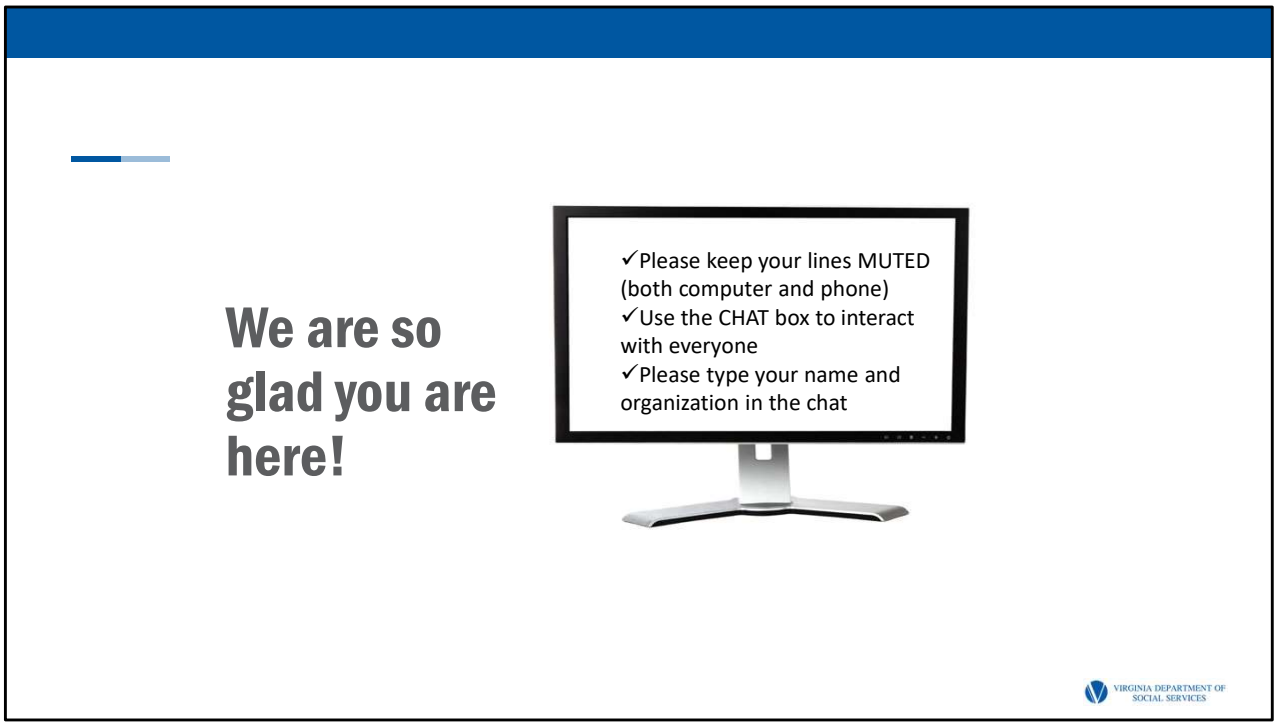

VIRGINIA DEPARTMENT OF
SOCIAL SERVICES
Child Welfare Advisory Committee (CWAC)
November 2024



Welcome to our Fall CWAC meeting. We are so excited to have you here for our last CWAC meeting of 2024.
Also, let us know if this is your first time attending CWAC as we would love to give you an extra welcoming hello!

Just a couple of housekeeping items – This is our first large scale hybrid meeting so we just ask for your grace as we become used to our new normal way of operating in our new space!

AGENDA



- 2024 Accomplishments
- CFSR & Programmatic Data Review and Discussion
- Breakout Rooms: CFSP Strategies/Activities
- Plus/Delta

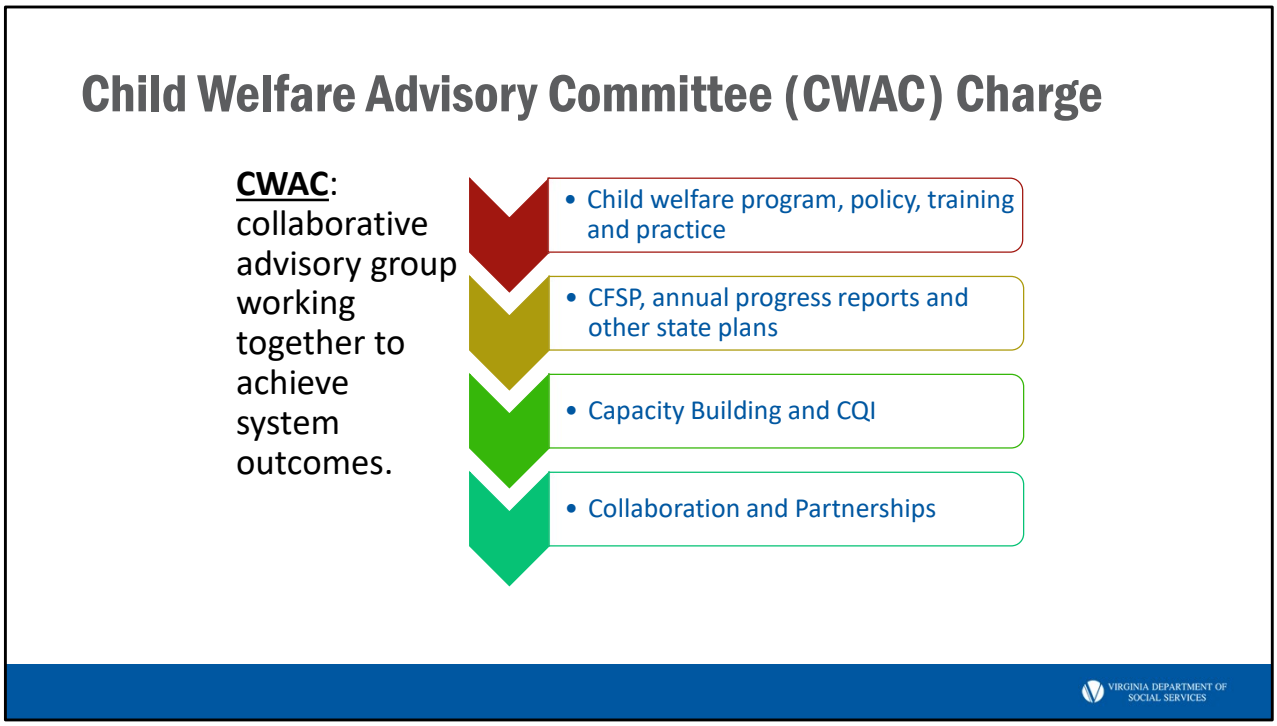
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Icebreaker:

What has been a highlight for you in November so far?



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You may recall this slide from our last meeting. CWAC is a collaborative advisory group whose charge is partner and advise how we get to our outcomes as a ***system***. We are working on developing our partnerships in meeting the outcomes.

The items we're working towards as a child welfare system include

- Child welfare program, policy, training and practice issues
- The development of the five-year Child and Family Services Plan and annual progress reports, as well as other state plans under the responsibility of Family Services including guiding the development and implementation of Virginia's Program Improvement Plan for any element that Virginia does not meet requirements of the Child and Family Services Review (CFSR)
- Ensuring that we build capacity and CQI efforts in achieving and improving all of our outcomes

Child & Family Services Plan (CFSP)

The CFSP is a **five-year strategic plan** that sets forth the vision and the goals to be accomplished to **strengthen** the states' overall child welfare system.

The Annual Progress & Services Report (APSR) is the annual update on the progress the state has made on the goals & objectives in the CFSP.

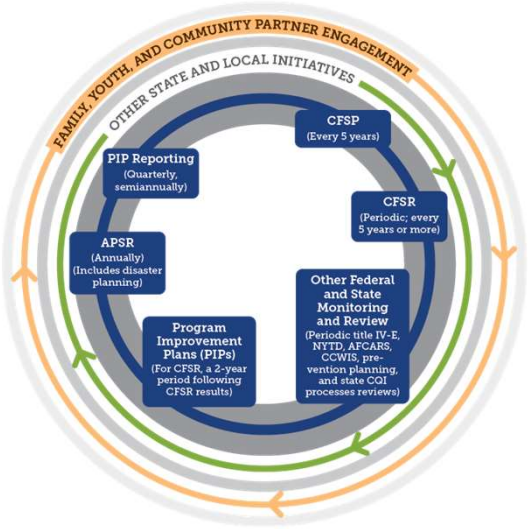


Image from Strategic Planning in Child Welfare (Child Welfare Capacity Building Collaborative)
https://capacity.childwelfare.gov/states/topics/cqi/strategic-planning

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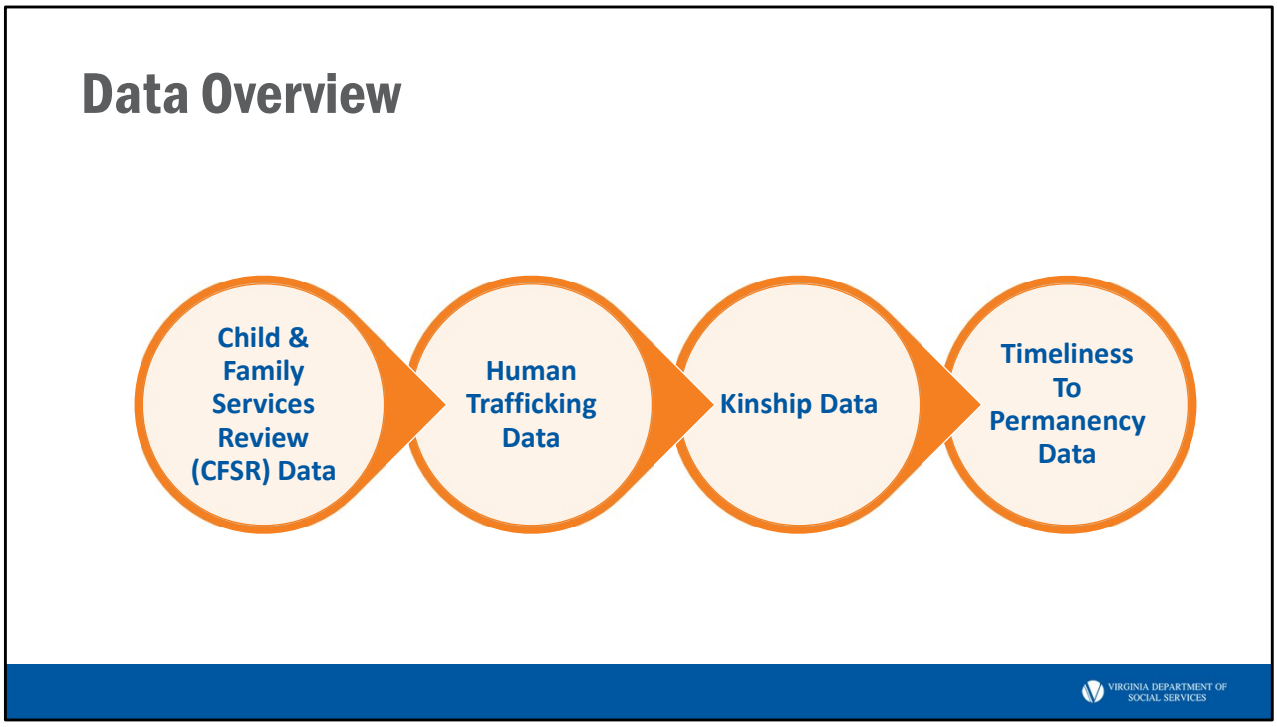
Our Child & Family Services Plan or CFSP is a five year strategic plan that identifies our state's child welfare vision & goals.. The Annual Progress & Services Report (APSR) is the annual update we provide on the progress we made on our CFSP. The graphic on the slide shows the child welfare cycles of planning, monitoring, and reporting. VDSS works to align goals and implementation activities throughout these cycles.

2024 Accomplishments



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Abbreviations/Acronyms:
FC=Foster Care
CFSP = Child and Family Services Plan
CCWIS = Comprehensive Child Welfare Information System
MI=Motivational Interviewing
CCCA = Commonwealth Center for Children & Adolescents

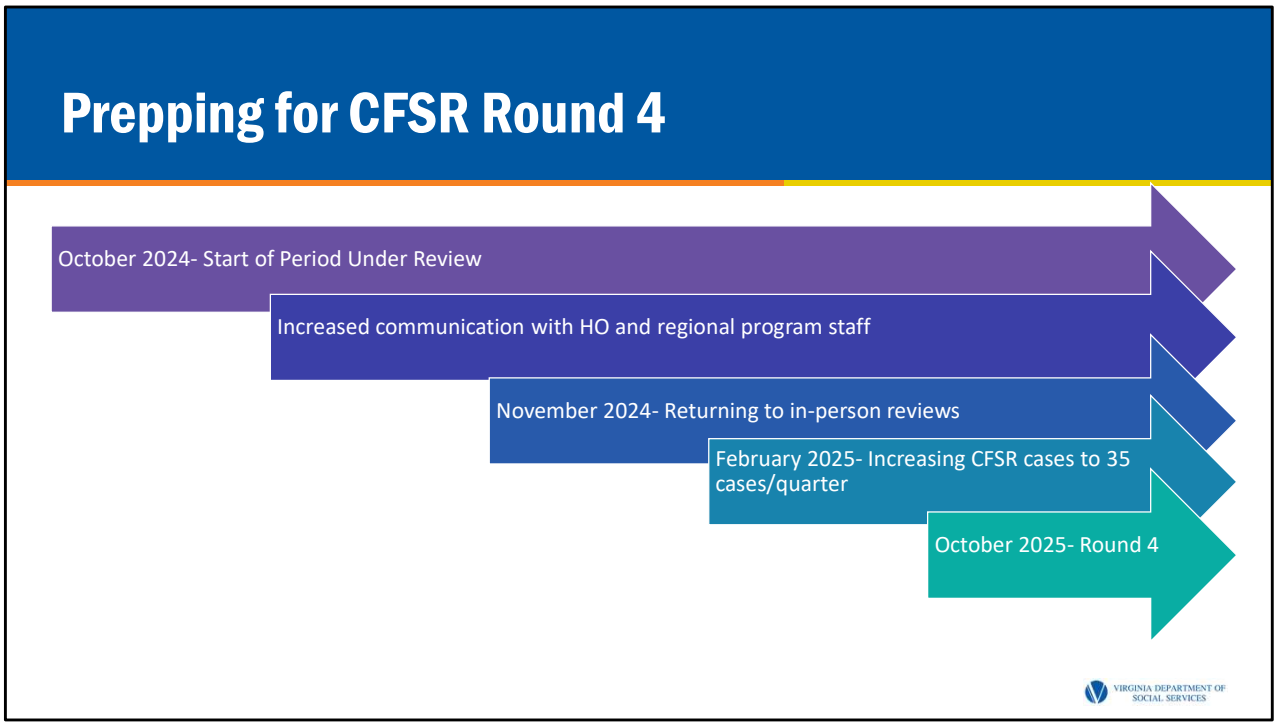


In order to set the stage for our breakout room questions, we wanted to take a look first at our data. While we won't be diving too deep in the data today, we wanted to provide the opportunity for the CWAC team see the current performance in our items to begin to think about where are areas to dive deeper. Is what we are seeing in the data matching up to our experiences with families and communities? What are areas of opportunities for us to target? What are areas we could look closer at.

CFSR Round 4 Updates and Data

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CFSR = Child and Family Services Review



Most of you are probably familiar that we are preparing for our next round of federal oversight, or CFSR Round 4, in 2025. I'd like to start with a brief overview of where we are in the process of preparing for our federal review at this time. Last month, October 2024, started our period under review, or PUR, for the federal review. The federal review will have a look back period of 12-14 months, and therefore casework that is occurring now will be included in the federal case review process. To prepare for CFSR round 4, our team has been providing information and resources to our local agencies to support them in engaging in quality casework practices that will help ensure that federal expectations for child safety, permanency, and well-being are being met and that casework going forward will result in good CFSR review outcomes.

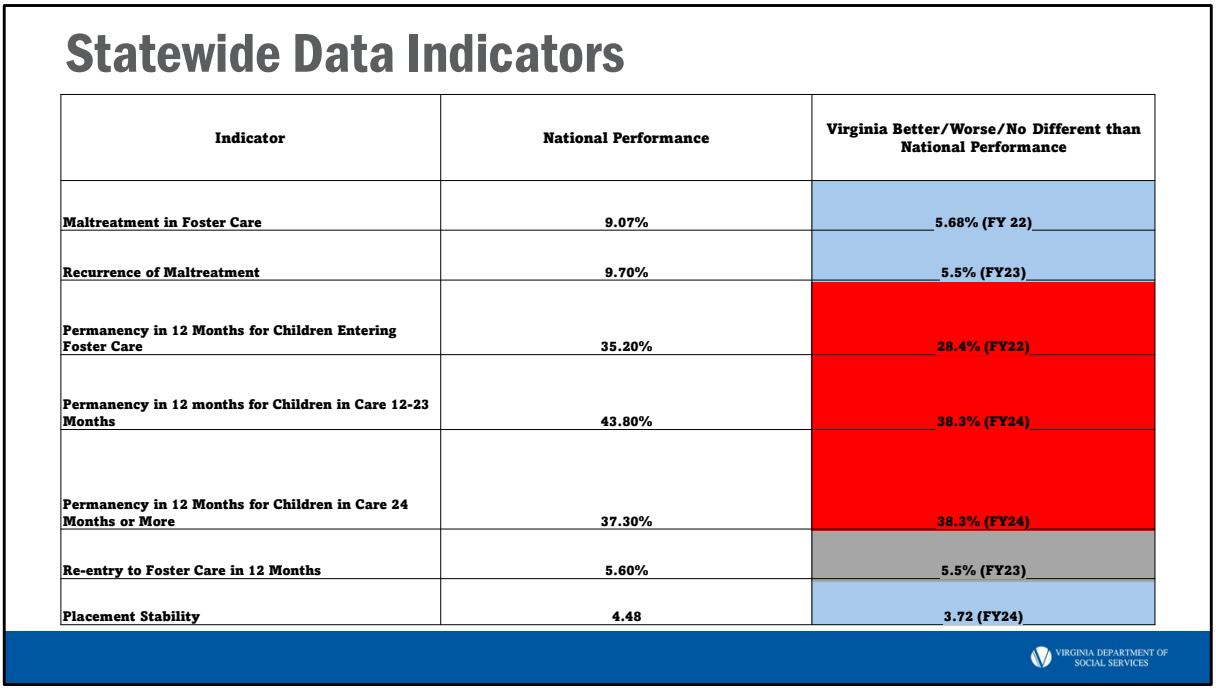
To that end, our team is also working on increased communication and collaboration with our home office and regional program staff to ensure that agencies are getting consistent messaging about the work that they are doing and seeing a connection between that work and the CFSR- in other words, helping agency staff to understand that preparing for the CFSR is not a new or additional ask, but should be a part of the ongoing efforts that are already being made to improve our work with kids and families.

This month, November 2024, our CFSR team has returned to in-person reviews on half of our cases. Since February 2020, our reviews have taken place fully virtually, so to ease back

into the process we have started with conducting half of our reviews virtually, and half in-person, for this current quarter. Beginning in February 2025, case reviews will take place 100% in-person, as will be the expectation in Round 4.

Also beginning in February 2025, our review caseload will have increased to 35 cases/quarter, which is the caseload that will be reviewed each quarter of the federal review. We had previously lowered our CFSR case review numbers while not under federal oversight. However, we have gradually increased our numbers for the past several quarters to work back up to 35 cases in preparation for the federal review. This will allow us to hopefully obtain a more representative sample of cases in Virginia each quarter, and also prepare us for the workload during the federal review. The federal review is set to begin in October 1, 2025, and will run through March 21, 2026.

Now let's take a look at how Virginia has been performing, starting with our most recent Statewide Data indicators.



Statewide data indicators are provided to us by our federal partners at the Children's Bureau. Our performance as a state is compared to the national performance, and is measured through data quality checks. The areas highlighted in red are areas where Virginia is performing worse than the national standards. The areas in gray are areas where Virginia is performing the same as the national standard. Areas in blue are areas where Virginia is performing better than the national standard. These outcomes are based on our August 2024 SWDI report, and data used was from our AFCARS (adoption and foster care analysis and reporting system), and NCANDS (national child abuse and neglect data system), submissions as of July 11, 2024. We often use the SWDIs to compare with our CFSR data to see if our measures are matching what the feds are seeing.

As you can see, Virginia is performing better than the national average in maltreatment in foster care, recurrence of maltreatment, and placement stability. We are performing no different than the national performance in re-entry into foster care in 12 months. Unfortunately, we have historically performed, and continue to perform, below the national performance in our permanency measures.

We'll take a look at some of our more recent CFSR outcomes for the measurement period, particularly CFSR items 5 and 6 that correspond with permanency goals and timely goal achievement.

Measurement Period 6 (May-October 2024)

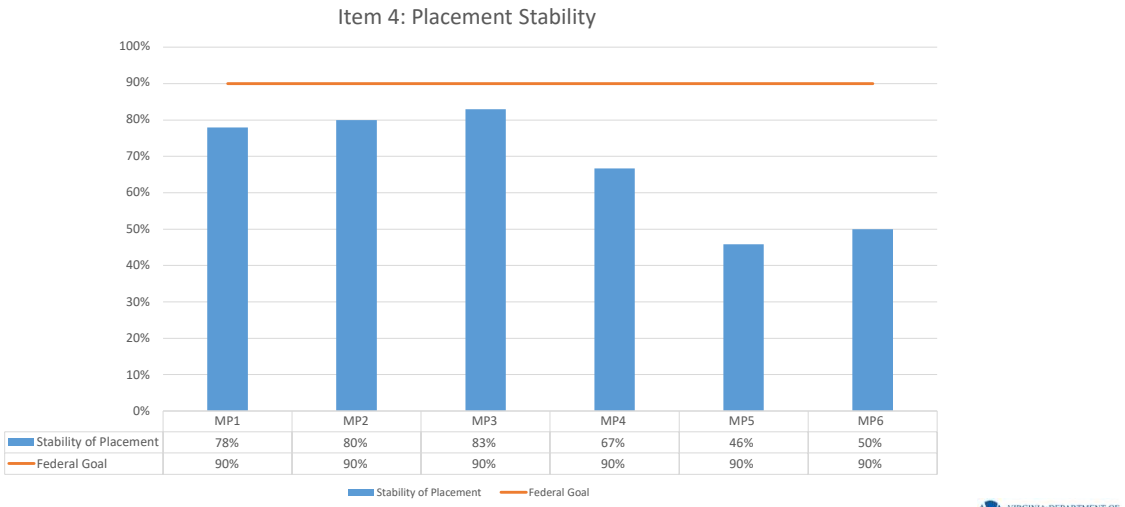
CFSR Items	CFSR Baseline	6 Month Goal (05/24)	Statewide MP6 (52)	Central MP6 (10)	Eastern MP6 (10)	Northern MP6 (11)	Piedmont MP6 (11)	Western MP6 (10)
Item 1- Timeliness	96%	95%	89%	59%	100%	70%	100%	90%
Item 2- Safety Services	81%	90%	77%	75%	100%	80%	56%	80%
Item 3- Risk and Safety	76%	77%	62%	80%	80%	64%	36%	50%
Item 4- Placement	67%	86%	50%	60%	60%	33%	20%	80%
Item 5- Permanency Goals	71%	90%	88%	60%	80%	100%	100%	100%
Item 6- Achieving Permanency	57%	85%	54%	60%	60%	67%	20%	60%
Item 7- Sibling Placement	90%	90%	67%	67%	100%	75%	50%	50%
Item 8- Visitation	78%	85%	60%	60%	75%	83%	0%	80%
Item 9- Connections	95%	90%	65%	80%	80%	83%	20%	60%
Item 10- Placement with Relatives	81%	90%	81%	80%	80%	83%	80%	80%
Item 11- Relationship	75%	75%	63%	60%	67%	83%	20%	80%
Item 12- Needs/Services	79%	77%	48%	40%	90%	27%	27%	60%
Item 13- Case Planning	82%	80%	63%	60%	100%	64%	27%	70%
Item 14- CW visits child	88%	90%	79%	90%	90%	73%	55%	90%
Item 15- CW visits parent	80%	77%	60%	60%	100%	55%	27%	60%
Item 16- Education	100%	90%	93%	100%	100%	60%	100%	100%
Item 17- Med/Dental	74%	90%	80%	100%	90%	44%	75%	89%
Item 18- MH/BH	77%	90%	85%	100%	100%	88%	50%	83%

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Measurement period 6 is our most recent MP running from May-Oct 2024. During this MP we met the 6-month goal for one item as a state, which is Item 16. You will see items that met the 6-month goal highlighted in green text. The CFSR items highlighted in green in the left column are items that met or exceeded the 6-month goal in at least one MP previously; however, you will see that this MP many of those items that previously met the goal declined this MP. During this MP the cases reviewed demonstrated considerable areas needing improvement in some of our permanency outcome items, such as items 4 and 6, and our well-being outcome 12.

I'd like to go into a bit more detail regarding each one of those items and some of the trends we're seeing, as items 4 and 6 relate back to our permanency SWDI outcomes, and item 12 is a key item that tends to have a large impact on all the others. Additionally I'll touch on item 10, as it relates to Virginia's current efforts to increase kinship placements.

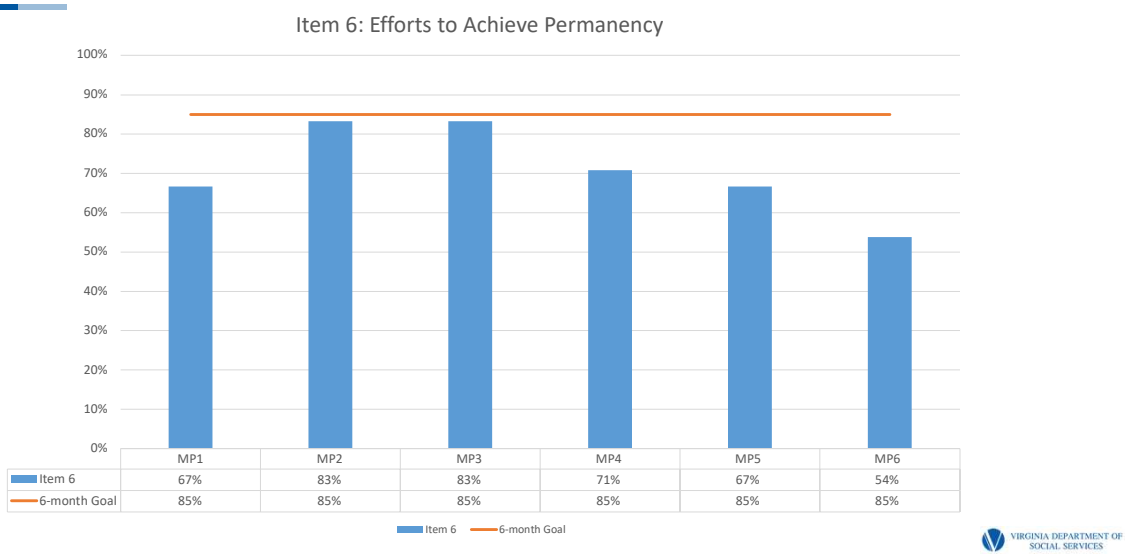
Item 4



Item 4 is placement stability. As you can see, we saw a slight increase in placement stability from MPs 1-3, and have seen a large decrease in MPs 4-6. This is in contrast to our SWDIs, which report that VA is performing better than the national average in placement stability; however, our numbers seem to be worsening.

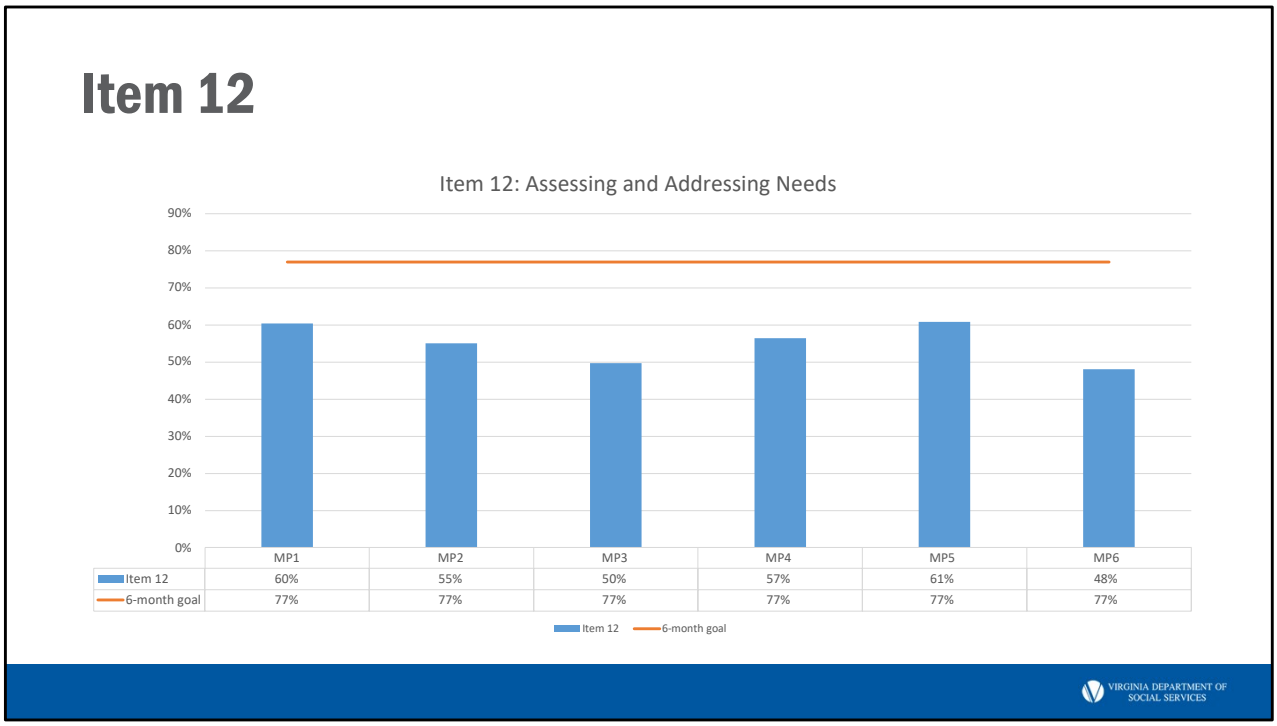
This could be due to a number of reasons. Our SWDI measures placement stability as number of moves per 1000 days in care, and overall Virginia may be performing well in maintaining placements. However, Item 4 of the CFSR also accounts for other factors that may result in areas needing improvement. A strength rating is achieved in this item when a child's current placement is stable and in alignment with the child's permanency goals, and when moves occurring during the PUR were in the child's best interest and in alignment with the child's permanency goals. Therefore, regardless of number of moves, this item may still be an ANI if a placement is not appropriate for the child's needs or permanency goals

Item 6



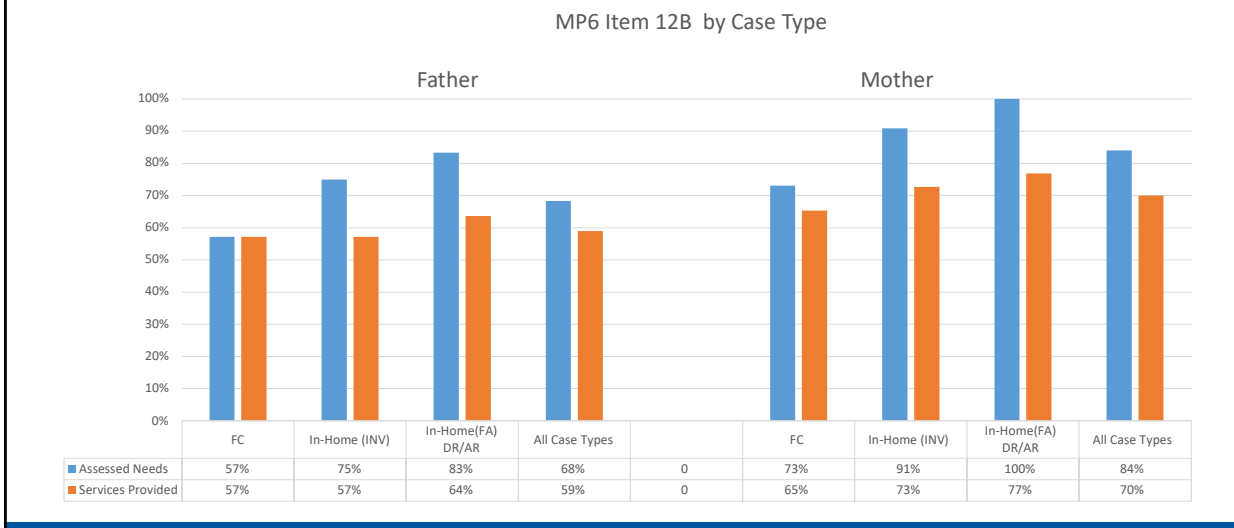
Item 6 looks at whether an agency has made concerted efforts to achieve permanency in a timely manner. Our CFSR outcomes in Item 6 do unfortunately align with what we're seeing in the permanency outcomes of our SWDIs, which show that we are performing below the national average. MPs 2 and 3 saw an increase in Item 6 outcomes, coming very close to the 6-month goal of 85%. However, MPs 4-6 have saw a steady decline in Item 6 outcomes. Generally, Virginia is doing a good job at timely establishment of appropriate permanency goals, which is CFSR item 5, but continues to struggle with achieving permanency. As we move toward CFSR round 4, we are working to identify root causes and assessing the agency's efforts, as well as the court's efforts, as it pertains to achieving timely permanency.

Item 12



Item 12 is Assessment of needs and provision of services, to children, parents, and resource parents. This is a foundational item that tends to impact other CFSR items. Engagement of children and families is key to identifying needs ,providing appropriate services, and moving toward achievement of case goals. As you can see, VA has struggled continually with Item 12 over all MPs, and has not come close to meeting the 6-month goal of 77%. Unfortunately, if we do not improve outcomes in Item 12, this often directly impacts additional items, particularly items 13 and 15, which are case planning and caseworker visits with parents; but also indirectly impacts many other items.

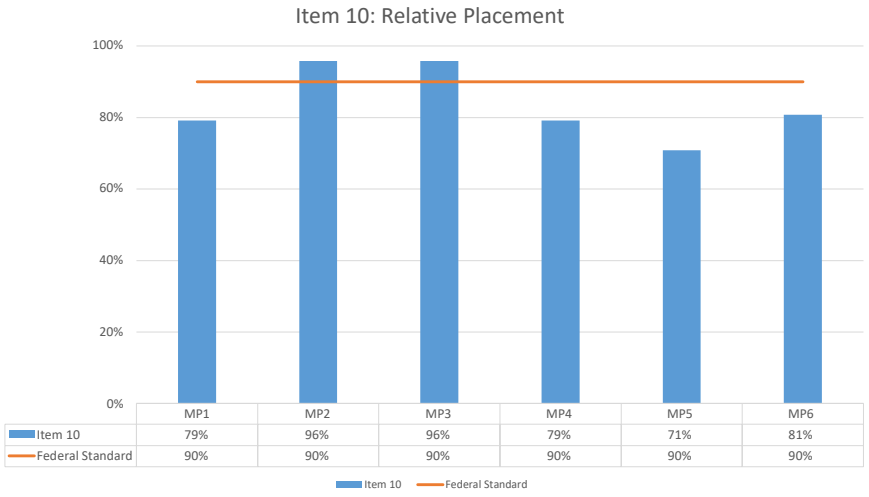
Item 12



Item 12 is broken down into three categories- 12A is needs and services to children, 12B is needs and services to parents, and 12C is needs and services to resource parents. I wanted to highlight item 12B for you during the most recent MP6. Needs and services to parents is the most common sub-item that causes ANI ratings in Item 12 overall- so even if sub-items 12A and 12C are strength, if 12B is an ANI, then item 12 overall is an ANI. As you can see here we broke down 12B by mother and father, and along the bottom of the chart you can see that it is broken down by assessment of needs, and services provided, for each case type. Overall, we do better at assessing needs, but are dropping the ball when it comes to providing the appropriate services to address the needs. In-home services cases perform better in item 12B than FC case types, specifically IH cases opened from family assessments. It is also worth noting that agencies overwhelmingly perform better at both assessing and addressing the needs of mothers, than they do fathers.

In order to improve Item 12 outcomes, Virginia must have a strong focus on engagement of fathers across all case types, as well as ensuring follow-up and service provision to parents after assessments of needs are completed.

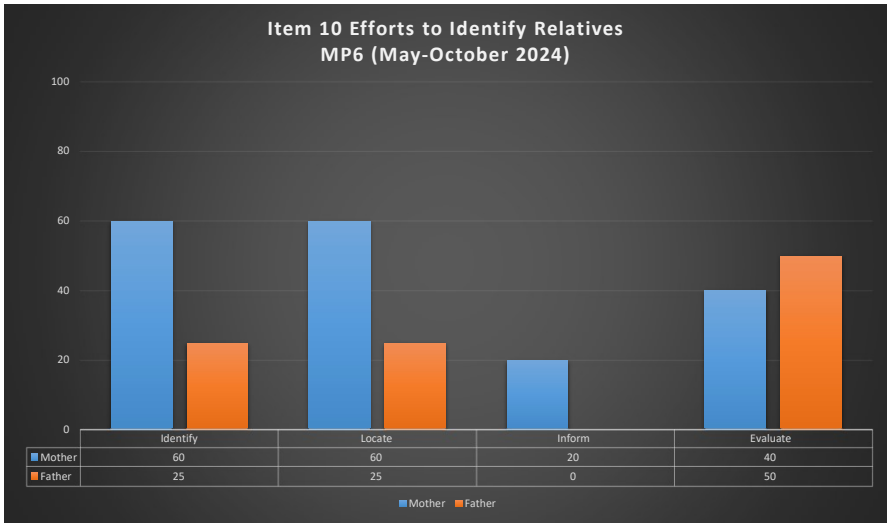
Item 10



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I wanted to touch on Item 10 as it is closely related to Virginia's efforts to increase kinship placements. Item 10 is a permanency outcome item that measures agencies' concerted efforts to place children with relatives, when appropriate. As you can see in MPs 2 ands 3, we exceeded the federal standard of 90% in this item. However, in other MPs we have seen a decrease in this item, which doesn't necessarily correlate with the increase in kinship placements we're seeing across the state. This could be in part due to CFSR data being a small sample of cases, and it may not always closely match what we're seeing overall as a state. However, this could also be because Item 10 measures more than whether a child was simply placed with a relative- it also measures whether that placement was appropriate and in the child's best interest during the period under review.

Item 10

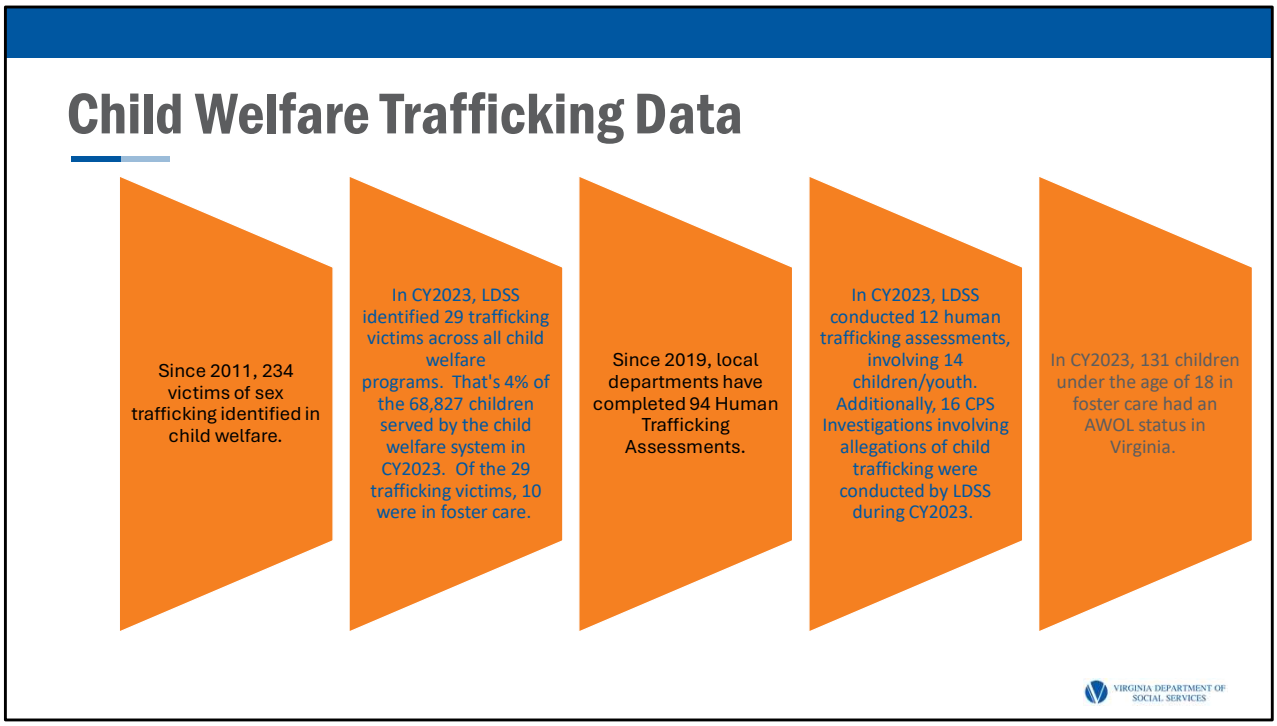


VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Additionally, item 10 measures efforts to identify, locate, inform, and evaluate maternal and paternal relatives. So whether or not a child was placed with a relative at any time during the PUR, this items is still going to assess whether concerted efforts were made in these areas to continue to identify appropriate relative placements. As you can see during MP 6, agencies reviewed overall made more concerted efforts to work with maternal relatives. More paternal relatives were evaluated for possible placement, but there were otherwise fewer efforts to identify, locate, and inform paternal relatives.

Programmatic Data & Updates

VIRGINIA DEPARTMENT OF SOCIAL SERVICES



Since 2011, 234 victims of sex trafficking have been identified in Virginia's automated data system. In 2023, 27 children and youth involved with the child welfare system were identified as victims of sex trafficking. The victims identified were predominantly female (96%), White (59%), and adolescents (93%). The number of victims identified in 2022 and 2023 remained consistent. Based on the most recent recorded case type, 37% of victims were involved in foster care, 15% were involved with a human trafficking assessment, 15% were involved with In-Home Services, and 33% did not have a case type reported These youth may still have been involved in a CPS investigation or family assessment.

Since the creation of the Human Trafficking Assessment, local departments have completed 94 Human Trafficking Assessments. The Human Trafficking Assessment is a universal prevention response focused on the child and their family of origin, not the trafficker. In 2023, LDSS completed 12 human trafficking assessments involving 14 children and youth. The children and youth involved in the human trafficking assessments were predominately female (79%), and adolescents (71%). Local departments assess safety and risk and arrange for any necessary services.

- Additionally, in CY2023, 131 children under the age of 18 in foster care had an AWOL status in Virginia. Missing youth Methodology: The data includes children under the age of 18 in Foster Care during CY2023 with at least one AWOL status. The AWOL status is

based on the child's placement at the end of each month in CY23. The data reflects a unique count of children that had an AWOL status at the end of any month in CY2023. It does not indicate the number of children currently AWOL.

Child Trafficking

Protection Activity 2.2

Ensure a consistent response to all reports of child trafficking.

Nationally, in situations of sex trafficking, 37% of potential victims were minors; in situations of labor trafficking, 9% of potential victims were minors.

1 in 6 of the more than **28,800** cases of children reported missing to NCMEC in 2023 were likely victims of child sex trafficking.

Of the children reported missing to NCMEC in 2023, who had run from the care of child welfare, **19%** were likely victims of child sex trafficking.

Polaris and NCMEC data retrieved from: https://polarisproject.org/wp-content/uploads/2020/07/Hotline-Trends-Report-2023.pdf https://www.missingkids.org/theissues/trafficking#bythenumbers

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Nationally, in situations of sex trafficking, 37% of potential victims were minors; in situations of labor trafficking, 9% of potential victims were minors.

1 in 6 of the more than **28,800** cases of children reported missing to NCMEC (National Center for Missing and Exploited Children) in 2023 were likely victims of child sex trafficking.

Of the children reported missing to NCMEC in 2023, who had run from the care of child welfare, **19%** were likely victims of child sex trafficking.

Given the prevalence of trafficking, we would expect to be identifying trafficked youth at much higher rates.

Child Welfare Legislation



§ 63.2-1508 Valid report or complaint.

§ 63.2-1506.1 Trafficking assessment by local departments.

§ 63.2-1517 Authority to take child into custody.

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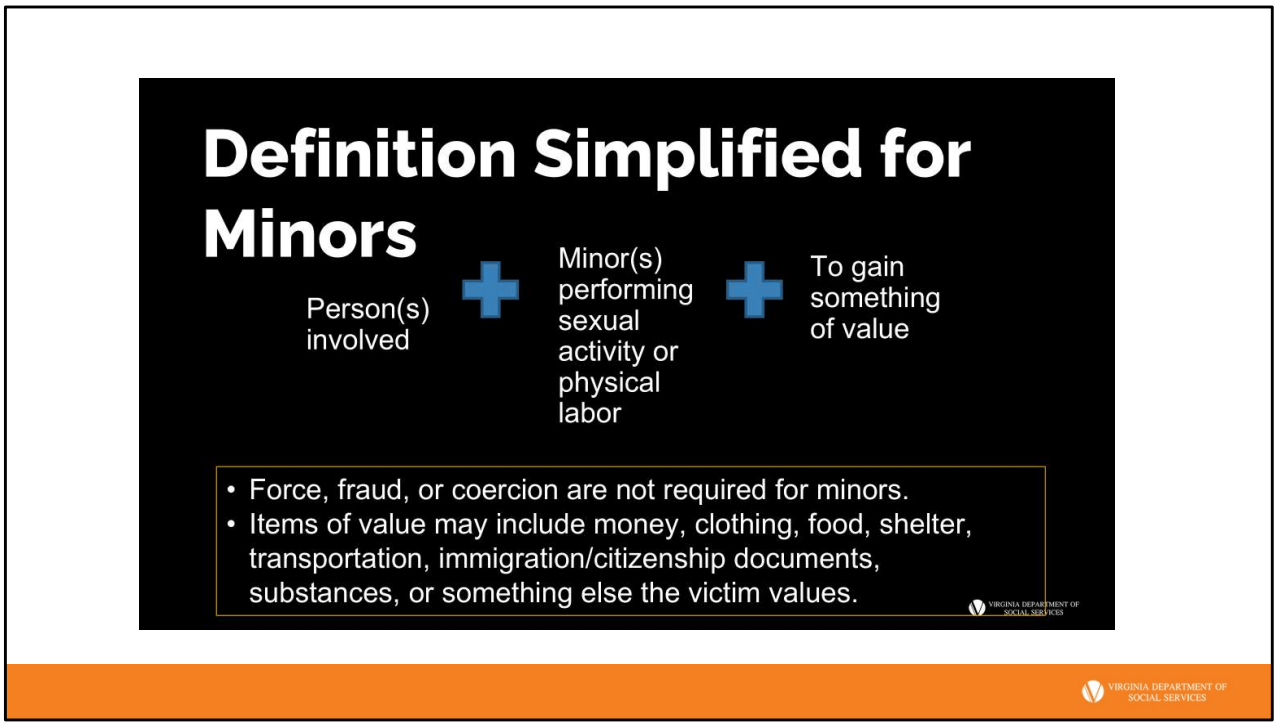
There were three significant changes to the Code of Virginia in 2019 related to child/youth trafficking.
§ 63.2-1508 Valid report or complaint. (expanded definition of caretaker in reports involving the trafficking of a child/youth)
§ 63.2-1506.1 Trafficking assessment by local departments. (created the universal prevention response to all reports involving the trafficking of a child/youth)
§ 63.2-1517 Authority to take child into custody. (created the 72 hour hold in cases of child/youth trafficking)

Trafficking Definitions

Term	Definition
Commercial Sex Act	Commercial sex act means any act on account of which anything of value is given to or received by any person.
Human Trafficking	Human trafficking refers to both sex and labor trafficking.
Severe Forms of Trafficking	Severe forms of trafficking in persons means: • Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or • The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.
Sex Trafficking	Sex trafficking refers to the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act.
Trafficker	Trafficker means any person who is responsible for the human trafficking of a child under the age of 18.

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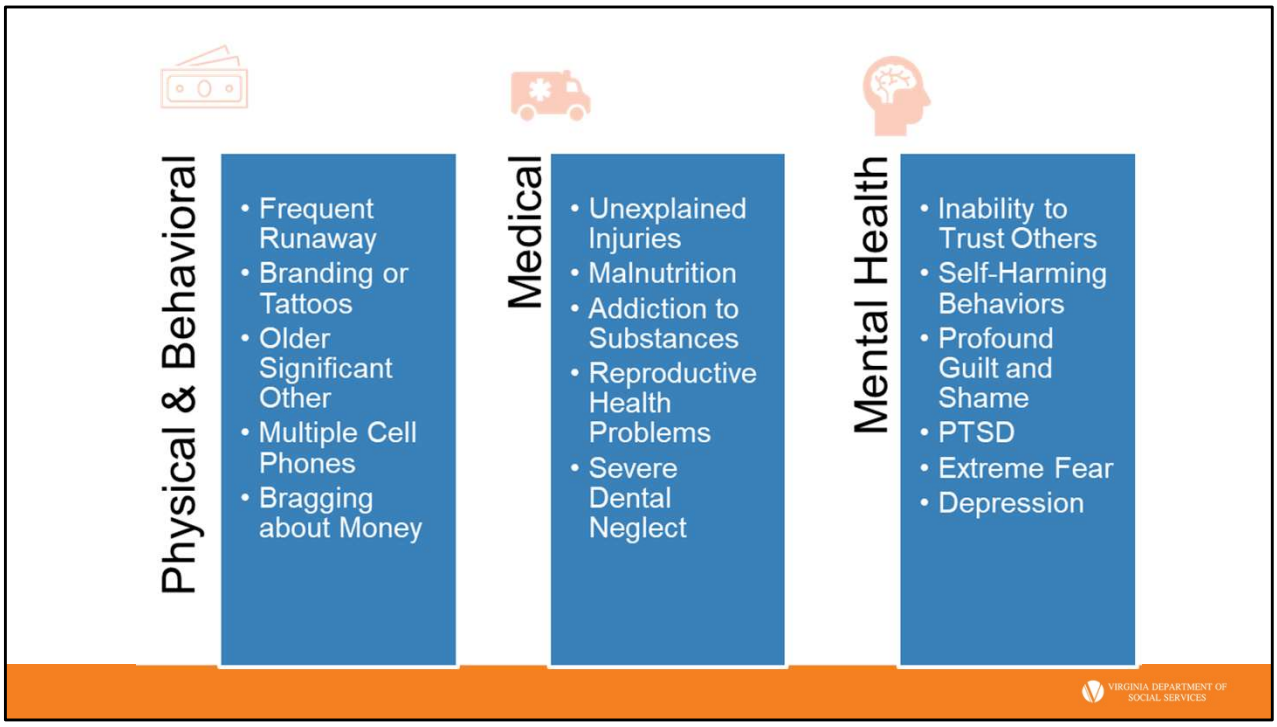
Let's review some common trafficking terms.



Definition of Trafficking Simplified for Minors

Person(s) involved (trafficker) has a minor(s) perform sexual act or physical labor in order to gain something of value.

Force, fraud, or coercion are not required for minors.
Items of value may include money, clothing, food, shelter, transportation, immigration/citizenship documents, substances, or something else the victim values.



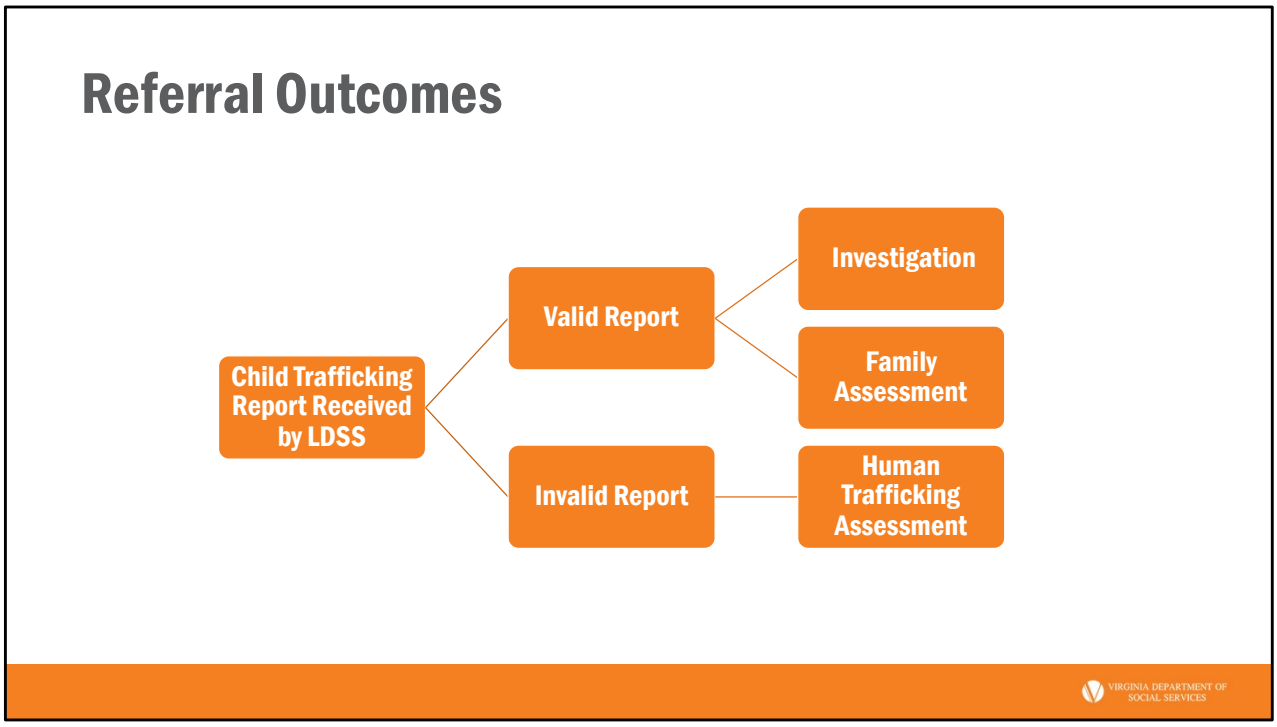
There are common physical/behavioral, medical and mental health indicators of child/youth trafficking.

Possible physical/behavioral indicators of trafficking include:
--frequent runaway
--branding or tattoos
--older significant other
--multiple cell phones
--bragging about money (cash)

Medical indicators may include
--unexplained injuries
--malnutrition
--addiction to substances
--reproductive health problems
--severe dental neglect

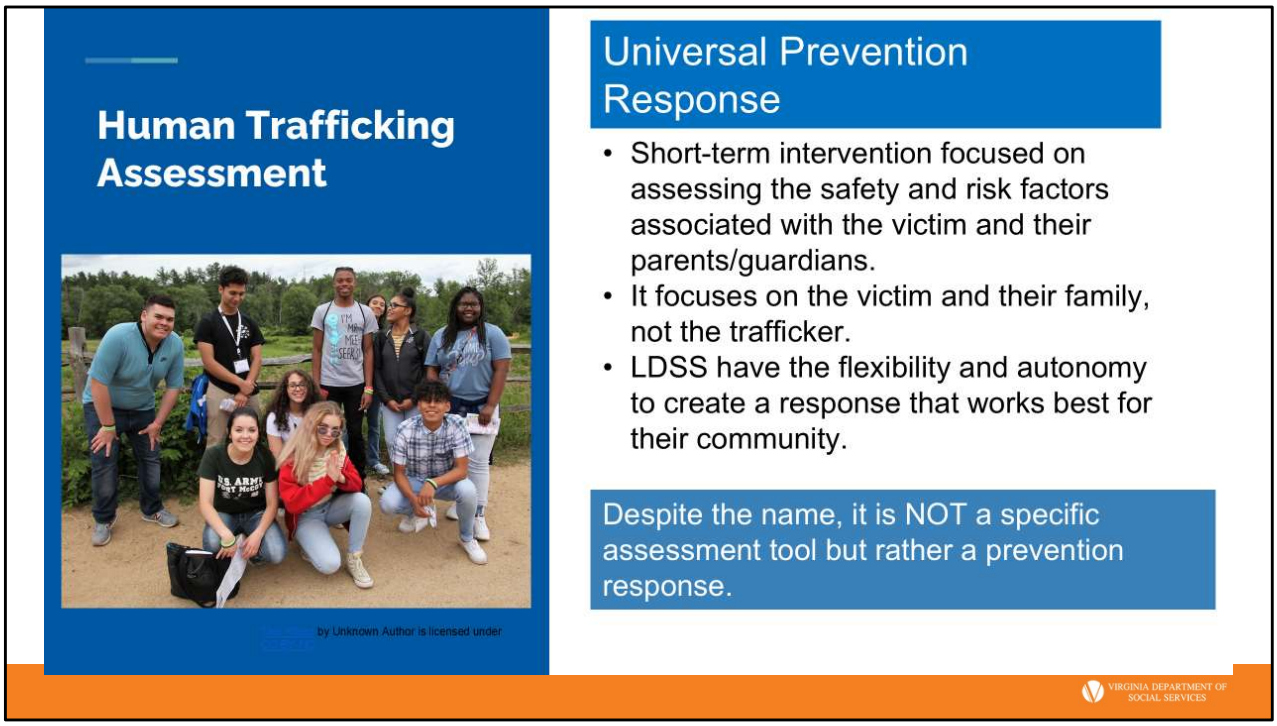
Possible mental health indicators:
--inability to trust others
--self-harming behaviors

--profound guilt and shame
--PTSD or complex PTSD
--extreme fear
--depression



Since 2019, Virginia has a universal response to all reports involving the alleged trafficking of a child/youth. This is the only universal response in Virginia's child welfare system. A universal response means our LDSS have the legal authority to respond/intervene to both valid and invalid reports.

When our LDSS (Local Department of Social Services) receive a report alleging the trafficking of a child/youth, they must determine the validity of the report (valid or invalid). If they determine the report is valid, they must respond with either an investigation or a family assessment. If they determine the report is invalid, they must respond with a Human Trafficking Assessment. The LDSS MUST respond to all reports involving the alleged trafficking of a child/youth.



Let's discuss the logistics of the new response track. It is a prevention response track which is new to child welfare in Virginia. A prevention response track creates a universal response to invalid complaints, and in this case complaints or reports involving the human trafficking of a child. It is designed to be a short-term intervention focused on assessing the safety and risk factors associated with the child victim and their parents/guardians. It should be child-centered and family-focused. It focuses on the child and their family, not the trafficker. Despite the name, it is NOT a specific assessment tool but rather a prevention response/process. Since the Human Trafficking Assessment is a Prevention Response, agencies have a lot of flexibility and autonomy in creating a response that works best for their community. This Prevention Response is not a "scripted, manualized" response and is not be outlined as such in guidance.

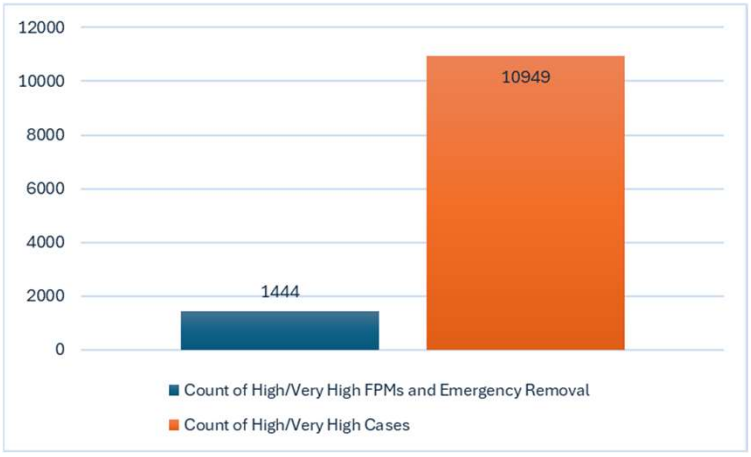
BREAK



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Pass it back to Sadie

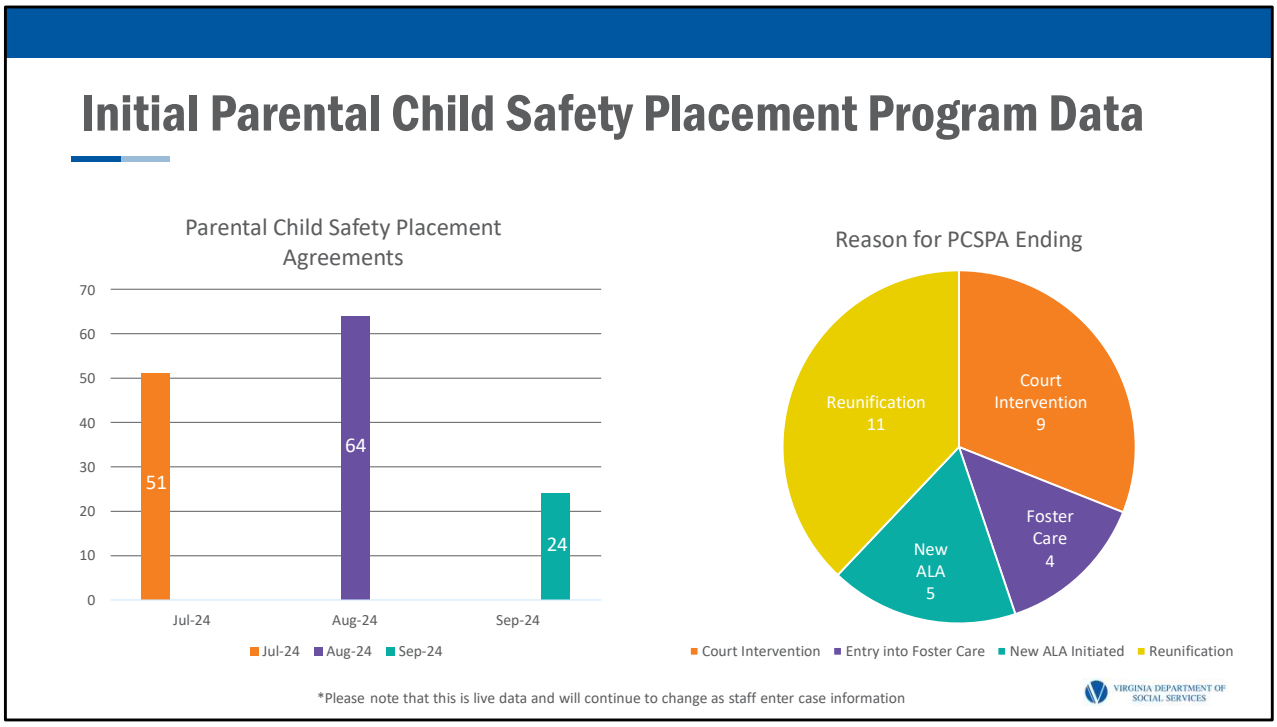
Opportunities: Family engagement to mitigate risk and safety



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To help illustrate the comparison between Family Partnership Meetings (FPMs) held at H/VH and Emergency Removal critical decision points and the actual number of High/Very High risk referrals

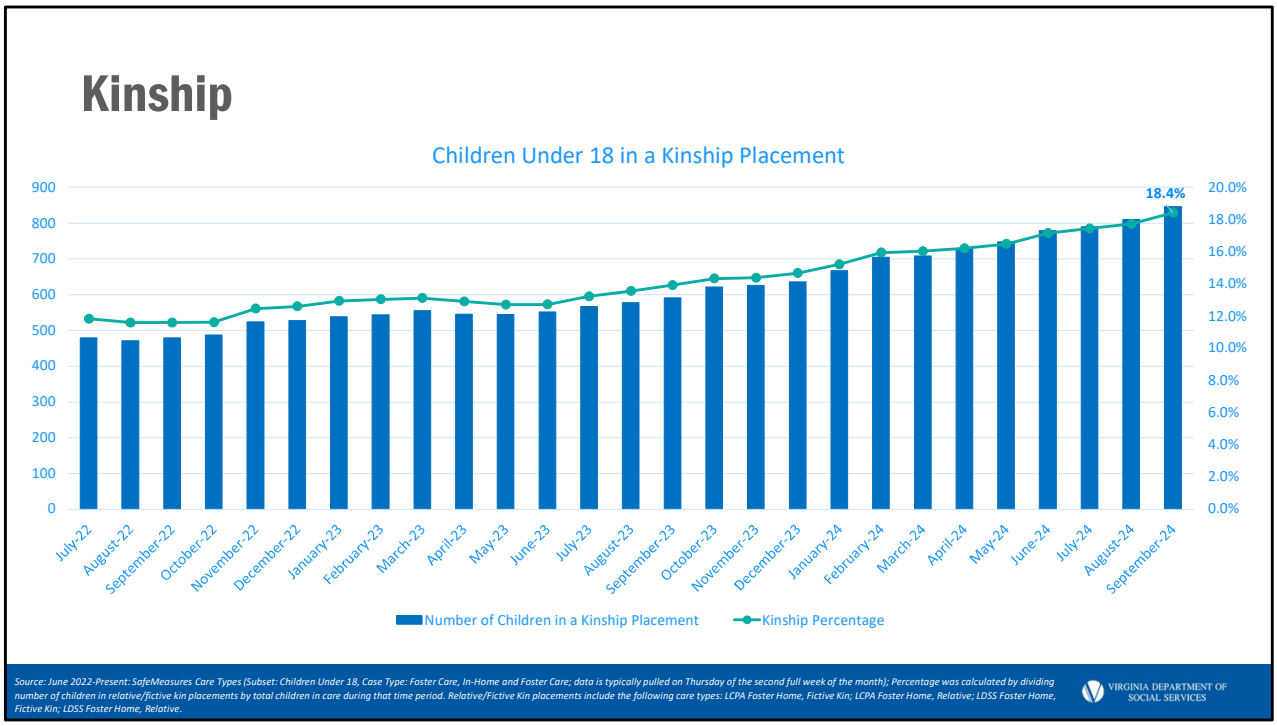
July 2024 – September 2024



This slide shows initial data on children who were placed with relatives/fictive kin through the Parental Child Safety Placement Program.
In July there were 51 Parental Child Safety Placement Agreements signed
In August there were 64 Parental Child Safety Placement Agreements signed
Preliminary data shows that 24 Parental Child Safety Placement Agreements were signed in September. VDSS usually pulls data for the month at the end of the following month so this number will most likely be higher at the end of October.

We have included data on why Parental Child Safety Placement Agreements were terminated over the past 3 months.
11 agreements were terminated as a result of reunification when the child returned home
9 agreements resulted in court intervention
4 agreements resulted in the child entering foster care
5 agreements were terminated as a result of the child being placed in an Alternate Living Arrangement

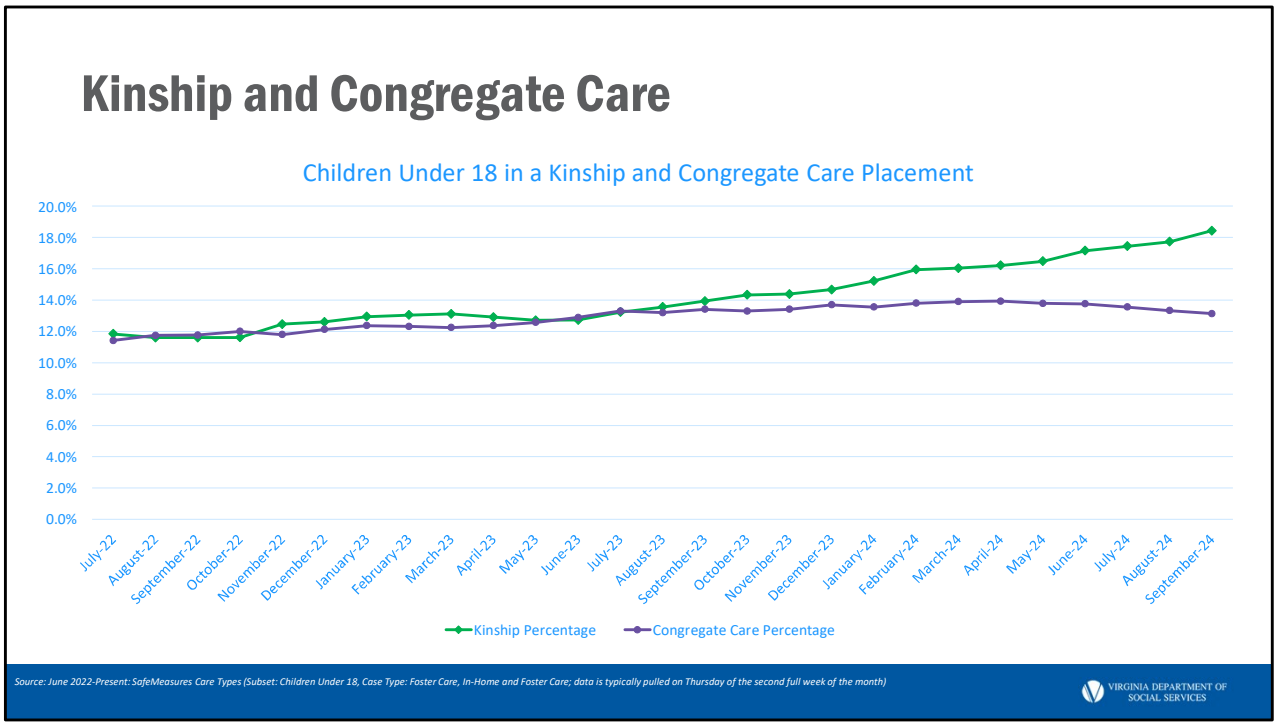
VDSS will continue to finalize the data pull for the new program over the next couple months.



As we move into the discussion around permanency and reducing the number of youth that age out of foster care, we will look at several data points that have an impact on youth aging out of foster care. An important data point is around youth in foster care that are placed in kinship/fictive kin placements. When we look at kinship placements, these numbers include fictive kin as well. When children are placed in kinship foster homes, they are less likely to experience placement changes. In fact only 7 % of kids FIRST placed with relatives will experience more than 3 placements while in foster care.

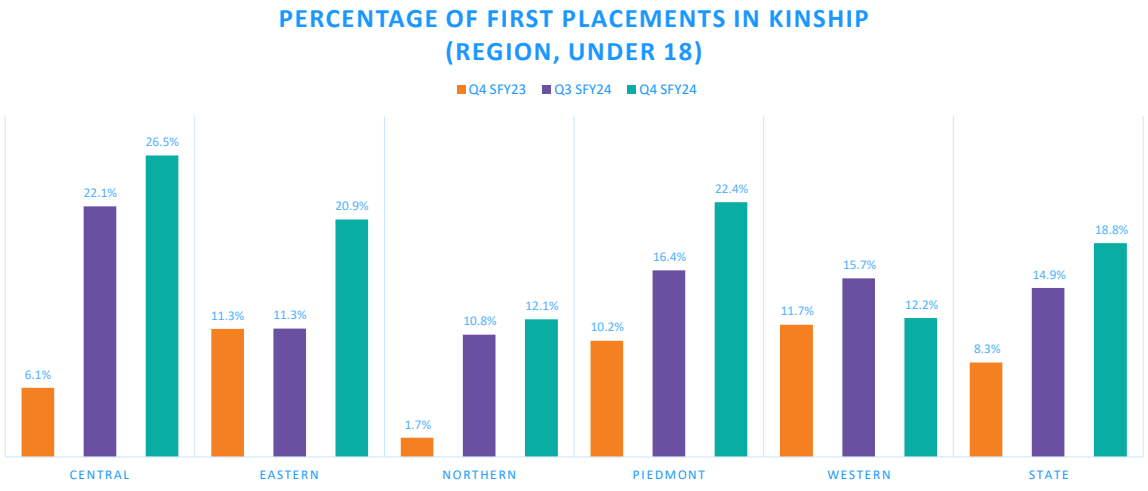
It is important to note that if children experience 3 or less placements they are **90% less likely** to emancipate from foster care.

The graph shows the number of children under 18 in foster care during the respective month in a kinship placement as well as the percentage. In September 2024, 18.4% of children were in a kinship placement. Starting in June 2023, each month has seen a steady increase in the percentage of children placed in a kinship placement.



Another data point that we want to look at is the number of kids that are placed in congregate care (CC). We know that when kids spend time in CC it increases the likelihood that they will age out of foster care. This is a number that we keep a close eye on and are looking for strategies to reduce the number of kids in CC. This graph shows that the percentage of children in CC has been slowly decreasing over the last 6 months or so. We are showing the kinship percentage alongside the CC percentage to show that the percentages were similar in mid to late 2022 but started to diverge in July 2023. Since that time the kinship percentages has gone up while the percentage of kids in CC has gone down which is what we like to see happening.

First Placement for New Entries in Kinship

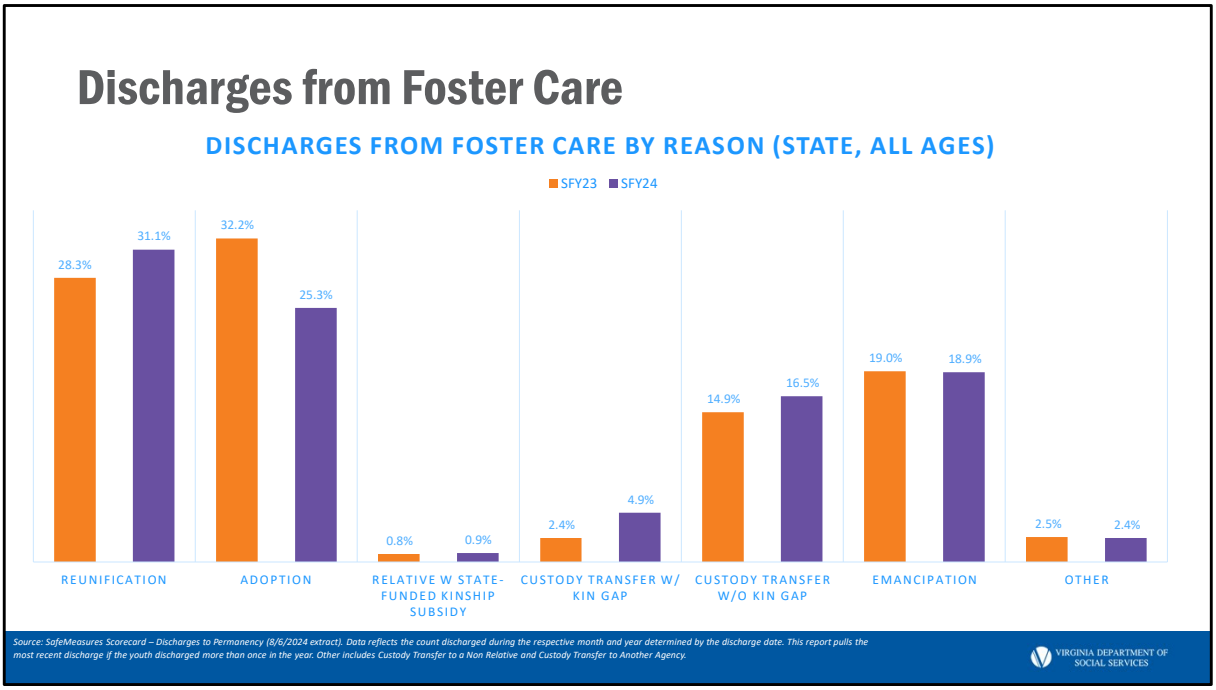


Sources: % First Placement Under 18 in Congregate Care and Kinship: Kin First Now Power BI Dashboard – OASIS 8/7/2024 refresh); New Entries determined by the placement sequence number and entry date in placement. Percentage first placed in congregate is calculated by children first placed in congregate care (includes group home, residential (CRF), QRTP, and Pregnant/Parenting Youth Program) divided by the total number of children who entered during the same time. Percentage first placed in kinship is calculated by children first placed in a kinship placement (includes relative and fictive kin placements) divided by the total number of children who entered during the same time.

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AS noted earlier, children whose FIRST placement is with a relatives have better outcomes in that they are less likely to have more than 3 placement changes and if children experience 3 or less placements they are **90% less likely** to emancipate from foster care.

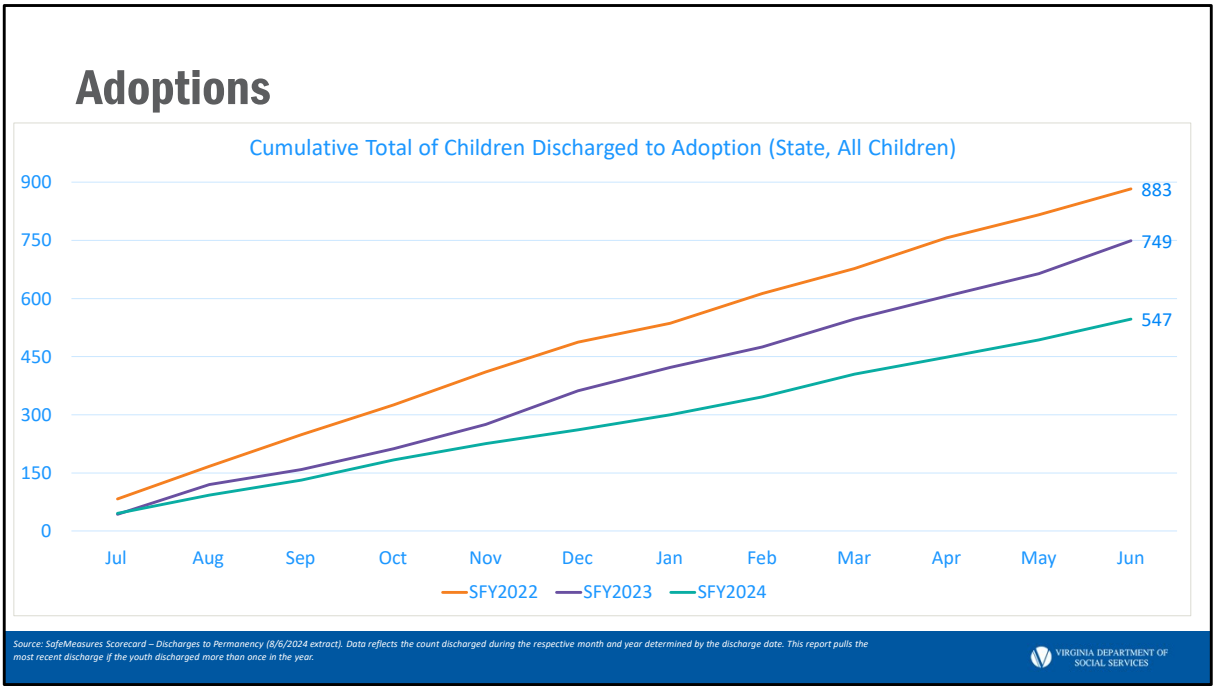
The percentage of children first placed in a kinship placement is higher this quarter when compared to the previous quarter and the same quarter last year. This quarter 18.8% of new entries were first placed in a kinship placement.



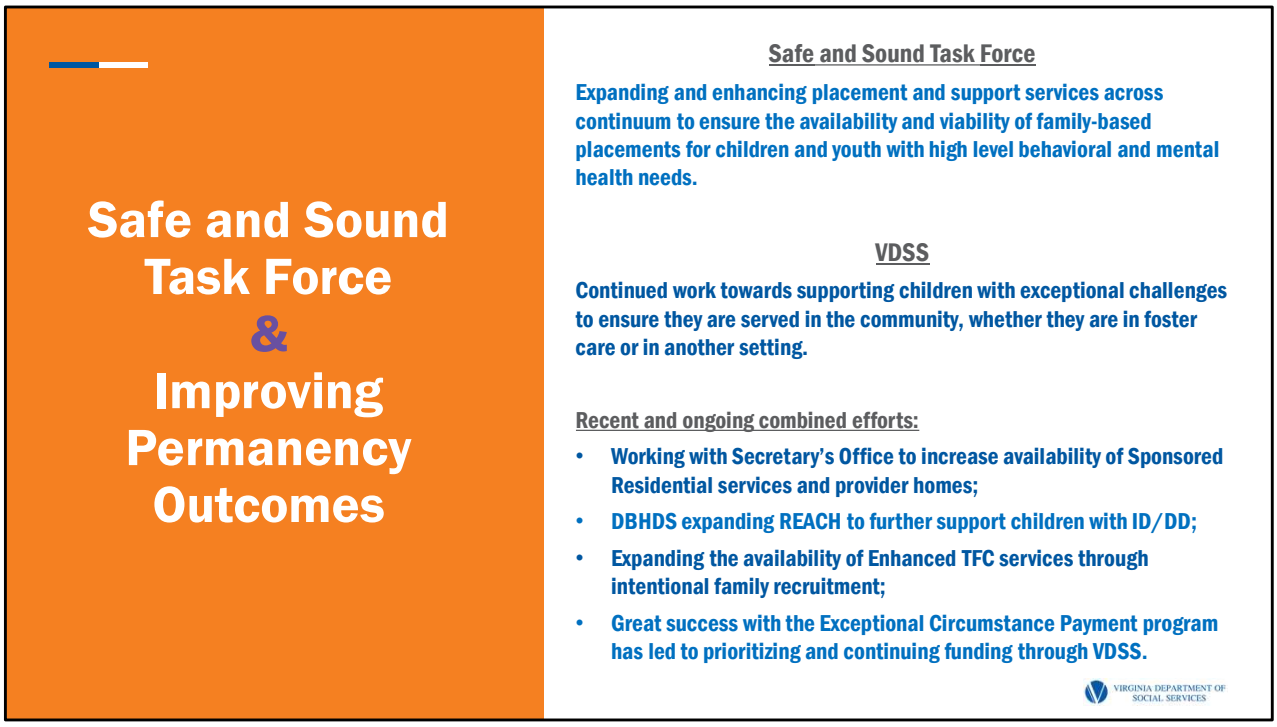
- In SFY24, 78.7% of children discharged to permanency, which is similar to the percentage of children that discharged to permanency in SFY23 (78.5%).
- The percentage of children that discharges to reunification increased from SFY23 to SFY24 while the number of adoptions has decreased. We've also seen a slight decrease in the percentage of youth that have aged out of foster care but we'd like to see this continue to decrease.

- Overall we've seen an increase in custody to relatives, however, there is a higher number of custody transfers

without kingap (Kinship Guardianship Assistance Program) and we want to be sure that relatives are being supported so this is something we will continue to dive deeper into.



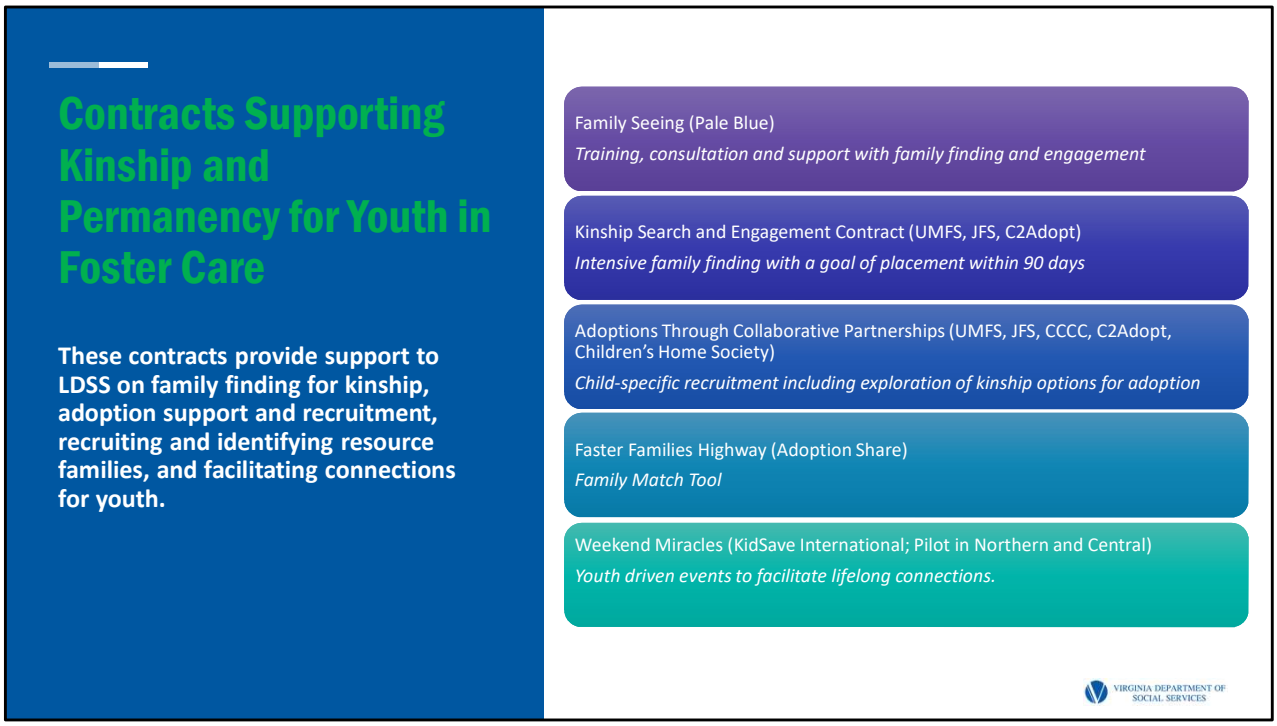
This SFY had less adoptions when compared to the previous year. The total number of adoption has been trending downwards over recent years. The increase in kinship placements resulting in custody transfer and reunification might be contributing to this, but there is also an increase in the number of children with TPR (termination of parental rights) finalized not in adoptive placement (approximately over 800) and increase in the number of youth over the age of 12 in this category (approximately 400) which was noted



VDSS continues to partner with the safe and sound taskforce to address high acuity youth without placements. VDSS continues to support local departments of social services by providing the 3 High Acuity Placement Coordinators that provide hands on support to LDSS by making referrals to secure placements.

The three TFC (Therapeutic Foster Care) agencies that are part of the Enhanced Treatment Foster Care Program continue to recruit new families to add to the pool of families that are available to care for children that would otherwise be placed in CC.

The Exceptional Circumstance Payment program was originally started using funds provided by the Safe and Sound Taskforce. The success of the program has led to VDSS prioritizing funding for the program when the Safe and Sound taskforce was no longer available so that this program was able to continue. VDSS continues to explore the viability of the program being supported by title IV-E funds.

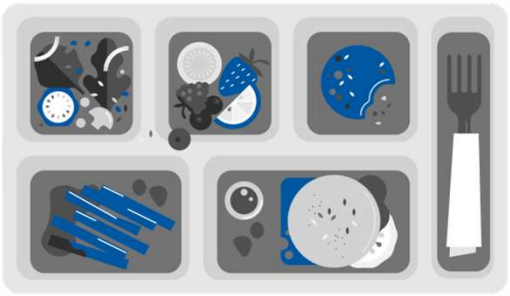


Family Seeing continues to be available to provide technical assistance to support family finding and engagement.

The Kinship Search and Engagement Contract has served 32 referrals-27 cases were opened. 2 placements-one within 90 days and one through ICPC

ATCP providers assisted with the finalization of 189 adoptions and served 527 children.

Lunch



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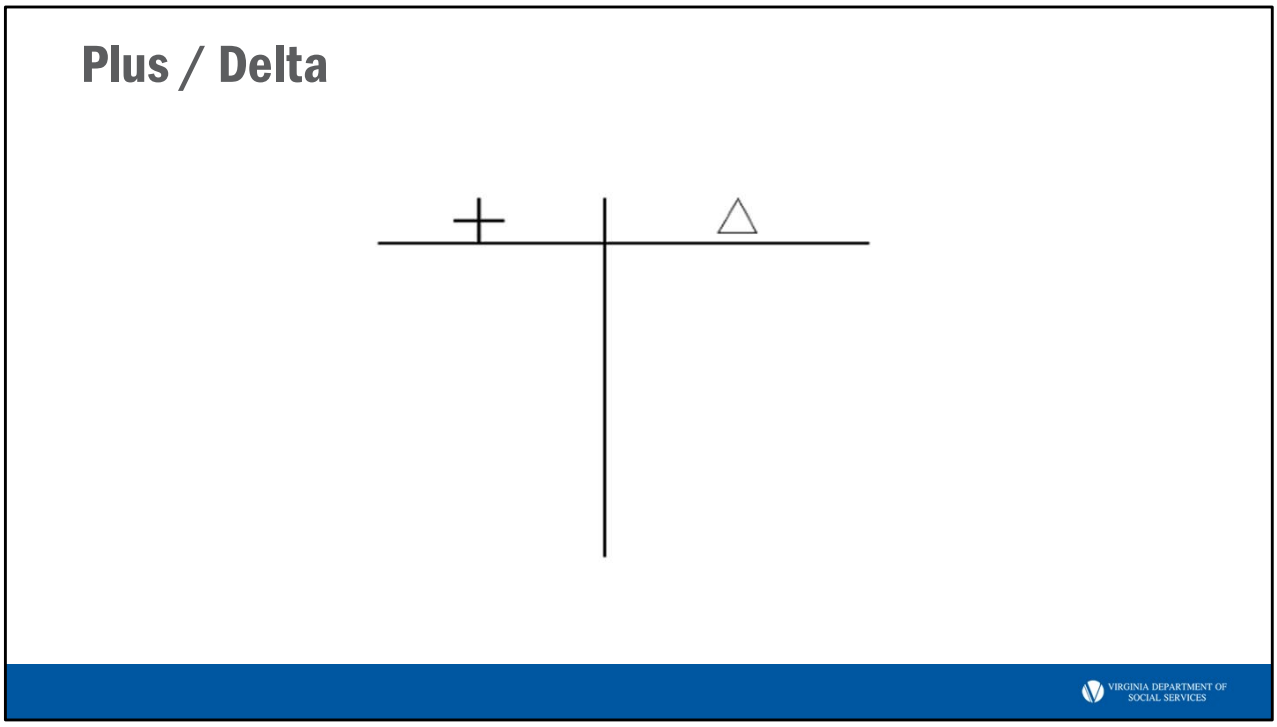
CFSP Strategies & Breakout Rooms

- *Operations Strategy 2: Reform training system to recruit, train and support the retention and ongoing professional development of a confident and competent workforce in partnership with stakeholders.*
- *Protection Activity 2.2 Ensure a consistent response to all reports of child trafficking.*
- *Protection Strategy 1: Enhance practice of family engagement to mitigate risk and safety concerns.*
- *Prevention Strategy 2: Strengthen evidence-based case management and service planning practices and focused engagement with fathers and kin.*
- *Permanency Strategy 2: Prioritize placement of children in foster care with relatives to facilitate concurrent planning.*
- *Permanency Strategy 4: Improve permanency outcomes for 'high-risk' populations/ children at risk of aging out without permanency*

Breakout Rooms



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For those who are new to this meeting: plusses what went well and we should consider continuing on for future meetings. For deltas, what we should consider changing for our next meeting . Start with plusses.

Plus (given during meeting)
-enjoyed the opportunity to be in person
-enjoyed the opportunity to join virtually
-Great topics, time management and facilitation.
- though not everything was perfect, this was managed very well.
- breakout rooms were great
- appreciated the virtual option and the agenda was informational and helpful.
- had a great discussion on how to ensure reunification happens and workers are trained to understand families' challenges

Deltas
- Some preferred to not have a hybrid meeting
- Sound was a bit of an issue – recommendation to have a different sound system or at least a mic to pass around. Those in the room also said it was hard to hear people on the opposite end of the room that were sharing thoughts
- Visual could be improved – different camera angles, etc

- Agenda was a little too packed – maybe bit off more than the group could chew on during that time frame.


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Breakout Room Notes (Compiled by Topic)

Training Question:

- **As service providers interacting with LDSS new workers in the community, what are some of the core foundational training topics you think are most important for workers to practice in their first 90 days?**

Notes:

- Laws and Regulations
    - Training on laws and regulations specifically on parental rights and termination of rights so we are making sure the parents get what they need
- Engagement *(strongly echoed by the group)*
    - Training on how to engage and assess those we serve including families, children, and community partners
        - Learning how to and being comfortable having conversations with children of different ages and how to best obtain the information needed
- Critical thinking skills
    - Helping workers utilize critical thinking skills to have conversation that shows understanding of policy and how to implement it
- Courageous Conversations (*strongly echoed by the group)*
    - Helping staff be able to have courageous conversations in a way that engages, is clear on expectations, and clear articulation of the topic.
    - Comfort with difficult situations and being able to communicate confidently through those moments
- Court preparation
    - Preliminary training on testimony to be able to present the goals and explain why those goals were selected
    - Understanding the basis of the court process
        - Prosecution questions
        - Understanding parent's rights
    - Factual documentation (focusing on the facts vs emotions)
- Practicing in a safe environment
    - Practicing engagement and difficult conversations before having to for the first time in the field.

- Elements of Motivational Interviewing, understanding that families are at different starting points in change process, lends itself to better engagement and respect, helps w/shared partnership and helps us see them as individuals which then helps facilitate the reunification goal. Helps find out the "why."
- Engagement skills, how to assess, critical thinking, how to ask good questions, one of the big issues is safety planning- safety vs. risk, question becomes whether parent "deserves" youth back or is it "SAFE."
- Child welfare and domestic violence don't speak the same language; it is difficult to get to the root of the problem when they can't assess. Perpetrator focused intervention; breaking the cycle.

- Helps them with seeing them as people, concerns with case workers moving the goal post, helps them understand people they are working with. Helps facilitate reunification goal.
- Poverty simulation/help understand poverty vs. A/N
- Boundary setting/burnout, help young people learn good habits, this will help with retention
- How is leadership supporting training, leaders are saying to disregard training- "that's not how we do that here"
- Understanding the history of CPS, how it came about, the definitions of abuse and neglect, etc.
- You cannot wield your power as a sword. You must do your due diligence to learn the history of the family. Approach families with dignity and respect.
- Across the localities, the employees now are not coming through the door understanding the background of Child Welfare. They go through DSS trainings but are they able to understand how everything connects within the Child Welfare system?
- Doing an overview of all programs, and their equipment and environment. Then task assignments like CAANs certification. Robust training of what will be happening when you go into the field. This all takes up the first 90 days. Acclimation piece. Oasis training. It doesn't stick – takes them a while before anything sticks.
- Shadowing gets the mind working – seeing it in practice.
- In large agencies, can afford to have a robust training on the front end but if small agency that has maybe 6 Family Services workers. How do you mirror that engagement when your local agency don't have the ability to do that in such a robust manner?
- It seems like a reversal needs to take place. So go out and shadow rather than doing the "computer stuff" first. Shadowing first does not prepare them for the sights, sounds and smells, however, that new workers will encounter in the field.
- A balance between having the conversations and teachable moments and the hands-on training.
- In small agencies it is baptism by fire. Think about partnering with another agency. You got to stick together. Are you doing a training? Do you mind if my staff attend? Or be close enough to shadow with another agency's worker(s).
- We would reach out to other localities when it comes to understanding benefits or understanding how to review IV-E records, but we do not reach out for CPS as much – put this on the forefront of shadowing. We do everything else but this. A consortium of child welfare staff opening their doors within their region to support each other with training and shadowing.
- To practice within 90 days: knowing definitions, knowing history of cps, understanding practice, understanding the differences between safety and risk. Must understand the flow of service intake from the conception to understand it works in a step-by-step process. Critical thinking is a key part of knowing the timeframe.
- Practice writing and case documentation. Interns do this. Hiring temps.
- We are trying to evaluate new workers. They are trying to evaluate if this is a good fit for them. Shadowing and having supervision. Is this for you? Is this not for you? We want you to "X" yourself out if this field is not for you. Let's evaluate each other. Give specific tasks like writing a plan, getting certified in CAANs, etc. for first 90 days.
- Workers must know it's okay to say this is not for me. Family engagement, workforce changes with dealing with families with multiple issues. How do you engage families in services?
- Understand the families working with today.
- What family means such as kin, aunt, who rely on for family preservation, what does kin look like, philosophy,

- Understand trauma and structure of poverty, staff frustrated with poverty and need to understand survival mode functioning to get by.
- Understand what families are going through, reflective practices, how work impacts that.
- Exposure to benefits, families served with cross-over strategies and understand both, VDSS strength is training both programs.
- Cultural communications practices and patterns, some cultures more demonstrative and links to trauma informed practice with role of historical trauma plays.
- Trained on the court system, broad overview but knowledge what each court does to better explain to families.
- Foundational policy training, parallel to trauma and day-to-day human services adaptive skills and technical skills, why trauma informed is important.
- Any specific policy – not page turning guidance training, using role with family and how fits with guidance, reality based with fundamental practice.
- Integration of practice, poverty integrate, macro-practice, law, practice, policy and trauma – need hand holding connecting all of the dots, how do they connect adaptive with technical.
- Sequencing, most important to learn first and then build upon, not overly cover all policy and not so heavily based in policy with emphasis on practice.
- Introduction to social services in Virginia, what feds and state does, locality, courts, county.
- Understand the Why of the policy.
- Self-care, taking care of themselves, focus on why came to the job in the first place (values, mission, wanting to help children and families), if worker has a save the world mentality can be a blow when discover the reality of multiple complex issues, workers/supervisors need time for themselves to sustain work in field and longevity in the work.
- We are too siloed in our programs, understand full continuum in child welfare, how it all fits together, everyone needs to understand safety, risk
- Needs are fulfilled by programs but overlap often with the practice.
- Need to have training after had a few cases, need to have some exposure to real work while training, need to have visual exposure to work while in academy. Importance of transfer of learning to on the job reality and support.
- Leadership workforce has also changed greatly, some supervisors new to supervision, need resources for supervisors so there is structure, tools that match the learning and teach the skills, don't have the natural pool of leaders that have the skills.

Human Trafficking Question:

- **What are the barriers to the identification of victims of trafficking in the child welfare system? How can we ensure child victims of trafficking are identified in the child welfare system?**

Notes:

- **Barriers to identification:**
    - Assumptions of what human trafficking looks like. Signs might be missed because we don't realize them or think of the more subtle signs.
    - May not be comfortable asking questions
    - Localities may not have a dedicated human trafficking workforce/team

        - Without the team communication between community partners (law enforcement, service providers, etc.) may be lost across the different departments and partners.
    - Communication across community partners/resources
        - Without communication, possible cases of human trafficking may be unknown to the local department of social services
    - The feeling of like shame from actual victim and whether feel comfortable in even sharing what happened.
    - Fear would be another barrier.
    - Nobody is going to believe you type of thing. Who believes kids in "the system"?
    - Stereotype that "oh that doesn't happen to me or my county or my city!"
    - Child may not even know that's what it is.
    - Fear of deportation
    - Trauma bonding with the trafficker
    - Local agencies subjective
    - Hospitals, clinics, male and female bathrooms they have things hanging on wall saying, "you could be a victim of sex trafficking if…."and lists criteria. Needs to be done more. We need to share that info enough.
- **Ensure child victims of trafficking are identified**
    - Establishing a Human Trafficking Workforce or Team within each locality
    - Making an effort to have community partners trained in signs of human trafficking (includes the entire community, hotels were specifically mentioned)
        - There may be misconception on signs of human trafficking
        - Opportunities are missed without communication and collaboration
    - Empower and encourage the community providers to make a report/referral
        - Understanding it does not have to reach a certain level before making a report
    - Workshops with independent living and foster parents
    - Screening risk
        - Looking at the whole picture to meet the child's needs (trauma informed)
    - Curiosity – if something doesn't seem right being able to engage with the youth to ask questions (includes everyone – foster parents, teachers, workers, etc.)
    - Recognizing assessment is ongoing throughout the case
    - Empowering caregivers to recognize the signs, have those conversations, and make reports
    - You must talk to young teenage women about survival – they did what they had to do to survive. Don't understand it to connect it to the sex trafficking piece. A victim thinking "I'm using them to get what I need, rather than they're using me for sex/money."
    - More training more awareness and especially in Family Services. High staff turnovers. Making sure that information is a priority for them to have. Are the flyers in bathrooms at LDSS?
    - Motivational Interviewing where you really get to understand what the client's motivation is and what their goals are. Are there other ways to go about getting your needs met? and really trying to understand what the client is truly looking for and help them figure out how to get there. Understand healthier alternatives are available.
    - Having training necessary on the front end.

- Having communication with kids entering foster care. Knowing what questions to ask and how to ask them.
- Engage community partners in case at CSB, schools, benefits, etc. relationships with community partners. "Hey, I saw this kid today. Is this something?"
- Bridging the gaps with the community at large – see something, say something. Take the taboo out of it.
- What happens after they disclose? The LE investigation and things that occur. Some youth want some immediate accountability and action. They're asked to testify that puts them in uncomfortable situations. May not see results for years.

Kinship Across the Continuum Question:

- **How can we build a culturally responsive, family-centered approach to kinship care that strengthens family engagement across protection, prevention, and permanency goals?**

  Points for Consideration:

  - **Strategies for connecting with diverse kinship families and addressing unique safety needs.**
  - **Effective ways to engage fathers in service planning.**
  - **Preparing kin caregivers for both reunification and long-term commitments through concurrent planning.**

Notes:

- Practice principles – ensure staff understand we are planning **with** families not *for* families. The family has a voice.
- Paternal engagement - Fathers and Paternal Relatives
  - Assess the way we approach fathers making sure we engage with them the best way.
  - Remembering to include the father in discussions. It may be overlooked if the father is not in the household or at home at the time of the worker visits.
  - Establish paternity early if it is unknown
- Having staff and finding service providers that speak the family's primary language
  - Helps engage the family directly
- Collaboration across the three program areas and not operating in silos.
  - The KFN visits and Out of Home Staffing meeting have helped some recognize it is a continuum and improved collaboration
- Reflecting on our practice and challenging our assumptions
- Relatives that become a kinship foster parents - the process to becoming a foster parent can be overwhelming
  - Helpful to have handouts with resources, options, and full timeline of the process
- Mindset shift of reunification is where we need to focus – want to find family. Needs lots of communication between programs. Who by way of kin is there to help during cps interaction? Engage anyone right from the beginning to get the family involved.
- Our outcome numbers when we drill down, we are moving the pendulum as it relates to moms and moms' families but are struggling to engage fathers and their families in service planning.

- Preparing those kin caregivers. We don't often understand, whether familial relationship or not, it causes layers of stress and dynamics. How can we prepare kin caregivers better?
- Kinship navigators should be available to each community so everyone has access to these services.
- Element to getting ourselves comfortable with empowering families to make decisions be made by family members – letting folks make plans with their relatives. Sometimes it is hard to give up some of that control.
- For long term commitments prep: what can we do better in training and teaching caregivers about that placement? When we identify a caregiver, sometimes lose focus in how the child got there. Caregivers look at it as the here and now; as "I'm not worried about the parent because they're an adult", but I need to continue to foster relationships with whoever the child came from whether parents or someone else. Takes therapy and it is a partnership that is long-term. *You must foresee the not foreseen.* Giving them the bigger picture of making them aware what can happen. No crystal ball but can share traumatic event leaving their comfort zone and coming to you, so these are behaviors you might see.
- The situation you have been thrust into as caregiver and you also must deal with the parents or wherever the child came from.
- Develop kinship home like a regular foster home. Whole process with PRIDE training. They need that development like that of a foster parent. They need skillsets that we train foster parents on and provide support. Helping them to screen themselves out if this is not for them on a long-term basis.
- We want to avoid creating more problems for this child on the front end. May save the child having to go through another familial breakup if placement disruption.
- Men can be aggressive in tone. Workers must be comfortable within yourself to be aware and stay focused on the child. We are focusing on you and what family you have and what can you offer this child right now? Workers are not coming with confidence.
- Shadow someone who can have those hard conversations and do it with confidence.
- Workers need to understand safety vs. risks
- Workers need to know the options across continuum to present to family
- Need to work on mentality shift and understanding why families need economic/concrete support
- Some localities have father's programs that help involve fathers with service planning
- Increased utilization of shared custody options

Timeliness to Permanency:

- What are ways we as an entire system of care (DSS, service providers, placement providers, etc) can help revisit and rebuild relationships between children and relatives that have been damaged especially after time spent in foster care (disrupted placements, interfamilial conflicts, etc)?

Notes:

- Continue to invite relatives to FPMs
- Checking with the child on what relationship they want with the relative – ongoing assessment and communication

- Teaching children/youth to advocate for themselves, allowing their voice to be heard. Letting children have a say and trying to achieve their wants when feasible
- Improve documentation
    - In the event there is staff turnover, documentation on efforts and history so the information is still there.
    - Making the diligent effort screen mandated in the new system
- Intentional and consistent contact with the relatives
- Struggling in VA across the continuum of permanency for many reasons already discussed.
- We need intentional clinical providers that can offer support to kinship families. Barrier to case managers to lack time commitment to be able to support families after a disruption. Kinship Navigators should spend time around that. Keep relationship with that family member even after disruption.
- Communication between all parts of the system of care.
- We look at what attempts at contact, what ways did Family Services staff engage the parents, other than letting them know when doctor or dentist appt or coming into the office for a visit once a week? Are we inviting them to come to school conferences, etc. that rebuild and restore vital connections when thinking about how we can continue those relationships.
- Service wise if issues there should be services to utilize and access for the family and the children to rebuild those relationships, figuring out what are some of those issues and adapt and invest to each case with services in place.

Are we using the exceptions to Termination of Parental Rights (TPR) correctly? What are ways we can balance timely TPR with selecting the best goal for the child and family?

- Issue of adding on mandates with no resources
- Look at resourcing LDSS to have that family finding support
- Assessing impact of caseload size on timeliness to permanency
- Discussion of TPR appeals
- Looking for an adoptive placement – some of that urgency seems to be gone
- Working an adoption case has a skill set different from TPR
- Incorporating impact statements from how not achieving permanency impacts youth in care.
- How can we restore relationships that have been disrupted through the foster care process