Virginia's Annual Report on the Five Year State Plan for Child and Family Services 2020 – 2024
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Virginia Department of Social Services

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Collaboration

VDSS used multiple collaborative communicative feedback loops to support implementation monitoring of the 2020-2024 Child and Family Services Plan (CFSP) and reporting for the APSR as outlined in the Collaborations Section in the 2025-2029 CFSP. VDSS used the Child Welfare Advisory Committee (CWAC) meetings in 2023 to cover topics including Family First Prevention Services Act (FFPSA) and EBPs, Motivational Interviewing (MI), Kin First Now efforts, pilot programs designed to improve placement availability and stability, collaborations around child safety, protection, and fatality prevention, and updates regarding the Safe and Sound Taskforce. Meetings typically included breakout planning time to gather input from attendees. Feedback can include recommendations for policy changes, training strategies, and resources or tools. VDSS takes this feedback to the appropriate program areas and incorporates it as appropriate. VDSS used practice advisory committees as well to collaborate for the APSR. In 2023, these committees provided input on Mutual Family Assessment (MFA) templates, Kinship Guardianship Assistance Program (KinGAP), and state-funded kinship subsidy and adoption assistance, drug testing, out-of-family investigations, child fatality investigations, Safe Haven Hotline, Motivational Interviewing, SDV Prevention Fund, relative maintenance payments, Guidance Overhaul Project, Safe Sleep, COMPASS/Mobile, State CPS and APS Hotline, Kin First Now Initiative, kinship navigation expansion, PSSF Community Needs Assessment, FFPSA, Executive Order 26 (EO26), screened-out referrals, opening services cases, fatherhood programs and initiatives, CAC funding, and in-home brochures.

In 2023, VDSS used multiple methods to engage birth parents, foster parents and youth using their lived experience to help guide planning for changes and supporting customer-centered policy and practice. More detail on these collaborations is included in pages 29 and 30 of the 2025-2029 CFSP.

Update on Assessment of Performance

Please refer to the Assessment of Current Performance on pages 90 to 177 in the 2025-2029 CFSP.

Service Descriptions and Updates

The service descriptions and planned activities outlined in the 2025-2029 CFSP incorporate the final updates and data on those services as part of the justification for those planned activities. Please refer to pages 177 to 233 of the 2025-2029 CFSP for final updates on services.

Strategic Plan

As mentioned in the 2020-2024 Child and Family Services Plan, Virginia used a collaborative strategic planning process. VDSS leadership wanted to ensure that the focus was on outcomes, aligning work and new legislative requirements, and using the PIP root cause analysis and problem identification as a jumping-off point to create consistency, support alignment, and avoid duplication. Throughout the planning process described, the theme of better engagement with families and communities began to emerge and is now infused into each objective area. The objectives included in the CFSP framework are prevention, protection, permanency, CQI, and workforce.

VDSS has identified strategies that fall under each of the priority objective areas. Each strategy is designed to make progress in expanding and strengthening the range of existing services, developing new types of services, and reaching additional children in need of services, per the alignment with the overarching priority areas for VDSS. Each strategy aligns with one of the priority areas of the 2020 CFSR/PIP, FFPSA, JLARC legislation, CAPTA, and other priorities and have been mapped to the specific priority of alignment to ensure that the overarching vision and goal align with the continued implementation of the CFSP strategic plan over the next five years. Changes to the Strategic Plan are bolded or stricken through and colored blue.

Implementation Supports/ Training and Technical Assistance

VDSS worked closely with the Center for States on the PIP analysis and the development of the PIP framework that formed the basis of the 2020-2024 CFSP. In 2023, VDSS received Technical Assistance (TA) support from the Center for States on kinship care, qualified residential treatment programs, and citizen review panels. Additional TA is noted in the strategic plan tables.

A key to acronyms included in the alignment section of the Strategic Plan and the rest of the APSR can be found on p. 4-5 of the 2025-2029 CFSP.

CFSP Strategic Plan						
Goal: To serve and engage families and communities to help shape a stronger future by improving the wellbeing, safety, and permanency of children.						
 **Prevention Objective** Develop and establish a Virginia child welfare prevention program that targets resources and services to prevent abuse and neglect so that children can remain safely at home or with kin caregivers.						
Strategy	**Activities**	**Alignments**	**Time Frames**	**Benchmarks**	**Measures of Progress**	**Implementation supports - staff training needs, technical assistance, evaluation processes, etc.**
1. Develop prevention workflow to include prevention services including planning, case management Processes, practice guidance & training.	1.1 Identify various levels of prevention services, funding streams, service availability & gaps in services (primary – CBCAP, Healthy Families, VOCA, PSSF, DVPS; secondary; tertiary) **Completed**	PS1 PIP 2.3 CAPTA III	• June 2020 • June 2021 • June 2022 • Yearly 1.2 In-home guidance release April 2021. 1.6 Statewide	• Completed plan identifying preventions services, funding streams, service ability, & gaps in services • Completed In-Home Policy Guidance • Percentage of In-Home cases using new Policy Guidance (25%, 50%, 75%, 100%)	•Annual % increase in families served by Kinship Navigator program **2020 update** **# of Kinship caregivers** **414** **2021 update** **# of Kinship caregivers** **790 (FFY 19/20)** **2022 update: 738 youth and 564 caregivers**	• Specific In-home Training will be developed and provided by VDSS staff, current staff (supervisors/workers) will receive training and training will be incorporated into new worker training. • State staff will provide TA via implementation project management. Also, change

	1.2 Develop and Implement In-Home Policy Guidance to provide consistency for In-Home cases (including Diversion cases). **Completed**	JLARC 2; PS1 PIP 2.2 CAPTA I.Q	rollout of VA HEALS toolkit begins July 1, 2020 1.7 July1 2020– June 30, 2021	• Completed development of In-Home training • Completed PP Plan • Approval of collaborative Primary Prevention Plan by VDSS and VDH •Maintaining 5 regional programs through federal grant funding •Adding 1 new regional program once grant funding has been completed • E-learning courses on Virginia HEALS Referral and Response Protocol and Community Resource Mapping developed and promoted on website • Facilitated course on Virginia	**2023 update: 509 youth and 393 caregivers** **2024 Update (7/2022-12/2023)** **429 youth and 385 caregivers** • % annual change in staff that have received training on In-Home Policy Guidance **2020 update** **In-home guidance and training will be implemented with Family First, which has been extended to January 2021.** **2021 update** **In-home practice alignment** **December Kick-off meeting** **Directors: 130** **Supervisors/FSS: 569** **Random Decision Maker: 322** **January In-home: 292** **February In-home: 393**	management staff, CQI staff, and prevention specialists will provide TA to LDSS as needed. Capacity Building Engagement coaches will also provide coaching support. • VDSS will use the CQI process to monitor and evaluate progress. • As part of Family First Implementation activities, VDSS may engage in a full evaluation. *Awarded contract for development of resource directory • Receive TA from the National Governors Association to address post-grant sustainability (participating in Learning Collaborative to Prevent and Mitigate
	1.3 Identify In-Home Workforce Professional Development Needs **Completed**	PIP 2.2 CAPTA I.Q Workforce				
	1.4 Develop and provide training aligned to engagement, coaching and supervision. **Completed**	PIP 2.2				
	1.5 Monitor and Maintain a kinship navigator **Completed**	FBP3				

	1.6 Promote use of the Virginia HEALS Referral and Response Protocol and Community Resource Mapping Facilitator's Guide to encourage referrals to appropriate service providers **Moving reporting to Prevention 5.3**			HEALS Referral and Response Protocol converted to a virtual format and made available to service providers statewide as part of a training series and upon request • Community Resource Mapping process converted to a virtual format and TA on implementation made available to community based multi-disciplinary groups •Approval of collaborative Domestic Violence/Sexual Assault Primary Prevention State Plan (VDSS & VDH) • Development of a collaborative statewide Resource Directory for service providers	**March In-home: 333** **April In-home: 315** **2022 update: VDSS - CWS1000W: In-Home Services New Worker Guidance Training with OASIS: 10 training events with 174 completions in 2021** **2023 update: VDSS - CWS1000W: In-Home Services New Worker Guidance Training with OASIS: 15 training events with 339 completions in 2022** **2024 update:** **CWS1000W: In-Home Services New Worker Guidance Training – 11 training events with 232 completions in 2023** • Kinship navigator program caseload **2020 update:** **6 Kinship navigator programs, 414 caregivers** **2021 update: 6 Kinship navigator**	Adverse Childhood Experiences)
	1.7 Promote Primary Prevention activities for long-range skills building for at risk children and youth. **Completed**	FVPSA				

					programs, 790 (FFY 19/20) **2022 update: 5 Kinship navigator programs, 738 youth and 564 caregivers** **2023 update: 5 Kinship navigator programs, 509 youth and 393 caregivers** **2024 update:** **5 kinship navigator programs, 429 youth and 385 caregivers** •# of localities and service providers participating in Community Resource Mapping events **2021 update:** **3 localities** **59 service providers** **2022 update: 1 locality, 37 service providers** **2023 update: 0[1]** **2024 update: No longer tracking**	

[1] With the creation of the new office (Office of Trauma and Resilience Policy) within the Policy and Administration portfolio, the office has moved away from individual training unless it is at a regional or statewide level and directed the bulk of training requests towards the e-learning courses. The office has expanded their scope beyond Virginia Heals with building out internal workforce and supporting trauma-informed policy across the agency.

					• # of service providers participating in facilitated Referral and Response Protocol trainings **2021 update:161 service providers** **2022 update: 231 service providers** **2023 update: 0[1]** **2024 update: no longer tracking** •# of individuals accessing online training modules of the Virginia HEALS Referral and Response Protocol and Community Resource Mapping **2021 update: 35 unique page views, (20 Community Resource Mapping, 15 Referral and Response Protocol)** **2022 update:** **43 completed the Community Resource Mapping e-course, 66 completed the Referral and Response Protocol e-course** **2023 update:**	

					28 completed Community Resource Mapping **Referral and 18 completed Response Protocol** **2024 update: no longer tracking** • 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024 **2024 update:** **See CFSR Statewide Assessment Section in the 2025-2029 CFSP**	
2. Advance the implementation and sustainability of evidence-based trauma informed services.	2.1 Create informed services that effectively improve child safety, ensure permanency and promote child and family wellbeing. **Completed**	PIP 3.1 CAPTA I.C	• 2.1 - June 2020 • 2.2 - January 2020 • 2.3 - August 2021	• Evidence-based practices identified for all areas and implemented ·Identification of EBS providers that receive Family First Funding · Expansion of EBS providers that receive Family First	• UPLC organizational improvements documented on post assessments **2020 update** **This has been delayed due to the COVID 19 pandemic** **2021 update: 61.8% of participants worked at an agency that has amended key policy documents or practice**	• This strategy does not require specific training needs • The state will provide TA supports via project management, change management, financial support, community partner coordination, and communication supports with partners and LDSS.
	2.2 Increase and/or enhance evidence-based services	EBS1; EBS2; EBS3				

	consistent w/FFPSA focus on trauma, mental health, Substance abuse, In-home parent skill programs. **Modified and continued to CFSP 2025-2029**			Funding as the Federal Clearinghouse are developed	**protocols since the beginning of the UPLC.** **2022 update:** **The second UPLC Cohort ends in June 2022. A closeout evaluation report will be available in 2023.** **2023 update:** **The second and final cohort of the UPLC ended in June 2022. The final report showed that 64.7% of participants worked at an agency that has amended key policy documents or practice protocols while participating in the UPLC.** **2024: Cohort Completed – see 2023 update** • % increase in services to underserved populations (VAdata) **2021 update: Service provision changed due to the COVID-19 pandemic. Data**	• The state has partnered with The University of Richmond to conduct and analyze survey results • Ongoing involvement of UPLC Workgroup and Virginia Underserved Population Advisory Committee
	2.3 Increase access to domestic violence services for underserved populations through the delivery and funding of the Underserved Population Learning Collaborative **Completed**	FVPSA				

					regarding service level changes are inconclusive. **2023 and 2024 update:** **The disproportionate impact of COVID on underserved populations impacted the services provided by local agencies. The data are inconclusive as to the impact of UPLC on service level changes.** · Number of children and/or caregivers who receive EBS through Family First Funding **2020 update** **The implementation date of Family First has been extended to January 30, 2021. VDSS provided training to providers to become established in the following evidence- based programs: five Multisystemic Therapy teams, five Functional Family**	

					Therapy teams and 16 Parent Child Interaction Therapy clinicians. VDSS will continue to explore opportunities to provide EBS training with available funds. **2021 update:** **Implementation of Family First has been extended to July 1, 2021. VDSS will continue to explore opportunities to provide EBS training with available funds.** **2022 update:** **22 children/youth received EBPs through Family First funding July – December 2021** **2023 update: 19 children/youth received EBPs through Family First funding** **2024 update: 53 clients received IV-E funded EBPs**	

					•% annual increase in children and/or caregivers who receive EBS through Family First Funding **2020 update:** **The implementation date of Family First has been extended to January 30, 2021.** **2021 update: The implementation of Family First has been extended to July 1, 2021.** **2022 update:** **VDSS implemented Family First on July 1, 2021, making this the first year that families could receive EBPs through Family First funding. VDSS will be able to track the annual increase beginning July 2022.** **2023 update: Due to Virginia Medicaid taking over as payer of first resort, there was**	

					a decrease in the number of clients funded by IV-E, despite an increase in overall utilization of EBPs. **2024 update: VA added 5 additional EBPs (to the original 3) that are IV-E eligible. These additional EBPs fill gaps in child and family need, supporting the increase in overall utilization. However, there are only a limited number of providers trained and delivering these new EBPs. VA continues to work with the Center for Evidence-based Partnerships in VA (CEP-Va) to expand service availability across the state.**	
3. Improve ease of access to prevention services and funding.	3.1 Strengthen partnerships in order to increase potential funding streams to better meet the needs of	PS2, R3 PIP 2.2 CAPTA III.B	June 2020	• Annual accounting of funding streams and resources • Implementation of new prevention	• # of active prevention contracts **2020 update: 130**	• Training will be developed and offered to local staff and community partners. • The state will provide TA supports

	children and families. **Completed**			contracts •Use of LSC Grant Application Development Menu for Funders • DV Promising Practices Guide posted on a public website	**2021 update:** **130** **Domestic Violence Prevention & Services (DVPS): 53** **CBCAP: 19** **Healthy Families:33** **DV Underserved Populations: 6** **Child Advocacy Centers: 19** **2022 update:** **135** **Domestic Violence Prevention & Services (DVPS): 53** **CBCAP: 20** **Healthy Families: 31** **2023 update:** **Domestic Violence Prevention & Services (DVPS): 51** **DV in Underserved Populations: 10** **CBCAP: 22** **Healthy Families:31** **2024 update:** **Domestic Violence Prevention & Services**	via project management, change management, financial support, community partner coordination, and communication supports with partners and LDSS. • The state has partnered with The University of Richmond to conduct and analyze survey results. • The Virginia HEALS Grant Application Menu for Funders will be presented to all grant administrators • Involving the Domestic Violence Action Team, local DV programs and survivors to review and approve all PPG entries.
	3.2 Collaborate with partners to identify and decrease barriers to family engagement, current planning, service provision (including domestic violence services) and timely permanency. **Completed**	PS2CAPTA I.E, CAPTA I.CChap H CW Manual				
	3.3 Collaborate with partners to develop and implement prevention contracts (CBCAP; HHF, VOCA, PSSF, DVPS). **Completed**	PIP 3.1 CAPTA III.B				
	3.4 Clearly define Maintenance-of-Effort MOE as it					

	relates to Family First. **Completed**				**(DVPS): 52** **DV in Underserved Populations: 10** **CBCAP: 22** **Healthy Families:29** • % of contracts using trauma informed practices **2020 update** Not currently tracking **2021 update:** **DVPS: 52** **DV UPOP: 6** **2022 update:** **DVPS 52** **DV UPOP 10** **Healthy Families: 31** **2023 update:** **DVPS 52** **DV UPOP 10** **Healthy Families: 29** **2024 update:** **DVPS 52** **DV UPOP 10** **Healthy Families: 29** • 10% increase in CFSR	
	3.5 Incorporate trauma informed practices into funding solicitations (RFAs) intended for local stakeholders. **Completed**					

					Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024 **2024 update** **See CFSR Statewide Assessment section in the 2025-2029 CFSP** • # of PPG topics completed and posted **2021 update:** **11 Topics have been completed and reviewed by DVAT. Publication is waiting of survivor input (IRB pending approval)** **2022 update:** **16 entries have been developed and posted on the DSS website.** **3 additional reports are also posted providing an introduction, acknowledgements and survivor voices.** **2023 update:**	

					VDSS completed a webpage redesign to improve the display of the PPG entries on the public website. 20 entries are now posted. **https://www.dss.virginia.gov/family/domestic_violence/ppg.cgi#shelter** **2024 update:** **VDSS has maintained 20 PPG entries on the public website:** **https://www.dss.virginia.gov/family/domestic_violence/ppg.cgi#shelter**	
4. Create a well-designed and rigorous evaluation system for Family First funded services.	4.1 Establish clear goals, outcomes and objectives of monitoring EBS vs. QA vs. family outcomes. **Completed**	PIP 2.1, JLARC 30	2020-2024	• Defined implementation plan for EBS • Established goals, outcomes and objectives of monitoring EBS vs. QA vs. family outcomes • Monitoring plan developed • Monitoring plan implemented	• # of programs referred to federal clearinghouse **2020 update:** **The implementation date of Family First has been extended to January 30, 2021.** **2021 update: The implementation date of Family First has**	VDSS will seek external evaluation supports to evaluate the implementation and effectiveness. The evaluation team will provide training and technical assistance. VDSS will incorporate the evaluation into the CQI processes as appropriate.
	4.2 Develop a monitoring plan to maintain fidelity of programs.					

	Completed			• Monitoring plan evaluated bi-annually	**been extended to July 1, 2021.** **2022 update:** **VDSS has not referred any programs to the federal clearinghouse. High Fidelity Wraparound, which is well established in Virginia, was added as a "promising" program in early 2022. VDSS plans to add it to the Prevention Plan in 2022 which will include an evaluation component that will be submitted to the clearinghouse.** **2023 update: VDSS has not referred any programs to the federal clearinghouse. An amendment to the Prevention Plan was submitted in 2022, including the addition of High Fidelity Wraparound, which is a "promising" program. Once implemented, VDSS will submit evaluation**	
	4.3 Identify policies and procedures that support Virginia-specific programs that demonstrate positive outcomes that can be referred for federal clearinghouse. **Completed**					
	4.4 Develop a title IV-E In- Home unit responsible for assessing and ensuring compliance with federal regulations, identifying, and enhancing best practices and ensuring the accuracy of data in the child welfare system related to use of title I-VE funding					

	for evidence-based prevention services. **Completed**				**data to the clearinghouse.** **2024 update: Once High Fidelity Wraparound is implemented, VDSS will submit evaluation data to the clearinghouse.** • 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024 **2024 update:** **See CFSR Statewide Assessment Section in the 2025-2029 CFSP**	
5. Identify children and youth who have experienced crimes and	5.1 Promote use of the Screening for Experiences and Strengths (SEAS) **Completed**	CAPTA	2020-2021	• Distribution of a final screening tool report • Facilitated course on SEAS converted to a virtual format	***Strategy 5 has been completed and DFS is no longer tracking these measures of progress due to the redesign and new focus of the Office of***	Ongoing maintenance of and updates to SEAS and online training courses

connect them to needed services	5.2 Develop online trainings to ensure fidelity to the Virginia HEALS model of service delivery **Completed**			and made available to service providers statewide as part of a training series and upon request. • E-learning courses on SEAS developed and promoted on website • E-learning courses on other toolkit items (Family Engagement and Trauma Informed Screening) developed and promoted on website • Facilitated Toolkit Overview course converted to a virtual format and made available to service providers statewide as part of a training series and upon request • Statewide rollout and use of SEAS	***Trauma and Resilience.*** •*# of service providers participating in facilitated SEAS Training* ***2021 update:*** ***185*** ***2022 update: 104*** ***2023 update: 1373*** • *# of service providers accessing online training modules on Family Engagement and Trauma Informed Screening* ***2021 update: 89*** ***2022 update:*** ***62 completed Family Engagement e-course 106 completed the Trauma Informed screening course*** ***2023 update:*** ***24 completed Family Engagement e-course 61 completed Trauma Informed Screening***	
	5.3 Promote use of Virginia HEALS toolkit resources, including Community Resource Mapping Facilitation Guide, SEAS online training, Family Engagement Guide, Referral and Response Protocol, Trauma-Informed Organizational Self-Assessment **Completed**					

					• *# of service providers participating in Toolkit Overview Training* ***2021 update:*** ***788*** ***2022 update: 755*** ***2023 update: 510*** • *# of individuals accessing SEAS online training module* ***2021 update:*** ***58 unique page views*** ***2022 update:*** ***62 completed SEAS e-course*** ***2023 update:*** ***43 completed SEAS online course*** •*# of SEAS screens administered* ***2021 update:*** ***Statewide rollout and implementation of SEAS was delayed due to COVID-19*** ***2022 update:***	

					2022 focused on training and outreach as statewide implementation was delayed to support local agency capacity in the implementation of FFPSA, In-Home services, and CQI initiatives ***2023 update: No longer tracking*** •*# of child/youth victims identified* ***2021 update:*** ***Statewide rollout and implementation of SEAS was delayed due to COVID-19*** ***2022 update:*** ***2022 focused on training and outreach as statewide implementation was delayed to support local agency capacity in the implementation of FFPSA, In-Home services, and CQI initiatives.***	

					2023 update: No longer tracking	
6. Examine data related to prevention related activities to identify and understand areas of disparity or disproportionality	6.1 Identify available data **Modified and continued in 2025-2029 CFSP** 6.2 Identify strategies to improve outcomes **Modified and continued in 2025-2029 CFSP**	VDSS DEI initiative	Yearly	• Data identified • Complete review of identified trends • Determine strategies to implement	Policy, practice, regulation, legislation changed to begin to address areas of disparity or disproportionality **2024 update: Will continue to work with the Data team and the Strategic Consultants to identify data where which may lead to disparate outcomes. This data is shared with DFS staff during monthly Date/CQI team meetings and subsequently shared with LDSS.**	• Staff training on recognizing and understanding disparity and disproportionality

Protection Objective

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

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
1. Ensure a primary focus on engagement through the Virginia Practice Model and Practice Profiles	1.1 Hold structured meetings facilitated by a neutral moderator during critical decision points. **Modified and continued in 2025-2029 CFSP**	JLARC 13 CAPTA I.E, II.E	• 20 PIP LDSS implementation by July 2021 • % Regional implementation by 2024	• All 20 PIP LDSS are implemented by June 30, 2021 • All 5 regional plans are developed in 2022 • Implementation in regions by 2024	• % annual change in FPM and CFTM use **2020 update: 15%** **2021 update: 14%** **2022 update: +18%** **2023 update: +4.5%** **2024 update: -4.3%** • 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024 **2024 update:** **See CFSR Statewide Assessment section in the 2025-2029 CFSP**	• Specific Engagement training and coaching will be provided to LDSS staff- this training is based on the practice profiles • TA on implementation and practice will be provided by Capacity Building Coaches (employed by VDSS) as well as TA provided by Regional Consultants • The Practice Profiles initial implementation of 20 LDSS (between 2015-18) were evaluated and are expecting final results in the coming months. Additional evaluations are not planned at this time. VDSS CQI process will be utilized
	1.2 Install the Engagement Profile of Virginia's Practice Model **Completed**	JLARC 14 PIP 1.1 CAPTA I.E, II.A				
	1.3 Develop and/or enhance the knowledge, skills and abilities of workers in an effort to deliver consistent engagement practices.	PIP 1.2 and 1.3 CAPTA I.E				

	Completed					throughout the implementation process to monitor and evaluate progress.
2. Respond to reports of abuse and neglect with a timely consistent response.	2.1 Develop and initiate timelines for contact with child through child protective services. **Completed**	PIP 2.1 CAPTA I.A, I.C	June 2021	• Increase timely face to face response with identified victim and increase use of individualized safety services early in the process • Annual maintaining of progress towards PIP goals	• 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024 **2024 update:** **See CFSR Statewide Assessment section in the 2025-2029 CFSP**	• Training and coaching are built into the implementation plan and will be provided by internal training staff and Regional Consultants as part of the implementation process for current workers. CPS New Worker training will train new staff. • TA provided by State staff to regionals and LDSS will support implementation efforts to include change management components, communication,
	2.2 Provide Timely array of services to protect child(ren) in the home or current placement. **Modified and continued in 2025-2029 CFSP**	PIP 2.1, 2.2, 2.3 JLARC 11 CAPTA I.C, I.E				

	2.3 Establish case practices and protocol that ensure safety services are provided with consistency in decision-making. **Completed**	PIP 2.3PIP 2.1, 2.3 CAPTA I.A, I.C				implementation strategies, timelines, etc. • TA will be provided to LDSS as needed by Regional Consultants. • Internal CQI process will evaluate and monitor the implementation and progress made.
3. Implement and monitor a Statewide response to all reports involving victims of Child Trafficking	3.1 Engage with stakeholders to receive input on Virginia's response to victims of child trafficking. **Completed**	HB2597SB 1661	• 3.1 target-December 2019• 3.2 Target-December 2021• 3.3 Target- yearly December 2022-24 3.4 Statewide rollout beginning July 2020	• Developed and implemented response to victims of child trafficking• Completed policy guidance• Completed technical assistance curriculum *SEAS online training module posted	• # of service referrals **2020 update: 25** **2021 update:19** **2022 update: 21** **2023 update: 54** **2024 update: 16** •# of screens completed **2020 update: 74,929** **2021 update: 64,715** **2022 update: 67,157** **2023 update: 69,209** **2024 update: 70,410** • 10% increase in CFSR Items 1, 2, 3, 12, 13, 14 reviews by PIP	• VDSS is seeking consultation from subject matter experts for TA and implementation support• VDSS is looking into incorporating training via the Sex Trafficking Training Learning Experiences offered by the Center for States • VDSS will seek partnership in formal evaluation activities and will utilize the CQI process to monitor. •VCU research completed & report
	3.2 Identify and utilize technical assistance from Subject Matter Experts to help support the development, implementation, and evaluation of Virginia's response to victims of child trafficking.	CAPTA I.N				

	Completed				completion in April 2022. Additional 10% increase between April 2022-October 2024 **2024 update:** **See CFSR Statewide Assessment section in the 2025-2029 CFSP** • # Human Trafficking Assessments completed **2021 update: 19** **2022 update: 19** **2023 update: 15** **2024 update: 12** •SEAS trainings offered in person and online. **2021 update: 243 providers** **2022 update: 166 providers** **2023 update: No longer tracking**[2]	finalized - SEAS deemed an evidence-informed tool. •VDSS is working with state and local partners to promote use of SEAS across child-serving State Agencies.
	3.3. Develop and implement policy guidance on the completion of Child Trafficking assessments. **Completed**	CAPTA I.B				
	3.4 encourage the use of the Screening for Experiences and Strengths by local stakeholders to identify victims of child trafficking. **Completed**					
4. Provide support to those	4.1 Develop and implement Mandated	CAPTA I.I	• 4.1Target-June 2021 • 4.2 Target-	• Completion and implementation of VaCPS	• Percentage of Hotline staff trained	• Training will be developed and delivered by VDSS

[2] With the creation of the new office (Office of Trauma and Resilience Policy) within the Policy and Administration portfolio, the office has moved away from individual training unless it is at a regional or statewide level and directed the bulk of training requests towards the e-learning courses. The office has expanded their scope beyond Virginia Heals with building out internal workforce and supporting trauma-informed policy across the agency.

who report abuse and neglect.	Reporter Online Reporting System—VaCPS **Completed**		June 2021 • 4.3 Target-October 2020 • 4.4 Target-June 2020 and ongoing • 4.5 Target-December 2022	• Completed development of training curriculum • Completed business process reengineering	**2020 update** **NA** **2021 update: Due to COVID-19 pandemic, implementation of training has not occurred. Development of curriculum is complete.** **2022 update:** **100% of staff have been trained on the Mandated Reporter Online System.** **100% of staff have completed the Hotline online course (CWSE6000)** **2023 update:** **100% of staff have been trained on the Mandated Reporter Online System.** **100% of staff have completed the Hotline online course (CWSE6000)** **2024 update:** **100% of staff have been trained on the**	training staff and will be offered to current hotline staff and incorporated into new worker training • TA supports are provided by training staff, IT staff, CQI staff, and change management staff • VDSS will use the CQI process to monitor and evaluate progress. •VDSS requests peer-to-peer support from the Center for States related to the operations of the State Hotline

					Mandated Reporter Online System. **100% of staff have completed the Hotline online course (CWSE6000)** • 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024 **2024 update:** **See CFSR Statewide Assessment section in the 2025-2029 CFSP**	
5. Examine data related to child maltreatment reports to identify and understand areas of disparity or disproportionality	5.1 Identify available data **Modified and continued in 2025-2029 CFSP** 5.2 Identify strategies to improve outcomes **Modified and continued in 2025-2029 CFSP**	VDSS DEI initiative	Yearly	• Data identified • Complete review of identified trends • Determine strategies to implement	Policy, practice, regulation, legislation changed to begin to address areas of disparity or disproportionality **2024 update: Will continue to work with the Data team and the Strategic Consultants to identify data where which may lead to disparate outcomes. This data is shared**	• Staff training on recognizing and understanding disparity and disproportionality

					with DFS staff during monthly Date/CQI team meetings and subsequently shared with LDSS.	



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

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
1. Increase family engagement and placements based on individual needs for children/youth.	1.1 Enhance birth family engagement through involvement in planning and decision making whenever possible. **Modified and continued in 2025-2029 CFSP**	PIP 1.1, 1.2	• Target-2024, yearly updates • 1.2 June 2021 • 1.3 June 2021 • 1.4 October 2021	• Engagement plan developed based on identified engagement points • Monitoring plan for parent visits established • Notification system developed for cases with over	• % of cases using concurrent planning and decision making **2020 update: 54%** **2021 update: 88%** **2022 update: 87%** **2023 update: 88%** **2024 update: 87%** • % of cases with at least one caseworker visit with	• Specific Engagement training and coaching will be provided to LDSS staff- this training is based on the practice profiles. • TA on implementation and practice will be provided by Regional Consultants. • CQI process will be utilized throughout
	1.2 Identify and ensure	JLARC 6, 13, PIP 3.1,				

	engagement points with birth parents; relatives/foster parents; residential staff and other critical adults in youth's life, including the child/youth. **Modified and continued in 2025-2029 CFSP**	R3C; CC1 and CC2		5 months between parent visits • Annual maintaining of progress towards PIP goals	birth parent every two months **2020 update: 99%** **2021 update: 63.1%** **2022 update: 63%** **2023 update: 64%** **2024 update: 61%** • 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024 **2024 update:** **See CFSR Statewide Assessment Section in the 2025-2029 CFSP**	the implementation process to monitor and evaluate.
	1.3 Ensure caseworker visits with birth parents at least every two months. **Modified and continued in 2025-2029 CFSP**	JLARC 13				
	1.4 Monitor the frequency of birth parent visits with caseworker. **Modified and continued in 2025-2029 CFSP**	JLARC 13				
2. Partner with the CIP to Identify and improve court	2.1 Ensure timely court hearings and processing of court orders.	CIP Priority 4 Outcome, 1 PIP 3.3	Targets- July 2021	• Identification of all cases needing a review of TPR	•% of timely permanency planning hearings **2020 update: 91%**	• TA will be provided by state staff and CIP staff to regions and LDSS

processes to expedite permanency for children and youth in foster care.	**Completed**	JLARC 17, 18	2.2 October 2021 root case for dissolutions 2.2 June 2022 post adoptive resources 2.2 December 2021 LCPA meetings	eligibility • Complete list of acceptable reasons for not filing TPR after 15 months of foster care • All localities submitting reasons for not initiating TPR in foster care cases open for 15+ months • Identify root cause(s) related to increase in adoption dissolution from foster care •Develop educational/training resources for LDSS and foster/adoptive families about the role of adoption and post adoption resources based on root cause analysis • Facilitate meeting with	**2021 update: 92%** **2022 update: 97% (*Note: this was the % reported last year, in the data file from last year, the % was actually 92%)** **2023 update:** **Initial: 98.2%** **Ongoing: 95.3%** **2024 update:** **Initial: 98.4%** **Ongoing: 96.1%** • % of timely TPR petitions **2020 update 53%** **2021 update: 56%** **2022 update: 69%** **2023 update: 71%** **2024 update: 68%** • 10% increase in CFSR Items 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10%	• Training will be jointly developed and delivered by VDSS and CIP to supervisors, workers, GAL, attorneys, judges, CASA etc. • VDSS and CIP CQI process will monitor and evaluate progress.
	2.2 Develop the focus on the post adoption and ensuring long-term permanency for adopted youth. **Completed**					
	2.3 Continue concurrent planning options during contact points. **Completed**	CIP Priority 4, Outcome 5 JLARC 19 JLARC 16 JLARC 17 PIP 3.3				
	2.4 Court orders to locate relatives and extended family members for placement. **Completed**	CIP Priority 4, Outcome 4 CIP Priority 7 JLARC 4 JLARC 5 PIP 3.3				

				private LCPAs who are certified to provide adoption services to review state post adoptive resources	increase between April 2022-October 2024 **2024 update:** **See CFSR Statewide Assessment Section**	
3. Increase the number of children in family-based settings by Strengthening Diligent Recruitment of foster families.	3.1 Embed Family Recruitment and retention throughout the length of the case life. **Modified and continued in 2025-2029 CFSP**	CIP Area 7, Outcome 1 PIP 3.2 JLARC 4,5,6,10,15 FBP 1-4 KinGAP	• 3.1, 3.2, 3.3, yearly updates • 3.4, 3.5 September 2020 and yearly updates • 3.6 February 2021 adoptive family identified with visitation for children with TPR •3.6 September 2021 realign foster and adoptive family recruitment contract scope	• Annual percent change of children in family-based settings • Family recruitment and retention implemented throughout entire length of the case • Completed resource parent recruiting and retention strategic plan • Implemented resource parent recruiting and retention strategic plan • Completed model licensing standards for foster care	• % increase in children (under 18) in family-based settings **2020 update: 87% in a family based setting** **2021 update: 89% in a family based setting** **2022 update: 88%** **2023 update: 87%** **2024 update: 85%** • % decrease in children (under 18) placed in congregate care **2020 update: 11% children placed in congregate care** **2021 update: 9% children in a congregate placement setting**	• The Center for states will provide TA support on recruitment efforts. The state staff will provide TA implementation supports to LDSS and regional staff. • Training will be developed and delivered by VDSS training staff and incorporated into new worker training. • VDSS CQI process will monitor and evaluate progress. • Monthly case staffing (Permanency, Family Resource and Adoption programs) •Collaborative training and TA provided by the
	3.2 Increase the number of children placed in the care of relatives when removal from the home is necessary. **Modified and continued in 2025-2029 CFSP**	PIP 3.2 JLARC 4,5,6,7,10,15 FBP 1-4 KinGAP				
	3.3 Develop and implement statewide strategic plan for recruiting and retaining foster parents. and	JLARC 8PIP 3.2				

	kinship guardian assistance program **Completed**		and contractors to support LDSS recruitment efforts	placements • Annual review of all children placed in residential care • Implemented qualified residential treatment program • Finalized training improvements for caregivers •Children placed in congregate care with termination of parental rights will have an adoptive family identified with visitation ongoing and the family actively participating in the child's treatment plan. • Realign the Foster and Adoptive Family Recruitment contract scope to	**2022 update: 9%** **2023 update: 10%** **2024 update: 11%** • % of children under 18 in relative care **2020 update: 6%** **2021 update: 10%** **2022 update:12%** **2023 update: 14%** **2024 update: 15%** • % of foster homes serving sibling groups **2020 update: 1,172 48%** **2021 update 74%** **2022 update: 71%** **2023 update: 71%** **2024 update: 70%** # of families approved **2020 update: 1,825; 4,604** **2021 update: 5,498** **2022 update: 5,560**	permanency program, regional consultants, contract administrator and the Foster and Adoptive Family Recruitment (FAFR) contractors, Mutual Family Assessment staff
	3.4 Increase the number of foster homes to serve sibling groups. **Completed**	PIP 3.2				
	3.5 Design Virginia-specific model licensing standards for foster care placements. **Completed**	FBP4				
	3.6 Increase family-based foster care placements and reduce the number of youth who are placed in congregate care while maintaining oversight. **Modified and continued in 2025-2029 CFSP**	JLARC 11, 12 Adoption Call to Action (ACTA) (ended 12/20)				
	3.7 Implement qualified residential	FBP3				

	treatment program (QRTP) requirements as it relates to Family First. **Completed**			align with the state's Kin First vision and training plan with a focus on foster parent recruitment • Align the Mutual Family Assessment contractors to support LDSS recruitment efforts to include ICPC and adoptive home studies	**2023 update: 5,466** **2024 update: 5,361** • 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024 **2024 update:** **See CFSR Statewide Assessment section in the 2025-2029 CFSP** • % of children with TPR with identified adoptive family visitation and participation in planning **2021 update: 71%** **2022 update: Program no longer tracking** **NEW ITEM for 2023: Rate of youth first placed with relatives upon entry into foster care: 10.1%** **2024 update: 10.2%**	

4. Increase availability, accessibility and effectiveness of Independent Living (IL) services to support successful transition to adulthood.	4.1 Implement the Youth Exit Survey (YES) statewide. **Completed**		• 4.1 June 2022 Completed • 4.2 ongoing yearly • 4.3 December 2021 • 4.4 June 2021 • 4.5, 4.6, 4.7, 4.8 ongoing yearly	• Finalized and implemented YES • Data analysis and evaluation system in place for YES results • Defined feedback loop to provide NYTD data to youth and key stakeholders • Updated guidance on Fostering Futures • Annually analyzed credit check data shared with youth and stakeholders	• # of Youth Exit Surveys taken **2020 update: 40** **2021 update: 36** **2022 update: 33** **2023 update: 57** **2024 update: 51** • ~~Annual % change in Youth Exit Surveys taken~~ Annual participation rate of Youth Exit Surveys **2021 update: 10.2%** **2022 update: 11%** **2023 update: 12.9%** **2024 update: 13.1%** • Continued data analysis via NYTD **See NYTD section** • % of eligible youth participating in Fostering Futures	• Specific training will be developed and provided by VDSS staff (training unit and Foster Care unit), current staff (supervisors/workers) will receive training and training will be incorporated into new worker training. Youth voice (panels, videos, written content) will be incorporated. • State staff will provide TA via change management staff, CQI staff, and IL/ETV/Chafee specialists will provide TA to LDSS as needed. Capacity Building Engagement coaches will also provide coaching support. • VDSS will use the CQI process to monitor and evaluate progress.
	4.2 Continue to collect and analyze quality data through NYTD to indicate Virginia's trends, barriers, and gaps in IL services. **Completed**					
	4.3 Update Fostering Futures guidance to address practice issues; promote quality engagement of older youth receiving services **Completed**	JLARC 23				
	4.4 Incorporate principles of Positive Youth Development and Youth Engagement in	PIP 1.1				

	training and services for youth. **Completed**				**2020 update: 37.7%** **2021 update: 57.6%** **2022 update: 56%** **2023 update: 55%** **2024 update: 54%** • # of months which Fostering Futures participants remain in the program **2020 update: 5.6** **2021 update: 23.3** **2022 update: 18** **2023 update: 18.8** **2024 update: 18.7** • # of ETV participants **2020 update: 258** **2021 update: 176** **2022 update: 172** **2023 update: 166** **2024 update: 131** • % of cases where	
	4.5 Increase participation in the Education and Training Voucher (ETV). **Modified and strategies to increase participation outlined in 2025-2029 CFSP's Chafee section**					
	4.6 Increase compliance with expectations around the use of skills assessments, transition plans, and team meetings to support youth transition to adulthood. **Modified and continued in 2025-2029 CFSP**	JLARC 22				
	4.7 Compile and analyze annual					

	credit check data to improve technical assistance and training for LDSS workers. **Completed**				identified credit check issues have been resolved **2020 update: 25%** **2021 update: 32%** **2022 update: 28%** **2023 update: Revised Data Measure below[3]** • % of cases with protective items (e.g., fraud alerts; credit freezes) in credit reports **2023 update: 19.4%** **2024 update: 18.9%** • 10% increase in CFSR Items 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024 **2024 update:**	
	4.8 Continue commitment to soliciting youth voice and incorporating feedback into VDSS decisions. **Modified and continued in 2025-2029 CFSP**					

[3] It is challenging for VDSS to track successful resolutions of the irregularities (e.g., financial activities and/or personal data errors) observed in youths' credit reports for various reasons, including youth leaving foster care before receiving an additional credit check and the length of time between credit reports. VDSS proposes to track the following replacement measure: "The percentage of cases with protective items (e.g., fraud alerts; credit freezes) in credit reports," which mitigate or prevent credit issues.

					See CFSR Statewide Assessment section in the 2025-2029 CFSP	
5. Increase the well-being of children in foster care.	5.1 Create a Director of Health and Safety position and recruit additional members for Health Planning Advisory Committee. **Modified and continued in 2025-2029 CFSP**	JLARC 3	• 5.1 October 2019 • 5.2 July 2021 • 5.3 July 2021 • 5.4 ongoing yearly	• Hired Director of Health & Safety • Developed reporting and data sharing structure for Director of Health & Safety findings and recommendations • Completed development of Psychotropic Medication Protocol and Training • Implemented Psychotropic Medication Protocol and Training • High-risk case review process established and implemented • Data sharing agreement with Department of	• # of workers trained in Psychotropic Medication Protocol **2020 update: # of workers 39** **2021 update: 118** **2022 update: 296 (2021 update: 291 staff completed Psychotropic Medications and the Child Welfare System and 61 staff completed Psychotropic Medication Consenter)** **2023 update: 298 staff completed Psychotropic Medications and the Child Welfare System and 72 staff completed Psychotropic Medication Consenter.** **2024 update: 384 staff completed Psychotropic Medications and the Child Welfare System and 56 staff completed**	• VDSS training staff will develop training for supervisors and workers • The Director of Health and Safety, Foster Care Program Manager and regional office staff will provide TA on implementation and policy guidance. • VDSS will use CQI processes to evaluate and monitor progress.
	5.2 Collaborate with partners to address service needs, gaps, and barriers. **Completed**	CC1,CC2, PIP 3.1				
	5.3. Develop and implement Psychotropic Medication Protocol and Training per the Health Oversight Policy. **Completed**					

	5.4 Maintain successful strategies for school stability for youth in foster care. **Completed**			Education to get complete information on school attendance for children in foster care • Annual maintaining of progress towards PIP goals	**Psychotropic Medication Consenter.** • % of children in foster care prescribed psychotropic medications **2020 update: 27%** **2021 update: 30%** **2022 update: 33%** **2023 update: 31%** **2024 update: 31.5%** • 10% increase in CFSR Items 1,2 ,3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024 **2024 update:** **See CFSR Statewide Assessment section in the 2025-2029 CFSP**	
6. Collaborate with Leadership from Tribes to	6.1 Notification of Indian parents and Tribes of state proceedings involving Indian		2020-2024	•Formalized and regular roundtables established to share knowledge	•# of ICWA cases collaborated on between states	•TA implementation supports are provided by the Center for States and Tribal partners. TA will also

Ensure VDSS Support **Modified and continued in 2025-2029 CFSP**	children and their right to intervene			and ides •Formalized methods for collaboration and shared knowledge of ICWA laws •Technical Assistance developed for how ICWA and Federal laws interact •Formal guidelines developed on ICWA and cultural competencies	**2020 update: 0** **2021 update: 6 (5 FC, tribes outside VA, 1 VA tribe)** **2022 update: 4 (4 FC with tribes outside of VA)** **2023 update: 0** **2024 update: 2** # of potential ICWA cases collaborated with Tribes **2020 update: 1** **2021 update: 0** **2022 update: 3 (2 FC with Monacan Indian Nation, 1 In-Home with Chickahominy)** **2023 update: 2 (2 FC with Upper Mattaponi Indian Tribe)** **2024 update: 0** # of FSS that complete ICWA training as part of new worker training **2020 update**	be provided in identifying NICWA cases, and properly training Tribes in responding to NICWA case claims. DFS will request assistance in gather information from other locally administered states on how to increase inquiry of Indian Status. **Complete – consult with New York state** •Annual attendance of the NICWA Conference -Seek assistance through Casey Family Programs for the next year to provide ICWA training to VA's seven federally recognized tribes. -CPS guidance will include an update in July 2022 release that mirrors FC guidance re: documenting Indian Status in OASIS under I&I - this is contingent
	6.2 Placement preferences of Indian children in foster care, pre-adoptive, and adoptive homes					
	6.3 Create guidelines to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption					
	6.4 Tribal right to intervene in state proceedings, or transfer proceedings to the jurisdiction of the tribe					

					CPS: 333 **FC: 273** **2021 update** **CPS: 320** **FC:276** **2022 update:** **CPS: 284** **FC:101** **2023 update:** **CPS: 330** **FC:233** **NEW In-Home: 339** **NEW Adoption: 190** **NEW CWSE5020 Introduction to ICWA eLearning course launched May 2022: 167 child welfare staff completed** **2024 update:** **CPS: 385** **FC: 253** **In-Home: 232** **Adoption: 159** **CWSE5020: 107 completions**	upon IT being able to make the change in OASIS.
7. Examine data related to permanency for	7.1 Identify available data	VDSS DEI Initiative	Yearly	• Data identified	Policy, practice, regulation, legislation changed to begin to	• Staff training on recognizing and understanding

children in foster care to identify and understand areas of disparity or disproportionality	**Modified and continued in 2025-2029 CFSP** 7.2 Identify strategies to improve outcomes **Modified and continued in 2025-2029 CFSP**			• Complete review of identified trends • Determine strategies to implement	address areas of disparity or disproportionality **2024 update: Will continue to work with the Data team and the Strategic Consultants to identify data where which may lead to disparate outcomes. This data is shared with DFS staff during monthly Date/CQI team meetings and subsequently shared with LDSS.**	disparity and disproportionality



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

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
1. Provide staff with innovative technology to assist	1.1 Continue work with the Quality Improvement	PIP 4.2	• 1.1 July 2022 Collaboration with QIC-WD ended	• Full implementation of Compass Mobile	• Annual % changes in staff retention rates	• TA implementation supports are provided by the QIC-

with practice in the field and allow the workforce flexibility in how, when and where casework is completed. [4]	Center on Workforce Development. **Completed**		August 2022 • 1.2 September 2021 **Full implementation of COMPASS Mobile was April 2021** • 1.3 September 2024 • 1.4 Ongoing	• Full implementation of Compass CCWIS system	**2020 update 2019 retention** **FSSI – 43%** **FSSII – 73%** **FSSIII – 77%** **FSSIV – 76%** **FS Sup – 88%** **Overall – 73%** **2021 update:** **FSSI 75%** **(+ 32%)** **FSSII 83%** **(+ 10%)** **FSSIII 90%** **(+ 13%)** **FSSIV 88%** **(+ 4%)** **FS Sup 92%** **(+ 4%)** **Overall 86%** **(+ 13%)** **2022 update:** **(+/- Change compared to 2021)** **FSSI 70%** **(- 5%)** **FSSII 80%** **(- 3%)** **FSSIII 84%** **(- 6%)** **FSSIV 89%** **(+ 1%)** **FS Sup 89%**	WD and by private provider, Red Mane. Additional TA project management supports and change management are provided to LDSS by state staff. • Training is developed with the support of the QIC, and state staff develops and deliver training to supervisors and workers. Technical training is incorporated into new worker training. • The QIC-WD is providing evaluation TA on 1.1. • VDSS will also use CQI processes to monitor and evaluate.
	1.2 Implement Compass Mobile application **Completed**	PIP 4.2 CAPTA I.A				
	1.3 Implementation of Compass CCWIS system. **Completed**	APD CAPTA I.A				
	1.4 Continue to update OASIS, the current child welfare system of record to meet federal and state requirements. Status updates provided through the submission of yearly Operational Annual Planning Document (OAPD). **Completed**	OADP CAPTA I.B				

[4] Currently, VDSS reports point in time data on retention and turnover. This does not provide a full picture of the workforce issue. Over the next year and moving forward, VDSS will be assessing the data on a monthly basis and providing annual data based on those monthly calculations.

			(- 3%) **Overall 82%** **(- 4%)** **2023 update:** **(+/- Change compared to 2022)** **FSSI 75%** **(+5%)** **FSSII 79%** **(-1%)** **FSSIII 84%** **(+/-0%)** **FSSIV 85%** **(-4%)** **FS Sup 90%** **(+1%)** **Overall 82%** **(+/-** **0%) NOTE: These numbers are based on the number of positions vs. positions filled. The total number of positions have increased from 3477 in 2020 to 3590 in 2022.** **2024 update:** **Retention Rates** **FSSI 56%** **FSSII 72%** **FSSIII 78%** **FSSIV 78%** **FS Sup 87%** **FSS Manager 92%**

					Overall 75%[5] • # of Compass Mobile users **2020 update: 1,574** **2021 update: 1,744** **2022 update: 2,094** **2023 update: 2,246** **2024 update: 2,697** • 10% increase in CFSR Items 1,2 ,3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024 **2024 update: See CFSR Statewide Assessment section in the 2025-2029 CFSP**	
2. Increase the retention and recruitment of a workforce that is aligned to both their role and the communities they serve. [6]	2.1 Expand the Child Welfare Stipend Program. **Modified and continued in 2025-2029 CFSP** 2.2 Reduce caseloads for those foster care workers	JLARC 32,3,9,26, 27, 34, 24, 25 PIP 4.1 CAPTA I.J	• 2.1 Ongoing yearly updates • 2.2 June 2020 • 2.3 Ongoing yearly updates	• Annual cohort update from Stipend Program • Annual worker retention/turnover update • Average caseload of 15 or below	• # of participants in Child Welfare Stipend Program **2020 update** **59 BSW and MSW students** **38 graduated in 2019, 44% BSW, 56% MSW**	• VDSS provides stipend program TA supports to LDSS and students; VDSS will also provide TA supports to LDSS to help maintain foster care caseloads of 15 or less.

[5] VDSS began a new process of tracking turnover and retention rates, moving from an annual report to a monthly tracking system allowing VDSS to identify more instances of turnover. As this data collection is different from past years, VDSS cannot compare current performance to past reported performance.

[6] Currently, VDSS reports point in time data on retention and turnover. This does not provide a full picture of the workforce issue. Over the next year and moving forward, VDSS will be assessing the data on a monthly basis and providing annual data based on those monthly calculations.

	carrying caseloads of more than 15 children. **Completed**		**2021 update:** **2019-2020 academic year** **67 total BSW/MSW students** **48 graduated in 2020** **25% BSW** **75% MSW** **2020-2021 academic year** **76 total BSW/MSW students** **44 scheduled to graduate in May 2021** **14% increase in enrollment between academic year 2018/19** **13% increase in enrollment between academic year 19-20 and 20-21** **2022 update:** **2021-2022 academic year** **78 total BSW/MSW students enrolled; 45 expected to graduate May 2022** **2023 update:**	• VDSS offers new worker training to stipend students. • VDSS will use CQI processes to evaluate and monitor progress.
	2.3 Decrease turnover rate for case workers and increase retention of two years or more. **Completed**			

				2022-23 academic year 57 total BSW/MSW students enrolled; 38 expected to graduate May 2023. **The COVID-19 pandemic has impacted enrollment at colleges and universities, and thus impacted enrollment in the CWSP during this academic year.** **2024 update: 2023-2024 academic year 63 total BSW/MSW students, 31 graduated in Spring 2024** • Average caseload per locality **2020 update** **SFY20: Q 1 15 staff had case load over 15,** **Q 2 12 staff had case load over 15** **2021 update:** **Statewide:** **• Percentage of children impacted decreased from 3.5%**

				(2019) to 1.1% (2020) **• Number of children impacted by a worker with a caseload exceeding 15 dropped from 187 (Feb. 2020) to 23 (Sept. 2020)** **2022 update:** **19 FSS carried a caseload over 15 at some point in 2021. These FSS worked with 387 children (5.3%)** **2023 update:** **20.4% of children in foster care were assigned to a caseworker with more than 15 cases.** **2024 update:** **26.3% of children in foster care were assigned to a caseworker with more than 15 cases.** • Turnover and retention rates **2020 update 2019 turnover rate** **FSSI – 35%**

			FSSII – 19% **FSSIII – 14%** **FSSIV – 9%** **FS Sup – 8%** **2021 update:** **2020 turnover rate** **FSSI 32%** **(- 3%)** **FSSII 23%** **(+ 4%)** **FSSIII 15%** **(+ 1%)** **FSSIV 15%** **(+ 6%)** **FSS Sup 8%** **(no change)** **2022 update:** **2021 turnover rate** **(+/- change compared to 2021)** **FSSI 34%** **(+2%)** **FSSII 24%** **(+ 1%)** **FSSIII 16%** **(+ 1%)** **FSSIV 14%** **(-1%)** **FSS Sup 9%** **(+1)** **2023 update:** **2022 turnover rate** **(+/- change compared to 2022)** **FSSI 37%**

			(+3%) **FSSII23%** **(-1x%)** **FSSIII 16%** **(+/-0%)** **FSSIV 13%** **(-1%)** **FSS Sup 9%** **(+/-0%)** **2024 update:** **2023 turnover rate** **FFSI 44%** **FSSII 29%** **FSSIII 22%** **FSSIV 21%** **FSS Sup 13%** **FSS Manager 7%**[7] • Annual % change in retention rates **2021 update:** **Annual % change in retention rates (2019 to 2020)** **FSSI 32%** **FSSII 10%** **FSSIII 13%** **FSSIV 4%** **FS Sup 4%** **Overall 13% increased retention rates**

[7] VDSS began a new process of tracking turnover and retention rates, moving from an annual report to a monthly tracking system allowing VDSS to identify more instances of turnover. As this data collection is different from past years, VDSS cannot compare current performance to past reported performance.

				2022 update: **(2020 to 2021)** **FSSI - 5%** **FSSII - 3%** **FSSIII - 6%** **FSSIV + 1%** **FS Sup - 3%** **Overall - 4%** **decreased retention rates** **2023 update:** **(2021 to 2022)** **FSSI +5%** **FSSII -1%** **FSSIII +/-0%** **FSSIV –4%** **FS Sup +1%** **Overall +/-0%** **change in retention rates** **2024 update:** **Retention Rates** **FSSI 56%** **FSSII 72%** **FSSIII 78%** **FSSIV 78%** **FS Sup 87%** **FSS Manager 92%** **Overall 75%**[8] • 10% increase in CFSR Items 1,2 ,3, 4, 5, 6, 12, 13, 14, 15

[8] VDSS began a new process of tracking turnover and retention rates, moving from an annual report to a monthly tracking system allowing VDSS to identify more instances of turnover. As this data collection is different from past years, VDSS cannot compare current performance to past reported performance.

					reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024 **2024 update:** **See CFSR Statewide Assessment Section**	
3. Follow Butler Study recommendations by providing more advanced training supporting and enhancing supervisor skills and coaching.	3.1 Create Child Welfare Leadership Institute. **Completed**	PIP 4.1	June 2021	• Development of Leadership Institute curriculum • Implementation of Leadership Institute	• # of participants in Family Services Leadership Institute **2020 update** **Central: 15** **Eastern: 39** **Northern: 44** **Piedmont: 30** **Western: 6** **TOTAL: 134** **2021 update:** **SUP5701 - 53** **SUP5702 – 18** **SUP5703 – 22** **SUP5704 – 26** **SUP5705 – 27** **2022 update: These classes were not offered due to COVID and conversion of other classes to virtual.** **2023 update:** **SUP5701 – 90** **SUP5701W-38** **SUP5702 – 52** **SUP5705 – 33**	• VDSS training team provides implementation TA, project management, change management, and communication support to LDSS. • VDSS training team will provide training • VDSS CQI process will evaluate and monitor progress.
	3.2 Support cohort learning and peer-to-peer networking. **Completed**					

					2024 update: **SUP5701 – 101** **SUP5702 – 30** **SUP5705 - 33** • 10% increase in CFSR Items 1,2 ,3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024 **2024 update:** **See CFSR Statewide Assessment Section in the 2025-2029 CFSP**	
4. Hire additional staff and provide workforce resources as suggested by JLARC report.	4.1 Increase workforce to support caseworkers, special populations, and broader workforce. **Completed**	JLARC 26-28 JLARC 34	June 2020	• Child Welfare Ombudsman office created • Ombudsman reports and recommendations regularly reviewed and implemented • Recruiting and retaining strategy developed and implemented	• # of positions hired **2020 update** **6 positions hired:** **1 Permanency Consultants,** **3 Diligent Recruitment Consultants,** **1 Diligent Recruitment Program Manager,** **1 Data analyst,** **(2 additional Diligent Recruitment Consultants transferred into the position)** **2021 update:**	• VDSS receives support from the Office of Development with recruitment and hiring. • Training will be provided to new staff. • VDSS will utilize CQI processes to determine needs, and track outcomes.
	4.2 Create independent office of Child Welfare Ombudsman. **Completed**	JLARC 32				
	4.3 Identify LDSS assistance needs with recruiting and retaining case workers. **Completed**	JLARC 9 JLARC 26; 28 CAPTA I.J				

					Recruitment in progress for: **- Dir of Foster Care Health and Safety*** **- 5 Strategic Consultants** **- Additional permanency consultants (4, 1 hired in 2019)** **2022 update:** **Ombudsman office opened** **-4 permanency consultants hired (4/2021)** **-3 Strategic consultants hired (1 in 2021, 2 in 2022)** **2023 update:** **Strategic consultants fully staffed in 2022** **2024 update: hiring was completed in 2022.**	
5. Examine data related to maintain the workforce to identify and understand areas of disparity or disproportionality	5.1 Identify available data 5.2 Identify strategies to improve outcomes **Modified and continued to CFSP 2025-2029**	VDSS DEI initiative	Yearly	• Data identified • Complete review of identified trends • Determine strategies to implement	Policy, practice, regulation, legislation changed to begin to address areas of disparity or disproportionality **2024 update: Will continue to work with the Data team and the Strategic**	• Staff training on recognizing and understanding disparity and disproportionality

					Consultants to identify data where which may lead to disparate outcomes. This data is shared with DFS staff during monthly Date/CQI team meetings and subsequently shared with LDSS.	

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

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
1. Create foundational CQI system that is data driven and outcome focused to support	1.1 Create written policies, practices, and procedures describing foundational administrative CQI structure.		• Written policies and procedures by December 2020 • Training development completed by	• Written CQI policies and procedures finalized and incorporated into programmatic	• % of staff at each level trained in CQI operations **2020 update: 50 staff from DFS Home Office and Regional Offices participated in**	• Assist leadership in CQI training via the CQI Training academy • Technical assistance provided by the Center for States for

overarching engagement strategy. **Modified and continued in 2025-2029 CFSP**	1.2 Develop reporting structure for communication, data, and program improvements that are connected to outcomes and inform service improvement.	PIP 1.1, 2.1, 2.2, 4.2	December 2019 • Training and technical assistance provided through 2024 • Statewide implementation plan completed by June 2020 • Implementation of administrative CQI system across entire state through 2024	operations • Reporting structure related to outcomes developed and used to inform management decisions • Training developed and incorporated into staff development plans • Administrative CQI system implemented and operationalized	**the CQI Training Academy Learning Collaborative that ran from June 2019-October 2019.** **2021 update: CQI has identified further training opportunities that will be provided to staff in 2021** **2022 update: 2 League presentations (LDSS audience), Commissioner calls (internal state staff LDSS), and November 2021 Lunch & Learn (internal state staff). November CQI Kick-Off virtual meeting (state staff, LDSS)** **2023 update: 12 CoP meetings held in 2022 by Regional Offices, 12 Statewide CQI meetings held in 2022 by CQI Team and DFS Program Staff, 2 presentations at Quarterly Director Meetings,**	evaluation plan and CQI Training Academy implementation • Training on data-driven management decision making • Regional Offices provide regular technical assistance to local departments and engage/encourage CQI activities throughout the process
	1.3 Create training program for all staff levels with a focus on CQI operations and data consumption					
	1.4 Create a CQI implementation plan for a statewide administrative CQI system, and a system for tracking outcomes related to federal reporting requirements					

2. Develop a comprehensive data plan across all programmatic areas **Modified and continued in 2025-2029 CFSP**	2.1 Perform a review of data sources, methodologies, and storage in all programmatic areas.		• Complete Data Plan review – December 2020 • Implement recommendations from Data Plan – 2021-2022 • Develop and implement dashboards – 2020-2024 • Connect data to outcomes – 2020-2024	• Data plan finalized and recommendations incorporated into daily operations • Completed plan for data analysis and dissemination	• % of LDSS and staff trained in data-driven management practices **2021 update: Data-driven management training is in the Division's long-term future and will continue to be evaluated.** **2022 update: 2 League presentations (LDSS audience), Commissioner calls (internal state staff LDSS), and November 2021 Lunch & Learn (internal state staff). November CQI Kick-Off virtual meeting (state staff, LDSS)** **2023 update: During 2022 CoP meetings, Regional Practice Consultants engaged in collective thinking activities with local departments to begin teaching how to use the data to drive changes in practice**	• Training on new dashboards will be provided to VDSS, LDSS, and Regional Staff
	2.2 Develop tools to assess organizational data readiness and provide comprehensive data-informed management training.					
	2.3 Create functional dashboards to communicate data and progress towards outcomes for all levels of organization and types of users.					
	2.4 Identify opportunities to coordinate and connect data entry, data sources, and databases within the Division of Family Services.					

	2.5 Connect DFS data to desired outcomes for the CFSP, PIP, IV-E, JLARC, and all other reporting requirements					
	2.6 Develop systemic capacity to analyze and disseminate data and outcomes	PIP 1.2, 2.1				
3. Integrate current QAA review process into CQI model.	3.1 Ensure CQI components are factored into case reviews in IV-E reviews, CFSR, VCFSR, and Sub-recipient monitoring, and identify opportunities to align the review processes. **Completed**		• Report findings of CANS Assessment in case planning (JLARC 2) to Virginia Board of Social Services by April 2021 •Develop plan to phase in structured comprehensive annual quality assurance reviews to Virginia Board for Social Services	• All JLARC recommendations incorporated into CQI & QAA operations • All serious case-specific or systemic safety-related concerns from 2019 and 2020 recommunicated	• % decrease in children in foster care for more than 36 months **2020 update: 1002 children** **2021 update: 578 children, 42.3% decrease** **2022 update: 594, 2.7% increase** **2023 update: 633 children, 6.6% increase** **2024 update: 599 children, 5.4% decrease** • % of children in in	• QAA staff will provide technical assistance on opportunities to combine QAA reports into the CQI model • QAA staff received training on the COMPASS Portal to include uploading, document placement and using the naming convention
	3.2 Incorporate JLARC recommendations into QAA process and align the OSRI tool with CQI process					

	Completed		(JLARC 30) by June 30, 2020		Virginia in foster care for over 12 months, 24 months, and 36 months **2020 updates:** **Over 12 months - 58.7%** **Over 24 months - 31.9%** **Over 36 months - 17.9%** **2021 update:** **Over 12 months: 54.4%** **Over 24 months: 26.2%** **Over 36 months: 12.4%** **2022 update:** **Over 12 months: 57.1%** **Over 24 months: 52.7%** **Over 36 months: 14.6%** **2023 update:** **Over 12 months: 52.7%** **Over 24 months: 27.4%** **Over 36 months: 15.1%**	
	3.3 Quarterly conduct structured reviews to ensure state and federal compliance, communicate areas for improvement to LDSS, work with LDSS to resolve identified opportunities for improvement, and monitor performance ~~and report to Virginia Board of Social Services~~. **Completed**	JLARC 29				
	3.4 Develop a plan to phase in annual quality assurance reviews for a representative sample ~~and report findings to the~~	JLARC 30				

	~~Virginia Board for Social Services~~. **Completed**				**2024 update:** **Over 12 months: 54%** **Over 24 months: 26.5%** **Over 36 months: 13.8%** # of agency case reviews **2021 update:** **139 CFSR cases,** **2.497 IV-E new case validations,** **740 ongoing case reviews** **(3.237 total IV-E cases)** **33 VCFSR** **2022 update:** **140 CFSR cases** **2,093 IV-E new case validations** **1,248 ongoing case reviews** **(3,341 total IV-E cases)** **25 VCFSR** **2023 update:** **120 CFSR cases** **2,287 IV-E new case**	
	3.5 Continue conducting agency case reviews at all localities, examine the results of agency case reviews, work with localities on identified opportunities for improvement, and monitor progress. **Completed**	JLARC 31				
	3.6 ~~Develop a list of children in foster care for more than 36 months, review each case, and respond with required technical assistance or referrals to minimize unnecessarily lengthy stays in foster care.~~ Develop a congregate care	JLARC 20				

	review process to support movement of children into family-based placements and reduce lengthy stays in congregate care. [9]				**validations** **1,073 ongoing case reviews** **(3,360 total IV-E cases)** **9 VCFSR** **2024 update:** **96 CFSR cases** **2.287 IV-E new case validations** **1,073 ongoing case reviews** **Congregate Care Reviews** **2023 Update: 333 reviews** **2024 Update: 482 reviews**	
	3.7 Prepare reports each quarter to provide: • Percentage of children in each locality in foster care for over 12 months, 24 months, and 36 months. • Regional and state average lengths of stay in foster care. **Completed**	JLARC 21				
	~~3.8 Review all information collected via agency case reviews from 2017 and 2018, and re-communicate all~~	JLARC 1				

[9] VDSS has focused efforts on reducing length of stay in foster care on reducing congregate care usage and length of stay and improving placement in kin and family-based placements. These efforts have been documented within the Permanency sections of the past APSRs. These efforts are more reflective of Virginia's focus on reducing length of stay in foster care.

	~~serious case-specific or systemic safety-related concerns from the previous reviews. A letter from the commissioner should be submitted to the House Health, Welfare and Institutions Committee and the Senate Rehabilitation and Social Services Committee to certify all safety-related concerns identified have been resolved no later than November 1, 2019~~.[10]					
4. Develop systemic capacity to analyze and	4.1 Create routine processes for collecting, organizing, and tracking data		• 2020-2024	• Longitudinal data sets created and used to improve	• # of data trainings provided annually **2022 update**	• Training will be developed and provided for VDSS staff on improving

[10] Originally this activity was planned to occur in alignment with recommendations in the JLARC report and in coordination with General Assembly. This recommendation was not included in the Appropriation Act. Instead the foster care omnibus bill increased staffing for regional oversight which has assisted in addressing any health or safety issues identified through regional oversight of LDSS.

disseminate data and outcomes	related to outcomes. **Completed**			services and identify trends in services	**Data-driven management training is in the Division's long-term future and will continue to be evaluated.** **2023 update:** **No specific data trainings provided but CQI data meetings are held twice a month for VDSS staff to improve data consumption & use in daily operations** **2024 update:** **No specific data trainings provided but CQI data meetings are held twice a month for VDSS staff to improve data consumption & use in daily operations** •# of available reports **2020 update** **DFS has not had the capacity to build out the reporting to be independent of existing Departmental data reporting structures at this time.**	data consumption and use in daily operations
	4.2 Develop organizational capacity to store and analyze longitudinal case and cohort data **Completed**					
	4.3 Define dedicated processes for data analysis and regularly available data-related trainings for staff at all levels. **Completed**					
	4.4 Develop a human-centered design process to translate data and outcomes for use by a broad range of stakeholders and disseminate reports to explain progress towards outcomes					

	Modified & continued in CFSP 2025-2029				**2021 update** **DFS currently has a quarterly congregate care focused data pull to inform review efforts, a monthly data report that includes measures across all programmatic areas to inform progress and track previous performance, and contributes to a department-wide COVID-related dashboard.** **2022 update:** **DFS posts a quarterly report that includes Prevention, Protection, and Permanency outcomes. Data is shared bi-weekly with home office and regional staff on selected topics** **2023 update:** **DFS continues to post the quarterly report and review/delve deeper in meetings**	

					with DFS & regional staff twice a month. **2024 update:** **DFS continues to post the quarterly report and review/delve deeper in meetings with DFS & regional staff twice a month.**	