COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

October 10, 2024

Sent Electronically
Nicole Poulin
Family and Children's Trust Fund of Virginia
801 East Main Street, 15th Floor
Richmond, Virginia 23219

Dear Ms. Poulin:

The Virginia Department of Social Services (VDSS) commends the Child Abuse and Neglect Advisory Committee of the Family and Children's Trust Fund of Virginia for their continued work as a Citizen Review Panel (CRP) as part of Virginia's Child Abuse Prevention and Treatment Act (CAPTA) Plan. The feedback of our CRPs is critical to the improvement of our program for the children of the Commonwealth.

Child Protective Services (CPS) in Virginia is a continuum of specialized services designed to assist families who are unable to safely care for their children. CPS is child-centered, family-focused, and based on the belief that the primary responsibility for the care of children rests within their families. CPS encompasses the identification, assessment, investigation, and treatment of abused or neglected children. Virginia's specialized services are designed to:

- Protect children and their siblings;
- Prevent future abuse or neglect;
- Enhance parental capacity to provide adequate care; and
- Provide substitute care when the family of origin cannot remedy the safety concerns.

CPS will respond to valid child abuse or neglect reports by conducting a Family Assessment response or an Investigation response, also known as Differential response. The goals of both responses are: to assess child safety, strengthen and support families, and to prevent future child maltreatment. The track decisions are guided by state statute and local policy. In SFY 2023, there were 52,480 children reported as possible victims of child abuse or neglect in 33,679 completed reports of suspected child abuse or neglect.

Of those children, 4,368 were involved in founded Investigations, 8,033 were involved in unfounded Investigations, and 40,079 in Family Assessments (differential response). In SFY 2023, Family Assessments accounted for 76% of all CPS reports accepted by local Departments of Social Services, and 38 children died because of abuse or neglect. There were 26 children involved in 26 Human Trafficking Assessments, which are required when a report alleges a child is a victim of human trafficking, sex, or labor, and does not meet the validity criteria for an Investigation or Family Assessment.

Over the last year, VDSS continues to prioritize working towards meeting our federal outcomes related to child protection including responding to reports of abuse with a timely consistent response, providing ongoing services to children who are at high or very high risk (In-Home Services) and ensuring timely case closure. Additionally, VDSS is prioritizing family engagement using Family Partnership Meetings, and Child and Family Team Meetings.

We have reviewed your recommendations and thank you for your input. VDSS offers the following responses to your recommendations:

1. In-Home Services and Family First implementation

VDSS continues to expand access to title IV-E prevention services funding for certain trauma-informed, evidence-based programs (EBPs) to serve families involved in In-Home Services cases, keeping children and youth safe at home or with a relative/fictive kin caregiver and preventing entry into foster care. Foundational continuous quality improvement (CQI) and quality assurance and accountability (QAA) processes will support continuing efforts to improve service delivery, ensure effective use of resources, and achieve desired outcomes. VDSS planning efforts will continue to align with Virginia's overall movement toward EBPs and programming, while implementing additional services that are approved for title IV-E funding in the Title IV-E Prevention Services Clearinghouse and the identified needs in Virginia. Virginia's implemented EBPs include Multisystemic Therapy (MST), Functional Family Therapy (FFT), Parent-Child Interaction Therapy (PCIT), Brief Strategic Family Therapy (BSFT), Family Check-Up (FCU), Homebuilders (HB), High Fidelity Wraparound (HFW), and Motivational Interviewing (MI). VDSS is working towards increasing title IV-E eligible services and has continued its partnership with the Center for Evidence-based Partnerships in Virginia (CEP-Va) to assist in expanding service eligibility and availability. CEP-Va's Needs Assessment and Gaps Analysis (NAGA) process is an ongoing assessment approach that targets the identification of barriers and facilitators to inform implementation of new and pre-existing title IV-E programs. Studies are determined in collaboration with state partners and findings from ongoing projects. CEP-Va has conducted its third annual NAGA report which is expected to be published in October 2024.

The next phase of Family First in Virginia is the expansion of EBPs and title IV-E prevention services funding to a larger population through primary and secondary prevention services, known as Community Pathways, serving families upstream and outside of the child welfare system. This will allow title IV-E prevention services funding to be utilized in areas that might otherwise rely on 100% state or local funding sources. In

addition to community based EBP's, VDSS is continuing with the implementation of Motivational Interviewing among LDSS In-Home Services staff as a case management engagement strategy that will intersect with substance use disorder, mental health, and parent skill building. As of March 2024, four cohorts have received training with cohorts five and six to be trained by the end of 2024.

Currently, 84 LDSS have received training; it is the plan for all 120 LDSS statewide to receive training. Studies have shown that MI may help support workforce capacity by providing staff with skills to increase job satisfaction, which may reduce burnout and turnover.

As the In-Home Services Program continues to grow, through continued implementation of Family First, along with the CQI model and ability to dive deeper into data, VDSS will work to better share and integrate the data, including identifying and responding to gaps in services and areas of opportunity. In conjunction with the programs and services described above, VDSS has identified the need for activities that enhance public awareness that supports and embraces positive parenting while also increasing strengths that prevent child abuse and neglect. These efforts will be supported through collaboration with lived experience partners and will utilize various media avenues to ensure a broader and more inclusive audience and work on rebranding VDSS and prevention services as opportunities to promote family preservation.

VDSS is developing a comprehensive dashboard to report out on Protection, Prevention, and Permanency outcomes. Through the development process, VDSS has begun collaborating across programs to understand which data elements may impact multiple programs. For example, we are currently working on developing a report that shows how many children entered foster care at any point in time following an Alternative Living Arrangement. Once these reports are finalized, a public facing report will be developed.

2. Recruitment, compensation, and retention of Child Welfare professionals and the child abuse and neglect Hotline staff

The State Hotline has made several updates to procedures to continue in our efforts to further improve call response. Not only in timeliness but in quality and consistency of responses.

Recruitment: Although for state positions both full time and part time we work directly with VDSS Human Resources and post positions as they become available, we have a bit more control over how we hire for our contracted positions. We have developed a quarterly hiring schedule that allow us to be more thoughtful and devote appropriate time to the hiring and training process. The leadership worked together to develop a more cohesive training model which allows us to be more planful throughout the training process and makes for a seamless transition from training to mentorship.

Retention: The State Hotline has little turnover in state full time positions. These are coveted positions most of our staff strive for. VDSS has begun conducting Exit

Interviews when staff vacate our state part time, as well as both full time and part time contracted positions. Two of three vacated state part time positions in CY2024 were due to increased commitments of those staff members' full time jobs with LDSS which did not allow them to meet the hourly requirement for state part time workers. They both ended up coming back as contracted workers. The third resigned due to personal issues. All our contracted workers sited the need for full time positions with benefits upon their departure from the State Hotline.

Compensation: Hotline leadership works very closely with Human Resources and our budget team to ensure that we are maintaining competitive compensation for state and contracted positions.

Data: The State Hotline has submitted a budget request to upgrade the Verizon InContact phone system to include Workforce Management (WFM) and an improved Interactive Voice Response (IVR) which will improve data collection while further improving staffing.

3. Regional Child Death Review Teams

VDSS continues to publish the recommendations made by the regional Child Fatality Review Teams each year. The regional CFRTs do not keep records or detailed documentation on the cases reviewed in order to ensure confidentiality; however, the recommendations that come from these meetings are captured in the annual report on child maltreatment death investigations. The dynamics of the children and their families are closely examined during these meetings and directly inform prevention activities for each region and the VDSS. In addition, the annual report on child maltreatment death investigations also captures data on all child deaths investigated by the local departments, to include demographic information on the families involved in these investigations, which of those families had prior CPS involvement, and a summary of the child's cause of death as determined by the medical examiner. The Office of the Children's Ombudsman (OCO) also publishes reports annually, and VDSS sends notification to this office when a child fatality investigation meets specific criteria. As of January 2024, the five regional CFRTs only review the fatalities that are also reviewed by the OCO.

Sincerely,

Shannon Hartung

Shannon Hartung

Protection Program Manager

Cc: Kimberly Huhn Murphy, Children's Bureau

COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

October 10, 2024

Sent Electronically
Melissa O'Neill
CASA/CJA Citizen Review Panel Coordinator
Virginia Department of Criminal Justice Services
1100 Bank Street, Richmond, VA 23219

Dear Ms. O'Neill:

The Virginia Department of Social Services (VDSS) commends the Court Appointed Special Advocate Program and Children's Justice Act Committee for their work as an active Citizen Review Panel (CRP) as part of Virginia's Child Abuse Prevention and Treatment Act (CAPTA) Plan. The feedback for our Child Protective Service Program by our Citizen Review Panels is crucial to the improvement of our program for the citizens of the Commonwealth.

Child Protective Services (CPS) in Virginia is a continuum of specialized services designed to assist families who are unable to safely care for their children. CPS is child-centered, family-focused, and based on the belief that the primary responsibility for the care of children rests within their families. CPS encompasses the identification, assessment, investigation, and treatment of abused or neglected children. Virginia's specialized services are designed to:

- Protect children and their siblings;
- Prevent future abuse or neglect;
- Enhance parental capacity to provide adequate care; and
- Provide substitute care when the family of origin cannot remedy the safety concerns.

CPS will respond to valid child abuse or neglect reports by conducting a Family Assessment response or an Investigation response, also known as Differential response. The goals of both responses are: to assess child safety, strengthen and support families, and to prevent future child maltreatment. The track decisions are guided by state statute and local policy. In SFY 2023, there were 52,480 children reported as possible victims of child abuse or neglect in 33,679 completed reports of suspected child abuse or neglect. Of those children, 4,368 were involved in founded Investigations, 8,033 were involved in unfounded Investigations, and 40,079 in Family Assessments (differential response). In SFY 2023, Family Assessments accounted for 76% of all CPS reports accepted by local Departments of Social Services and 38 children died because of abuse or neglect. There were 26 children involved in 26 Human Trafficking Assessments, which are required when a report alleges a child is a victim of human trafficking, sex, or labor, and does not meet the validity criteria for an Investigation or Family Assessment.

Over the last year, VDSS continues to prioritize working towards meeting our federal outcomes related to child protection including responding to reports of abuse with a timely consistent response, providing ongoing services to for children who are at high or very high risk (In-Home services) and ensuring timely case closure. Additionally, VDSS is prioritizing family engagement through the use of Family Partnership Meetings, and Child and Family Team Meetings.

We have reviewed your recommendations for our CPS program and thank you for your input. VDSS offers the following responses to your recommendations:

1. **Prevention/FFPSA**

In 2024, the General Assembly, through House Bill 27 and Senate Bill 39, established the Parental Child Safety Placement Program, a statutory framework for a parent, guardian, or legal custodian to arrange for a Parental Child Safety Placement for their child with relatives and fictive kin when a LDSS has determined that the child cannot remain safely in their home of origin. Regardless of where the child may temporarily or permanently reside, the framework ensures protections for parental rights, promotes placement with relatives or fictive kin, supports reunification efforts, and provides specific timeframes for permanency. Solidifying and enhancing tertiary prevention practice will let VDSS continue to partner and focus on earlier (primary and secondary) prevention activities, ensuring a well-resourced prevention continuum. In-Home Services also ensures that when children temporarily or permanently reside with relatives or fictive-kin caregivers, services are provided to ensure the safety and permanency of those living arrangements.

Implementation of the Parental Child Safety Placement Program framework will establish collaboration across programs and focus on building relationships among the triad between caregivers, children, and LDSS. This framework represents a significant practice shift for all 120 LDSS and the full child welfare continuum: Prevention/In-Home, Child Protective Services, Foster Care, and Resource Family. VDSS is managing the process to implement necessary revisions to written practice guidance, regulatory actions, LDSS training and change management, and updates to the child welfare information system.

One of the key tenets of the establishment of the Parental Child Safety Placement Program is the Parental Child Safety Placement Agreement. The Parental Child Safety Placement Agreement codifies the guardrails needed to protect children and families by promoting family-driven decisions, ensuring the preservation of parental rights, establishing consistent practice among the LDSS, and enhancing the provision of In-Home Services to children and families.

VDSS will continue to focus on the use of data to drive decisions, support recommendations, and conduct thorough root-cause analysis in this practice area. Detailed data about Parental Child Safety Placements and services will offer insight into the circumstances leading to the use of these placements and the types of services and supports provided during the placement. This data will also assist VDSS to further explore whether disproportionalities and disparities exist in Parental Child Safety Placements statewide and how the practice affects the well-being and permanency of children and families over time. VDSS remains committed to prioritizing family-based support and decision-making to keep children with their parents in their own communities. Families are the experts of their lives, and practice will prioritize engaging families in a deliberate manner to develop and implement creative, individual solutions that build on their strengths to meet their identified needs.

2. System Improvement

VDSS remains a key partner in the Multidisciplinary Team (MDT) Stakeholder Group which is a collaborative partnership between Virginia Department of Criminal Justice Services, Children's Advocacy Centers of Virginia, Virginia Department of Social Services, and Commonwealth Attorney Services Council, and is committed to strengthening and sustaining MDTs throughout the state. The MDT Stakeholder Group believes that training, resources, and support targeted at MDTs at key points along their developmental pathway have the greatest potential to cultivate effective teams who are best equipped to help children and families impacted by abuse. The MDT Stakeholder Group developed two training courses to support MDTs across the Commonwealth.

The first training course, MDT 101 - Building a Strong Foundation for MDT Success, is designed to provide a comprehensive introduction to the Multidisciplinary Team model to leaders from new and developing MDTs. Participants will learn about the benefits of collaborative community response to child abuse allegations.
The second training course, Good To Great - Enhancing MDT Effectiveness and Functioning**,** is intended to support MDTs who have been operating in their current composition for 3-5 years. It is often at this point that we begin to see MDTs experience growing pains and encountering challenges around collaboration, engagement, and commitment to the model. This training seeks to empower teams to take responsibility for their own effective functioning and offers tools and approaches that support healthy collaboration. This training is designed to be attended by groups of team members from the same MDT.

So far in CY2024, the MDT Stakeholder Group, held two virtual MDT 101 training sessions that reached 117 individuals. There are two additional MDT 101 training

sessions scheduled for October 24th and December 10th. Additionally, at the DCJS Domestic Violence Conference scheduled to be held in October, there will be two sessions specifically on MDTs.

For CY2025, the MDT Stakeholder Group anticipates offering at least two in-person sessions that will likely include the Good To Great - Enhancing MDT Effectiveness and Functioning training content.

VDSS Division of Family Services (DFS) has selected a vendor to provide Human-Centered Design (HCD) services to inform the development of a federally compliant Comprehensive Child Welfare Information System (CCWIS). The VDSS provides semi-annual status updates to the General Assembly and weekly updates to the project team.

To prepare the workforce for a modern child welfare information system, this project, VDSS DFS HCD Consultant, will review and update established workflows, prepare journey maps for system users and for stakeholders in the community that they encounter, identify pain points in current processes, and provide a roadmap to improve current processes. The deliverables will facilitate the building of a state-of-the-art child welfare information system that is built with the end user in mind. This project will follow human centered design principles including, but not limited to, understanding the end users and stakeholders, engaging with end users and stakeholders throughout the process, and testing/revising processes based on end user feedback.

The Office of Trauma and Resilience Policy (OTRP) has been actively engaging with local partners and communities to promote resilience and healing among the children, families, and individuals being served. The OTRP strives to provide essential resources, training, and technical assistance to local agencies and organizations, with a focus on the Virginia HEALS Trauma-Informed Model of Service Delivery Virginia HEALS – Virginia HEALS. In support of these activities, the OTRP explores and implements various training and funding opportunities, fostering the adoption of trauma-informed and healing-centered policies, practices, and programs across the state.

The Virginia HEALS Trauma-Informed Model of Service Delivery, and the resources provided in the toolkit that supports it, continue to have a significant impact across systems. The OTRP provides on-going training and technical assistance related to Virginia HEALS to local service providers, with this past year seeing a particular focus on the Trauma-Informed Agency Self-Assessment (TIASA) and the Screening for Experiences and Strengths (SEAS). In SFY2024, the OTRP facilitated training sessions for 723 service providers across systems (child welfare, behavioral health, advocacy, etc.) on various components of the Virginia HEALS toolkit, and at least 132 child and family-serving providers participated in e-Learning modules.

The OTRP also contracted with and provided support and technical assistance to agencies within five of Virginia's multi-disciplinary Trauma-Informed Community networks to participate on a learning collaborative, Creating Healing-Centered Organizations. Using data from the Virginia HEALS Trauma-Informed Agency Self-Assessment, these

agencies engaged in a strategic planning and implementation process to become more healing-centered both internally, with their workforce, and externally, with the children, families, and individuals that they serve.

3. Diversity, Equity, and Inclusion in Child Welfare

VDSS and the DFS are committed to diversity, equity and opportunity in child welfare. While the DEI committee has disbanded temporarily, DFS is working on adding inclusive language in guidance across the continuum of programs using an equity lens. In addition, DFS has a Parent Advisory Council that includes parents who have experience with the child welfare system. DFS also manages the SPEAKOUT committee. This committee is comprised of current and former foster care and adopted youth. Both groups provide feedback and suggestions on policy and programs through their lens of lived experience. Both committees are managed by the Permanency team.

VDSS made the decision to "pause" the designation of Qualified Residential Treatment Programs (QRTP) beginning April 1, 2023. This decision was made for several reasons including:

· Virginia shifted to Medicaid as the first payer for all children's Medicaid approved residential facilities beginning July 1, 2021 (the same date as the implementation of Family First and the QRTP designation). While VDSS incorporated this shift to Medicaid in planning for QRTP implementation, the actual impact of this shift was far greater than anticipated, resulting in significantly reduced IV-E claiming for children's congregate care placements.

· VDSS was aware that the process for accessing IV-E funds for QRTP placement was complicated and created a significant burden on LDSS staff.

· VDSS continued to see a significant number of case errors with QRTP placements, impacting IV-E funding as well as CSA funding, resulting in a significant cost to localities. These case errors appeared to stem at least partially from Virginia's outdated child welfare information system (OASIS.) In addition, because Virginia's complex congregate care system poses a barrier to requiring all residential facilities to become QRTPs, it proved challenging for workers to navigate when QRTP rules apply and when they don't.

· LDSS expressed concerns that the QRTP providers were not actually doing anything above and beyond what they had been doing prior to the designation so that youth in these placements were not receiving better quality care. The designation of QRTPs was largely based on the providers self-report which proved to be problematic.

Since the pause, the percentage of youth in congregate care has increased. In April 2023 11.2% of youth in foster care were placed in congregate care while in July 2024 13.3% of youth were placed in congregate care. The overall number of youth in foster care has also increased and there has been an increase in older youth entering care which likely

explains the increase in congregate care placements, not the pause of QRTP designation. It should also be noted that the percentage of children in kinship placements has increased over this same time period going from 11.6% to 15.3%. Although there has been in increase in placements in congregate care, there has been a greater increase in the more desirable placement of youth with relatives.

VDSS is committed to ensuring that children and youth who need a level of treatment that can only be provided in a congregate care setting receive quality care which is trauma informed and continues to explore bringing back the QRTP designation when it can be done successfully. Virginia will be undergoing a federal title IV-E review in 2025 and it would not be in the state's best interest to reinstate a process that would have such an impact on the review without sufficient time to perfect the process. Additionally, VDSS has noted the challenges with the current child welfare information system that does not allow any of the process to be automated. As VDSS works to replace the current system, many of these processes that can be automated will be built into the new system. The new system is estimated to be in place in 2026.

There has been an average of 20-22 youth on the VDSS Home Office High Acuity Team's active monitoring list for the last 90 days. This list includes youth who are currently without a placement and in the LDSS office/hotel as well as youth who are at risk of being without a placement within the next 30 days or so. Over the last 90 days there has been an average of one youth sleeping in the LDSS office/hotel. One notable trend this summer is that there have been many referrals for 17-year -old youth that are within six months of their 18th birthday. This is challenging for the LDSSs and the High Acuity Team as they still have a high level of need and very few congregate care providers are willing to consider youth at this age since they cannot remain in that placement once they turn 18. However, it continues to be evident that the NEW referrals (kids with no prior Safe and Sound/High Acuity Team involvement) are displaced for fewer days. Through June and July 2024 there was a significant decrease in TOTAL days of youth displacement statewide (in comparison with the previous quarter). Unfortunately, these trends do not necessarily mean that youth are displaced less often than they previously have been, as the High Acuity Team has been working diligently to streamline the process and approach to assisting LDSSs with displaced youth. In November 2023, VDSS hired a liaison who works at The Commonwealth Center for Children and Adolescents and assists local departments when youth in their custody are psychiatrically admitted to the hospital. This position provides support to the LDSS in discharge planning, identifying placements, and making referrals. A third High Acuity Placement Coordinator joined the team in July, also expanding capacity to support LDSS with high acuity youth. The expanded capacity has provided additional support to the LDSS but has not eliminated the issue of children and youth not having placements.

Sincerely,

Shannon Hartung
Shannon Hartung
Protection Program Manager

Cc: Kimberly Huhn Murphy, Children's Bureau