state has a shortage of agency foster care homes and often places children through private child placing agencies.

To address this need, The North Carolina Department of Health and Human Services has created NC Kids.¹¹¹ NC Kids helps prospective foster and adoptive families navigate the initial stages of foster care and adoption. The NC Kids Adoption and Foster Care Network features waiting children on their website and maintains a central database of children available for adoption and families who are interested in adopting children from the foster care system, and provides matching services for waiting children with pre-approved families registered with NC Kids. NC Kids also provides foster care and adoption support services, community outreach and support services for recruitment and retention of foster and adoptive families, and technical assistance to county departments of social services and private child placing agencies.

¹⁰⁸ Tennessee Department of Children's Services (TN DCS), *Foster Parent Handbook: Journey to Excellence* (Nashville, TN: TN DCS, September 2019), <https://files.dcs.tn.gov/policies/chap16/FPHandbook.pdf>.

¹⁰⁹ Moore, *Decreasing State Spending on Foster Care Private Placement Agencies Through Training and Recruiting Programs*.

¹¹⁰ Strong, "Number of Children in NC Foster Care System Reaches 10-year High."

¹¹¹ "Adoption and Foster Care," North Carolina Department of Health and Human Services, accessed December 28, 2018, <https://www.ncdhs.gov/divisions/social-services/child-welfare-services/adoption-and-foster-care>.

Missouri

Missouri's Specialized Training, Assessment, Resources, Support & Skills program was developed by the Child Welfare League of America to provide quality training to prospective foster and adoptive parents. According to the Academy for Professional Excellence at the San Diego State University School of Social Work, foster parents who feel competent and supported are more likely to continue being a foster parent. Quality training before and during foster parenting helps the parents stay engaged in the process, anticipate challenges, and feel valued as a partner advocating to meet all of the child's needs. Missouri requires prospective foster parents to successfully complete the program prior to fostering or adopting a child.

Missouri's program prepares prospective foster parents to protect and nurture the foster or adoptive child, meet the child's developmental needs and address any developmental delays, connect the child to safe and nurturing relationships, and actively participate in the professional team on behalf of the child. It also helps prospective foster parents support the relationship between the child and his/her birth family and help the child manage his or her feelings about being in foster care, or the possibility of being adopted.¹¹² The program is a key component in Missouri's effort to retain foster parents from year to year and child to child.

¹¹² Hughes, *Public Child Welfare Training Academy Research Summary: Supporting, Retaining and Recruiting Resource Families*.

VII. Findings and Recommendations

After presenting findings and recommendations at the Commission on Youth's December 4, 2019, meeting and receipt of public comment, the Commission approved the following recommendations:

Workforce Recruitment and Retention

Finding: Local departments of social services (LDSS) staff throughout the state noted that child welfare courses 1) are difficult to attend and many could be converted to an online format; 2) contain unnecessary activities and could be condensed; and 3) seem out-of-date and/or not relevant to current field work. LDSS staff also noted that some trainers did not have current field experience or were not aware of current policy and procedures.

Recommendation 1 – Introduce a budget amendment for additional staff positions at VDSS to administer a Training Academy for Family Services Specialists as recommended in the study conducted by the University of Denver, Butler Institute for Families.

Finding: Because of Title IV-E funding rules, stipend program workers must work in foster care/adoption positions (51% or more of work is performed in foster care/adoption). Localities that are understaffed in child protective services positions or other critical child welfare positions cannot hire stipend program graduates. Because of this, many small, rural agencies do not benefit from the stipend program.

Recommendation 2 – Introduce a budget amendment to expand Virginia's Child Welfare Stipend Program to include stipend positions funded with state-only dollars, which will allow these stipend graduates to fulfil their stipend agreements in child welfare positions to include child protective services and ongoing/prevention services. These state-funded stipend positions will not have the federal requirement to have an employee work 51 percent of their job in Title IV-E.

Finding: Low starting salaries comparative to demanding workload is a significant factor in low recruitment and high turnover among Family Services workers, especially in small, rural agencies that have budgetary constraints that prevent them from offering competitive salaries.

Recommendation 3 – Introduce a budget amendment to increase the minimum salary for Family Services Series positions and provide a salary adjustment for current Family Services employees.

Finding: Workers throughout the state noted that computer issues—including lag time and connectivity issues, delays in procuring new or refreshed computers, interfacing with OASIS, and the inability to process Title IV-E eligibility electronically—hampers efficiency and productivity.

Recommendation 4 – Request that VDSS present to the Commission on Youth an update on the status of VDSS technology, to include COMPASS, OASIS, and any efforts by the Department to allow Title IV-E to be processed electronically. Introduce a budget amendment to implement a new technology system to replace OASIS.

Finding: Forty-five days is insufficient time to complete a thorough and effective family assessment. Workers are currently granted a 15 day extension after providing justification.

CPS workers often face difficulties meeting the 45 day requirement because of high caseloads, and the time it takes to travel to many of these families. It is not unusual for workers to have families to visit upwards of 2 hours away from their localities. To receive the 15 day extension to complete a family assessment, workers must provide written justification and get supervisor approval which is granted pro forma.

Recommendation 5 – Amend § 16.1-1506 of the *Code of Virginia* to extend the family assessment requirement from 45 days to 60 days with no additional extension.

Fostering Futures

Finding: Fostering Futures was created in 2016 as an amendment to the budget. Codification is necessary to provide stability, certainty, and uniformity to the program. Foster care stakeholders across the Commonwealth voiced concerns about the inability to disenroll young adults from the program for violating the Voluntary Continuing Services and Support Agreement (VCSSA). Stakeholders also requested 1) the ability to conduct required monthly meetings by video conference when face-to-face meetings are impractical; 2) that VDSS develop participant requirements that should be included in the VCSSA while also allowing the LDSS to tailor the VCSSA to match the participant's needs; and 3) that VDSS develop tools to assist in monitoring the use of maintenance payments.

Recommendation 6 – Amend the *Code of Virginia* to codify the Fostering Futures program, as currently authorized in the Virginia State Budget language, ensuring that Federal Law is properly addressed. Include a provision allowing video conferencing as an option for monthly visits between LDSS and participants. Include in the legislation enactment clauses directing VDSS to make certain actions:

- Determine what services are appropriate for participants.
- Develop requirements to be included in the Voluntary Continuing Services and Support Agreement (VCSSA). Requirements should include maintaining contact with the youth's case manager and making rent payments on time. Case managers should tailor the VCSSA to the youths' situation and needs.
- Allow discretion for LDSS to disenroll youth from the Fostering Futures program for substantial violation of the VCSSA.

- Develop a budget worksheet and/or payment forms to monitor how participants are using their allotted funds and increase oversight of maintenance payments when needed.

Kinship Care

Finding: Kinship navigators are used in various regions throughout the state to help families involved with child welfare identify and access services as well as a resource to all kinship families. The regional Kinship Navigator programs are currently funded through competitive federal grant funding.

Currently a couple of kinship navigator models are waiting to be evaluated by the Family First Prevention Services clearinghouse. In order to receive Family First prevention dollars a program or service must be in the clearinghouse and be deemed well-supported, supported, or promising.

Recommendation 7 – Support the ongoing systemic review process being done by the Administration for Children and Families of kinship navigator programs and encourage the addition of well-supported, supported, or promising kinship navigator program to be included in the Family First Clearinghouse.

Recommendation 8 – Support the continuation of the current federal funding for Virginia’s regional kinship navigator program.

Recommendation 9 – Direct VDSS to develop a statewide Kinship Navigator program in Virginia, which will provide information, resources, and referral services to children and kin caregivers.

Finding: OASIS is the online Child Welfare System used by CPS and foster care workers to enter information about their on-going cases. OASIS does not provide a mechanism for keeping track of kinship diversion cases. In situations where a CPS contact has been initiated and the case ends in diversion of a youth to a family member or fictive kin, there is no place to properly enter the diversion into OASIS.

Recommendation 10 – Request that VDSS add an input box to OASIS to mark when a youth is diverted to a “facilitated care arrangement.”

Finding: Diligent search tools are vital to the work of foster care services specialists. Local boards are mandated to “first seek out kinship care options to keep children out of foster care and as a placement option for those children in foster care.” Local DSS workers rely on tools such as Google, Whitepages, and Ancestry websites to track down family members. The state also has a contract with a person locator tool that local departments can use. VDSS is currently in the process of developing a new RFP for a diligent search tool for LDSSs. Input from LDSSs would be beneficial in identifying what is needed to support them in their efforts.

Recommendation 11 – Request that VDSS, as part of the upcoming diligent search RFP, obtain feedback from LDSSs on the strengths and weaknesses of the current system and what is needed to make a search tool successful.

Finding: Currently fictive kin providers are not eligible for KinGAP assistance. The scope of KinGAP is limited, but could be expanded under Federal law. According to the fiscal impact statement on KinGAP when the bill was introduced, the KinGAP program is envisioned to have a total enrollment of 5-6 families a year. Last year there were 3 youth enrolled in KinGAP. Opening up KinGAP to fictive kin would assist more families who struggle without assistance payments.

KinGAP is another permanency option that provides funding resources to a relative when adoption or being returned home are not appropriate options.

Recommendation 12 – Amend § 63.2-1305 of the *Code of Virginia* to add fictive kin to the definition of relative for the purpose of the KinGAP program.

Finding: The current KinGAP program is limited in its impact because of the federal restrictions. These include requirements that the potential guardian must be a licensed foster parent for the child for six consecutive months and that reunification and adoption must be ruled out as appropriate permanency options. As noted by FSS workers and supervisors during site visits to local departments, ruling out adoption for a child under 14 is nearly impossible.

Recommendation 13 – Amend § 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.

This recommendation was made by JLARC in their 2018 report. It was not introduced as legislation during the 2019 session.

Finding: The State has a General Relief program (§63.2-802) designed to provide monthly assistance to children that are living with unrelated adults. It is funded with General Fund dollars. General Relief has a 62.5%/37.5% state and local match. Currently 25 localities operate a General Relief program. Localities that wish to participate must be approved by VDSS. The program is currently funded in the budget at \$500,000 a year. The program has decreased in size over the years because of budget cuts last decade.

This program is appropriate for diversion cases where a youth is not in foster care.

Recommendation 14 – Introduce a budget amendment to increase funding for the General Relief program.

Finding: Kinship caregivers and fictive kin that currently provide for family members outside of the foster care system or in facilitated care arrangements are not eligible for title IV-E foster care payments. Kinship caregivers (not fictive kin) are eligible for TANF child-only funds. These funds on average are \$163 a month.

While a kinship provider has the option to become a licensed foster care provider that is not always feasible. Some kinship providers have barrier crimes in their past or they simply desire less involvement with the state than as foster parents.

Many families wish to take care of their kin without becoming foster parents, but find it difficult to do so without greater financial support than is currently available.

Recommendation 15 – Direct VDSS to create a state-funded program to provide facilitated care reimbursement payments to kinship and fictive kin families who have custody over kin due to the child being identified as being at imminent risk of entering foster care. Local departments shall track these families and provide case management as necessary.

Finding: Virginia is in the minority of states in regard to not having full or limited guardianship as a permanency option. Virginia does have standby guardianship, but that is used in only a few scenarios. Additionally, thirty-three states and D.C. have state-funded guardianship assistance programs that provide support to kinship guardians raising children.

Guardianship as a potential permanency option needs to be explored more fully to make specific recommendations.

Recommendation 16 – Direct the Commission on Youth to study adding guardianship as a permanency option in Virginia by creating an Advisory Group to:

- a) Look at the benefits as well as obstacles this change would create.
- b) Determine what is the potential impact on school enrollment and medical care.
- c) Investigate what would be the rights of the parties in such an arrangement.
- d) Explore the possible implementation of state funded guardianship assistance.

Finding: Family First directed the U.S. Department of Health and Human Services (HHS) to identify reputable model licensing standards with respect to the licensing of relative and non-relative foster family homes. These model standards were designed to eliminate unnecessary licensing barriers across the board and facilitate the licensing of more relative foster homes.

The final National Model Foster Family Home Licensing Standards were published on February 4, 2019, and they provide an opportunity for states to use to modify and improve their foster care home approval processes.

Recommendation 17 – Direct the VDSS to create an emergency approval process for kinship caregivers and develop foster home certification standards for kinship caregivers using as a guide the Model Family Foster Home Licensing Standards developed by the American Bar Association Center on Children and the Law, the Annie E. Casey Foundation, Generations United, and the National Association for Regulatory Administration. The adopted standards should align, as much as reasonably possible, to the Model Family Foster Home Licensing Standards, and should ensure that children in foster care (i) live in safe and appropriate homes under local department of social services and court oversight; (ii) receive monthly financial assistance and supportive services to help meet their needs; and (iii) can access the permanency options offered by Virginia's Guardianship Assistance Program.

Foster Family Recruitment and Retention

Finding: Localities that place a high proportion of children in private placement do so because there are no foster families available in their localities and no robust recruitment and retention program in place within their agencies. Investment should be made at the local level to support the recruitment and retention of foster families.

Recommendation 18 – Direct VDSS and CSA to establish a grant program to incentivize the recruitment and retention of foster care families within local departments of social services. Grants will be awarded to local agencies that demonstrate a strategy to recruit families that will meet the needs of the children they serve. These families should be trained and supported by the local DSS, the community, and local service providers to provide the necessary trauma-informed services for children with emotional, medical, or behavioral needs. The grant application shall identify a targeted marketing strategy, supporting community partners, and additional supports that will be provided to foster families recruited under this grant. Local departments may contract with private providers to deliver the daily support and supervision of these families. The local agency will be exempt from paying the local match for services provided to families recruited and trained under this grant. Two or more local agencies will be permitted to form partnerships under this grant program.

Finding: The Foster Care Omnibus Bill directed VDSS to develop and implement a strategic plan to improve the recruitment and retention of foster parents in Virginia. VDSS has created a workgroup to develop this strategic plan.

Recommendation 19 – Request an update from VDSS on the recruitment and retention of foster care families by November 2020, to include an update on the creation of a stronger framework and parameters for LDSS around family supports (to include but not be limited to a provision for a dedicated recruiter and trainer; trauma training, parenting strategies, and respite care for foster care families; and social support mentors the foster children). Request VDSS to provide (i) an estimate 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.

VIII. Acknowledgments

The Virginia Commission on Youth extends special appreciation to the following for their assistance on this study:

- Children’s Home Society of Virginia – Nadine Marsh-Carter, Cassie Cunningham
- C2Adopt – Jennifer Surratt
- Court Improvement Program, Office of Executive Secretary, The Supreme Court of Virginia – Sandra Karison, Eric Reynolds
- HopeTree Family Services – Abigail Schreiner
- Kinship Providers – Ray and Carolyn Richardson
- Office of Children’s Services – Scott Reiner
- Office of the Governor – Melissa Peeler
- Office of the Secretary of Health and Human Resources – Gena Berger, Leslie Frazier
- UVA – Frank Batten School of Leadership and Public Policy – Natalie Moore
- Virginia Department of Social Services – Carl Ayers, Nannette Bowler
- Virginia’s Kids Belong – Janet Kelly
- Virginia League of Social Services Executives
 - Child and Family Services – Celest Williams
 - Legislative – Rebecca Morgan
- Virginia Poverty Law Center – Valerie L’Herrou
- Voices for Virginia’s Children – Allison Gilbreath

Regional Directors Groups

- Central Region – Nikole Cox
- Eastern Region – Jo Wilson-Harfst
- Middle Peninsula/Northern Neck – Anne Mitchell
- Piedmont Region – Penny Hall
- Planning District 6 – Sarah Rexrode
- Western Region – Tommy Casteel, Kathy Johnson

Local Departments of Social Services

- Bedford County – Andy Crawford, Jennifer Hooper, Casey Tanner, Joseph Wriston
- Chesterfield County – Danika Briggs, Kiva Rogers
- Fairfax County – Nancy Coffey, Darcy Cunningham, Oriane Eriksen

- City of Harrisonburg/Rockingham County – Celest Williams
- Henrico County – Gretchen Brown, Ty Parr
- Hopewell County – Ray Spicer
- James City County – Rebecca Vinroot
- Loudoun County – Sheri Bonds, Valerie Cuffee
- Mathews County – Gretchen Carson, Tiffany Gordon
- Roanoke County – Shannon Brabham, Ben Jones
- Wythe County – Kimberly Ayers

Commission on Youth

Kathy Gillikin, Part-time Analyst
Samantha Teets, Intern

Special thanks to the following individuals for their assistance with the Foster Care for Legislators Seminar:

Carl Ayers, Director, Division of Family Services, VDSS
Tiffani Beissel, Young Alum, Great Expectations
Andrew Crawford, Director, Bedford DSS, President of VLSSE
Tony Fowler, HopeTree Foster Parent
Allison Gilbreath, Policy Analyst, Voices for Virginia’s Children
Jennifer Hooper, Family Services Specialist, Foster Care, Bedford DSS
Brittany Jones, Richmond City Foster Parent
Janet Kelly, President, Virginia’s Kids Belong
Taylor Landrie, Coach, Great Expectations
Khiry Cooper, U-Turn Sports
Rachel Strawn, Director, Great Expectations
Casey Tanner, Family Services Specialist, CPS, Bedford DSS
Mike Tweedy, Legislative Fiscal Analyst, Senate Finance
Joseph Wriston, Family Services Specialist, CPS Ongoing/Prevention, Bedford DSS
Autumn Zaborowski, Henrico Foster to Adopt Parent

Foster Care 101: A Resource for Virginia's Legislators

available at <http://vcoy.virginia.gov/>

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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 Registrars – 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 Child Welfare Workforce Training Academy

Child welfare work is challenging, complex and has changed significantly over the years. It requires a high level of education, skill development, critical thinking, and supervisory support as child welfare workers are first responders to children and families in suspected cases of abuse and neglect, often in the midst of family crisis and traumatic experiences such as violence and substance use.

- The work environment for the child welfare workforce extends beyond the office walls, into families' homes, which can be unpredictable, as well as physically, mentally, and emotionally taxing.
- Child welfare workers are required to make quick decisions, which require investigation and assessment with the available and often minimal facts to ensure the safety of children. Ongoing exposure to family crises and experiences of trauma directly affect a child welfare worker, leading to secondary trauma, which is a contributory factor to high turnover.
- Child welfare workers must be equipped with the requisite knowledge and education, the ability to think critically, and the flexibility to make sound decisions in difficult conditions. However, the vast majority of our workers and supervisors are hired with a college degree and **child welfare training is not provided**, so training and learning on the job is even more critical.

High Turnover Issues:

Virginia's child welfare workforce is comprised of approximately 150 employees within the VDSS Home Office, located in Richmond and five regional offices across the state. At the local level, the child welfare workforce is comprised of approximately 2,500 Family Services Specialists (FSS), 390 Family Services Supervisors, 50 middle management employees and 117 senior management employees.

- The National Child Welfare Workforce Institute (NCWWI) has found that, on average, the cost for each child welfare caseworker leaving an agency is **\$54,000**.
- Virginia's annual turnover rate average is **30% with rates as high as 60% in small rural agencies**
- High turnover rates and staffing shortages leave the remaining child welfare caseworkers with insufficient time to conduct the types of home visits necessary to assess children's safety and to make decisions that ensure safe and permanent placements.
- Caseworker turnover disrupts the continuity of services, and cases are unintentionally left untended. Of particular concern, studies have shown a negative correlation between turnover and the length of time in a child remains in the child welfare system.

Workforce Development and Training:

The Training Model Implementation Team is a twenty-five member statewide advisory group that began in April, 2018 as a recommendation from the University of Denver, Butler Institute for Families assessment of our current training system. It is an eighteen month, collaborative effort between the Virginia Department of Social Services (VDSS), Department for Aging and Rehabilitative Services (DARS) and the Virginia League of Social Service Executives (VLSSE) to make decisions to the Division of Family Services about the development and the implementation of a new services training model. Child welfare programs include Adoption, Child Protective Services, Prevention Services, Foster Care, Interstate Compact on the Placement of Children (ICPC) and title IV-E. Adult programs include Adult Protective Services and Adult Services.

The Training Model Implementation Team has been working to:

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

Virginia's Child Welfare Workforce Training Academy

New Academy Training Model Needed:

- **Training System Assessment and Recommendations:** In 2017, VDSS hired The Butler Institute for Families at the University of Denver School of Social Work to study our 30+ year old training system and make recommendations to develop a new training academy model to train new Family Services Specials and supervisors on core competencies to transform an antiquated two year completion system to a **16 week certification process** with rigorous knowledge and skills evaluation. Over **10,000 hours** of work has been conducted to develop an Academy implementation plan.
- **Rigorous Curriculum:** Transform current curricula to provide foundational skills (10 weeks of Core Training) courses across all program areas using a rigorous approach to curriculum development and additional 6 weeks of Program Area Specific Training (Prevention, CPS, Foster Care, Adoption, Adult Services).
- **Certification Process:** Establishing a training completion certification process where Family Services Specialists and Supervisors must demonstrate their knowledge and skills through testing and behavioral evaluation in simulation labs and on the job performance to advance toward a professional child welfare career. This standardized career ladder will aid in retention, employee growth and development, and sustaining a confident and competent workforce.
- **Simulation Labs:** Creation of five regional simulation labs to provide new workers and supervisors feedback and review process where workers can demonstrate foundational and advanced skills to include family engagement, assessment, interviewing, safety planning.
- **Advanced Training:** Increase the frequency and depth of ongoing, refresher, and booster training while increasing the number of webinar training events and online training events to make training more accessible and address changing complexities of child and family issues.
- **Transfer of Learning Portfolio for OTJ Training:** Plan a transfer of learning process for all foundational training courses to take the newly learned classroom skills and practice on the job with mentoring, coaching and supervisory oversight to measure learning and behavioral change.
- **Coaching Needed:** Provide coaches to focus on advanced training supporting and enhancing supervisor skills and coaching.
- **Supervisor/Management Professional Development:** A trauma informed reflective supervision model will be used to train supervisors in both adaptive and technical supervision skills in a six month process. Mandated supervisor training requirements of Core Supervisor Series will be tracked and a completion certification will be given upon successful evaluation of knowledge and skills and support cohort learning and peer to peer networking.
- **Comprehensive Evaluation of Training:** Utilize subject matter experts to assess training courses using Kirkpatrick's Training Evaluation Model, which is a proven method for objectively analyzing the impact of training, determining what participants learned, and improving learning in the future to measure behavioral change.

Fostering Futures

2016 Virginia Budget Bill – HB30, Chapter 780, Item 346

L.2. In order to implement the Fostering Futures program, the Department of Social Services shall set out the requirements for program participation in accordance with 42 U.S.C. 675 (8) (B) (iv) and shall provide the format of an agreement to be signed by the local department of social services and the youth. The definition of a child for the purpose of the Fostering Futures program shall be any natural person who has reached the age of 18 years but has not reached the age of 21. The Department of Social Services shall develop guidance setting out the requirements for local implementation including a requirement for six-month reviews of each case and reasons for termination of participation by a youth. The guidance shall also include a definition of a supervised independent living arrangement which does not include group homes or residential facilities. Implementation of this program includes the extension of adoption assistance to age 21 for youth who were adopted at age 16 or older and who meet the program participation requirements set out in guidance by the Department of Social Services.

3. The Department of Social Services shall issue guidance for the program's eligibility requirements and shall be available, on a voluntary basis, to an individual upon reaching the age of 18 who:

(i) was in the custody of a local department of social services either:

- (a) prior to reaching 18 years of age, remained in foster care upon turning 18 years of age; or
- (b) immediately prior to commitment to the Department of Juvenile Justice and is transitioning from such commitment to self-sufficiency.

(ii) and who is:

- (a) completing secondary education or an equivalent credential; or
- (b) enrolled in an institution that provides post-secondary or vocational education; or
- (c) employed for at least 80 hours per month; or
- (d) participating in a program or activity designed to promote employment or remove barriers to employment; or
- (e) incapable of doing any of the activities described in subdivisions (a) through (d) due to a medical condition, which incapability is supported by regularly updated information in the program participant's case plan.

4. Implementation of extended foster care services shall be available for those eligible youth reaching age 18 on or after July 1, 2016.

**Extended Foster Care
Relevant State Laws and DSS Manual Sections**

MICHIGAN

Mich. Comp. Laws § 400.651

If a youth chooses to participate in extended foster care services and meets the eligibility criteria set forth in section 9, the department and the youth shall sign a voluntary foster care agreement that shall include, at a minimum, information regarding all of the following:

- (a) The obligation for the youth to continue to meet the conditions for eligibility described in section 9 for the duration of the voluntary foster care agreement.
- (b) Any obligation considered necessary by the department for the youth to continue to receive extended foster care services.
- (c) Any obligation considered necessary by the department to facilitate the youth's continued success in the program.
- (d) Termination of a voluntary foster care agreement and program participation as described in section 23.
- (e) The voluntary nature of the youth's participation in receiving extended foster care services.

Mich. Comp. Laws § 400.647

The department shall conduct periodic case reviews not less than once every 180 days to address the status of the youth's safety, continuing necessity and appropriateness of placement, extent of compliance with the case plan, and projected date by which the youth may no longer require extended foster care services.

INDIANA

465 Ind. Admin. Code 2-15.1-10

"Voluntary collaborative care agreement" or "VCCA" means a written agreement executed between an older youth and the department under IC 31-28-5.8-2 that includes, but is not limited to:

- (1) terms and conditions of program participation;

- (2) a housing arrangement or placement of the older youth approved by the department under this program;
- (3) program eligibility criteria;
- (4) youth's choice regarding appointment of a court appointed special advocate or guardian ad litem;
- (5) collaborative care court requirements and expectations;
- (6) process and basis for voluntary and involuntary termination of the VCCA;
- (7) rules of conduct for youth participating in the collaborative care program; and
- (8) effective date of youth's entry into collaborative care program.

465 Ind. Admin. Code 2-15.1-10

Sec. 14.

(a) The older youth may terminate the voluntary collaborative care agreement prior to the expiration of the voluntary collaborative care agreement for any reason, by:

- (1) notifying the department in writing that the older youth desires to withdraw from the collaborative care program; or
- (2) signing a form provided by the department that will indicate to the court that the department and the youth agree to terminate the voluntary collaborative care agreement.

(b) The department may terminate the voluntary collaborative care agreement before the youth turns twenty (20) years of age, in accordance with the procedure specified in this section, for any of the following reasons:

- (1) The older youth indicates in writing a desire to withdraw from the collaborative care program.
- (2) The older youth fails to maintain eligibility for the collaborative care program.
- (3) The older youth fails to submit documentation to support eligibility, including, but not limited to, report cards or pay stubs, at least quarterly.
- (4) The older youth fails to report changes that may affect eligibility to the department by the end of the business day following the change.
- (5) The older youth fails to comply with his or her case plan.
- (6) The older youth violates any written standards of conduct specified by the VCCA, this rule, or the host home agreement.
- (7) The older youth moves out of the state of Indiana.

(8) The older youth moves from approved collaborative care placement without notifying DCS.

(9) The older youth fails to meet, face-to-face, with assigned department personnel on at least a monthly basis.

(10) A court does not approve the voluntary collaborative care agreement within one hundred eighty (180) days.

(c) When the department determines that it will terminate the voluntary collaborative care agreement without the concurrence of the older youth, the department will provide the youth with written notice of the termination, which shall include, at a minimum, the following:

(1) Notice of the reasons for termination.

(2) Notice of the ability to request a court hearing regarding the cause of the termination of the voluntary collaborative care agreement, pursuant to IC 31-28-5.8-8(b).

HAWAII

Haw. Rev. Stat. § 346-403

(a) Periodic judicial reviews shall occur not less than once every one hundred eighty days after the signing of the voluntary care agreement and may be conducted either by court hearing or court review.

(b) At the periodic review, the court shall issue the following findings:

(1) Whether the young adult continues to meet the eligibility requirements set forth in section 346-395 ;

(2) Whether the young adult continues to comply with the case plan developed in collaboration between the department and the young adult, and the appropriateness of the case plan; and

(3) The young adult's progress toward achieving independence

NORTH CAROLINA

Termination of Foster Care 18 to 21 Services.

G.S. 108A-48(c), NC DSS §1201, XII.G

Termination Reasons:

Foster Care 18 to 21 services must be terminated when:

- The young adult reaches 21 years of age; or
- The young adult no longer meets the eligibility criteria; or
- The young adult requests that services be terminated; or
- The court has determined the young adult is not meeting the goals of the Transitional Living Plan and/or the young adult has violated the Voluntary Placement Agreement for Foster Care 18 to 21; or
- The young adult has been absent from his / her approved placement for more than 14 days without prior approval from the county department of social services, and the court has terminated services.

CALIFORNIA

WIC 1403.2(2)

(a) The following persons are eligible for transitional housing provided pursuant to Article 4 (commencing with Section 16522) of Chapter 5 of Part 4:

(1) A foster child at least 16 years of age and not more than 18 years of age, and, on or after January 1, 2012, any nonminor dependent, as defined in subdivision (v) of Section 11400, who is eligible for AFDC-FC benefits as described in Section 11401. A foster child under 18 years of age shall be eligible for placement in the program certified as a “Transitional Housing Placement program for minor foster children” pursuant to paragraph (1) of subdivision (a) of Section 16522.1. A nonminor dependent shall be eligible for placement in the program certified as a “Transitional Housing Placement program for nonminor dependents” pursuant to paragraph (2) of subdivision (a) of Section 16522.1.

(2) (A) A former foster youth at least 18 years of age and, except as provided in subparagraph (B), not more than 24 years of age who has exited from the foster care system on or after his or her 18th birthday and elects to participate in Transitional Housing Program-Plus, as defined in subdivision (s) of Section 11400, if he or she has not received services under this paragraph for more than a total of 24 months, whether or not consecutive. If the person participating in a Transitional Housing Program-Plus is not receiving aid under Section 11403.1, he or she, as a condition of participation, shall enter into, and execute the provisions of, a transitional independent living plan that shall be mutually agreed upon, and annually reviewed, by the former foster youth and the applicable county welfare or probation department or independent living program coordinator. The person participating under this paragraph shall inform the county of any changes to conditions specified in the agreed-upon plan that affect eligibility, including changes in address, living circumstances, and the educational or training program.

(B) A county may, at its option, extend the services provided under subparagraph (A) to former foster youth not more than 25 years of age, and for a total of 36 months, whether or not consecutive,

if the former foster youth, in addition to the requirements specified in subparagraph (A), meets either of the following criteria:

(i) The former foster youth is completing secondary education or a program leading to an equivalent credential.

(ii) The former foster youth is enrolled in an institution that provides postsecondary education.

(b) Payment on behalf of an eligible person receiving transitional housing services pursuant to paragraph (1) of subdivision (a) shall be made to the transitional housing placement provider pursuant to the conditions and limitations set forth in Section 11403.3. Notwithstanding Section 11403.3, the department, in consultation with concerned stakeholders, including, but not limited to, representatives of the Legislature, the County Welfare Directors Association of California, the Chief Probation Officers of California, the Judicial Council, representatives of Indian tribes, the California Youth Connection, former foster youth, child advocacy organizations, labor organizations, juvenile justice advocacy organizations, foster caregiver organizations, researchers, and transitional housing placement providers, shall convene a workgroup to establish a new rate structure for the Title IV-E funded Transitional Housing Placement program for nonminor dependents placement option for nonminor dependents. The workgroup shall also consider application of this new rate structure to the Transitional Housing Program-Plus, as described in paragraph (2) of subdivision (a) of Section 11403.3. In developing the new rate structure pursuant to this subdivision, the department shall consider the average rates in effect and being paid by counties to current transitional housing placement providers.

(c) The Legislature finds and declares that this subdivision was added in 2015 to clearly codify the requirement of existing law regarding the payment made on behalf of an eligible person receiving transitional housing services. The workgroup described in subdivision (b) recommended, and the department subsequently implemented, an annual adjustment to the payment made on behalf of an eligible person receiving transitional housing services. This annual adjustment has been, and shall continue to be, equal to the California Necessities Index applicable to each fiscal year. The Legislature hereby declares that its intent remains in making this annual adjustment to support the care and supervision, including needed services and supports, for nonminor dependents who are receiving transitional housing services through the Transitional Housing Placement program for non-minor dependents.

**Virginia's Continuum of Care
Kinship, Foster, and Adoptive Families**

	Informal Relative Caregivers	Approved Kinship Caregivers	Approved Foster Families	IV-E Guardianship Subsidy (KinGAP)	Adoptive Families
Amount Fiscal Support	<p>\$163/month average cash assistance per child**</p> <p>"Child Only" TANF grant</p> <p>**This amount could vary depending on the # of children living in the household and if child(ren) is receiving other sources of income (SSI, child support, etc)</p>	<p>Monthly Maintenance Ages 0-4 \$471 Ages 5-12 \$552 Ages 13+ \$700</p> <p>Virginia Enhanced Maintenance Assessment Tool administered to determined Additional Daily Supervision payment amount</p> <p>(Same as approved foster families)</p>	<p>Monthly Maintenance Ages 0-4 \$471 Ages 5-12 \$552 Ages 13+ \$700</p> <p>Virginia Enhanced Maintenance Assessment Tool administered to determined Additional Daily Supervision payment amount</p>	<p>Negotiated monthly rate (includes the youth's monthly maintenance payment and additional daily supervision payment if applicable). Negotiated rate is not more than the youth would have received while in foster care.</p> <p>Monthly Maintenance Ages 0-4 \$471 Ages 5-12 \$552 Ages 13+ \$700</p> <p>Virginia Enhanced Maintenance Assessment Tool administered to determined Additional Daily Supervision payment amount</p>	<p>Monthly Maintenance Ages 0-4 \$471 Ages 5-12 \$552 Ages 13+ \$700</p> <p>Virginia Enhanced Maintenance Assessment Tool administered to determined Additional Daily Supervision payment amount</p> <p>Higher monthly subsidies negotiated and funded locally, based on child's needs.</p>
Funding Source	<p>100% federal TANF funds</p>	<p>Fed Title IV-E payments: 50% fed, 50% state</p> <p>If not IV-E eligible, 100% state/local. Local dollars utilized when placement of child does not meet compliance standards</p> <p>(Same as approved foster families)</p>	<p>Fed Title IV-E payments: 50% fed, 50% state</p> <p>If not IV-E eligible, 100% state/local. Local dollars utilized when placement of child does not meet compliance standards</p>	<p>Fed Title IV-E payments: 50% fed, 50% state</p> <p>Non-IV-E (State payment): 100% state/local</p>	<p>Adoption Assistance - IV-E Eligible special needs children (71.3% in Virginia) 50% fed, 50% state, 0 local</p> <p>State - Non-IV-E special needs children, 0% fed, 100% state, 0 local</p>

Source: VDSS Division of Family Services, December 19, 2019

**Virginia's Continuum of Care
Kinship, Foster, and Adoptive Families**

	Informal Relative Caregivers	Approved Kinship Caregivers	Approved Foster Families	IV-E Guardianship Subsidy (KinGAP)	Adoptive Families
Eligibility	<p>Child must reside in household, custody not required.</p> <p>Informal arrangement</p> <p>Relative caregivers (not fictive kin)</p> <p>Child welfare involvement is irrelevant</p> <p>SB 776 Public schools; residency of children in kinship care allows a child receiving kinship care from an adult relative to enroll in the school division where the kinship care provider resides.</p>	<p>Child in Custody of Local Department of Social Services (LDSS)</p> <p>Kinship caregivers are eligible to become approved as foster parents</p> <p><u>Approval Requirements</u></p> <p>Same requirements as approved foster families</p> <p>Temporary waivers for pre-service training offered to relatives only</p> <p>Approval/License renewed every 3 years</p>	<p>Child in Custody of Local Department of Social Services (LDSS)</p> <p>Approved foster caregiver includes relatives and fictive kin</p> <p><u>Approval/Licensing Requirements</u></p> <p>OBI criminal check Central Registry Check Home Visit</p> <p>VDSS approved Pre-service training required, 10 hr/year recommended in-service training</p> <p>Approval/License renewed every 3 years</p>	<p>Child in custody of LDSS in order to be eligible for KinGAP</p> <p>Placed in relative foster home for at least 6 consecutive months</p> <p>Return Home/Adoption not appropriate goals for youth</p> <p>Permanent family for child</p> <p>Relative caregivers, exit out of foster care via court ordered custody to relative</p> <p><u>Approval Requirements</u> Same as for certified relative foster caregiver:</p>	<p>Permanent family for child</p> <p><u>Approval Requirements</u> OBI criminal check Central Registry Check</p> <p>Renewed Background Checks 18 months prior to submission of Report of Investigation to Circuit Court</p> <p>Lengthy assessment Adoption Home Study Addendum (Child-Specific)</p> <p>Pre-service training, 10 hr/year recommended in-service training</p> <p>Post Adopt Services (PASSS) available as needed</p>

Kinship Support services (in public or community based agencies) are critical for informal, approved and kinship families that have exited the child welfare system.



ROANOKE VALLEY
STARS

STARS 101: INTRO TO STARS, OR:

*“EVERYTHING YOU NEED TO
KNOW ABOUT
SPECIALIZED TREATMENT AND RESOURCE
SUPPORT
BUT DIDN’T KNOW TO ASK!”*

:

THE BIRTH OF STARS

- Portsmouth DSS CARES Program starts 2008
- RV Community Need Identified in August 2010
- Efficiency, Support, Outcomes
- Collaboration between RDSS and RCDSS
- CSA/OCS
- First Orientation January 2012

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WHY STARS?

- “Historically, Roanoke’s children who needed more intensive, therapeutic environments because of their emotional and behavioral problems were often placed in a variety of private therapeutic resource care agencies. While we continue to see a great need for these agencies it is our intent to develop a highly effective internal therapeutic, or “specialized resource care” program that will eventually decrease our dependency on private therapeutic agencies. Only resource families with significant potential for success will be selected for this program. They will be given advanced training in the general skills required to care for severely emotionally, behaviorally disturbed and medically fragile children as well as (when appropriate) specific training geared to meet the needs of the child placed in their home. ”



STARS PHILOSOPHY

- *“STARS is a least restrictive, community-based program for children whose special needs can be met through services delivered primarily by trained resource parents working in full partnership with the child, the child’s family of origin and all other persons on the comprehensive treatment plan team. Support from all other team members allows the child to benefit from a home environment and community-based setting while receiving intensive treatment and clinical services. ”*



STARS PRACTICE PHILOSOPHY

- All services provided are family-oriented and community based
- All children and their families have unique strengths and needs, and planning with them in mind produces high-quality outcomes.
- All children and their families shall be treated as partners in the planning and delivery of services.
- All specialized resource parents shall be treated as partners in the planning and delivery of services.
- A healthy relationship between the specialized resource parents, the child(ren) in their care and the family of origin is key to the overall effectiveness of the program.
- The supportive family setting offered through the specialized program is a vital part of positive intervention with the child(ren) and is key to successful outcomes.
- The family systems approach will focus on how interactions between all family members affect the behavior of individual family members.
- All interventions with families and children in care are interrelated in achieving lasting outcomes for permanency.
- STARS affirms the use of an individualized behavior management plan, based on rewards, assessing the antecedent of the behavior and recognizing that most behavior is driven by needs. "Behavior is Communication."
- STARS shall be sensitive to cultural differences and special needs. Services shall be provided in a manner that respects these differences and attends to these needs
- Services should be child-centered and family focused, with the needs of the child and family dictating the types and array of services provided.
- Children with emotional disturbance and behavioral issues should receive services that are integrated, with linkages between child-serving agencies, programs and mechanisms for planning, developing and coordinating services.
- Children with emotional disturbance and behavioral issues should receive services in the least restrictive, most normative environment that is clinically appropriate.




WHAT IS SO SPECIAL ABOUT STARS?

- "Each child placed in the program is assigned a **Support Service Worker** who works closely with the STARS resource parents. Service providers participate in the treatment of each resource child, work closely with the child, the resource parents and the rest of the treatment team; they utilize a treatment protocol specially designed for specialized resource families. The entire service array of children's mental health services, including but not limited to psychiatric services, short-term inpatient hospitalization, psychotherapy, therapeutic day treatment and respite care are coordinated and wrapped around the child, and the specialized resource family according to the need.
- In addition, each STARS resource family has access to a **Licensed Therapist** to meet the unique and changing needs of the specialized resource family itself; with facilitated support groups, ongoing counseling opportunities and regular clinical re-assessment are integrated fully into the program. This resource is a part of every STARS placement in order to provide informed support to the families as well as provide for increased placement stability, success and resource family longevity."




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STARS FAMILIES ARE

- Approved Resource Homes
 - Experienced with Successfully Fostering
 - Accepting of STARS Philosophy
 - Believers in Family Engagement and Reunification
 - Flexible, Patient and Good with a Challenge
 - Demonstrating Best Practices
 - Experienced with the Child Welfare System
 - Financially and Emotionally Stable
 - Maintaining an Identified Support System
- 

STARS FAMILIES RECEIVE

- Multi-Session Orientation
 - Clinical Family Assessment
 - Specialized Training
 - STARS Support Worker
 - STARS Therapist
 - STARS Support Supervisor
 - STARS Support Contract Agency
 - STARS Support Group
 - Access to Specialized Respite
 - Annual Program Event
- 

STARS THERAPIST

- Provides clinical support to specialized foster care resource families. Provides detailed pre-service screenings and assessments of potential program participant families, conducts ongoing reassessments, and provides family and individual therapy based on resource family needs. Conducts quarterly support groups and participates as a member of the treatment teams for foster children placed in these specialized homes. Collaborates with STARS program staff and reports to STARS program managers for Roanoke City & County. Clinical issues likely encountered will include Trauma, Grief, Loss and Attachment; the selected therapist must be familiar and experienced with interventions to address these issues. Therapist will also be expected to provide individualized advanced parenting skills support as needed. The therapist will participate in identifying ongoing program training needs as well as program development and evaluation.
- Issues may also include: marital stress, abuse of their own children (by a child placed in the home), disruption of extended family dynamics, disappointed expectations, personality clashes with other team members, becoming triangulated with family of origin, etc... Each specialized resource parent will meet annually with a licensed counselor to determine the level and need for more regular meetings. This is an essential and mandatory component of the program. The assigned FSS, or program manager can refer a family to the clinician when a need for additional support is identified.

Requirements:

- Licensed Mental Health Professional in the state of Virginia Two or more years working with families involved with the child welfare system. Clinical experience/training regarding Trauma, Grief, Loss and Attachment.

STARS BENEFITS FOR FAMILY SERVICES SPECIALISTS:

- Monthly Reporting
- 24/7 Crisis Support
- Small Maximum Placement (3 or less Foster Youth)
- Support Services in the Home and Community
- Resources for Resource Home Skill-building
- Clinical Support for Resource Families
- Supportive Professional Advocacy on teams
- Ingrained Family Relationship Expectations
- Clinical-level Treatment Planning (At least every Quarter)
- Detailed & Specific Program Manual
- Aftercare Planning
- Placement Stability & Success
- Better Stewardship of Public Funds

HOW TO ACCESS STARS

- 1: Child's information is provided to the appropriate local DSS program to determine placement match based on child's needs.
- 2: The child's needs are determined to necessitate a more intensive placement than a traditional resource home would consistently provide.
- 3: The STARS Program Manager (Ben or Kristin) is consulted regarding entry into STARS and the program application is completed.
- 4: A potential match is identified within the STARS Program.
- 5: The potential specialized resource family is contacted, and provided all available information (including identified home school district, or potential home school district if child is very young) to assist them in making a decision.
- 6: Once a specialized resource family agrees to accept the child(ren), DSS staff contacts the STARS service support agency contract agency and coordinates placement using STARS forms (to be completed by DSS Family Services Specialist with assistance available from STARS program staff).
- 7: DSS Family Services Specialist will coordinate VEMAT within 60 days, preferably within 30 days.
- 8: DSS Family Service Specialist completes a FAPT referral for the case to be scheduled within 14 days.
- **Only City of Roanoke and County of Roanoke/City of Salem DSS children may be accepted into STARS.**

STARS RECRUITMENT

- Actively seeking experienced, successful Foster Families
- Successful specialized resource parents are often the very best avenue to identify and recruit other potentially successful specialized resource parents. To provide tangible support to our specialized resource parents who actively invest in our program through recruitment; STARS will provide a **\$250** referral bonus to any STARS Family (1 per home that is referred) whose referral home completed STARS training and joins the STARS Program.