VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Child and Family Services Review (CFSR)

Statewide Assessment

August 1, 2025

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Minor formatting adjustments may have been made to this document for 508 compliance. Content is unaffected.

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Section 1: General Information

Statewide Assessment Participants[1]

Name	Affiliation	Role in Statewide Assessment Process
Anya Horning	VDSS Family Engagement and Resource Family Program Manager	Information/Writing/Analysis/ Programmatic Review
Carl Ayers	VDSS Deputy Commissioner, Human Services Portfolio	Leadership Review
Chanda Yarbrough	VDSS Resource Family Policy Specialist	Information/Writing/Analysis
Cody Lynch	CBCAP Program Consultant	Information/Writing
Craig Patterson	VDSS In-Home Policy Specialist	Information/Writing/Analysis
CWAC members (available in **Appendix A-3**)	Child Welfare Advisory Committee (CWAC)	Information
Danielle Niepokoj	VDSS Permanency Data Analyst	Data/Analysis
Denise Johnson	VDSS DFS Business Operations Program Manager	Information/Writing/Analysis/ Programmatic Review
Ebony Baker	Adoption Policy Specialist	Information/Writing/Analysis
Em Parente	VDSS Assistant Director	Divisional Leadership Review
Emily Lowe	VDSS Foster Care Policy Specialist	Information/Writing/Analysis
Emily McGarrity	VDSS Out of Family Investigation Specialist	Information/Writing/Analysis
Ericka Poli	VDSS ICPC/ICAMA Lead Consultant	Information/Writing
Heather Davis	VDSS Business Operations Project Manager	Information/Writing
James H. Williams	VDSS Commissioner	Agency Review and Approval
James Kingsford	VDSS Prevention Data Analyst	Data/Analysis
Jennifer Phillips	VDSS QAA Program Manager	Information/Writing/Analysis/ Programmatic Review
Kristie Jones	VDSS Title IV-E Supervisor	Information/Writing/Analysis
Leonard Recupero	Lead Contract Administrator	Information/Writing/Analysis
Lora Smith Hughes	VDSS Foster Care Program Manager	Information/Writing/Analysis/ Programmatic Review
Margaret Bowers	VDSS Business Operations Lead Business Analyst	Data/Analysis

[1] All acronyms are also defined in **Appendix A-2** Commonly Used Acronyms

Name	Affiliation	Role in Statewide Assessment Process
Matthew Sherman	VDSS Protection Data Analyst	Data/Analysis
Meghan Yeatts	VDSS CFSR Supervisor	Information/Writing/Analysis
Melissa Delaney*	SPEAKOUT	Information
Mirely Kennedy	PSSF Program Specialist	Information/Writing
Nancy Campos	VDSS Data Manager	Data/Analysis/Programmatic Review
Nicole Shipp	VDSS Protection Policy Specialist	Information/Writing/Analysis
Nikole Cox	VDSS DFS Director	Divisional Leadership Review
Olivia Jenkins*	SPEAKOUT	Information
Project Life Conference Attendees*	Project Life Conference	Information
Sadie Wilson	VDSS Program Lead-Federal Reporting	Project Lead/Information/Writing/Analysis
Samantha Brooks	VDSS Special Projects Manager	Information/Writing/Analysis
Sara Calhoun	VDSS Kinship Policy Specialist	Information/Writing/Analysis
Saundra McCready	Kinship Navigator Program Specialist	Information/Writing
Shannon Hartung	VDSS Protection Program Manager	Programmatic Review
SPEAKOUT members*	SPEAKOUT	Information
Stephen Gilliand	VDSS Adoption Program Manager	Information/Writing/Analysis/ Programmatic Review
Survey Participants	LDSS, Legal and Judicial Partners, Foster Parents, Participants in CFSR Reviews	Information
Tameka Kelley	VDSS ICPC/ICAMA Program Manager	Information/Writing/Analysis/ Programmatic Review
Tiffany Gardner	VDSS Project Manager	Writing/Review
Traci Jones	VDSS Assistant Director	Divisional Leadership Review
VDSS Parent Advisory Council*	VDSS Parent Advisory Council	Information
Vernee Mason	Adoption Program Supervisor	Information/Writing/Analysis

Both SPEAKOUT and the Parent Advisory Council were asked if they would like to provide their names for inclusion in this assessment list of participants. Only member names that responded with permission to list their name are included in this list.

Stakeholder Involvement

Virginia Department of Social Services (VDSS) believes that strong partnerships lead to better outcomes, as the practice model states, and that "how we do our work is as important as the work we do". This holds true not only for direct service practice with children and families, but also for work done across agencies, stakeholder groups, and communities throughout Virginia. Engagement with these partners has been key in providing a full assessment of Virginia's functioning in the child welfare outcomes and systemic factors.

Youth Engagement

For youth stakeholder engagement, VDSS first met with SPEAKOUT (Strong Positive Educated Advocates Keen on Understanding the Truth) to gather data regarding their experiences in care and identify the best ways to engage a broader range of youth in the statewide assessment. SPEAKOUT is the state youth advisory board comprised of youth in and formerly in foster care. The feedback session was held March 26, 2025, and four out of the 11 members attended. VDSS provided an overview of the CFSR Round 4 and answered questions regarding the process. SPEAKOUT members were interested in hearing how youth's case data was used in the Onsite Review Instrument (OSRI) tool and if youth had the ability to opt out of their data being used for this purpose. Some SPEAKOUT members expressed an interest in reviewing past CFSR performance. SPEAKOUT members shared their experiences in foster care through discussion prompts that addressed case planning, services, permanency planning and termination of parental rights, and training for foster parents and DSS caseworkers. The members were also asked for additional ways to engage youth in this process. After the focus group meeting, VDSS shared with the entire 11 members of SPEAKOUT the full overview, resources, and feedback and provided opportunity for corrections or additions to the feedback so that all members had an opportunity to provide feedback. There were no additional comments or revisions provided by the members. VDSS' overview, resources, and SPEAKOUT's full feedback is included in **Appendix A-4** and specific information from this collaboration will be used throughout the assessment.

To reach a broader audience and get feedback from youth under 18, VDSS hosted a feedback session at the April 2024 Project Life Conference in Lynchburg, VA. Project Life hosts two statewide youth conferences a year that are focused on growing youth's life, leadership, and advocacy skills. VDSS provides a grant to Project Life to host this conference that youth attend at no cost. During April's conference, youth (ages 14-20) who are in or formerly in foster care received an overview of the CFSR process and Virginia's past CFSR performance. Youth conference attendees were actively engaged in the overview and had questions related to how Virginia compares to other states. After the overview, the youth participated in a group activity that was broken into two parts. During the first part, youth worked in groups at their table to identify strengths and areas needing improvement in a specific category out of these seven categories: case plans, caseworker training, foster parent training, placement, court, permanency planning and goal changes, and services. During the second part, each youth was provided with eight color dots and asked to place their color dots next to items that meant the most to them. The demographics of the youth and the compiled results of their group work including pictures of their work are available in **Appendix A-5**.

Parent Engagement

To obtain parent perspective, VDSS met with the Parent Advisory Council in March 2025 to introduce CFSR and the need for stakeholder engagement. In April 2025, VDSS met with the council and provided an overview of the CFSR Round 4 process. Four parent members attended the feedback session. Parent council members shared experiences with child welfare through discussion prompts that addressed case planning, services, permanency planning and termination of parental rights, and training for foster parents and DSS caseworkers. The members were also asked for additional ways to engage parents in this process. VDSS' overview, resources, and the Parent Advisory Council's full feedback is included in **Appendix A-6** and specific information from this collaboration will be used through the assessment. VDSS has identified the need for broader parent engagement. The Strategic Operations Project Manager position will support the development of an engagement plan in advance of the stakeholder interviews and potential Program Improvement Plan (PIP) to ensure broader representation of parents.

Tribal Partner Engagement

VDSS reached out to members of the tribal roundtable from the 11 Tribes in June 2025 to gain perspective on several areas of child welfare, including application of ICWA, recruitment of foster

families, training of DSS caseworkers, and collaboration between Tribes and DSS. VDSS received responses from two members.

- Application of ICWA: One respondent indicated that there are agencies still not following proper ICWA inquiry guidelines as specified in the federal ICWA guidelines. Another respondent indicated that they have not had experience with Virginia requests.
- Training of Caseworkers: One respondent indicated that an area of improvement for caseworker training would be to underscore that ICWA is a federal law that pertains to federally recognized tribes and that state recognized tribes do not fall under ICWA. Another respondent indicated the need for active participation in the cultural events.
- Foster family recruitment: A respondent indicated that they are unaware of any current efforts by DSS to secure Native foster placement and that would be an area of improvement. Another respondent indicated that DSS should go to each tribe and seek input of how to best recruit as each tribe may recommend a different approach.
- Collaboration between DSS and Tribes: One respondent indicated that while meeting virtually is important, it's more important to go to tribal land and talk with tribal councils.

Legal/Judicial Partner Engagement

The Court Improvement Program (CIP) is Virginia's partner in legal and judicial collaboration for child welfare. CIP and VDSS collaborated to develop and administer a survey to legal and judicial partners. This survey asked for feedback on case plans, court hearings, permanency planning, termination of parental rights, and services. CIP distributed the survey to 1,140 individuals in the legal community, including 138 judges, 53 retired judges, 130 DSS counsel, and 819 guardians ad litem and attorneys appointed as counsel to represent parents and guardians in child dependency cases at the end of May 2025. Virginia Supreme Court Justice Thomas Mann has also been involved in these efforts, lending judicial leadership and insight to this work. Additional information regarding survey administration and geographic applicability is located in **Appendix A-7**. Additionally, CIP has been a collaborative partner in discussion and analysis of systemic factors through regular joint planning meetings with the Children's Bureau. They also have provided administrative data from their system to use within the statewide assessment.

LDSS Engagement

Another key partner in the statewide assessment are local departments of social services (LDSS). Data from LDSS child welfare staff on systemic factor functioning is collected annually through administration of a survey. More information on response rate, geographic applicability, and structure of the survey is located in **Appendix A-8**. In addition, VDSS engaged with LDSS child welfare staff as well as other divisions of VDSS, and community partners through the Child Welfare Advisory Committee (CWAC).

Community Partner Engagement

CWAC is the primary organization to advise the Director of the Division of Family Services on child welfare issues. CWAC members include representatives from:

- Lived expertise councils and groups such as the Parent Advisory Council and Virginia's tribes,
- State agencies (Department of Medical Assistance Services, Department of Behavioral Health and Developmental Services, Office of Children's Services, etc.),
- LDSS,
- Other VDSS Divisions (Licensing, Local Training and Development, Local Engagement and Support, etc.),

- And community partners (private providers, representatives from residential facilities, child-serving agencies, etc.).

VDSS has leveraged CWAC over the last three years to assess performance on CFSR items, review data profile indicators, assess outcomes, develop the 2025-2029 Child and Family Services Plan (CFSP), and monitor implementation of CFSP strategies. While CWAC's input has been used over the past three years to assess items included in the statewide assessment, VDSS identified additional areas where the unique makeup of CWAC could provide additional feedback. In Spring-Summer 2025, VDSS engaged with CWAC to provide specific feedback on Items 26-28 regarding training and Items 29-30 regarding service array, resource development and personalization of services. This feedback is included within those sections.

Partner Engagement in the CFSP

Virginia's current CFSP was developed during 2023-2024 using a strategic planning process involving problem identification, root cause analysis, and solutioning. While CFSR items were not the sole focus of this process, CFSR data provided insight into areas of need and was purposely incorporated into the process. Lived experience partners and community partners were engaged throughout this process. A full summary of the partners engaged in that process is included in Virginia's CFSP 2025-2029. Some of the interventions and practice enhancements referenced in Section 3 were developed in reference to the stakeholder input gathered in that data analysis process.

Section 2: State Context Affecting Overall Performance

Organization Structure and Vision and Tenets:

State Agency Administering the Program

VDSS is the state agency that administers the child welfare program, including all programs under Titles IV-B, IV-E, and XX of the Social Security Act. VDSS is part of the larger Virginia Social Services System (VSSS), which is a partnership of four key organizations responsible for the administration, supervision, and delivery of social services in Virginia:

- Virginia Department of Social Services,
- 120 Local Departments of Social Services (LDSS),
- Virginia League of Social Services Executives (VLSSE), which represents the 120 LDSS, and
- Virginia Community Action Partnership, an association of community action programs across the state.

Organizational Structure

Virginia is a state supervised and locally administered social services system. At the state level, VDSS includes the governor-appointed State Board of Social Services, which advises the Commissioner, adopts regulations, establishes employee-training requirements and performance standards, and investigates institutions licensed by the department.

VDSS support areas include:

- Finance and general services,
- Organizational development,
- Information systems,
- Legislative affairs,
- Local Training and Development,

- Office of Trauma and Resilience,
- Operations, and
- Public Affairs.

VDSS program areas include:

- Benefits programs,
- Child care and early childhood development,
- Child support enforcement,
- Enterprise delivery systems,
- Family services,
- Community and Volunteer Services, and
- Licensing.

Five regional offices oversee community and local organizations, including:

- Benefit programs,
- Child welfare services,
- 22 district offices for the Division of Child-Support Enforcement, and
- 8 field offices for the Division of Licensing program.

The Division of Family Services (DFS) oversees child welfare programs and promotes well-being, safety, and permanency for children, families, and individuals in Virginia. DFS provides supervision, development, and enhancement of child welfare policies, programs, and practice. DFS supplies guidance, training, technical assistance, and support to LDSS. It collaborates with state-level partners (including state agencies and community-based organizations) in the following program areas:

- Prevention (prevention services, Family First, and Kinship Navigators),
- In-Home Services (Promoting Safe and Stable Families, and Parental Child Safety Placement Program),
- Child protective services (child abuse and neglect),
- Permanency (adoption, foster care, resource family, independent living, and interstate/inter-country placement of children),
- Quality assurance and accountability (title IV-E review and Child and Family Service Review (CFSR), and
- Legislation, regulations, and guidance.

Vision and Mission Statement

VDSS Vision Statement: A commonwealth in which individuals and families have access to adequate, affordable, and high-quality human/social services that enable them to be the best they can be.
VDSS Mission Statement: People helping people triumph over poverty, abuse, and neglect to shape strong futures for themselves, their families, and their communities.

Virginia Children's Services Practice Model

The Virginia Children's Services System Practice Model presents a vision for the services delivered by all child-serving agencies across Virginia, especially the Departments of Social Services, Juvenile Justice, Education, Behavioral Health and Developmental Services, and the Office of Comprehensive Services. The practice model is central to Virginia's child welfare decision-making. It is present in all meetings and in every interaction with a child or family. Decisions based on the practice model are supported and championed.

Guided by this model, the VDSS process aims to continuously improve services for children and families. It is rooted in best practice and the most accurate, current data available, and places the safety and well-being of children and families at the center of the work. The basic tenets of the practice model are:

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

Cross-System Challenges

Child Welfare Structure: State-Supervised, Locally-Administered

Virginia has a long history of social services being administered locally under state supervision. Local departments of welfare in Virginia became mandatory in the 1938 Public Assistance Act. It was at this point, Virginia's current state-supervised, locally-administered system began to develop. Current state law requires that every city and county be served by a local department and board of social services and gives VDSS the responsibility of supervising the local administration of these services. LDSS are locally administered which can cause disparity for compensation plans for staff. Differences can be identified among the LDSS regarding how programs are administered, services offered, and the level of involvement among local board and/or county government. There are vast disparities and differences among salaries for staff at LDSS. While this system offers flexibility in how localities can individualize their LDSS to best serve their communities, this system can also result in significant disparities in performance outcomes across localities.

Workforce

Virginia has specific challenges regarding turnover and/or staffing shortages in LDSS. Forty percent or more of entry level family services specialist positions will turnover annually. Vacancies and turnover in the LDSS are indicative of increased workloads and complexities brought about by family and child mental health concerns, difficult case situations, lack of staff, and lack of resources for our local staff.

There are 105 LDSS agencies actively recruiting Family Services positions. There are 647 vacant Family Services positions (compared to the approximately 3,000 Family Services filled positions). Between July 2023 and June 2024, the average statewide vacancy rates for Family Services Specialist positions ranged from 20 to 23 percent. Turnover impacts the ability to provide appropriate case management services to children and families and increase recurrence of maltreatment. More data on turnover and retention rates is available in **Item 26**.

In Virginia, the current state training program is based on a legacy training system developed more than 30 years ago. Currently, newly hired child welfare services staff take between 15-20 instructor led virtual courses, two-to-three in-person courses, and up to eight eLearning courses, within the timeframes their programs require, over two years. This system is not effectively preparing workers for child welfare casework. Many LDSS staff are forced to work cases before they are ready to do so, contributing to the turnover for newly hired Family Services Specialist I.

Family Services Specialists (FSS) have varying education and backgrounds in child welfare. Currently, the requirements set by regulatory code (22VAC40-670) are a bachelor’s degree in human services or a bachelor’s degree in any field with two years related service in human services. As a result, the current

workforce has a variety of backgrounds and experiences with varying degrees of human services education. With the timeframes to complete training and no specialized training in child welfare, this could contribute to the turnover.

Placement Capacity

VDSS faces specific challenges around high-acuity youth in foster care. To address statewide and systemic challenges, including placement disruptions and high-acuity youth in foster care sleeping in local offices or other unsuitable locations, Governor Youngkin launched the Safe and Sound Task Force on April 1, 2022. Virginia agencies represented include VDSS, Department of Behavioral Health and Developmental Services (DBHDS), OCS (Office of Children's Services), DMAS (Department of Medical Assistance Services), and DJJ (Department of Juvenile Justice), private providers, nonprofit organizations, advocacy organizations, faith-based organizations, LDSS, and others comprise the task force membership.

The task force began with three goals: 1) ending youth sleeping in LDSS offices, hotels, or other unsuitable locations by identifying and securing safe placements for high-acuity displaced youth; 2) developing a reservoir of safe and appropriate placements for youth who may need them in the future; and 3) making systemic changes to Virginia's child welfare and other systems. Targeted work towards these goals continues to be a focal point to address high-acuity youth in foster care.

Additional information about efforts with the Safe and Sound Taskforce is included in Item 34.

System Modernization

OASIS is the primary application and system of record. It was a transfer solution from Oklahoma in 1997 and was customized to meet Virginia's needs. Existing legacy systems do not fully support all ACF federally prescribed requirements, nor do they effectively support an integrated business model. Deficiencies in these existing legacy systems make data collection inefficient and do not support ongoing monitoring and reports needed to monitor child welfare programs. The system does not allow bi-directional exchanges with other state agencies and community partners to assist with sharing and receiving crucial case information. The title IV-E eligibility process is a manual process completed by staff with no centralized financial module to support claiming of federal funds.

OASIS and the other in-house applications require duplicate information entry and cumbersome data-entry processes. They lack the capability to effectively support programs, including financial management, electronic document management, mobile use, and interoperable functions.

Due to the antiquated system and lack of automation, data linkage among the child welfare system and community partners remains a barrier. To address these issues, ad hoc reports are created, but this is cumbersome and sometimes unable to be achieved. A comprehensive data system that is integrated into the case management system, is needed to provide child welfare staff and leadership the resources and tools needed to appropriately monitor case management activities. VDSS's priority is to design and deliver a high-quality human services child welfare information system that helps Virginians achieve safety, independence, and overall well-being. Current legacy systems fall short of the agency's vision of integrated and coordinated child welfare services. In addressing this and other shortcomings posed by the existing applications, VDSS will acquire a system(s) that meets the ACF federally prescribed Comprehensive Child Welfare Information System (CCWIS) requirements, conforms to Virginia's enterprise architecture standards, and effectively aligns with practice requirements.

Current Initiatives

Child Welfare Transformation Project: Safe Kids, Strong Families

The Safe Kids, Strong Families initiative is a comprehensive redesign of the state's child welfare system. The effort seeks to ensure that across Virginia all kids are safe, all families are strong, and the child welfare system is sustainable. This effort will result in an actionable three-year strategy that builds from strengths and addresses gaps in the current system. While recent efforts, such as the Safe and Sound Taskforce and the Parental Child Safety Placement Program, have contributed to progress, there is more work to be done. For example:

- Concerns about safety persist: Abuse hotline calls are up 25% since 2020. 70%+ of child fatalities tied to abuse or neglect had prior contact with child protective services.
- Workforce constraints persist: 40%+ of family services specialists leave their positions within the first year.
- Permanency challenges persist: Virginia is ranked 47th in permanency in the United States. Youth are aging out of the system without a permanent family.

The Safe Kids, Strong Families strategy will focus on six areas:

1. Modernizing infrastructure and oversight of the locally administered system
2. Strengthening the workforce
3. Enhancing prevention and family preservation
4. Improving child protective services
5. Increasing permanency for youth, and
6. Better integrating behavioral health with child welfare.

To develop the Safe Kids, Strong Families strategy, a wide range of stakeholders will be engaged. This includes LDSS, community organizations, and child welfare providers. This collaboration is essential to identifying what's working, where gaps exist, and how to develop a plan that stakeholders feel ownership of and can implement effectively.

The Safe Kids, Strong Families initiative represents an important opportunity to improve how Virginia supports the safety of children and the resilience of families. By launching a dedicated effort to identify new ways to address long-standing challenges, Virginia can create a system that better meets the needs of those it serves.

Kin First Now

Kinship has been an ongoing focus for Virginia. When Virginia began intensive efforts in CY2019 to improve the rate of kinship placements for youth in foster care, the rate was 6%, as reported in the 2020 APSR. As of May 2025, that rate is now 21.8%. In alignment with Governor Glenn Youngkin's Administration, the goal for the end of CY2025 is a rate of 35%. A central intervention in these efforts is Kin First Now, which Virginia launched in October 2023. A group of VDSS team members, representing different program areas and regional offices partnered to help selected LDSS develop a plan for enhancing the use of three existing practice elements that have helped other LDSS increase the rate of children in foster care placed with kinship families. Those three practice elements are:

- Effective Family Partnership Meetings (FPMs).
- Collaborative, cross-unit staff meetings when considering the removal of children from their parents or current caregivers (an Out of Home Staffing), and
- A Permanency Assessment Tool for all relative caregivers, whether kinship resource parents or alternate living arrangements.

While these practice elements currently exist in guidance and best practice, LDSS are not consistently using them. The first round of Kin First Now occurred from October 2023 to November 2024. Agencies in this cohort participated in an intensive two-day in person intervention at the selected LDSS supported by VDSS and LDSS preparation ahead of the in-person meeting and followed by ongoing coaching and support. Ahead of the in-person meeting, VDSS also provided LDSS staff with materials to re-familiarize themselves with the three practice elements. LDSS staff are asked to complete a survey, "Rate your Kin First Agency". Survey results, along with LDSS outcomes data, are reviewed with LDSS leadership ahead of the two-day in person intervention. The LDSS identified strengths and opportunities for their kinship practice based on the in-person session and then developed action plans that commit to addressing opportunities in their agency to improve kinship practice. VDSS provides eight weeks of targeted coaching to help agencies embed the practice elements in their way of work.

Virginia's first Kin First Now's cohort consisted of 19 of the largest LDSS in Virginia. Agencies were selected for the number of youth in foster care under age 18, current kinship percentage numbers, and LDSS capacity to participate. The LDSS in the first cohort were: Chesterfield- Colonial Heights, Richmond City, Hanover, Newport News, Norfolk, Chesapeake, Harrisonburg/Rockingham, Alexandria, Prince William, Franklin County, Lynchburg City, Roanoke City, Roanoke County, Fairfax County, Virginia Beach, and Shenandoah Valley representing 36% of all youth in care under age 18 in July 2023. Cohort Two began in February 2025 with a kick-off for all remaining 101 LDSS. The model has now transitioned to a collaboration-based intervention. Kin First Now will continue to address the aforementioned practice elements, but instead of individual agency visits, the remaining LDSS are grouped together with surrounding LDSS and will participate in the intervention as a group. Follow up support will include collaborative learning experiences that will include the sharing and development of agency specific action plans and will address commonly discussed barriers to kinship placement such as lack of resources and resistance from the court community.

As Kin First Now affects the entire continuum, VDSS included activities related to Kin First Now throughout the CFSP 2025-2029 strategic plan, particularly in **Protection Strategy 1, Prevention Strategy 2, and Permanency Strategy 1**.

Fatherhood Initiative

VDSS is focused on promoting family engagement and empowering families to work together to overcome challenges, prevent family separation, and increase fatherhood engagement (**CFSP 2025-2029 Protection Strategy 1**, **Prevention Strategy 2**, **Permanency Strategy 1**). In conjunction with Kin First Now efforts, fatherhood efforts support LDSS by providing tools and resources to support and engage fathers throughout child welfare involvement.

The first step in these efforts was to understand where fatherhood engagement already stands in Virginia. VDSS gathered initial feedback from the Parent Advisory Council. VDSS Office of Research and Planning (ORP) also reviewed Fatherhood initiatives in other states, and ORP surveyed all LDSS to gather information about agency specific strategies, local/regional community resources, and community partnerships related to fatherhood engagement. The survey asked LDSS how VDSS could assist their Fatherhood engagement efforts. Survey respondents identified a variety of potential supports, including toolkits, operational guidance, training, funding for dedicated personnel and new programs, facilitating father-focused provider networks, and publishing father engagement data.

Based on this data, the following were put in place to support LDSS:

- A database of fatherhood supports and services throughout Virginia: VDSS developed a comprehensive database of services and supports specific to fathers. LDSS and other

stakeholders can provide this resource to fathers, and it can be accessed via the VDSS public website, https://dss.virginia.gov/family/fatherhoodresourcedatabase.cgi

- Fatherhood toolkit: LDSS staff can quickly reference this internal guide on the intranet, which includes resources, tools, tips, and strategies to help them foster meaningful connections and collaboration with fathers. This toolkit assists with identifying fathers, promoting father engagement, and eliminating barriers to engagement. (Toolkit available upon request)
- Funding opportunities: Promoting Safe and Stable Families (PSSF) incentive funds were made available to LDSS to support, enhance, or pilot a project/strategy related to the engagement and support of fathers within the community. LDSS were offered a one-time funding opportunity up to $12,500. Most agencies used the funds to provide individualized services to fathers, and some agencies used the funds for staff training or conferences, and to partner with community organizations to host or support fatherhood community events. VDSS will continue to seek other funding opportunities to support LDSS in their efforts to increase fatherhood engagement.
- Communication plan: VDSS established a cross-divisional Steering Committee that continues to meet monthly to ensure collaboration in the initiative to communicate, uplift, and promote fatherhood engagement across all platforms. The committee developed a comprehensive communication plan, which includes the following:
  - Partners with Public Affairs to create monthly awareness messaging on social media platforms (i.e. Instagram, Facebook, and X); and published a toolkit on the intranet site and database on the VDSS public internet site.
  - Distributes internal mass communications (i.e. intranet touts and broadcasts) to provide fatherhood updates, resources and information.
  - Provides ongoing meeting presentations for leadership, local and state staff relating to fatherhood engagement.
  - VDSS created an annual Fatherhood Engagement Week to celebrate and uplift fatherhood engagement. During this week, VDSS engages internal and external audiences through various activities, such as webinars, trainings and resources that focus on fatherhood engagement.

VDSS identified data points that measure father involvement and engagement in child welfare cases including whether fathers were listed in OASIS, discharges from foster care to fathers, and the rate of father and paternal family involvement in FPMs. These data points are being monitored and reported in the Annual Progress and Services Report (APSR).

The goal of VDSS's fatherhood efforts is to support LDSS by providing tools and resources to support and engage fathers throughout child welfare involvement in efforts to improve child well-being.

Primary Prevention

VDSS prioritizes primary and secondary prevention efforts upstream of child welfare involvement through Community Pathways and Evolution. Community Pathways will allow Virginia to use title IV-E Prevention Services funds to serve more families without formal child welfare cases. VDSS's initial implementation of Family First was designed as tertiary prevention, using Family First and title IV-E funds to prevent the removal of children from families already at the attention of the child welfare system. In the next phase of VDSS's Family First implementation, VDSS will expand the population of eligible children and families by redefining and operationalizing Candidates for Foster Care to include families at risk of child welfare involvement. VDSS is partnering with other child and family serving state agencies, community providers, local agencies, advocates, individuals and families with lived experience, and other stakeholders to develop Community Pathways that will reduce child maltreatment and the need for child welfare involvement. Virginia envisions developing more than one pathway and using different evidence-based programs (EBPs) to meet the needs of as many families as possible. VDSS will develop these pathways simultaneously and implement them as they develop. VDSS began the early exploration phase

of Community Pathways in 2023, identified an initial pathway in 2024, are exploring additional pathways in 2025, and aims for initial implementation by 2026. Community Pathways is part of the CFSP 2025-2029 Strategic Plan, outlined in **Prevention Objective 1, Strategy 1**.

Evolution is VDSS's commitment to transform Virginia's child welfare system and the provision of services to families, using and promoting economic and concrete supports to help prevent child abuse and neglect. VDSS has a Benefit Programs Division (TANF, SNAP, child care, Medicaid determination, LIHEAP, etc.), the Local Training and Development (LTD) Division, the Local Engagement and Support (LES), and the Office of Continuous Quality Improvement (CQI). These divisions can partner within the Human Services Portfolio to think innovatively about family services. Evolution will focus on ways that Virginia's child welfare and benefits programs can better partner to serve families, as well as seeking ways to improve and expand the use of benefits programs that help prevent child welfare involvement.

Workforce: Training Reform

The Division of Local Training and Development (LTD) plans to establish a centralized training academy model to bring Virginia in line with best-in-class formats used by states with similar local/state relationships in social services, depending on funding allotted by the Virginia General Assembly. This reformed training system will strengthen VDSS's ability to provide safe, stable environments for children and families in Virginia by reducing workforce turnover and better preparing the workforce to work with children and families.

In Virginia, the current state training program is based on a legacy training system developed more than 30 years ago. Currently, newly hired child welfare services staff take between 15-20 instructor led virtual courses, two-to-three in-person courses, and up to eight eLearning courses, within the timeframes their programs require, over two years. They must also receive an additional 24 hours of annual continuing education beyond pre-service training. This system is not effectively preparing workers for child welfare casework. Many LDSS staff are forced to work cases before they are ready to do so, contributing to the LDSS FY2023 average turnover rate of 44 percent for newly hired FSS I.

The Butler Institute for Families from the University of Denver partnered with VDSS in 2017 and 2023 to review their training services for the Division of Family Services and identify areas for continuing improvement. Findings from the 2023 assessment offer insights on improving trainings and professional development for local Family Services staff. Collaborating with the Virginia League of Social Services Executives (VLSSE), the LTD worked with representatives at all levels of staff from LDSS across Virginia in spring 2023 and continued through July 2024 to determine an effective training academy framework on which work could continue with assistance of the Butler Institute for Families consultation to bring about training system reform based on their previous 2023 Training System Assessment. VDSS hopes to implement a cohort-based training academy model that uses in-person instruction, virtual instructor-led, eLearning, and simulation labs to better prepare staff for the difficult work of social services. The goal is to increase staff retention, provide more structured and consistent foundational training, and offer more professional development for seasoned staff. Most states favor the academy approach, as it allows for a shared, consistent foundational training experience and builds a support network for new staff from their very first day. An academy approach also lets its graduates easily move from one locality to support another.

Statewide Information Systems

VDSS's priority is to design and deliver a high-quality human services child welfare information system that helps Virginians achieve safety, independence, and overall well-being. Current legacy systems fall short of the agency's vision of integrated and coordinated child welfare services. In addressing this and

other shortcomings posed by the existing applications, VDSS will acquire a system(s) that meets the ACF federally prescribed Comprehensive Child Welfare Information System (CCWIS) requirements, conforms to Virginia's enterprise architecture standards, and effectively aligns with practice requirements.

As part of a multi-year plan, VDSS will develop a CCWIS-compliant system. Once implemented, the system will support VDSS in meeting state and federal requirements (**CFSP 2025-2029 Operations Strategy 1**). It will also provide uniform and reliable information about children involved with VDSS and their families and support service delivery and all associated day-to-day case-management activities.

VDSS has invested significant time and resources in developing the potential CCWIS system's functional and non-functional requirements. These requirements reflect the needs and objectives identified by the department and its stakeholders. These needs and objectives will guide the replacement of the current legacy systems and better meet end-user needs. VDSS will replace the legacy systems hosted at VDSS with a new system called COMPASS (Comprehensive Permanency, Assessment, and Safety System).

To prepare the workforce for a modern child welfare information system, VDSS followed a Human Centered Design (HCD) approach (**CFSP 2025-2029 Operations Strategy 1**) to review and update established workflows, prepare journey maps for system users and community stakeholders, identify pain points in current processes, and provide a roadmap to improve current processes. The outcomes of this approach will help create a state-of-the-art child welfare information system, one built with the end user in mind. The HCD project began in September 2024 and concluded in February 2025. It followed human-centered design principles including understanding and engaging with end users and stakeholders and testing and revising deliverables based on their feedback.

In September 2021, VDSS asked for and received funding for CCWIS design, development, and implementation, as well as ongoing funding for staff to support this effort and for ongoing license costs. This funding supports VDSS in building a full CCWIS within approximately three years from the date the project begins.

VDSS submitted a Multiple Operating Division (MultiOpDiv) Advance Planning Document (APD) on August 3, 2022. The APD was conditionally approved on September 21, 2022. The Children's Bureau requested an updated budget to include a quarterly cost breakdown and the addition of an acquisition summary. The updated MultiOpDiv APD was submitted on December 8, 2022, and final approval was granted on January 17, 2023. On August 15, 2023, VDSS submitted an as needed update to the MultiOpDiv APD to add costs for HCD consultation services, to include business process improvement. That update was fully approved on August 31, 2023, along with the approval came instruction from ACF to modify VDSS's APD from a MultiOpDiv submission to a standard (ACF only) submission. The annual update was submitted as a standard APD on November 16, 2023, which was approved on December 13, 2023. The current APD was submitted on August 20, 2024, and approved on October 15, 2024.

VDSS continues to work internally on design, development, and implementation (DDI) readiness and has established the following work groups (**CFSP 2025-2029 Operations Strategy 1**):

- The Data Governance Council, which is required by the ACF as part of CCWIS development. It coordinates data cleanup, develops data controls, and ensures effective communication around CCWIS-related data.
- The CCWIS Advisory Group reviews requests and questions from users across program areas and provides feedback.
- The COMPASS|Mobile Navigator Team consists of front-line users who share updates about the current mobile solution. This team will work on CCWIS DDI and may be called on to assist in design sessions and user acceptance testing.

Other internal work surrounding DDI readiness includes continuing to gather requirements, user story development and elaboration, interface control documents, data clean-up efforts, system readiness efforts, product team development, and procurement.

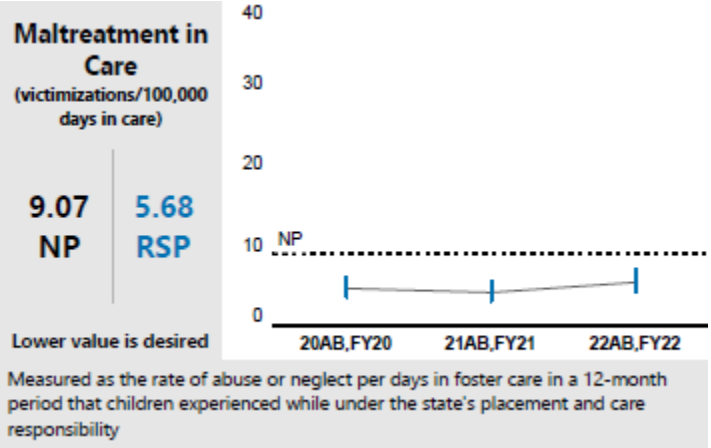
Section 3: Assessment of Child and Family Outcomes

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are, first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

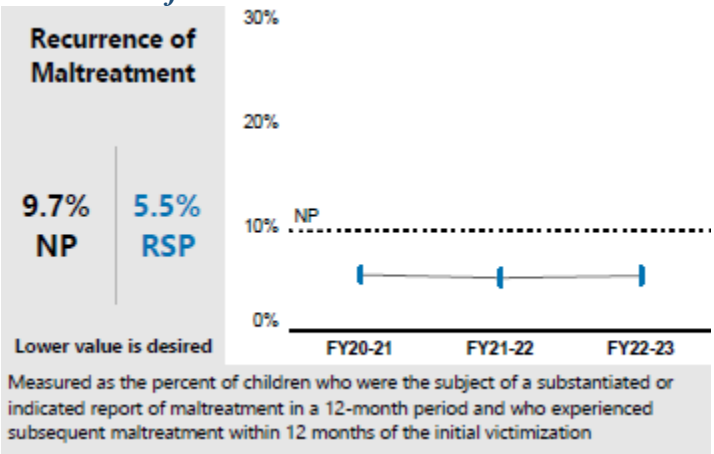
Virginia's Performance Data and Analysis

Maltreatment in Care



Virginia consistently performed better than the national average in Maltreatment in Care from 2020 – 2022. For Maltreatment in Care, Virginia's Risk-Standardized Performance (RSP) is 5.68 victimizations per 100,000 days in foster care. This is below the national standard of 9.07. In review of Virginia's context data, children between the ages of 11-16 experience the most maltreatment in foster care with a rate of 4.88. This age group represent 38.1% of total days in foster care, yet 43.1% of total victimizations in foster care. White or Caucasian children experience maltreatment in foster care at a higher rate (5.98) than black or African American children (3.12).

Recurrence of Maltreatment



Virginia consistently performed better than the national average on Recurrence of Maltreatment from 2021—2023. For Recurrence of Maltreatment, Virginia's Risk-Standardized Performance (RSP) is 5.5 which is below the national standard of 9.7. All age categories are well beneath the national standard; however, children ages 1-5 experience the most initial victimization (31.6%) and the most revictimization (35.7%) compared to other age categories. Black or African American children's percentage of recurrence of maltreatment is 2.4% and the percentage of recurrence of maltreatment for white or Caucasian children is 4.7%.

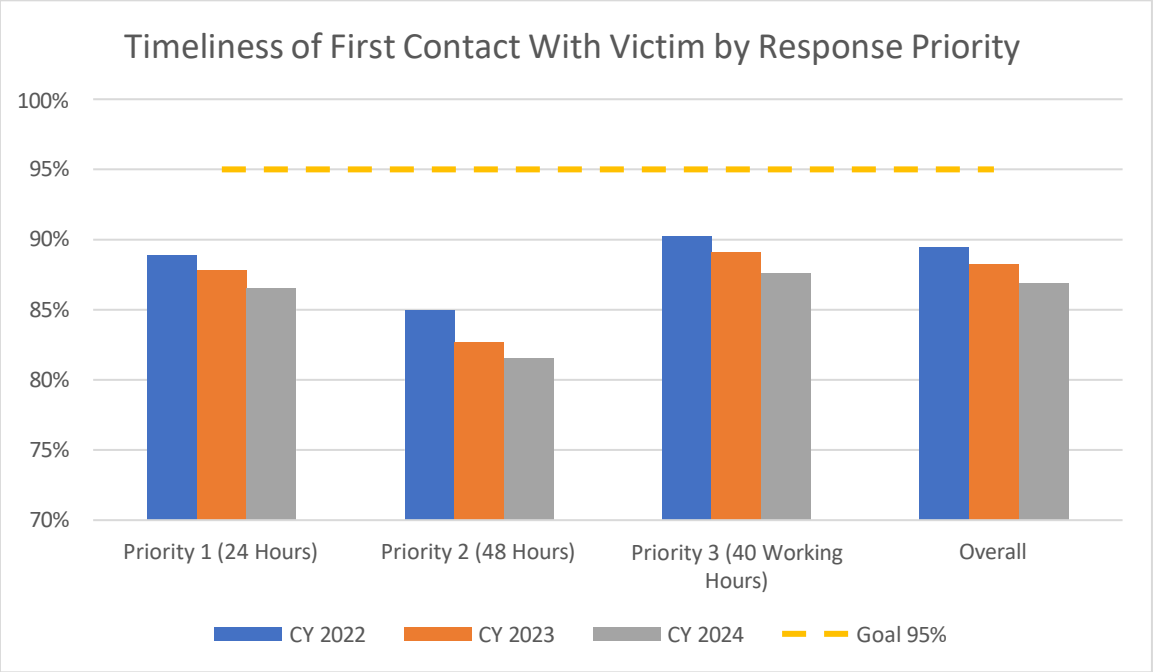
Timeliness of First Contact with Victim CY2024

In Virginia, all valid reports of child abuse or neglect are assigned a response priority to ensure timely and appropriate intervention. LDSS determine the urgency of response by completing the Response Priority Decision Trees within the Child Protective Services (CPS) Intake Tool in the child welfare information system. These decision trees are structured to guide staff in determining how quickly to initiate the response based on presenting safety factors. The selections made within the decision trees must be supported by a corresponding narrative in the system. The timeliness of the initial face-to-face contact with the alleged child victim is measured from the exact date and time of the referral.

Virginia defines three response levels:

- Response 1 (R1): Initiate contact as soon as possible, but no later than 24 hours from the date and time of the referral.
- Response 2 (R2): Initiate contact as soon as possible, but no later than 48 hours from the date and time of the referral.
- Response 3 (R3): Initiate contact as soon as possible, but no later than 40 work hours from the date and time of the referral.

Timeliness of First Contact with Victim			
	CY 2022	CY 2023	CY 2024
Priority 1 (24 Hours)	89%	88%	87%
Priority 2 (48 Hours)	85%	83%	82%
Priority 3 (40 Working Hours)	90%	89%	88%
Overall	89%	88%	87%



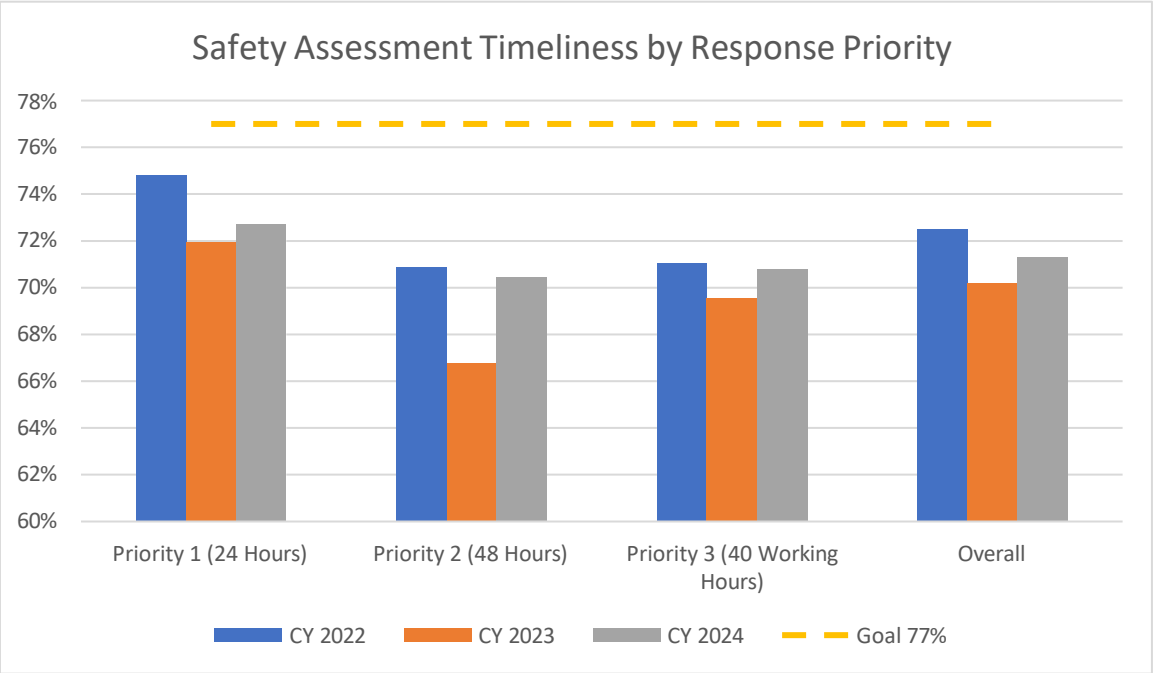
As referral volumes have returned to pre-pandemic levels, a slight decline in performance has been observed concurrent with the increase in referrals. Virginia's overall performance across all response priorities has consistently ranged between 87% and 89%, which remains below the federal target of 95%. Referrals assigned to Response Priority 2 consistently experience less timely completion compared to those assigned to Response Priorities 1 and 3, despite representing a smaller proportion of total referrals. Conversely, Response Priority 3 accounts for the largest volume of referrals, and Virginia's highest performance rates are observed within this category.

The observed performance challenges can be attributed to several key factors, including an increase in referral volume, ongoing vacancies, and staff turnover. Additionally, organizational focus has been directed toward other competing priorities, which has impacted capacity. The presence of inexperienced supervisors and a limited understanding of the urgency associated with child safety further contribute to delays. Finally, the combination of limited staffing resources and the need to balance multiple competing demands has constrained the ability to respond as promptly as required.

Timeliness of Safety Assessment

The first meaningful contact is a face-to-face interaction with the family that provides critical information relevant to the family assessment or investigation and the safety of the child. This contact typically occurs after the face-to-face interview with the alleged child victim. During the first meaningful contact, the Family Services Specialist completes the Safety Assessment Tool with the family and documents it in the child welfare information system and, if the child is determined to be conditionally safe, collaborates with the family to develop a safety plan. It is important to note that completing the initial interview with the alleged victim does not constitute a first meaningful contact. The Safety Assessment Tool must be completed in the child welfare information system within 24 hours of the first meaningful contact or any time there is a change in safety.

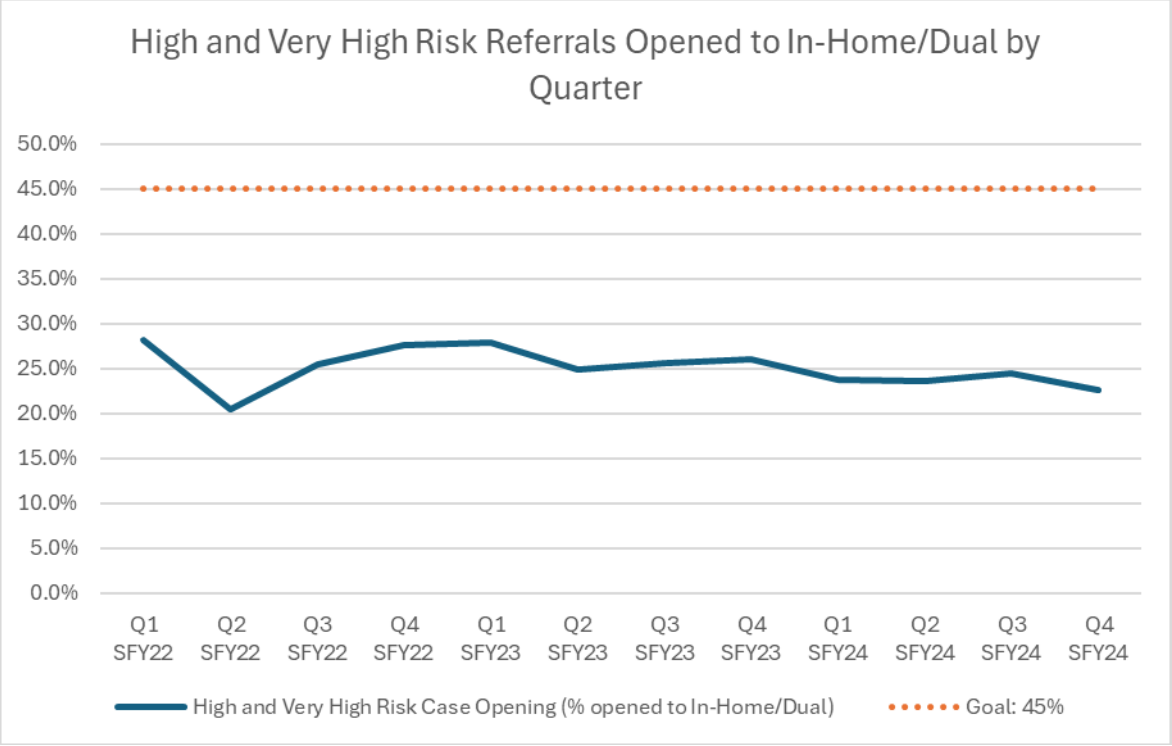
Safety Assessment Timeliness			
	CY 2022	CY 2023	CY 2024
Priority 1 (24 Hours)	75%	72%	73%
Priority 2 (48 Hours)	71%	67%	70%
Priority 3 (40 Working Hours)	71%	70%	71%
Overall	73%	70%	71%



As referral volume has returned to pre-pandemic levels, a slight decline in performance has been observed, correlating with the increased caseload. Specifically, Virginia's overall statewide performance across all response priorities has decreased from 73% to 71%, remaining below the federal target of 90%. Analysis by response priority reveals that referrals categorized under Response Priority 2 consistently exhibit lower timeliness compared to those assigned to Response Priorities 1 and 3, despite representing a smaller portion of the total referrals. Conversely, Virginia demonstrates the highest performance on referrals assigned to Response Priority 1, indicating a prioritized allocation of resources or more effective processes in this category.

The decline in performance can be attributed to multiple interrelated factors. The increase in referral volume has placed additional demand on an already constrained workforce, exacerbated by staff vacancies and turnover. Organizational focus on competing priorities has further limited the capacity to respond effectively. The presence of inexperienced supervisors may contribute to inconsistent guidance and oversight. Additionally, underutilization of available technological tools, such as COMPASS|Mobile, reduces performance. Adaptive resistance to using the required Structured Decision Making (SDM) Safety Assessment Tool, along with conducting assessments in office settings, can compromise the accuracy of child safety evaluations and hinder meaningful family engagement. Collectively, these challenges contribute to operational inefficiencies that impede the timely and accurate assessment of child safety.

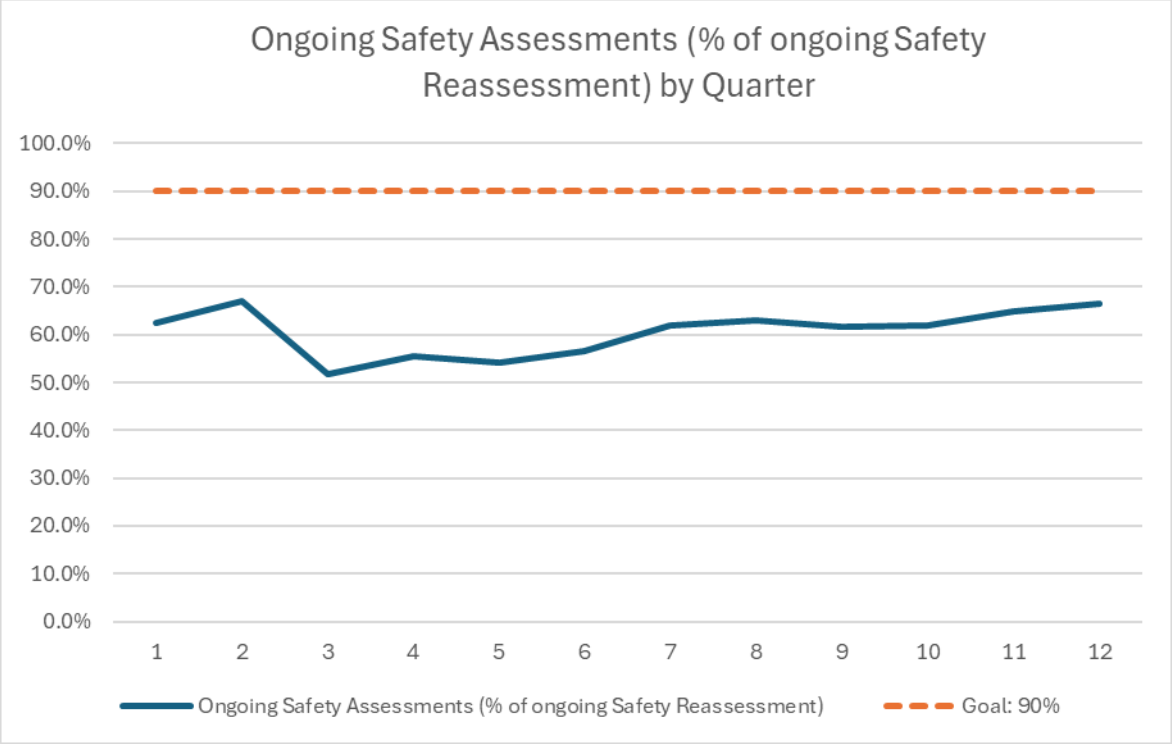
High and Very High Risk Case Opening (High and Very High Risk Case Opening to In-Home Services Cases)



Per current written practice guidance (VDSS Child and Family Services Manual, Chapter C., Child Protective Services, Section 4.2.3.7), the risk level calculated on the SDM Risk Assessment Tool in the child welfare information system helps inform the decision whether or not to open a case, as follows: Low Risk: Close; Moderate Risk: Open to Prevention services or close; High Risk: Open to In-Home services; or Very High Risk: Open to In-Home services. The Family Services Specialist and Family Services Supervisor assess the decision to open a case for services and document in the child welfare information system the decision not to open a case. Training and technical assistance efforts have emphasized the importance of documentation in supporting case opening decisions in high and very high-risk referrals. This critical decision-making point of opening an In-Home Services case following CPS involvement involves how the SDM Risk Assessment informs the decision to open an In-Home Services case, as well as how to frame and document the conversation and decision a family makes when offering and encouraging participation in services.

Specifically, Virginia's overall statewide performance for case opening to In-Home Services has decreased from 28% to 23%, remaining below the state target of 45%. In response, VDSS has recently embarked on a renewed focus on tracking and enhancing key performance metrics for High and Very risk CPS referrals being opened to In-Home Services cases. This effort includes the identification of LDSS practice strengths and areas needing improvement, and development and monitoring of a technical assistance plan for the LDSS facilitated by Regional Practice Consultants. These reviews will help identify key factors influencing performance, highlight areas where program guidance can be clarified or improved, and inform broader technical assistance and support for LDSS.

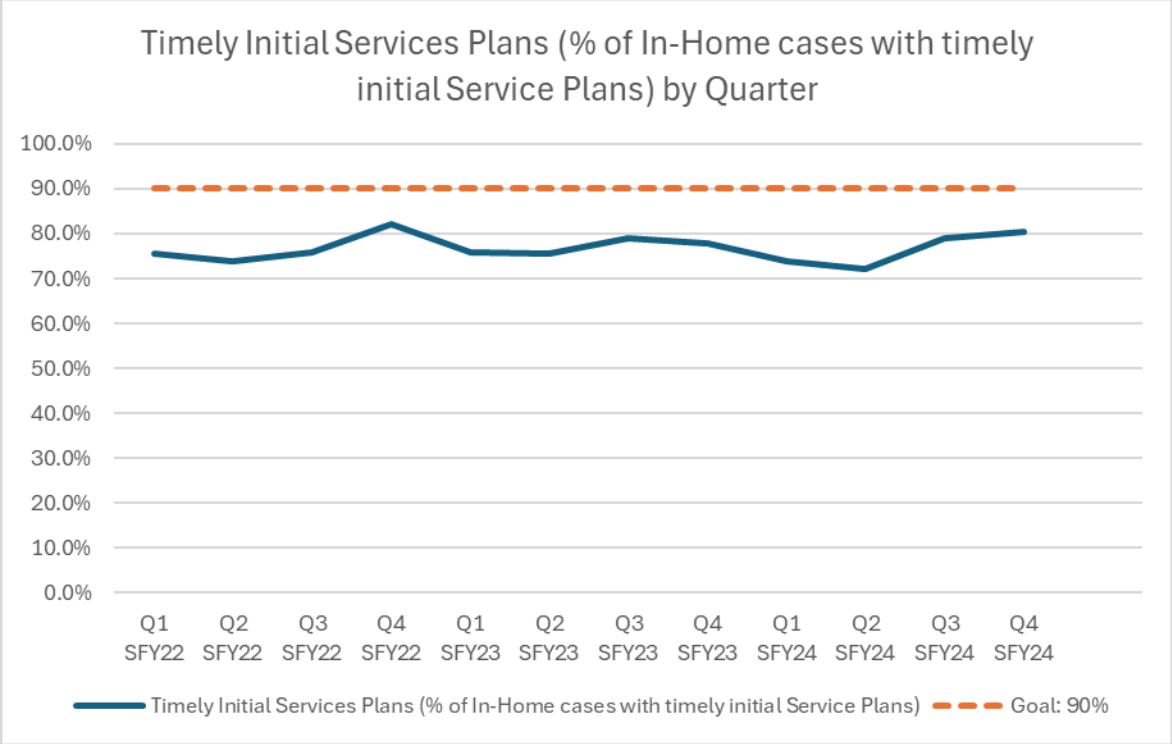
Ongoing Safety Assessments (% of ongoing Safety Reassessment)



Ongoing Safety Assessments have shown incremental improvement over recent quarters, highlighting both progress and continued opportunities for growth, especially in determining which interventions should be maintained or initiated to ensure child safety. Statewide performance has increased from 63% to 66%, though it remains below the state target of 90%. While still under the state goal, this metric has shown a steady upward trend over the past state fiscal year.

While it is important to ensure that required tools are being completed, the focus should also be on the intentional and meaningful use of these tools to support genuine engagement with families. This is an opportunity to reflect on how critical decisions are approached, guided by both structured tools and professional judgment, and how safety is assessed ongoing. The goal is to support ongoing safety and well-being through services, supports, and the enhancement of protective capacities that help mitigate risk and maintain stability. Sustained opportunities for performance improvement are linked to several interconnected factors. Notably, underutilization of tools like COMPASS|Mobile, resistance to using the SDM Safety Assessment Tool, and conducting assessments in-office rather than in the field have all been observed to affect the accuracy of safety evaluations and reduce meaningful family engagement.

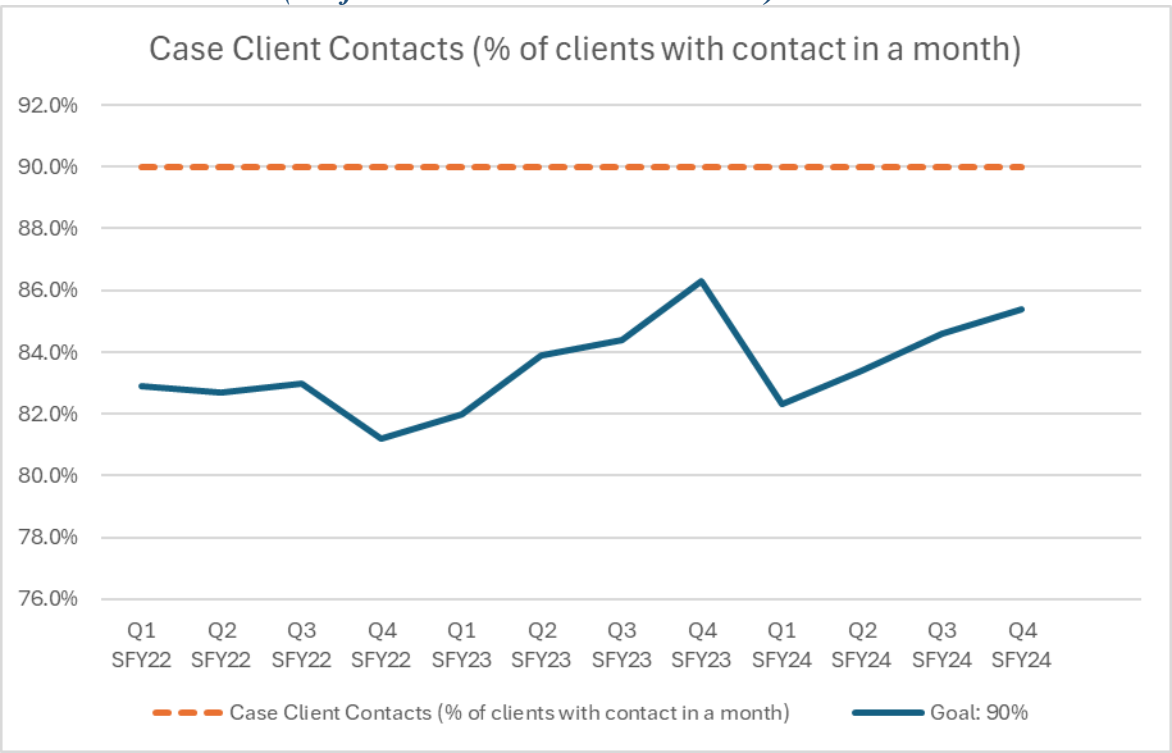
Timely Initial Services Plans (% of In-Home cases with timely initial Service Plans)



VDSS provides prevention-based services to children and families in Virginia by offering In-Home Services for children who are at high or very high risk of recurrent child maltreatment and entry into foster care. In-Home services provide an opportunity to partner with families to assess strengths, needs, protective factors and what services may be needed to ensure the safety of the child and prevent out of home placement. Per current written practice guidance (VDSS Child and Family Services Manual, Chapter B., Prevention, Section 2.8.2), the initial service plan must be developed within 30 calendar days of opening an In-Home Services case. It must be re-evaluated every 90 days thereafter or sooner if safety, risk, or family circumstances change.

Specifically, Virginia's overall statewide performance for timely initial service plans has increased from 76% to 80%, remaining below the state target of 90%. While still under the state goal, this metric has shown a steady upward trend over several quarters for the past three state fiscal years. Programmatic efforts have focused on key factors influencing performance to include, developing a clear and consistent workflow for In-Home Services planning and changes to the child welfare information system to support timely and accurate documentation. These changes were communicated and reinforced through multiple methods, including In-Home Services Support Webinars and interactive Lifelines sessions delivered in collaboration with the DFS Business Operations Team. Collaborative efforts with Local Training and Development are also ongoing to deliver targeted instructional and learning opportunities. These focus on integrated strategies that strengthen teaming and engagement, support unified and informed assessment and decision-making, enhance the identification and provision of immediate safety services, promote the development of behavior-based safety goals, and ensure services are aligned with identified needs.

Case Client Contacts (% of clients with contact in a month)



Per current written practice guidance (VDSS Child and Family Services Manual, Chapter B., Prevention, Section 2.6.1), the frequency of worker visits with the child and family in an In-Home Services case should be determined from the safety, risk, and needs that have been assessed. The minimum contact requirement is a face-to-face worker visit between the service worker and the child and family at least one (1) time per month and should occur in the home. Virginia's overall statewide performance for case client contacts has decreased from 83% to 85%, remaining below the state target of 90%. While still under the state goal, this metric has shown a steady trendline over several quarters for the past three state fiscal years.

As foundational to our core principle of engagement, strong emphasis must be placed on the quality of contacts that foster genuine partnership with families in case planning. This includes ensuring meaningful, face-to-face visits with children and their families at least once per month. VDSS is also continuing with the implementation of Motivational Interviewing (MI) among LDSS In-Home Services staff as a case management engagement strategy that intersects with substance use disorder, mental health, and parent skill building. MI is being promoted as a strengths-based, evidence-informed communication approach that equips service workers to effectively support families experiencing ambivalence in In-Home Services cases. MI helps clients explore their readiness and motivation for behavior change, with the goal of enhancing overall family well-being.

	High and Very High Risk Case Opening (% opened to In-Home/Dual)	Ongoing Safety Assessments (% of ongoing Safety Reassessment)	Timely Initial Services Plans (% of In-Home cases with timely initial Service Plans)	Case Client Contacts (% of clients with contact in a month)
Q1 SFY22	28.1%	62.5%	75.6%	82.9%
Q2 SFY22	20.4%	66.9%	73.9%	82.7%
Q3 SFY22	25.4%	51.6%	75.9%	83.0%
Q4 SFY22	27.6%	55.4%	82.0%	81.2%
Q1 SFY23	27.9%	54.1%	75.7%	82.0%
Q2 SFY23	24.9%	56.5%	75.6%	83.9%
Q3 SFY23	25.6%	61.9%	79.1%	84.4%
Q4 SFY23	26.0%	63.1%	77.9%	86.3%
Q1 SFY24	23.8%	61.7%	73.8%	82.3%
Q2 SFY24	23.6%	61.8%	72.1%	83.4%
Q3 SFY24	24.4%	64.9%	79.0%	84.6%
Q4 SFY24	22.6%	66.5%	80.3%	85.4%

State CFSR Data:

	Feb-July 22	May-Oct 22	Aug 22-Jan 23	Nov 22-April 23	Feb-July 23	May-Oct 23	Aug 23-Jan 24	Nov 23-April 24	Feb-July 24	May-Oct 24	Aug 24-Jan 25
Safety Outcome One											
Item 1	91%	90%	75%	83%	78%	80%	83%	92%	97%	89%	84%
Safety Outcome Two											
Item 2	78%	78%	83%	82%	64%	73%	76%	85%	90%	77%	60%
Item 3	67%	74%	68%	69%	56%	61%	60%	63%	65%	62%	65%

Safety Outcome One

Item 1 has maintained overall positive outcomes ranging from 80% to 97% for most measurement periods (MP), with the exception of slight dips in two timeframes. August 2022-January 2023, the third MP of calendar year (CY) 2022, saw six area needing improvement (ANI) ratings in Item 1; half of the total Item 1 ANIs for the entire CY, receiving an outcome of 75%. Primary ANI reasons for delay in response included jurisdictional issues between local social service agencies, as well as jurisdictional issues with joint local law enforcement investigations. February-July 2023, the second MP of CY 2023, had nine ANI ratings for Item 1, comprising over half of the 16 ANIs for CY 2023 with an outcome of 78%. During this period, a vast majority of cases showed that there was no justifiable reason provided by the agency for the

delayed response timeframes.

Safety Outcome Two

Item 2 has primarily maintained outcomes ranging between 73% and 90% during most MPs with the exception of dips in February-July 2023 and August 2024-January 2025. February-July 2023 comprised 15 of the total 25 Item 2 ANI ratings for CY 2023, with an outcome of 64%. Primary ANI reasons included failure to provide safety-related services to the family in a timely manner, and failure to provide safety-related services to address identified concerns. August 2024-January 2025, the third MP in CY 2024, comprised 17 of the total 21 Item 2 ANI ratings for CY 2024, with an outcome of 60%. Primary ANI reasons included incomplete assessment of the family's risk and safety needs, failure to provide safety-related services to the family in a timely manner, and failure to provide safety-related services to address identified concerns.

Item 3 has primarily maintained outcomes ranging between 60% and 74% during most MPs with the exception of a dip in February-July 2023. This timeframe comprised 21 of the 40 total Item 3 ANI ratings for CY 2023, with an outcome of 56%. Primary ANI reasons included less than monthly caseworker visits, failure to address identified safety concerns, and untimely or inadequate safety assessment of children.

CQI Change and Implementation

Ongoing efforts include the implementation of consistent practice guidance to support Parental Child Safety Placements with relatives and fictive-kin caregivers. VDSS is committed to a concerted approach that incorporates both quantitative and qualitative case reviews to strengthen practice in this area. This includes using data to inform decision-making, guide recommendations, and conduct in-depth root-cause analysis. Comprehensive data that examines initial safety assessment, caregiver assessment, family engagement and family driven decision-making, and the provision of services will provide critical insight into the circumstances prompting these placements and the supports offered during them. These reviews will also help identify potential variations in outcomes across the state and assess how Parental Child Safety Placements influence child and family well-being and long-term permanency.

To enhance family engagement as a strategy to mitigate risk and promote child safety, Virginia completed the installation of Kin First Now (KFN) 1.0 across 19 local agencies and has initiated implementation of KFN 2.0 with a new cohort. A Continuous Quality Improvement (CQI) evaluation of KFN 1.0 agencies is currently underway to assess effectiveness and guide future practice improvements. Virginia also expanded its commitment to father engagement through the launch of a statewide Fatherhood Database and Toolkit. The upcoming second annual Fatherhood Engagement Week (June 9–13, 2025) further underscores the state's dedication to recognizing and supporting fathers as critical partners in ensuring child safety and well-being.

To strengthen the response to abuse and neglect, Virginia continues to provide targeted technical assistance to LDSS related to CFSR Items 1–3. This support includes monthly data reviews, administrative and on-site root cause analyses, and strategic consultation to address identified challenges. Regional consultants send data to LDSS within their region each month. The data is regional as well as locality specific. The monthly messaging uses a scorecard style rating for each locality. The state has also partnered with Twenty39 to conduct a legislative study on child trafficking, reinforcing efforts to protect and serve victims of exploitation.

Lastly, data-driven decision-making remains a key priority, highlighted by the launch of the Safety Snapshot—a public-facing resource presenting eight core safety-related measures. Additionally, Virginia is actively participating in *Safe Kids, Strong Families*, a newly launched, Governor-led initiative aimed at

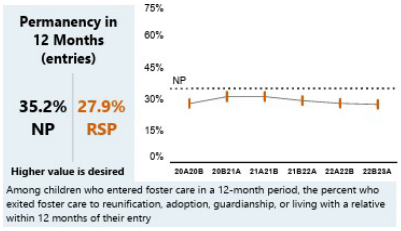
transforming the child welfare system by addressing systemic barriers to safety, permanency, and workforce stability.

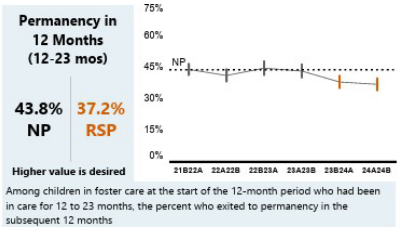
Permanency Outcomes 1 and 2

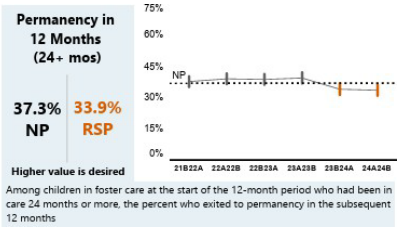
Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

Virginia's Performance Data and Analysis

Permanency in 12 months

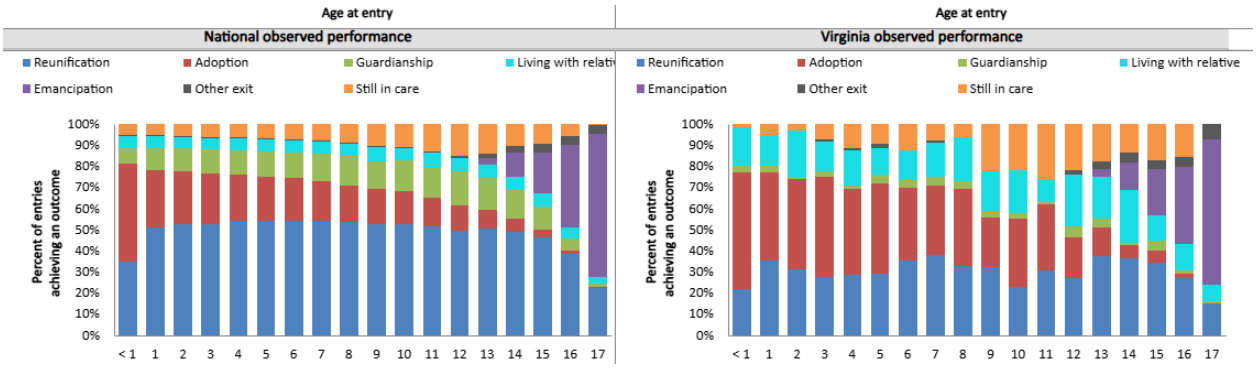






Virginia has consistently performed worse than the national average in Permanency for 12 months (entries) from 2020 - 2023 measurement periods ranging from 27.9% RSP to 31.6% RSP across the measurement periods. Virginia maintained performance similar to national performance in Permanency for 12 Months (12-23 mos.) and Permanency in 12 Months (24+ mos.) until 2023-2024 where performance became worse than the national average. Virginia experienced impacts with the COVID-19 pandemic during this time. There was a decrease in the number of kids entering care in late 2020 and early 2021 but then increased every year after. However, permanency outputs remained about the same around that time leading to a decrease in the percentage of children exiting foster care to permanency.

Impact of Entry on Permanency



	Entry rates per 1,000					Percent of total (child population)	Percent of total (entries)
	20A20B	21A21B	22A22B	23A23B	24A24B	2024	24A24B
Total	**1.23**	**1.11**	**1.19**	**1.2**	**1.33**	**100.00%**	**100.00%**
< 1 yr	4.33	4.03	3.68	3.77	4.43	5.10%	16.90%
1 - 5 yrs	1.22	1.02	1.15	1.12	1.26	26.20%	24.90%
6 - 10 yrs	0.84	0.74	0.81	0.83	0.9	27.90%	18.90%
11 - 16 yrs	1.1	1.07	1.18	1.2	1.26	34.90%	33.10%

17 yrs	1.1	0.98	1.03	1.05	1.37	5.90%	6.10%

Overall, Virginia's entry rates have ranged from 1.11 to 1.33 per 1,000 children from 2020 to 2024 (per supplemental data). These are some of the lowest entry rates nationally and reflect the efforts in prevention and protective services to keep children out of foster care. As a result, Virginia's foster cases reflect complex needs that can impact timeliness of permanency such as substance use.

Children under the age of one are overrepresented in Virginia's entry rates. They also have the highest rate for discharge to adoption. Virginia has seen an increase in infants being born substance exposed.

Children under the age of one are non-verbal and lack the ability to self-protect. This could lead to LDSS being overly cautious in both the decision to remove and case planning for permanency. The higher rate of adoption could result from a larger pool of foster parents desiring to adopt an infant or relatives willing to step forward to care for and adopt and infant. Conversely, youth in foster care ages 14 and up have the lowest chance of achieving permanency via adoption and relative placement. As their age at entry increases, the rate of discharging to emancipation greatly increases.

Additionally, VDSS has identified that a change in the definitions with the AFCARS 2020 rule has resulted in a shift in the reporting for living with relative exits versus guardianship exits. In Virginia, when a child exits foster care to a relative there is always a court order awarding custody to the relative; therefore, it will be reported to AFCARS as a guardianship exit. Before the AFCARS 2020 rule, these discharges were reported as living with a relative. Moving forward, Virginia should see an increase in exits to guardianship and a drastic decrease in living with a relative given the current definition of each of those categories.

Reasons for Entry

Legal Basis:

Legal Basis for Entries into Foster Care (Under 18)			
Legal Basis	**CY2022**	**CY2023**	**CY2024**
Abuse/Neglect	78.2%	78.7%	80.2%
Can not be Determined	0.1%	0.5%	0.4%
CHINS (Child in Need of Services)- Services	6.3%	4.8%	4.5%
CHINS – Supervision (Child in Need of Supervision)	3.0%	3.6%	3.8%
Delinquency	3.0%	2.9%	2.9%
Entrustment Agreement	1.8%	1.9%	1.2%
Legal Basis Not Found	0.2%	0.5%	0.3%
Non-Custodial	0.5%	0.6%	0.3%
Request Relief	6.7%	6.4%	6.3%
Returned to DSS from DJJ	0.0%	0.1%	0.1%
VCSSA (Voluntary Continuing Services and Support Agreement)	0.1%	0.0%	0.0%
Grand Total	**100.0%**	**100.0%**	**100.0%**

Note: CY2022 is a partial year (April 2022-December 2022) due to limitations in the source data.
Source: Kin First Now Dashboard. Data includes children under 18 that entered foster care during the calendar year.

For children under 18, the percentage of foster care entries due to Abuse/Neglect was consistently the highest for the legal basis for separation. The percentage of youth entering care for legal basis other than abuse/neglect (CHINS-Services, CHINS-Supervision, Delinquency, Request Relief) slightly decreased from 19% in CY2022 to 17.5% in CY2024. This could be partly due to Virginia's implementation of

Family First and increased focus on prevention. There was consistently a very small percentage of youth who entered care due to non-custodial or returning to DSS custody from DJJ commitment.

Conditions of Removal

Entries into Foster Care (All Ages) in CY			
Condition of Removal	**CY2022**	**CY2023**	**CY2024**
Physical Abuse	13.2%	13.3%	14.4%
Sexual-Abuse	5.2%	3.6%	4.5%
Neglect	53.3%	45.8%	47.7%
Parent Alcohol Abuse	7.1%	7.4%	8.2%
Parent Drug Abuse	31.5%	32.8%	32.2%
Child Removal Due to Alcohol Abuse	0.9%	1.2%	1.0%
Child Removal Due to Drug Abuse	2.3%	3.8%	4.1%
Child Removal Due to Disability	2.0%	1.9%	2.2%
Child Removal Due to Behavior Problem	17.8%	15.5%	15.9%
Child Removal Due to Parent Death	1.0%	1.5%	1.6%
Child Removal Due to Parent in Jail	5.2%	6.2%	6.1%
Child Removal Due to Parent Unable to Cope	5.3%	0.0%	0.0%
Child Removal Due to Abandonment	5.0%	1.5%	0.9%
Child Removal Due to Relinquishment by Parents	6.4%	5.2%	5.5%

Source: Virginia Child Welfare Outcomes Report (VCWOR). Data includes children that entered foster care during the calendar year. Children can have multiple conditions of removal selected. The percentage reflects the percentage of children with the specific condition of removal out of all children that entered foster care in the year.

For conditions existing at removal, neglect remained the most prevalent and was present in almost half of the cases. This was followed by parental drug use, which was present in approximately 32% of the cases over the past 3 years. It is interesting to note that Child Removal due to Behavior Problem was the next most common condition present at removal, more so than physical abuse.

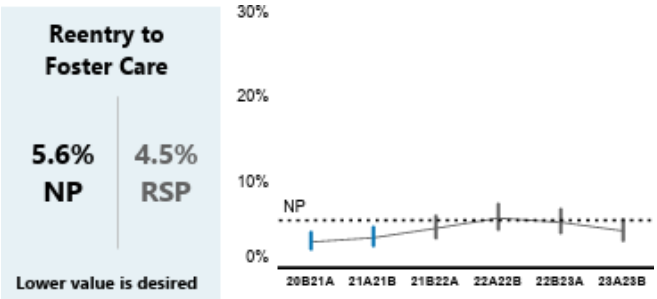
Timeliness of Permanency by Discharge Reason

Timeliness to Permanency by Discharge Reason					
	Months to Reunification	**Months to Adoption**	**Months to Place with Relatives**	**Months to Permanence**	**Months to Emancipation**
CY2022	15.42	33.16	10.07	21.98	45.17
CY2023	14.07	34.01	11.25	20.71	43.46
CY2024	13.69	35	11.02	34.13	39.46

Source: VDSS Children's Services System Outcomes Report. Data includes all children that exited foster care during the calendar year.

The months to Adoption have gradually increased from approximately 33 to 35 months from CY2022 to CY2024. This continues to be an ANI for Virginia and exceeds the goal of timeliness to adoption of 24 months. VDSS will continue to provide resources and interventions to improve timeliness to adoption. The length of stay in care for children who were returned home has decreased to 13.69 months in 2024 from 15.42 months in 2022. The children returned home in 2022 may have been impacted by the COVID-19 pandemic and the ability to receive timely services. Children whose custody was transferred to a relative saw a slight increase in months to permanency from 10.07 months in 2022 to 11.02 months in 2024. This may have resulted from an increase in placement with relatives and approval of KinGAP and State Funded Kinship Subsidy. Throughout 2024, VDSS aimed to raise awareness of these two programs through the implementation of Kin First Now.

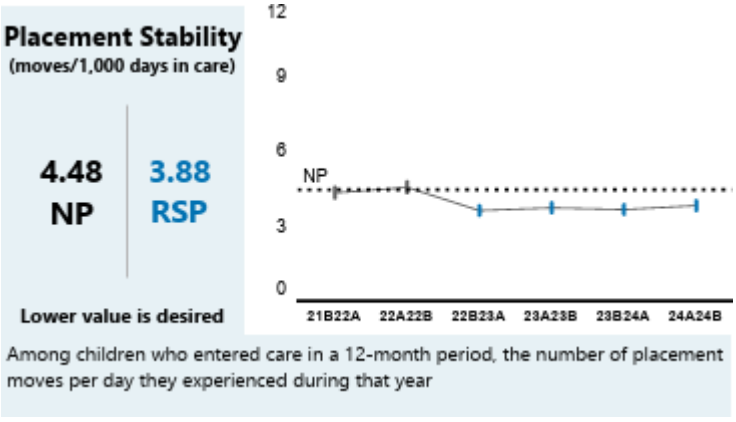
Reentry to Foster Care



Virginia performed better than the national performance in 2020-2021 for reentry to foster care. Virginia's performance slightly declined at the end of 2021 to 2023 to remain the same with national performance. Virginia uses trial home visits and relative foster home placements to assess the safety and permanency of the placements prior to finalizing legal permanency through transfer of custody to the parent/prior custodian or the relative. Often these placements are extended while LDSS and the courts monitor the safety of the placement or trial home visit. While these processes can cause delays in timeliness to permanency, they provide an effective tool to prevent reentry to foster care.

Placements

Placement Stability



Virginia's performance was no different than the national performance for placement stability in 2021-

2022 but improved to better than the national performance at the end of 2022 where it remains currently. Virginia has made a significant investment in kinship foster care resulting in increasing kinship numbers since 2023. Kinship foster care placements in Virginia have been correlated with higher placement stability. More information on Virginia's work with Kin First Now is included in the **Current Initiatives** section.

Placement Types

Placements for Children Under 18 in Foster Care			
Care Type	**July - December 2022**	**CY2023**	**CY2024**
Kinship	12.0%	13.5%	17.5%
Congregate Care	11.8%	12.9%	13.5%
Foster Home Non-Relative	67.9%	65.2%	61.0%
Corrections or Hospital	1.7%	1.9%	1.9%
Independent Living	0.9%	0.9%	1.1%
AWOL	0.9%	0.8%	0.5%
Sponsored Residential Facility	0.2%	0.2%	0.5%
Trial Home Visit	4.7%	4.7%	4.0%
Unapproved	0.0%	0.1%	0.1%

Source: VDSS Division of Family Services Objective and Key Results - SafeMeasures Care Types (Subset 0-17 years old, case types included Foster Care, In-Home and Foster Care).

- Kinship includes LCPA Foster Home Fictive Kin, LCPA Foster Home Relative, LDSS Foster Home Fictive Kin, and LDSS Foster Home Relative.
- Congregate care includes Group Home, QRTP, Residential (CRF), Pregnant/Parenting Youth Program, and Family Based Substance Abuse Treatment. Data includes children under 18 in foster care.
- Foster Home Non-Relative includes LCPA Foster Home and LDSS Foster Home
- Corrections or Hospital includes Detention/Correctional Facility, Hospital (Medical), and Hospital (Psychiatric)
- Independent Living includes IL (On Their Own) and IL/Supervised Program

The majority of Virginia's children in foster care have been consistently placed in the family-based setting of Foster Home/Non-Relative since July 2022. The percentage of children in a family-based setting is further bolstered by the increased placements with kinship foster parents, which will be discussed below. However, the percentage of Foster Home/Non-Relative placements has decreased from 67.9% in 2022 to 61% in 2024. Virginia has also seen a slight increase in the placement of youth in congregate care settings and sponsored residential facilities. Beginning in 2022, LDSS were experiencing an increase in children who were hard to place due to their level of high acuity. Virginia created the Safe and Sound Task Force and a High Acuity Youth Process to address this challenge. There continues to be an effort to increase placement providers who are willing to accept placement of high acuity youth with significant behavioral and/or mental health needs.

Kinship Highlights

Virginia's efforts to increase kinship placements by implementing Kinship Waivers and Kin First Now, have steadily increased the number of youth in foster care ages 0-17 placed with kin. In August 2023, only 13% of Virginia youth in foster care ages 0-17 were placed in kinship placements. By May 2025, this had increased to 21.8%. Kinship waivers are used to allow LDSS to place youth more quickly with kinship families. Waivers are submitted at time of placement of the youth, once background checks and a home safety check are completed. These waivers then allow kinship caregivers six months from the time of placement to complete PRIDE (Parent Resources for Information, Development, and Education) training, physical exam, tuberculosis screening, and the Mutual Family Assessment (MFA), or home study.

CFSR data:

	Feb-July 22	May-Oct 22	Aug 22-Jan 23	Nov 22-April 23	Feb-July 23	May-Oct 23	Aug 23-Jan 24	Nov 23-April 24	Feb-July 24	May-Oct 24	Aug 24-Jan 25
Permanency Outcome One											
Item 4	77%	82%	82%	72%	75%	75%	71%	67%	46%	50%	70%
Item 5	81%	84%	87%	79%	92%	100%	100%	82%	79%	88%	75%
Item 6	70%	71%	71%	65%	67%	83%	83%	71%	67%	54%	60%
Permanency Outcome Two											
Item 7	96%	100 %	95%	90%	88%	67%	71%	80%	45%	67%	62%
Item 8	78%	86%	59%	63%	58%	61%	62%	65%	64%	60%	67%
Item 9	91%	92%	89%	91%	88%	92%	91%	91%	79%	65%	75%
Item 10	95%	92%	89%	88%	79%	96%	96%	79%	71%	81%	90%
Item 11	71%	79%	79%	76%	57%	64%	70%	63%	59%	63%	65%

Permanency Outcome One

Permanency Outcome One, Items 4 and 6, have remained relatively stagnant throughout 2022-2024; outcomes generally ranged from 67-82% for Item 4, and from 65-83% for Item 6. However, the first and second measurement periods (MPs) of 2024 saw record low outcomes for Item 4 at 46% and 50%. Similarly, the second and third MPs of 2024 saw the lowest outcomes for Item 6 at 54% and 60%.

Conversely to Items 4 and 6, Item 5 overall performed high over the period with outcomes ranging from 79-100%, with the lowest outcome of 75% in the third MP of 2024. This is in stark contrast to Virginia achieving two consecutive MPs of 100% strength ratings in Item 5 in 2023.

Given the lower outcomes occurring in calendar year 2024, root cause analysis will focus there. A majority of ANI ratings for Item 4 were related to placement changes being made that were not in the best interest of the child and/or a placement that did not meet the child's need for permanency. In most circumstances this was due to lack of agency efforts to provide supports to a resource home to prevent disruption, and/or placing a child in a temporary or inappropriate placement due to lack of planned available alternatives.

A majority of ANIs for Item 5 were due to the permanency goal(s) being inappropriate for the circumstances of the case. Anecdotally, it was noted by CFSR reviewers that more cases reviewed had target children who were in foster care longer, including some who were older youth, making it difficult to establish appropriate permanency goals once reunification or guardianship were ruled out.

ANIs for Item 6 were largely related to lack of concerted efforts to achieve reunification and/or guardianship. This included lack of efforts to provide services to parents and/or children to work toward reunification, failure to provide sufficient visitation for parents and children; as well as lack of concerted efforts to identify and locate relatives, and/or to follow up with interested relatives on the placement process.

Permanency Outcome Two

While outcomes for the CFSR items in Permanency Outcome Two have seen some variation over the course of 2022-2024, including occasional dips in several MPs, Items 8 and 11 have remained overall

lower in their outcomes. Analysis will focus on those two items, particularly due to their interconnectedness.

Virginia achieved its highest strength rating for Item 8 at 86% in the second MP of 2022 and subsequently scored its lowest strength rating at 58% in the first MP of 2023. Virginia continued to score between 59-67% for a majority of the 2022-2024 period. Primary reasons for ANIs in Item 8 across the period include:

1. Poor frequency of visitation with parents.
2. Failure to establish a visitation plan for parents.
3. Failure to offer alternate visitation options for difficult to schedule and/or incarcerated parents.
4. Lack of transportation.

Virginia scored similarly over the period in Item 11, with the highest percentage of 79% occurring in two consecutive MPs of 2023. Virginia's lowest rating in Item 11 of 57% occurred in the first MP of 2023. For a majority of the period Item 11 scores ranged between 59-76%. Primary reasons for ANIs in Item 11 across the period include:

1. Lack of efforts to involve the parents in medical/dental appointments.
2. Failure to provide alternatives to engage/participate by other means for parents who cannot attend face-to-face.
3. Failure to address barriers and/or safety concerns to allow parents to engage in activities.
4. Lack of rapport between resource parents and parents.

CQI Change and Implementation

Virginia has implemented a variety of interventions targeted at improving permanency and stability in children's living situations and preserving family relationships (Permanency Outcomes 1 and 2). These interventions are integrated within the CFSP 2025-2029 strategic plan.

Kin First Now launched in October 2023, and all LDSS will have completed their Kin First Now intervention by December 2025. A group of VDSS team members, representing different program areas and regional offices partnered to help LDSS develop a plan for enhancing the use of three existing practice elements that have helped other LDSS increase the rate of children in foster care placed with kinship families. Those three practice elements are:

- Effective FPMs,
- Collaborative, cross-unit staff meetings when considering the removal of children from their parents or current caregivers (an Out of Home Staffing), and
- A Permanency Assessment Tool for all relative caregivers, whether kinship resource parents or alternate living arrangements.

Beginning on January 1, 2025, LDSS are required to complete an exception report each time a child is placed outside of a kinship placement. The exception report gathers information about the case to ensure that LDSS are making diligent efforts toward family engagement and seeking kinship placements for youth in foster care. The LDSS director/director designee are required to approve the exception report and placement of children with non-relatives and the report is submitted to VDSS. LDSS are provided with monthly copies of aggregate data related to their exception reports so that they can identify patterns in non-relative placement and work to address those barriers.

Effective July 1, 2022, LDSS are required to inform relatives in writing of the process related to seeking approval of a kinship foster parent. Local departments are also required to notify relatives in writing when they are denied approval as kinship foster parents, which in turn lets relatives appeal the decisions of local departments to the office of Appeals and Fair Hearings if they are denied approval.

Pale Blue's Family Seeing framework has been promoted through consultation, technical assistance and training to ensure that kin are identified, engaged and connected children in foster care. More details concerning Family Seeing were provided in the Practice Enhancements section under Permanency Outcomes 2.

Virginia also implemented several interventions to increase improvement in Permanency Outcomes regarding placements, which include:

- *Congregate Care Reviews:* Virginia continues to monitor congregate care placements to prevent inappropriate placement and promote discharge planning at time of placement to support reduced stays in congregate care. Each congregate care placement that is made is reviewed to ensure medical necessity to justify that level of care.
- *Exceptional Circumstances Payment:* In 2023. VDSS established a pilot program providing an Exceptional Circumstances Payment to foster families in need of additional funding to meet the needs of high acuity youth in an effort to maintain youth in the community and reduce the use of congregate care. The additional payment of $3,000.00 per month is provided for up to three months, allowing foster parents to provide an increased level of support and supervision for a short period of time until the youth regains stability. VDSS has secured funding to continue this program through June 2026.
- *Safe and Sound Taskforce*: Since its creation in 2022, the Safe and Sound Task Force has worked together to continue to try to address systemic issues and barriers including issues around accessing appropriate placements and services for youth with intellectual and/or developmental disabilities, ensuring the LDSS were aware of enhancements made to the crisis services continuum by DBHDS, and problem solving around individual youth circumstances. When determined to be necessary, VDSS facilitates case staffings for individual youth which included representatives from the state agencies, the Managed Care Organizations (MCO), the LDSS and potential placement providers to develop individualized placement plans.

Well-being Outcomes 1-3

Virginia's Performance Data and Analysis

Well-Child Visits

DMAS contracts with an External Quality Review Organization (EQRO), which conducts (as an optional external quality review (EQR) task under the Center for Medicare and Medicaid Services or CMS Medicaid guidelines) an annual focused study that provides quantitative information about children and adolescents placed in foster care and receiving medical services through Medicaid managed-care service delivery. Information from this annual study continues to be used to determine the extent to which children in foster care are receiving the expected preventive and therapeutic medical care. The study makes comparison to past years. The complete study is available in **Appendix B-1** for additional information on medical, dental, and behavioral health for children in foster care.

2023-2024 DMAS Child Welfare Focused Study

Measure	Children in Foster Care Rate	Controls Rate	*p*
Primary Care			
Child and Adolescent Well-Care Visits	62.7%	55.2%	<0.001*
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits	65.6%	52.5%	0.02*
Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	83.5%	79.2%	0.28
Oral Health			
Annual Dental Visit	72.1%	56.6%	<0.001*
Preventive Dental Services	67.1%	50.8%	<0.001*
Oral Evaluation, Dental Services	66.3%	49.5%	<0.001*
Topical Fluoride for Children—Dental or Oral Health Services	33.4%	21.5%	<0.001*

2022-2023 DMAS Child Welfare Focused Study

Measure	Children in Foster Care Rate	Controls Rate	*p*
Primary Care			
Child and Adolescent Well-Care Visits	61.5%	52.9%	<0.001*
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits	65.1%	57.7%	0.16
Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	77.9%	65.0%	0.002*
Oral Health			
Annual Dental Visit	68.6%	53.7%	<0.001*
Preventive Dental Services	63.3%	47.7%	<0.001*
Oral Evaluation, Dental Services	61.8%	46.2%	<0.001*
Topical Fluoride for Children—Dental or Oral Health Services	29.1%	19.3%	<0.001*

2021-2022 DMAS Child Welfare Focused Study

Measure	Children in Foster Care Rate	Controls Rate	p
Primary Care			
Child and Adolescent Well-Care Visits	64.8%	54.7%	<0.001*
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits	63.8%	60.0%	0.46
Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	79.7%	75.8%	0.31
Oral Health			
Annual Dental Visit	70.6%	52.4%	<0.001*
Preventive Dental Services	64.6%	45.6%	<0.001*
Oral Evaluation, Dental Services	63.5%	44.5%	<0.001*
Topical Fluoride for Children—Dental or Oral Health Services	35.0%	20.8%	<0.001*
Topical Fluoride for Children—Dental Services	28.3%	16.0%	<0.001*
Topical Fluoride for Children—Oral Health Services	2.4%	2.1%	0.43

Virginia slightly improved in completion of well child visits for children birth to 30 months. The greatest increase was in completion of well child visits for children ages 15-30 months. This increased from 79.7% in 2021/2022 to 83.5% in 2023/2024. In terms of oral health, the completion of annual dental visits also slightly increased from 70.6% in 2021/2022 to 72.1% in 2023/2024. Over the last three years, children in foster have consistently score higher in almost all measures as compared to the general population.

Psychotropic Medication

Number of Children in Foster Care Prescribed Psychotropic Medication

Measurement Period	No Psychotropic Medication Found		Psychotropic Medication Found		Total Children
	#	%	#	%	#
CY2024 Average	3,737	70.87%	1,536	29.13%	5,274
CY2023 Average	3,439	68.5%	1,582	31.5%	5,022
CY2022 Average	3, 437	69%	1,561	31%	4,998

VDSS has continued to work towards reducing the unnecessary or inappropriate prescription of psychotropic medication to children in foster care through two primary strategies. The first involves raising awareness and improving LDSS practice regarding the monitoring of psychotropic medication prescribed to children in foster care. The second involves partnering with DMAS to incorporate the medical review of psychotropic prescriptions, when appropriate, through requirements established in their contracts with the MCOs. The data shows that there has been a slight decrease in the percentage of

children who are prescribed psychotropic medication over the last three years from 31% in 2022 to 29.13% in 2024. VDSS plans to continue to improve the oversight of psychotropic medication for youth in foster care through activities identified in **Permanency Strategy 3.4**.

VDSS implemented the Psychotropic Medication Oversight Protocol in July 2019 as part of the 2020-2024 CFSP Permanency Strategy 5.3. Workers complete a consent protocol that requires information to be obtained from the prescriber describing the medication being prescribed, its intended use, and potential side effects. The information is then entered into a consent form that verifies required activities such as information that has been provided to the caregiver responsible for providing the medication to the child, that birth parent(s) were involved in decision-making, that youth are involved in decision-making, and under what circumstances the LDSS will monitor more closely and/or consider obtaining a second opinion. Foster care guidance and the psychotropic-medication oversight protocol can be found at http://dss.virginia.gov/family/fc/index.cgi.

The consent form is provided to a psychotropic Medication Consenter (PMC) at the LDSS. This person or persons are selected by the LDSS director and certified through the completion of the required VDSS training course. With the implementation of the protocol, each LDSS was required to establish at least one PMC. The person(s) designated as the PMC are required to complete the training courses CWSE4050: Psychotropic Medications and the Child Welfare Systems and CWSE4051: Psychotropic Medication Consenter. The PMC for each agency must review and approve, or deny, the prescription of psychotropic medication to children in foster care. The regional practice consultants maintain a list of the PMCs designated for each agency to ensure that each LDSS has a trained consenter at all times. Regional permanency practice consultants are provided a list of individuals who have completed the CWSE4051 course quarterly to help support monitoring of the LDSS's compliance for this requirement.

Foster Care Monthly Worker Visits for Children Under 18 (by FFY) Federal Submissions

	Foster Care - All Children Counted	Visit Months: Maximum Visited	Visit Months: Children Visited Every Month	Visit Months: Percent Visited Every Month	Visit Months: Children in Residence	Percent Residence Contacts	Total Children for Year
10/1/2023-9/30/2024	5,638	49,898	47,929	96.05%	37,388	74.93%	6,865
10/1/2022-9/30/2023	6,207	47,781	46,643	97.62%	39,360	84.39%	7,690
10/1/2021-9/30/2022	6,169	47,395	46,522	98.16%	39,364	84.61%	7,769

VDSS has maintained consistent compliance with monthly foster care worker visits over the past three years. In addition, the percentage of contacts in residence remain significantly higher than the federal requirement of 50%. LDSS staff use monthly worker visits as an ongoing process to support safety, permanency, and well-being.

Special Education

	Number of distinct Adoption Foster Care Analysis Reporting System (AFCARS) Record Numbers	Out-of-Home Care Element 37: Special Education (#)	Out-of-Home Care Element 37: Special Education (%)
AFCARS 23A	5,286	1,190	22.50%
AFCARS 23B	6,099	1,272	20.90%
AFCARS 24A	6,250	1,270	20.30%
AFCARS 24B	6,508	1,279	19.70%

The number of children in foster care receiving special education services decreased from 22.5% at the start of 2023 to 19.7% in 2024. This is still higher than the overall percentage of all children in Virginia receiving special education, which is around 15%.

Diagnosed Condition: Health, Behavioral, or Mental Health Conditions

	Number of distinct AFCARS Record Numbers	Out-of-Home Care Element 23: Health, Behavioral, or Mental Health Conditions (# indicating diagnosed condition)	Out-of-Home Care Element 23: Health, Behavioral, or Mental Health Conditions (% indicating diagnosed condition)
AFCARS 23A	5,286	2,175	41.10%
AFCARS 23B	6,099	2,405	39.40%
AFCARS 24A	6,250	2,416	38.70%
AFCARS 24B	6,508	2,418	37.20%

The number of children in foster care identified with a diagnosed health, behavioral, or mental health condition decreased slightly from 41% at the start of 2023 to 37% by the end of 2024. However, this is still over a third of Virginia's foster care population with a diagnosed condition. From the Permanency Outcomes, it was noted that one of the more prevalent conditions of removal was Child Removal due to Behavior Problem indicating challenges managing a child's condition.

Child and Parent Engagement in Case Planning in Foster Care Cases

Virginia has experienced challenges in consistent engagement of parents and youth in the case planning process. As indicated in Item 20, only 69% of case plans indicated that the parent(s) were involved in the planning with reporting from the legal/judicial community indicated less engagement of parents. Members of the SPEAKOUT youth advisory board indicated that parents were actively involved in case planning (**Appendix A-4)**. Feedback from the Project Life Conference indicated poor communication across the parties involved in case planning **(Appendix A-5)**. Members from the Parent Advisory Council shared their experiences of the other parent being engaged in case planning versus them. They shared feelings of being "left in the dark" about what was happening with the case plan (**Appendix A-6**).

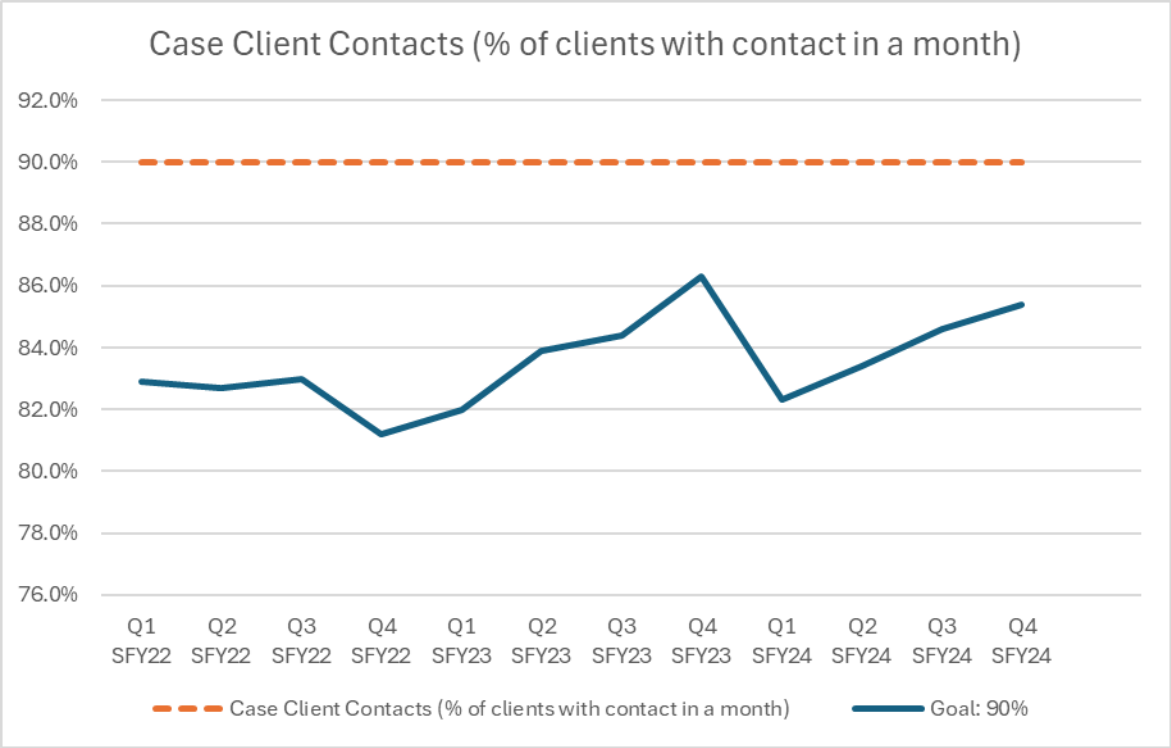
Child involvement in case planning is also an area needing improvement. Members of the SPEAKOUT youth advisory board indicated a need for Virginia to improve engagement of youth in case planning and include their goals, plans and opinions on their case. SPEAKOUT members indicated that workers did not review case plans with youth and they were not provided a copy of the case plan. With many of them not receiving their case plans, they were not able to speak to the content of the case plan and whether it contained all the required elements. SPEAKOUT members also highlighted that when they did receive

copies of their case plans that there was inaccurate information included and that they were more negatively focused. The broader youth perspective gathered in the Project Life Conference echoed needs related to communication, underestimating youth, and lack of transparency.

In-Home Data Measures

	Timely Initial Services Plans (% of In-Home cases with timely initial Service Plans)	Service Plan Review (% of Service Plans current)	Case Client Contacts (% of clients with contact in a month)
Q1 SFY22	75.6%	85.8%	82.9%
Q2 SFY22	73.9%	86.3%	82.7%
Q3 SFY22	75.9%	78.3%	83.0%
Q4 SFY22	82.0%	78.0%	81.2%
Q1 SFY23	75.7%	75.1%	82.0%
Q2 SFY23	75.6%	75.9%	83.9%
Q3 SFY23	79.1%	77.2%	84.4%
Q4 SFY23	77.9%	77.6%	86.3%
Q1 SFY24	73.8%	76.7%	82.3%
Q2 SFY24	72.1%	75.6%	83.4%
Q3 SFY24	79.0%	76.4%	84.6%
Q4 SFY24	80.3%	78.2%	85.4%

In-Home Monthly Case Clients

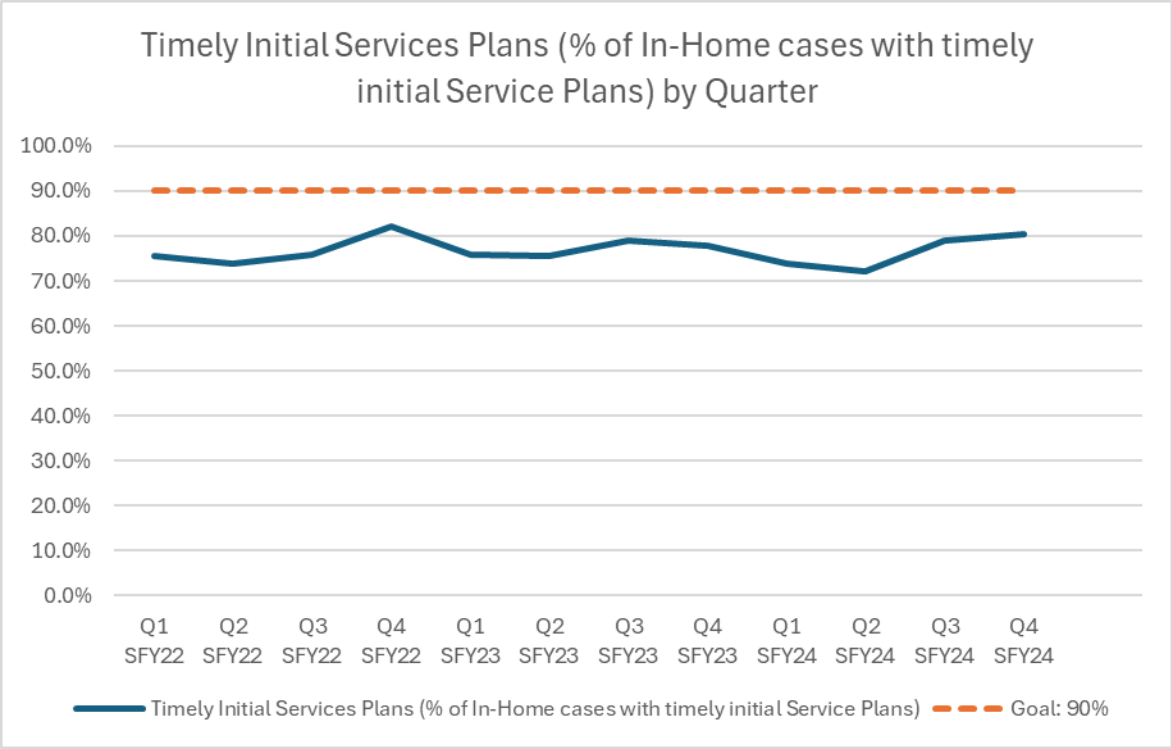


Per current written practice guidance (VDSS Child and Family Services Manual, Chapter B., Prevention,

Section 2.6.1), the frequency of worker visits with the child and family in an In-Home Services case should be determined from the safety, risk, and needs that have been assessed. The minimum contact requirement is a face-to-face worker visit between the service worker and the child and family at least one (1) time per month and should occur in the home. Virginia's overall statewide performance for case client contacts has increased from 83% to 85%, remaining below the state target of 90%. While still under the state goal, this metric has shown a steady trendline over several quarters for the past three state fiscal years.

As foundational to our core principle of engagement, strong emphasis must be placed on the quality of contacts that foster genuine partnership with families in case planning. This includes ensuring meaningful, face-to-face visits with children and their families at least once per month. VDSS is also continuing with the implementation of MI among LDSS In-Home Services staff as a case management engagement strategy that intersects with substance use disorder, mental health, and parent skill building. MI is being promoted as a strengths-based, evidence-informed communication approach that equips service workers to effectively support families experiencing ambivalence in In-Home Services cases. MI helps clients explore their readiness and motivation for behavior change, with the goal of enhancing overall family well-being.

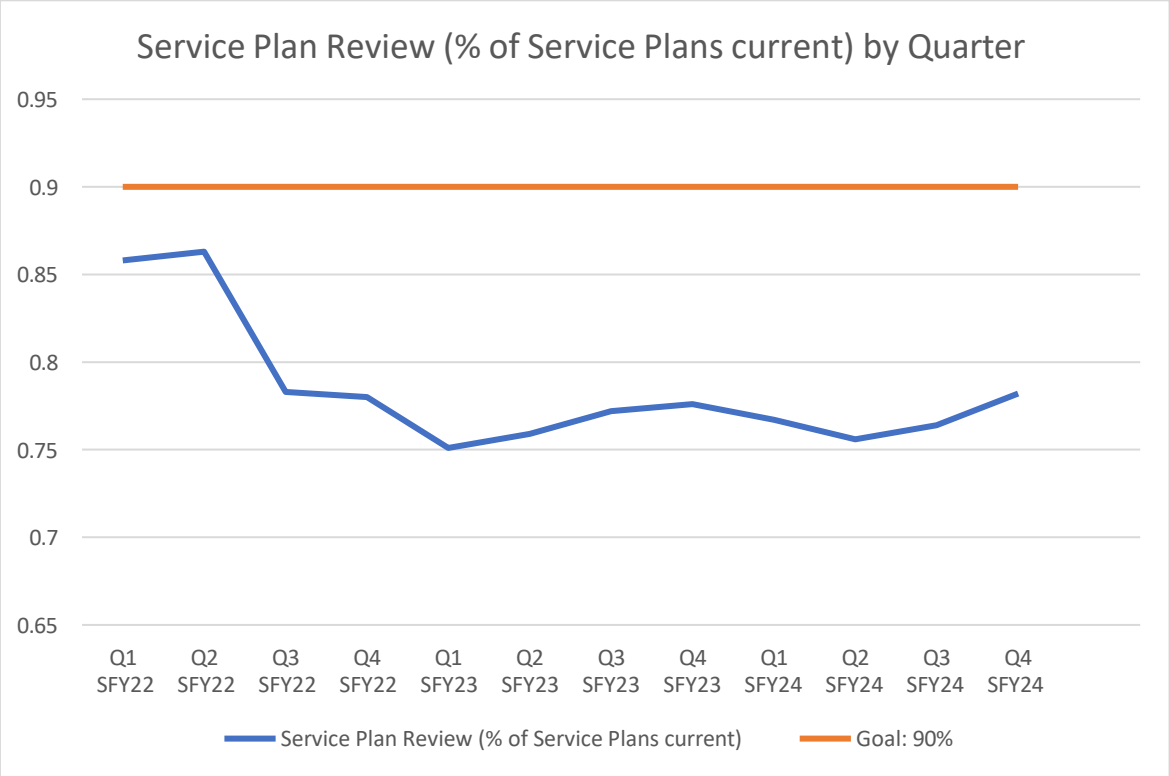
Initial Service Plan and Timeliness & Ongoing Review



VDSS provides prevention-based services to children and families in Virginia by offering In-Home Services for children who are at high or very high risk of recurrent child maltreatment and entry into foster care. In-Home services provide an opportunity to partner with families to assess strengths, needs, protective factors and what services may be needed to ensure the safety of the child and prevent out of home placement. Per current written practice guidance (VDSS Child and Family Services Manual, Chapter B., Prevention, Section 2.8.2), the initial service plan must be developed within 30 calendar days of opening an In-Home Services case. It must be re-evaluated every 90 days thereafter or sooner if safety, risk, or family circumstances change.

Specifically, Virginia's overall statewide performance for timely initial service plans has increased from

76% to 80%, remaining below the state target of 90%. While still under the state goal, this metric has shown a steady upward trend over several quarters for the past three state fiscal years. Programmatic efforts have focused on key factors influencing performance to include, developing a clear and consistent workflow for In-Home Services planning and changes to the child welfare information system to support timely and accurate documentation. These changes were communicated and reinforced through multiple methods, including In-Home Services Support Webinars and interactive Lifelines sessions delivered in collaboration with the Division of Family Services (DFS) Business Operations Team. Collaborative efforts with Local Training and Development are also ongoing to deliver targeted instructional and learning opportunities. These focus on integrated strategies that strengthen teaming and engagement, support unified and informed assessment and decision-making, enhance the identification and provision of immediate safety services, promote the development of behavior-based safety goals, and ensure services are aligned with identified needs.



More broadly, continued adaptive work is needed in the areas of service plan reviews and the delivery of ongoing In-Home services. This extends beyond promoting collaborative, evidence-based service delivery to ensuring a deliberate focus on the provision of meaningful, behaviorally specific support to children and families. It involves right-sizing interventions and aligning services appropriately with identified needs to ensure both relevance and impact. Virginia's overall statewide performance for ongoing service plan review has decreased from 86% to 79%, remaining below the state target of 90%.

In response, programmatic efforts are centered on strengthening how service workers implement concrete strategies to effectively identify and assess parental behavioral changes, particularly those related to protective capacities and their direct impact on a child's safety, permanency, and well-being. VDSS continues efforts to ensure that all parties, including the child, the child's parents, or kin caregivers, have input into service plan development, primarily through the use of FPMs or Child and Family Team Meetings (CFTMs). Technical assistance on implementation and practice is being provided by Regional Practice Consultants and program staff on the Kin First Now and father engagement. Additionally, VDSS is incorporating case review processes with support from the QAA team, in integrating both qualitative

and quantitative components related to the provision of title IV-E prevention services funding for evidence-based services to support families involved in In-Home Services cases. This adaptive work also includes how to prioritize a range of needs-driven, evidence-based, and trauma-informed services through a collaborative process of assessment and planning with the family and their support networks. This includes the initial identification of needs, as well as the ongoing review and adjustment of service delivery based on progress made and newly emerging needs.

CQI Change and Implementation

Several of the initiatives and programs described in the Current Initiatives, Safety Outcomes, and Permanency Outcomes Sections are targeted towards improvements in Well-Being Outcomes including the Kin First Now work, Parental Child Safety Placement Program, Fatherhood efforts, and primary prevention work.

Additionally, MI will increase engagement with families to better assess their strengths and needs of children and families as well as help partner with the family to determine other services. LDSS In-Home services staff will implement MI (**CFSP 2025-2029 Protection Strategy 1 and Prevention Strategy 2)**. Using MI in all In-Home Services cases is a case management engagement strategy that will intersect with substance use disorder, mental health, and parent skill building. MI training and coaching is provided virtually in 11-week cohorts. Training began April 2023. Currently, 100 LDSS have received training; the plan is for all 120 LDSS statewide to receive training. Studies have shown that MI may help support workforce capacity by providing staff with skills to increase job satisfaction which may reduce burnout and turnover.

Engagement in Case Planning

VDSS has embraced a Youth Welfare Approach (YWA), which is a framework to help workers effectively engage youth in foster care so they can have the relationships, resources, and opportunities needed to support their well-being and success **(CFSP 2025-2029 Permanency Strategy 1.2**). VDSS wants all youth to feel understood, involved in their service planning, and prepared for their future (**CFSP 2025-2029 Permanency Strategy 4)**. VDSS will continue to collaborate with youth, LDSS and stakeholders to raise awareness of YWA, offer training and technical assistance to LDSS working with young people, and promote the YWA to support youth participation in FPMs and Court (**CFSP 2025-2029 Permanency Strategy 1**). VDSS will also embed the YWA into resource parent training as they work to increase the well-being of older youth in foster care (**CFSP 2025-2029 Permanency Strategy 3.3**).

Virginia continues to support enhanced engagement practices across the entire child-welfare continuum through Kin First Now, practice profiles, and Fatherhood initiatives. These initiatives focus on the identifying and actively engaging both parents; they emphasize frequent and high-quality visits. Engagement continues to be a focus for the 2025-2029 strategic plan with planned activities in Protection Strategy 1, Prevention Strategy 1, and Permanency Strategy 1.

DMAS Collaboration

VDSS and DMAS have a strong partnership to improve addressing the health of children in foster care. VDSS and DMAS co-led the Improving Timely Health Care for Children and Youth in Foster Care affinity group which also included representatives from various MCOs. The goal of this groupwork was to establish more effective workflows that will increase the percentage of children entering foster care who receive their initial medical exam within 30 days of entering foster care. The affinity group completed its work in August 2023. VDSS and DMAS will continue to use information from the tests of change from this affinity group to affect practice more broadly.

The DMAS/Foster Care Partnership bi-monthly meetings increase collaboration with various stakeholders to improve overall access to healthcare for children in and aging out of foster care. In 2023, DMAS hosted six Foster Care Partnership meetings and eight Action Group Meetings. These groups did not reconvene in July 2024 as originally planned due to delays in the procurement of new MCO contracts. In 2025, Anthem HealthKeepers Plus was selected to administer the new single statewide Foster Care Specialty Plan (FCSP) in Virginia, with automatic enrollment beginning July 1, 2025. As the single statewide managed care organization and entity accountable for the provision of health care services to youth in foster care, youth receiving adoption assistance, and youth formerly in foster care, the FCSP will be able to improve access and continuity of care, as well as the level of coordination between LDSS, providers, and other stakeholders involved in serving these members.

Office of Well-Being

The Office of Well-Being is being formed to provide focused attention and resources to existing programs, including Kinship Navigator Programs, Community Based Child Abuse Prevention Program, Healthy Families, Title IV-E Prevention Services Funding, and Evidence Based Programs. These programs are transferring from the Division of Family Services, promoting an intentional concentrated space by which child abuse prevention is the primary goal. Placing emphasis on engagement with the community (versus LDSS – or state led) while identifying the needs for concrete and economic supports to strengthen families.

Section 4: Assessment of Systemic Factors

Statewide Information System (Item 19)

Item 19: Information Systems

In 2017, the CFSR review found the Information Systems systemic factor was in substantial conformity. Virginia continues to assess this item as a Strength as VDSS and LDSS can readily identify the status, demographic characteristics, location, and goals for every child in a foster care placement. This is evident in the AFCARS and National Child Abuse and Neglect Data System (NCANDS) submissions and reports available in OASIS and SafeMeasures. As the system of record, OASIS is used to meet federal reporting requirements for NCANDS, National Youth in Transition Data Base (NYTD), monthly foster care contact, state foster care agency foster child data (information sent to Social Security Administration/ SSA), and AFCARS.

Although OASIS provides a foundation for the automation of child welfare data collection and reporting and currently lets VDSS collect and maintain demographic characteristics, location, status, and goals for every child in foster care, it can't meet DFS operational requirements. OASIS and the other in-house applications require duplicate information entry and cumbersome data-entry processes. They lack the capability to effectively support programs, including financial management, electronic document management, mobile use, and interoperable functions. VDSS will use OASIS until a new CCWIS can be implemented (**CFSP 2025-2029 Operations Strategy 1**).

Statewide Information System Overview

OASIS captures all of the current AFCARS elements related to the child's demographic information (sex, race, ethnicity), disabilities (behavioral, mental and physical health), removal/placement setting indicators (date and number of removals, placement settings and types), circumstances of removal (manner of removal, conditions of removal, etc.), case plan goal(s), dates of all required court hearings, Indian Child status, caretaker information such as demographics, termination of parental rights (TPR), foster family

demographics, funding information such as program eligibility (Title IV-E, Children's Services Act (CSA), Title IV-A, Title IV-D, Medicaid, Social Security Income/SSA) and funding amount. OASIS also captures other data elements such as required caseworker visits and contacts with family members, FPMs, CFTMs, etc.

Data	OASIS Screen
Basic demographic information	Client General Information Screen Path: Workload/Case/Client/Gen Info
Tribal Membership (collected for adults in all cases and for children not in foster care)	Client General Information Screen Path: Workload/Case/Client/Gen Info
ICWA Status & Tribal Information (collected for children in foster care)	Client General Information Screen Path: Workload/Case/Client/ICWA
Disabilities	Client Disabilities Screen Path: Workload/Case/Client/Health/Disabilities
Adoption status (if child has previously been adopted)	Client General Information & Prior Adoption Disruption/Dissolution Screen Path: Workload/Case/Client/Gen. Info Path: Workload\Case\Cust Status\Phys Rmvl\Prior Adoption Disruption/Dissolution
Removal/circumstances at time of removal	Physical Removal Screen & Legal Basis for Custody Screen
	Path: Workload\Case\Cust Status\Phys Rmvl Path: Workload\Case\Cust Status\Legal Status
Foster care case plan (includes goal)	Foster Care Service Plan Path: Workload\Case Plan\FC\Service Plan\Srv Plan
Court hearings	Hearing/Review Screen Path: Workload\Court\Court\Cl Crt Info\Hearing/Rev
Caretaker demographics	Client General Information Screen Path: Workload/Case/Client/Gen Info
Termination of parental rights (TPR)	Termination of Parental Rights Screen Path: Workload\Court\Court\Cl Crt Info\TPR
Placement setting(s)	Placement Enter/Change/Discharge Screen Path: Workload\Case\Placement\Place\Enter/Chg
Foster family demographics	Resource General Information Screen & Resource Household Members Screen Path: Workload\Resource\Directory\Info Path: Resource\Directory\Homes\Members
Caseworker visits/FPMs/CFTMs	Case Client/Collateral Contact Information Path: Workload\Case\Contacts\Contacts
Funding information	Client Funding Screen Path: Workload/Case/Client/Finances/Funding

Examples of available OASIS reports that capture the information above for cases and clients: *The reports below are on a case/client basis, except for the first two, which can be pulled with statewide data.*

- Active foster care children
  - This report can be printed based on statewide, regional, locality, unit or unit/worker data
- Resource (foster family/placement providers)
  - The data for this report can be filtered by all or current resources, locality, a specific

resource ID, resource category and resource type.

- Foster Care Face Placement Sheet
- Case information
- Client hearing detail
- Client health
- Placement history
- Foster care service plan
- Summary of hearings
- Client funding report
- Termination of parental rights

Timeliness (Policy and Data):

VDSS child welfare policy mandates time frames for entering information into OASIS. From the Child and Family Services Manual Chapter E Foster Care:

- Section 4.3.1: Information for every child in foster care shall be entered into OASIS as soon as possible but no later than five (5) calendar days after the child's custody is transferred to a LDSS or s/he is placed in foster care. A delay in entry in OASIS will result in a federal penalty under the federal Adoption and AFCARS. The worker is responsible for entering and updating all case data in OASIS as soon as possible but no later than 30 calendar days after each activity or event, with two exceptions:
  - Placement and funding information for children shall be entered within five business days of any placement change, in order to accurately track the whereabouts of children in care.
  - The foster care case should be closed within five business days after the child leaves the care of the LDSS.

- Section 5.6: The initial assessment is the basis for developing a foster care plan that addresses immediate child and family needs and selecting a specific foster care permanency goal. The initial assessment shall:
  - Be entered into OASIS within 30 days of LDSS acceptance of the child for placement, using the assessment screen (unless otherwise noted) and completing all the required elements of appropriate screens.

- Section 17.8.7: Face-to-face contacts shall be entered into OASIS immediately but no later than 30 days following the contact.

  Thirty days following implementation of the mobility application, the service worker will be required to enter and update all case narrative and data in OASIS within five (5) business days moving forward.

- Section 17.17: OASIS shall be kept up to date to reflect required elements needed for AFCARS compliance and compliance with other federal and state requirements. The AFCARS elements are highlighted in red in the system, while the other mandated elements are highlighted in yellow. The service worker is responsible for entering and updating all case data in OASIS as soon as possible, but no later than 30 days after each activity or event. The only exceptions are:
  - Children's placement changes shall be entered into the system within five (5) calendar days of any placement change.
  - The foster care case should be closed within five (5) business days after the child leaves

the care of the LDSS.

Thirty days following implementation of the mobility application, the service worker will be required to enter and update all case narrative and data in OASIS within five (5) business days moving forward.[2]

Staff of licensed child-placing agencies or children's residential facilities do not have access to OASIS to update information for the children in their care. The child's FSS worker is required to gather necessary information and enter that information into OASIS in a timely manner.

There are multiple reports VDSS and LDSS use to monitor compliance with timeliness of data entry. Specifically, for foster care cases, SafeMeasures provides the following reports:

- Foster Care Contact Entry report (how many days have elapsed between each contact and the entry of that contact record into OASIS)

Nov 2023 – April 2025		
0 - 7 Days	166,994	68.28%
8 - 14 Days	27,458	11.23%
15 - 21 Days	15,881	6.49%
22 - 30 Days	11,576	4.73%
31+ Days	22,199	9.08%
Data Issue: Contact After Entry	465	0.19%
Total	244,573	100.00%

Source: SafeMeasures Foster Care Entry Report compilation of November 2023-April 2025 monthly reports (extract date: 5/7/2025)

- Foster Care Monthly Worker Visits Time to Entry report (how many days have elapsed between the most recent face-to-face contact and entry of that contact record into OASIS)

Nov 2023 – April 2025		
0 - 7 Days	54,864	61.70%
8 - 14 Days	14,437	16.23%
15 - 21 Days	8,684	9.77%
22 - 30 Days	5,768	6.49%
31+ Days	5,046	5.67%
Data Issue: Contact After Entry	128	0.14%
Total	88,927	100%

Source: SafeMeasures Foster Care Monthly Worker Visits Time to Entry Report compilation of November 2023-April 2025 monthly reports (extract date: 5/7/2025)

- Time to ICWA Screen Entry report (how many days were between the foster care entry date and the first ICWA screen update)

Nov 2023 – April 2025		
0 - 7 Days	2,054	58.42%
8 - 14 Days	199	5.66%
15 - 21 Days	64	1.82%
22 - 30 Days	48	1.37%
31+ Days	0	0.00%
Data Issue: Contact After Entry	1,151	32.74%
Total	3,516	100.00%

[2] Mobile application was implemented statewide by January 2020.

Source: SafeMeasures Time to ICWA Screen Entry compilation of November 2023-April 2025 monthly reports (extract date: 5/7/2025)

Data Quality and Accuracy:

Data validation and reconciliation relies on federal data quality reporting. The most recently available CFSR 4 Data Profile is from February 2025; it provided an assessment of data quality. In the AFCARS data-quality checks for submissions 20A through 24B, there are no data issues that exceed the data compliance threshold. The NCANDS data quality check showed no data quality issues.

VDSS completed data cleanup activities in advance of the initial AFCARS 2020 Final Rule submission (23A). VDSS has since implemented on-going data clean-up strategies with localities on required AFCARS fields to ensure that data is consistent, accurate, and complete. The family services team developed an AFCARS Data Cleanup Help Guide detailing each AFCARS element and the associated steps to complete or correct the required data entry. A help guide specific to the education related elements has also been developed. In addition to the help guides, the team developed and scheduled trainings for the locals to attend. Office hours were also held to address any questions related to AFCARS. Following training and office hours, home office staff worked to develop specific reports for each local agency, detailing each AFCARS element that needed to be completed. A shared email inbox was created specifically for AFCARS related questions. Reports are emailed to agency directors and the primary worker's supervisor for the case(s) that needs attention. The report is in PDF format with the missing data elements identified by case, client, and OASIS screen. Agencies are asked to complete the requested clean up within two weeks of receipt. Currently, VDSS sends out AFCARS data clean up reports every other month and notifies the agencies via a generic broadcast and follows up with specific agency staff via email. Each email contains the report for each agency, a link to the help guides and cleanup frequently asked questions. This process has been successful, resulting in continued complaint AFCARS file submissions. To ensure that our AFCARS files contain consistent, accurate, and complete data. VDSS is participating in the Continuous AFCARS Data Improvement Plan (CADIP) with the Children's Bureau.

OASIS requires a valid date and reason any time an exit/discharge record is created. The system also inserts a transaction date into the database that cannot be edited by the user. Since implementing AFCARS 2020 Final Rule, Virginia's compliance rate for AFCARS exit data has been well within the established threshold. There was only 1 NCWDMS E153_exit_date compliance error and that occurred during 23B. There were no compliance errors for E155 exit reason.

In addition, QAA staff notify LDSS staff when data quality issues are identified during QAA reviews (title IV-E and CFSR) which would include issues related to a child in foster care's placement, demographic information, court hearings, etc. When the data is not located, missing, or housed under the wrong label, QAA staff provide technical assistance to LDSS. These interventions aren't captured in data collection but are part of the review process.

LDSS and VDSS also have a variety of monitoring reports available through SafeMeasures to identify data quality and accuracy issues. These reports look at situations that indicate a data quality issue exists. These include:

- Children in Foster Care Cases Without Open Placement Settings[3]
- AWOL Settings Not Closed[3]
- Children in Care Without a Primary Worker Assignment
- Open Cases Without Assignments

- Open Cases That May Contain Duplicate Clients

[3] Examples of these reports are included in **Appendix C-1**.

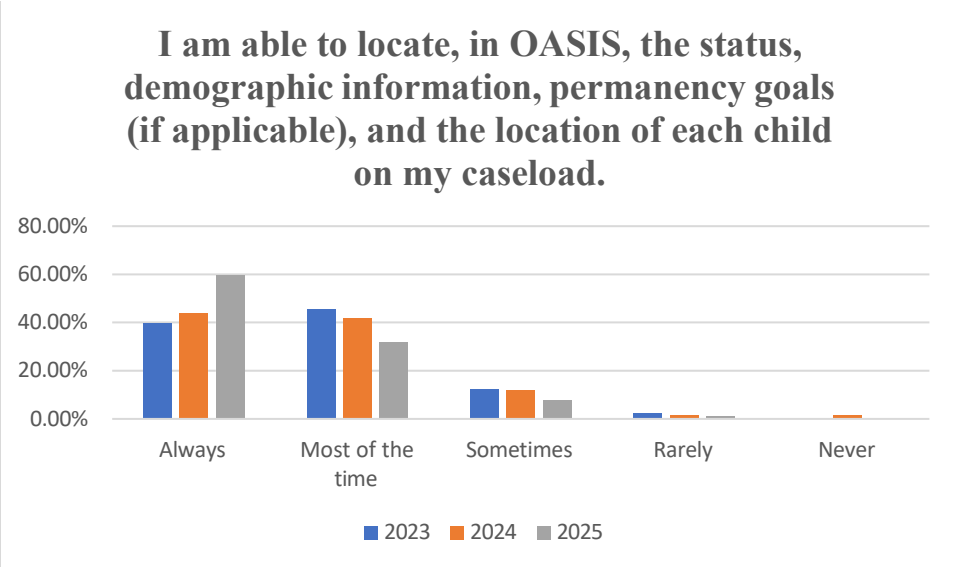
- Active Case Clients with Duplicate Records
- Children in Care Without a Valid Case
- Open Trial Home Visits Without a Valid Placement
- Assignments With Unit Conflicts
- Data Issue: IL Services Open Over 60 Days

VDSS also has the following reports available through SafeMeasures to identify data quality and accuracy issues:

- Children in Cases Without a Social Security Number
- Data Issue: Inactive Clients in Placement
- Father Listed in OASIS?[3]
- Data Issues - AFACRS Multi-races selected without Primary race of Multiple

LDSS Stakeholder Input:

In the LDSS Child Welfare surveys from 2023-2025, when LDSS staff were asked if they were able to locate the status, demographic information, permanency goals (if applicable) and the location of each child on their caseload, 89% (1,263 out of 1,427 responses) reported that they were able to always or most of the time.



	2023	2024	2025	Total
Always	135 (39.71%)	126 (43.75%)	475 (59.45%)	736
Most of the time	154 (45.29%)	120 (41.67%)	253 (31.66%)	527
Sometimes	42 (12.35%)	34 (11.81%)	60 (7.51%)	136
Rarely	8 (2.35%)	4 (1.39%)	8 (1.00%)	20
Never	1 (.29%)	4 (1.39%)	3 (.38%)	8
Total	340	288	799	1427

Case Review System (Items 20-24)

Item 20: Written Case Plan

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

Virginia received an overall rating of ANI for Item 20 during the last CFSR review. VDSS has implemented a series of practice enhancements since that time including collaborations with CIP and updates to the foster care plan template. However, Virginia continues to assess this item as an ANI due to concerns noted with engaging parents in case planning and the proxy measurement of case plan completion. VDSS has implemented several practice enhancements regarding family engagement through Kin First Now (**CFSP 2025-2029 Permanency Strategy 1**) and will continue to target improving family engagement. VDSS is also currently replacing CCWIS (**CFSP 2025-2029 Operations Strategy 1**), which will improve VDSS's ability to gather data from the system, including information related to service planning.

Required Elements:

The Code of Virginia § 16.1- 281, Section 15 of Chapter E, Foster Care of the Child and Family Services Manual, and the Social Security Act, Title IV, §475(1) [42USC 675] include requirements for development of a foster care plan. Subsection 15.5 "What should be included in foster care plan" in the Foster Care chapter outlines what should be included in Part A and Part B of the foster care plan.

Part A must include:

- Reason for care and why placement is needed
- Services offered to prevent removal
- Child's situation at time of placement, if applicable including description of placement a significant distance away from the parent(s) is necessary
- Appropriateness of foster care goal and services
- Most current and accurate information about educational status
- Most current and accurate information about the child's health
- Nature of child's placement(s)
- Discussion of appropriateness of placement, including efforts made to place with family, efforts to place in the least restrictive setting
- Discussion of normalcy
- Discussion of how court orders have been carried out
- Needs met to achieve the goal
- Visitation plan for parents and siblings
- Permanency goal, including rationale for goal selection
- Concurrent permanency plan
- Program, care, services, and supports for the child, including independent living services and transition plan
- Target dates for completion of services
- Responsibilities of parents/prior custodians including target dates for completion
- Projected goal achievement date
- Description of child, parent, prior custodian, foster parent, and other supportive individuals' involvement in the planning process
- Information on the right to appeal LDSS decisions on services and placement

Part B of the foster care plan is used when the child cannot be returned to parents or prior custodians within a practicable time. This section requires a description of opportunities to achieve goals or a description of why a goal is not feasible. The templates for the Foster Care Plan Part A and B are located in **Appendix C-2**.

To help assess whether workers include required elements in foster care plans, surveys from 2023-2025 asked LDSS staff who work with foster care caseloads how frequently certain needs of children in foster care are addressed in foster care plans. Overall, child welfare staff indicated compliance with including required elements in the case plans all or most of the time ranging from 87% to 97% of the responses. The results of the survey for Item 20 are available in **Appendix C-3**:

	Always or Most of the time	Sometimes	Rarely or Never	Total
Educational needs	491 (94%)	27 (5%)	3 (1%)	521
Dental Health needs	454 (87%)	46 (9%)	19 (4%)	519
Medical Health needs	486 (94%)	26 (5%)	6 (1%)	518
Mental/Behavioral Health needs	502 (97%)	16 (3%)	2 (<1%)	520

In addition, VDSS asked youth with lived experience about the content of their foster care plan (**Appendix A-4)**. Members of the SPEAKOUT youth advisory board indicated that workers did not review case plans with youth and they were not provided a copy of the case plan. With many of them not receiving their case plans, they were not able to speak to the content of the case plan and whether it contained all the required elements. SPEAKOUT members also highlighted that when they did receive copies of their case plans that there was inaccurate information included and that they were more negatively focused.

VDSS also gathered input from parents with lived experience from the Parent Advisory Council (**Appendix A-6)**. Members had mixed responses about whether they received copies of foster care plans. For those that didn't receive foster care plans, they were not able to assess the content of the plan. A member indicated that while they did receive a copy of the plan, there was no follow up afterwards.

Written Case Plan Within 60 Days

A full-service plan for children in foster care through court commitment, non-custodial foster care agreement, a permanent entrustment agreement, or a temporary entrustment must be documented in OASIS. Due to OASIS limitations, VDSS can see if a written case plan has been entered into the system, but there is no way for the system to indicate that the plan has been completed. Less than 1% of children did not have a case plan entered into OASIS in 2024 so VDSS must also look at the dispositional hearing information to determine if the plan was completed in full. A completed case plan is a requirement for a dispositional hearing with an approved goal, so VDSS uses the dispositional hearing measurement to calculate case plan completion. In 2024, 1,934 children entered foster care and 95.4% had a dispositional hearing held while only 62.3% of them were held within the required 60-day timeframe. Based on the case plan in OASIS and a dispositional hearing having been held, VDSS determined 95.4% had a completed case plan.

The dispositional hearing's purpose is to review the foster care plan. If a foster care plan is not filed,

the hearing would not be held but may be continued. Because 95.4% of children had a dispositional hearing to approve a foster care plan filed pursuant to Va. Code § 16.1-281, 95.4% of children had a completed case plan.

Percent of Cases with Case Plans Completed in 2024

Children Under 18 that entered foster care in 2024 and remained in care for at least 60 days.	#	%
Total Children under 18 that entered Care in 2024 for 60 days or more	1,934	
Service Plan Entered into OASIS	1,919	99%
No Service Plan Entered into OASIS	15	1%
Dispositional Hearing Held	1,845	95.4%
Dispositional Hearing Held within 60 days (0-60 days)	1,204	62.3%
No Dispositional Hearing Held	89	4.6%

Prior Reporting Years (CY2022-2023)[4]

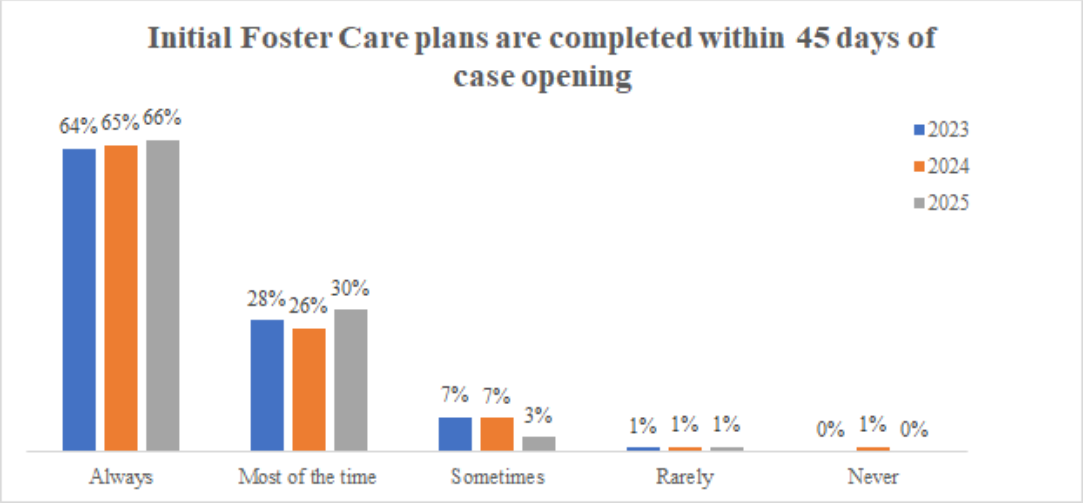
Children Under 18 in Care	# CY2023	**%** CY2023	# CY2022	**%** CY2022
Total Children under 18 in Care for 60 Days or More	5,458		5,350	
Dispositional Hearing Held	5,198	95%	5,157	96%
Dispositional Hearing Held within 60 days (0-60 days)	3,317	61%	3,170	59%
No Dispositional Hearing Held	260	5%	193	4%

In 2024, 1,934 children under 18 entered foster care, and case planning for them should have occurred during the first 60 days. Sixty-two percent of these cases had hearings where a qualified goal was approved within 60 days of child removal.

In surveys from 2023-2025, 491 out of 522 (96%) child welfare workers responded that initial foster care plans are always or most of the time completed within 45 days of case opening[5].

[4] VDSS has historically used a proxy measurement of dispositional hearings to report case plan completion. The dispositional hearing is the best indication that the case plan is fully complete and approved by the court. Beginning with CY2024, VDSS began tracking and reporting service plan entry into OASIS. While this measure is helpful, it doesn't provide an indication of whether the case plan was fully complete or entered partially. VDSS has combined both measures to report timeliness and completion of the case plan beginning with CY2024.

[5] While "within 60 days" is required federally, the Code of Virginia § 16.1-281 requires the case plan to be filed within 45 days of receiving custody of the child. As dispositional hearings are held within 60 days, the 45 day requirement provides courts enough time to properly serve all parties and distribute the case plan ahead of the hearing. The survey question uses the Virginia requirement of 45 days as that is the requirement that LDSS are expected to follow and will be consistent with their standard practice.



Parent Engagement in Case Planning

VDSS continues efforts to ensure that all parties, including the child and the child's parents, have input into case plan development, primarily through the use of FPMs or CFTMs. Subsection 15.3 in the Foster Care Chapter of the Child and Family Services manual instructs workers to involve and engage parents, prior custodians, foster parents, other family members and others identified as significant to the family in developing the foster care plan through FPMs. The case plan contains a check box to indicate who was involved in the planning. Of the children that entered foster care in 2024, 69% of the case plans indicated that the parent(s) were involved in the planning. VDSS uses the OASIS data available through SafeMeasures to monitor the use of FPMs.

In LDSS child welfare staff surveys from 2023-2025, LDSS staff who oversee foster care cases were asked if parents were involved in developing case plans. Overall, 377 out of the 509 respondents (74%) indicated that mothers are always or most of the time involved in developing the case plan while 308 of those respondents (61%) indicated fathers are always or most of the time involved in developing those plans. This indicates a disparity in engagement of fathers and emphasizes the need for increased engagement of both parents in case planning.

Involvement in Developing Case Plans

Mother

	Always	Most of the time	Sometimes	Rarely	Never	Total
2025	79 (29%)	142 (53%)	36 (13%)	8 (3%)	3 (1%)	268
2024	23 (22%)	46 (44%)	28 (27%)	4 (4%)	3 (3%)	104
2023	22 (16%)	65 (47%)	37 (27%)	10 (7%)	3 (2%)	137

Father

	Always	Most of the time	Sometimes	Rarely	Never	Total
2025	60 (22%)	117 (43%)	79 (29%)	11 (4%)	3 (1%)	270
2024	21 (20%)	34 (33%)	39 (38%)	7 (7%)	3 (3%)	104
2023	18 (13%)	58 (42%)	42 (31%)	14 (10%)	5 (4%)	137

Members of the SPEAKOUT youth advisory board indicated that parents were actively involved in case planning (**Appendix A-4**). Feedback from the Project Life Conference (**Appendix A-5**) indicated poor communication across the parties involved in case planning. Members from the Parent Advisory Council (**Appendix A-6**) shared their experiences of the other parent being engaged in case planning versus them. They shared feelings of being "left in the dark" about what was happening with the case plan.

Respondents in the Legal/Judicial Feedback survey (**Appendix A-7)** responded that most required elements of the case plan are included always or often. Information related to medical and mental/behavioral health needs were indicated the most as being often or always included with dental health receiving the fewest always or often responses with 60%.

Legal/Judicial Survey: Always/Often included in case plans compared to total responses:

Educational Setting (incl. BIDs)	Educational needs (incl. Individual Education Plan - IEP)	Dental Health Needs	Medical Health Needs	Mental/ behavioral health needs
196/278 = 71%	200/282 = 71%	167/279 = 60%	239/283 = 84%	237/284 = 83%

Legal/judicial respondents also indicated less involvement of parents than the LDSS staff's perceptions in the LDSS Child Welfare survey. Only slightly more than half of legal/judicial respondents indicated that parents are involved in case planning and that the case plan includes a description of their involvement or a rationale for their lack of involvement.

Legal/Judicial Survey: Always/Often Responses compared to total responses:

Is the foster care service plan developed jointly with the child's parents or prior custodians?	140/254 = 55%
Does the foster care service plan include a description of how the child's parents or prior custodians were involved in the service planning process?	142/258 = 55%
If the parents or prior custodians were not involved, is the reason explained?	138/250 = 55%

VDSS will continue to target improving child and family involvement in case planning through **CFSP 2025-2029 Permanency Strategy 1's** efforts to elevate family engagement and concurrent planning.

Item 21: Periodic Reviews

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

Virginia received an overall rating of Strength for Item 21 during the last CFSR review. Virginia continues to assess the functioning of this item as a Strength, due to data reported from SafeMeasures as well as evidence from LDSS survey with an average of 94% reporting that they complete the periodic reviews all or most of the time.

VDSS requires that service plans for children in custody or foster care placement be reviewed to ensure the effectiveness of permanency planning for every child (§§ 63.2-907 and 16.1-282 of the Code of Virginia and Section 16 of Chapter E, Foster Care of the Child and Family Services Manual). When a child enters foster care, a dispositional hearing is held within 60 days of the child's initial foster care placement to review the service plan and child's foster care status. A foster care

review hearing is held within four months of dispositional hearing, and then a permanency planning hearing is held within 10 months of the dispositional hearing. All children in Virginia remaining in foster care past the permanency planning hearing are subsequently reviewed by the court or an administrative hearing no less frequently than every six months. The review occurs at the following intervals based on the child's approved service plan goal. For children with the goal of return home and relative placement, a second permanency planning hearing is held within 6 months of the first permanency planning hearing and every 6 months thereafter until permanency is achieved. For children with the goal of adoption or permanent foster care, an annual foster care review hearing is held until permanency is achieved. Administrative panel reviews are held at 6-month intervals between the annual foster care review hearings. For children with the goal of APPLA, foster care review hearings are held every 6 months.

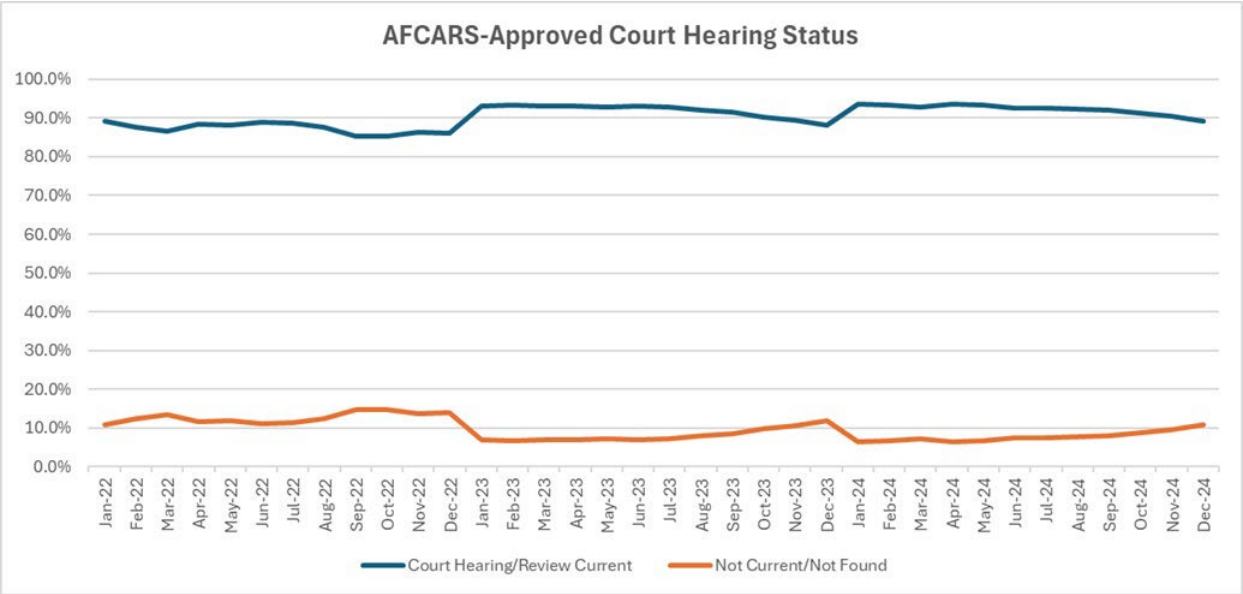
For all and any reviews, considerations include the child's safety, the continuing necessity for foster care placement, compliance, progress with the case plan for both child and family, transition planning for youth ages 14 or older, and whether an out-of-state placement continues to be in the child's best interest. When possible and appropriate, a review identified a projected date for reunification, adoption, or other permanency goal.

The process for scheduling cases before the four-month foster care review depends upon how the child is entering foster care and the hearings associated with that case type (i.e., abuse or neglect, at risk of abuse or neglect, relief of custody or entrustment agreement, disposition of a child in need of services, child in need of supervision, etc.).

At the dispositional hearing, the judge decides the child's custodian. The court may return custody to the parent or guardian from whom the child was removed with certain conditions and requirements, place the child with a relative, or keep the child in foster care with the LDSS. If the child stays in foster care, the judge will review the foster care plan prepared by the LDSS. The plan identifies a goal for timely reunification or other permanency goal. The judge reviews the foster care plan to ensure the goals for the child and family are clear and achievable. At the foster care review hearing, the judge reviews progress made towards reunification as well as services provided, including medical, educational, and mental/behavioral health services provided to the child and services provided to the family. At the permanency planning hearing, the judge will determine if the child can be returned safely home or if the permanency goal needs to be changed from reunification to another permanency or alternative goal.

Once the case is at initial foster care review, the date for the next hearing is scheduled at the conclusion of the current hearing. For example, the four-month foster care review is scheduled at the conclusion of the dispositional hearing. The date for the initial permanency planning hearing is set at the end of the four-month foster care review. The date for the second permanency planning is set at the end of initial permanency planning if an interim plan is approved at the initial permanency planning. The annual foster care review hearing is scheduled at the conclusion of the initial permanency planning hearing, or at the time of the current annual review hearing. As noted above, for children with the goal of return home and relative placement, a second permanency planning hearing is held within 6 months of the first permanency planning hearing and every 6 months thereafter until permanency is achieved. For children with the goal of adoption or permanent foster care, an annual foster care review hearing is held until permanency is achieved. Administrative panel reviews are held at 6-month intervals between the annual foster care review hearings. For children with the goal of APPLA, foster care review hearings are held every 6 months.

A full timeline of Virginia's foster care related court proceedings with specific timeframes is available in **Appendix C-4.**



Source: SafeMeasures AFCARS-Approved Court Hearing Status report (CY22 extracted on 2/15/23, CY23 extracted on 2/15/24, and CY24 extracted on 3/9/2025).

SafeMeasures Methodology and Report Notes:

- Population: Children under 18 in care at any time during the selected month and have been in care for 60 days or more.
- Report Data: This display shows whether or not the child in placement has had an AFCARS-approved court hearing on the Hearing/Review screen according to the timeline provided by the Juvenile and Domestic Relations District Courts timeline for child dependency cases.
  - The hearing types for most children are:
    - 60-day Dispositional
    - Court Review
    - Permanency Planning
    - Admin Panel Review Hearing
  - Following an initial hearing for children under 18 entering placement under an entrustment agreement or following the 60-day dispositional hearing for children in placement, the first hearing is due within 4 months, the second hearing within 5 months from the first, and then every 6 months thereafter.
- **Current/Not Current Definitions:**
  - **Hearings Current** - An AFCARS-approved court hearing has been held during the client's current episode, and an AFCARS due date has not passed without a court hearing.
  - **Hearings Not Current/Not Found**
- **Not Current**: An AFCARS-approved court hearing has been held during the client's current episode, but an AFCARS due date has passed without a court hearing.
- **Hearing Not Found** - The client's episode began 60 or more days ago, but there is no AFCARS due date for the next court hearing because there has not been an initial hearing or 60-day dispositional hearing.

As shown in the above chart and attached **Appendix C-5**, statewide compliance on court hearings being held in accordance with the court timeframes fluctuated between 85% and 93% compliance. The full breakdown of the data in the above chart is included in **Appendix C-5.**

In LDSS surveys from 2023-2025, 482 out of 513 (94%) LDSS child welfare staff who oversee a foster care caseload said that foster care cases are heard no less frequently than every six months by a court or administrative panel review always or most of the time.

When asked about reasons that some cases are not heard every six months, workers reported the following:

	Delay in scheduling by the court	Continuance of case	Unavailability of parent	Unavailability of worker	Unavailability of attorney	Total
2025	105 29%	154 42%	44 12%	11 3%	49 13%	363
2024	38 31%	48 39%	16 13%	4 3%	18 15%	124
2023	48 28%	63 37%	30 18%	8 5%	22 13%	171
Total	191 29%	265 40%	90 14%	23 3%	89 14%	658

Item 22: Permanency Hearings

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

Virginia received an overall rating of Strength for Item 22 during the last CFSR review, Virginia continues to assess the functioning of this item as a Strength, due to data regarding ongoing and initial permanency hearings and results from the most recent title IV-E review indicating that Virginia conducts frequent permanency hearings.

In Virginia, a LDSS may, under identified circumstances, petition the court to approve of an interim foster care plan at the first permanency planning hearing (i.e., the permanency hearing held within 12 months of a child entering foster care). The court may approve an interim plan for a maximum period of six months, if the court finds that marked progress is being made towards reunification or to achieve the identified permanency goal (Virginia Code § 16.1-282.1).

Virginia Code § 16.1-282.1 provides, "In the case of a child who was the subject of a foster care plan filed with the court pursuant to § 16.1-281, a permanency planning hearing shall be held within ten months of the dispositional hearing at which the foster care plan pursuant to § 16.1-281 was reviewed." The initial foster care plan filed pursuant to Virginia Code § 16.1-281 is generally reviewed at the disposition hearing, which is held within 60 days of the child's placement in foster care in cases of abuse or neglect and at-risk of abuse or neglect, or within 45 to 75 days of filing a petition for approval of an entrustment agreement. For children with the goal of return home and relative placement, a second permanency planning hearing is held within 6 months of the first permanency planning hearing and every 6 months thereafter until permanency is achieved. At each permanency planning hearing, the court order shall document that reasonable efforts are being made to return the child home or achieve another permanency plan.

The results of the most recent published title IV-E review (2019) found that "Virginia conducts frequent permanency hearings, which resulted in timely judicial determinations. Court involvement in monitoring case planning and progress toward goal achievement for the child was evident in child specific court orders. Virginia continues to work with the CIP to monitor timeliness of hearings and ensure that VDSS is obtaining timely and accurate findings that the agency is making reasonable efforts to finalize a permanency plan for a child."

Initial Permanency Hearings within 12 Months of Removal

	# of Children in Denominator Population with Permanency Hearing within 12 months of removal (Numerator)	# of Total Children Under 18 in Care During Calendar Year for 12+ months (Denominator)	% of Children with Permanency Hearing within 12 months of removal
CY2024	3,896	3,953	98.6%
CY2023	3,427	3,484	98.4%
CY2022	3,339	3,400	98.2%

Ongoing Permanency Hearings within 12 Months of Last Permanency Hearing

	# of Children in Denominator Population with Permanency Hearing within 12 months of last Permanency Hearing (Numerator)	# of Total Children Under 18 in Care 24+ months with 2+ Permanency Hearings with most recent hearing in Calendar Year (Denominator)	% of Children with Permanency Hearing within 12 months of last Permanency Hearing
CY2024	1,682	1,731	97.2%
CY2023	1,397	1,453	96.1%
CY2022	1,506	1,580	95.3%

Source: CY2024 – KinFirstNow Dashboard & OASIS; CY2022-2023 Active Foster Care Reports

During 2024, 3,896 children had their permanency planning/court review hearing before one year in care out of 3,953 children in care for at least twelve months. In CY2024, 1,731 children under 18 had a court review or permanency planning hearing and were in care for 24 months or more. Out of those children, 1,682, or 97.2%, had a timely hearing between their most recent hearing in CY2024 and the hearing prior. A timely hearing is a hearing that occurs within the timeframes outlined in the attached court timeline. This is an increase from 95.3% in 2022 and 96.1% in 2023.

In surveys from 2023-2025, 481 out of 502 (96%) LDSS respondents who oversee foster care cases said that permanency planning hearings are "always" or "most of the time held no later than 12 months from the date the child enters care. When asked if subsequent permanency hearings were held no less frequently than every 12 months after the initial permanency hearing, 468 of the 499 (94%) respondents indicated hearings were "always" or "most of the time" held every 12 months after the initial permanency hearing.

Data from CIP:

Initial Permanency Hearings:

Average (Median) Days to First Permanency Hearing by Legal Entry Type – Objective 365 days

	2022	2023	2024
Abuse or Neglect and At-Risk of Abuse or Neglect Cases	276 Days	280 Days	279 Days
Relief of Custody Cases	227 Days	237 Days	222 Days
Entrustment Cases	205 Days	248 Days	199 Days
CHINS, CHINSup, Delinquency, and Status Offense Cases	243 Days	241 Days	234 Days

Subsequent Permanency Hearings:

Average (Median) Days to Permanency Planning Hearing – Objective 365 Days

	2022	2023	2024
From date approving an interim plan	168 Days	167 Days	162 Days
From date approving a permanency plan where child remains in custody of agency	347 Days	345 Days	336 Days
From date approving APPLA goal	174 Days	167 Days	155 Days

The data reports on these elements provided by CIP are available in **Appendix C-6.**

Item 23: Termination of Parental Rights

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

Virginia received an overall rating of ANI for Item 23 during the last CFSR review. Virginia continues to assess areas of concern in this item from data reported that indicates untimely TPR petitions and worker surveys indicating inconsistency in identifying or documenting exceptions not to terminate parental rights. As a response to the Virginia CFSR PIP Strategy 3.4 and the 2020 General Assembly, VDSS provided additional guidance to LDSS on compelling reasons not to terminate parental rights and implemented a requirement to notify VDSS regional consultants of intent not to file a TPR in July 2020 (Summary of Decision Not to File for TPR form in **Appendix C-7)**. VDSS further strengthened this guidance in 2021 and required LDSS to submit their reason not to file TPR form with their case plans at permanency hearings for children who are in care 15 or more months, and the agency has chosen not to file for TPR. However, LDSS staff have struggled to adequately track this requirement as the process is not integrated within the child welfare information system. VDSS will continue to monitor the implementation of this requirement and provide technical assistance to LDSS. VDSS continues to view this item as an ANI and will explore ways to embed this process within the new upcoming child welfare information system.

Virginia Code § 63.2-910.2 requires the local board to file a petition to terminate the parental rights of a child who has been in foster care for 15 of the most recent 22 months or if the parent of a child in foster care has been convicted of certain crimes. The board must concurrently identify, recruit, process, and approve a family qualified to adopt the child. There are three exceptions to filing: 1) the child is being cared for by a relative, 2) there are documented reasons a termination is not in the best interest of the child, or 3) services have not been provided or reasonable efforts have not been made to return the child home. Section §16.1-283 of the Code of Virginia clarifies that a petition to terminate parental rights cannot be accepted by the court prior to the filing of a foster care plan, pursuant to §16.1-281, which documents termination of residual parental rights as being in the best interests of the child. The court may hear and adjudicate a petition for termination of parental rights in the same proceeding in which the court has approved a foster care plan with the goal of adoption which documents that termination is in the best interests of the child.

TPR 15 Month Status Report[6]

Most Recent TPR 15 Month Status for Children in Foster Care Under 18 in the Year						
	CY2022	**CY2023**	**CY2024**			
TPR 15 Month Status	#	%	#	%	#	%
Petition for TPR filed	2,190	69.6%	2,067	65.3%	2,039	62.5%
Pre-Implementation- No Petition or Exception	100	3.2%	30	0.9%	10	0.3%
Exception to TPR noted	28	0.9%	29	0.9%	77	2.4%
No Petition for TPR Filed and No Exception Noted	829	26.3%	1,037	32.8%	1,136	34.8%
Total	**3,147**	**100.0%**	**3,163**	**100.0%**	**3,262**	**100.0%**

Methodology: Pulled all 12 months of each calendar year and kept the child's most recent information found. All data is included in this table.

Timely TPR Report

Timely TPR Petition for Children without an Exception All Placements						
	CY2022		**CY2023**		**CY2024**	
Timely TPR Petition	#	%	#	%	#	%
Timely: Petition for TPR filed within 15 Months in Care	1,264	41.2%	1,264	40.9%	1,267	40.4%
Not Timely: Petition Filed after 15 or No Petition	1,806	58.8%	1,823	59.1%	1,867	59.6%
• Petition for TPR filed after 15 Months in Care	877	28.6%	756	24.5%	721	23.0%
• No Petition for TPR Filed and No Exception Noted	929	30.3%	1,067	34.6%	1,146	36.6%
Total	3,070	100.0%	3,087	100.0%	3,134	100.0%

Timely TPR Petition for Children without an Exception Children Not Placed in a Relative Foster Home						
	CY2024		**CY2023**		**CY2022**	
Timely TPR Petition	#	%	#	%	#	%
Timely: TPR Earliest Filed Date within 15 Months of Removal	1,093	39.9%	1,132	40.4%	1,127	40.1%
Not Timely:	1,649	60.1%	1,670	59.6%	1,684	59.9%
• TPR Filed Date after 15 Months in Removal	792	28.9%	700	25.0%	660	23.5%
• TPR Not Filed	857	31.3%	970	34.6%	1,024	36.4%
Total	2,742	100.0%	2,802	100.0%	2,811	100.0%

[6] The 15-month calculations used for all three charts are calculated using the date of the child's removal.
Overall Population: Children under 18 listed in the SafeMeasures TPR 15 Month report (children in care who have been in care at least 15 months on the last day of the month) with a valid TPR Filed Date (blank, on/after removal date, date entered if a petition was filed) and no exception noted.

There has been a small increase in Exceptions to TPR noted from 0.9% to 2.4% and the total number of cases from 28 to 77 in CY2024. However, the total number and percentage of children with no TPR filed and no exception noted has increased. There has been a slight decrease in the percentage of cases that had a timely petition for TPR filed within 15 months of entry into foster care. The overall increase in the total number of children with TPR and increase in the total number of children in foster care may be contributing to a capacity issue in this area. However, the rate of children in kinship placements has increased since CY2023 and the number of children in non-relative foster homes without a TPR filed has decreased from 36.4% to 31.3% in CY2024. As placement with relatives is a valid exception to filing for TPR, but exceptions on these cases are not being consistently documented, the data on children not placed in a relative foster home demonstrates an opportunity to focus efforts on children in non-relative placements in this area and the continued need to develop strategies to ensure all exceptions to TPR, including placement with relatives, are consistently documented.

Subsection 16.2.6.5 of the Foster Care chapter of the Child and Family Services manual requires LDSS to determine if a petition for termination of parental rights will be filed or if an exception will be claimed in the 30 days prior to reaching the 15th month a child has been in care. If the agency chooses not to file for TPR, the agency must complete the Summary of Decision Not to File for TPR and submit it to their regional VDSS consultant. The regional consultants review these forms and identify if any interventions with the LDSS are warranted. The consultants document their reviews and interventions through a Qualtrics form for VDSS to compile the information from across the state. As mentioned earlier, there is limited compliance with this requirement from LDSS. In order to increase LDSS responses to this requirement, VDSS issued a broadcast in May 2024 reiterating the requirement to LDSS. (Broadcast is located in **Appendix C-8.)**

Data from CIP:

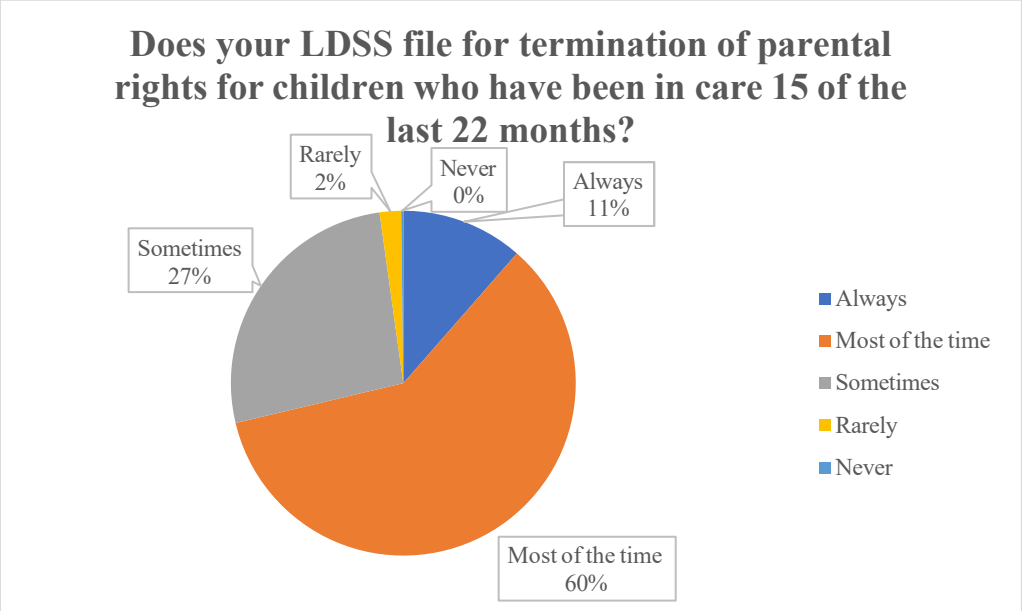
Average (Median) Days to Filing Petition for Involuntary TPR – Objective 456 Days/15 months

	2022	2023	2024
Abuse or Neglect and At-Risk of Abuse or Neglect Cases	305 Days (1,272 cases)	354 Days (1,493 cases)	349 Days (1,513 cases)
CHINS, CHINSup, Delinquency, and Status Offense Cases	374 Days (13 cases)	192 Days (8 cases)	274 Days (8 cases)

The data reports provided by CIP are included in **Appendix C-9.**

The average days to filing petition for involuntary TPR increased in 2023 and 2024; this increase also coincided with the increase in the total number of cases, suggesting the challenge of increased caseload may be a factor. There was a significant decrease in the average days for CHINS, CHINSup and Delinquency and Status Offense cases, however this was only for a very small number of cases.

In LDSS child welfare surveys from 2023-2025, 355 out of 498 (71%) LDSS staff responses who oversee foster care caseloads indicated that their agency files TPR for children who have been in care 15 of the last 22 months "always" or "most of the time".



N=498

In those same surveys, 454 out of 489 (92%) workers indicated they document compelling reasons not to file for TPR in the foster care plan or Part B of the permanency plan "always" or "most of the time".

VDSS also requested feedback on termination of parental rights from legal/judicial partners. Out of 252 legal/judicial survey respondents, 184 (74%) respondents indicated that TPR proceedings are filed by the LDSS when a child has been in foster care 15 out of the past 22 months always or often which is consistent with LDSS child welfare staff's perception (indicated in the LDSS Child Welfare survey).

When asked if the case plan documents the exception of the requirement to file for TPR when TPR proceedings are not filed, 191 out of the 238 (80%) legal/judicial respondents indicated that it does always or often.

Item 24: Notice and Right to Be Heard

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

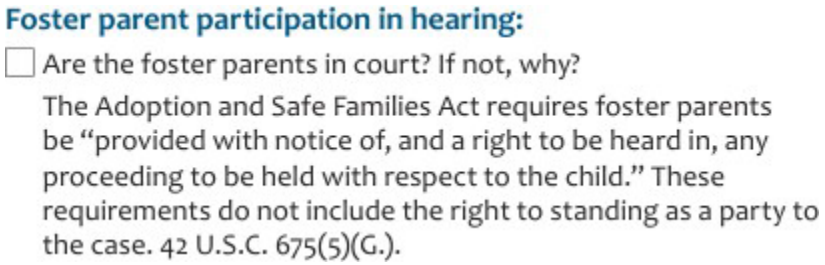
Virginia received an overall rating of ANI for Item 24 during the last CFSR review. Virginia currently assesses this item as an ANI, due to responses from foster parents and legal/judicial partners indicated lower occurrences of foster parents being informed of their right to be heard.

Subsection 16.2.2 of Chapter E, Foster Care of the Child and Family Services Manual outlines that foster parents and pre-adoptive parents are to be notified of every hearing in writing. Their names shall be included on the foster care plan transmittal submitted to the court to ensure that foster parents are served by the court with notice of the court hearing and a copy of the service plan (Foster Care Transmittal Template included in **Appendix C-10**). Service workers should discuss upcoming hearings with the foster parents, pre-adoptive parents, and relative caregivers and encourage their attendance at proceedings.

The service worker should provide and discuss a copy of the brochure Adoption and Safe Families Act: Applying the Notice and Right to Be Heard Provision in Virginia's Juvenile and Domestic Relations District Courts (available in **Appendix C-11**) with the foster parent, pre-adoptive parent, or relative caregiver. This brochure informs families of the requirement for kinship, foster, and adoptive parents to be given timely notice of and provides details regarding the right to be heard during any court proceedings about the child in their care. The brochure also offers a description of case participants and how notice of hearings may be provided to families. Service workers should also encourage foster parents, pre-adoptive parents, and relative caregivers to speak at such hearings, when recognized by the court.

LDSS must share the Foster Parent Bill of Rights (available in **Appendix C-12**) with all approved foster parents and maintain a signed copy in the resource family file. Along with other rights in this bill of rights, foster parents are informed of their right to be notified of court hearings and, scheduled meetings, and to be informed of decisions made by the court, LDSS, or a licensed child-placing agency concerning the child's foster care services.

As a result of the last CFSR, and a CFSR PIP activity, the CIP collaborated with VDSS to develop bench cards for judges to use at all court hearings. The bench cards were developed for judges to use at all court hearings and offer a series of questions that help assess agency efforts towards a child’s permanency goal. The bench cards associated with foster care reviews and permanency planning include a prompt for the judge to consider foster parent participation in the hearing and asks why the foster parent is not included in the hearing, if applicable.



CIP provided all guardians ad litem, counsel for LDSS, and the state Court Appointed Special Advocate (CASA) programs with information about the bench cards and how to access the cards online (https://www.courts.state.va.us/static/courtadmin/aoc/cip/resources/child_dependency_benchcards_full_set.pdf).

CIP developed an information memorandum outlining the "notice and right to be heard" provisions of ASFA and distributed it to active and retired judges, J&DR district court clerks, and the court community including attorneys for local departments of social services, guardians ad litem, and parents' counsel. The memo also provided direction to local J&DR district court clerks for attaching the ASFA brochure to the summons at the filing of the first Foster Care Plan Transmittal (initial foster care review stage) and at other stages of the case when there has been a placement change. To support implementation, a modification was made to the Transmittal to include a checkbox to indicate new placements and contact information for the new resource family.

Foster parent surveys were administered to kinship, foster, and adoptive families in 2023, 2024, and 2025. Survey responses from 2023 and 2025 indicate that families are being notified of court hearings and reviews, with 77% (585 out of 757 total responses from both surveys) reporting they were notified of hearings. The 2024 survey did not include questions to determine if families received notification of court hearings; therefore, this number may be higher.

Thirty-two percent of respondents (214 out of 660 total from 2023 and 2025 surveys) reported being able to be heard during court hearings. However, the 2023 and 2024 surveys did not include a question around whether resource parents were notified of their **right** to be heard. The survey has been updated to ensure this is being monitored.

The 2025 survey showed that 49% (142 out of 291 responses) reported being informed of the right to be heard during any court proceedings pertaining to the child. Of those who reported they'd been informed of their right to be heard, 52.5% (74 out of 142 responses) were informed of their right to be heard by "other written notification", such as an email or court document. Eighteen percent (26 out of 142 responses) reported receiving the brochure titled Adoption and Safe Families Act: Applying the Notice and Right to Be Heard Provision in Virginia's Juvenile and Domestic Relations District Courts (available in **Appendix C-11**). To improve data collection in this area, foster parent surveys will specify if the Foster Parent Bill of Rights was provided as a method of notification. VDSS is also updating its resource parent curriculum and will ensure both the brochure and right to be heard are included in pre-service training.

2023 Foster Parent Survey

Kinship, foster, and adoptive parents were asked to respond to the following regarding when a court hearing is held in relation to the child/children most recently placed in their home:

	# of Responses	% Responded 'Agree'
Notified of hearing by the court	465	76% (354 respondents)
Attended the hearing	454	68% (315 respondents)
Called on to speak in court	462	27% (127 respondents)
Opinion valued in court	462	32% (146 respondents)

2025 Resource Parent Survey

Kinship, foster, and adoptive parents were asked the following regarding the child/children in their care during the last twelve months:

	# of Responses	# of 'Yes' Responses
Received written notice of court hearings	292	231 (79%)
Informed of right to be heard during court hearings	291	142 (49%)
Received copy of Adoption and Safe Families Act: Applying the Notice and Right to Be Heard Provision in Virginia's Juvenile and Domestic Relations District Courts	141	26 (18%)
Attended court hearings	290	211 (73%)
Allowed in the court room during hearings	211	198 (94%)
Allowed to speak/give testimony	198	87 (44%)

VDSS also gathered feedback from LDSS child welfare staff about the provision of notice and the right to be heard. Over 90% of LDSS child welfare staff reported in a 2025 survey that foster parents, pre-adoptive parents, and relative caregivers receive notice of the hearing. LDSS were slightly less confident that these individuals had received notice of their right to be heard in the hearing ranging from 78% to 81%. The responses to the notice of hearing question are similar to data reported in the past three years of surveys. [7]

The following receive notice of the hearing:

	Yes	Unsure	No	Total
Foster Parents	251 (97%)	6 (2%)	1 (<1%)	258
Pre-adoptive parents	237 (93%)	17 (7%)	2 (1%)	256
Relative Caregivers	235 (92%)	18 (7%)	2 (1%)	255

The following receive notice of their right to be heard in the hearing:

	Yes	Unsure	No	Total
Foster Parents	208 (81%)	45 (17%)	5 (2%)	258
Pre-adoptive parents	200 (78%)	48 (19%)	8 (3%)	256
Relative Caregivers	201 (79%)	49 (19%)	6 (2%)	256

Legal/Judicial Partner Feedback

Out of the applicable responses in the legal/judicial feedback survey, 89% of respondents indicated that foster parents receive notice of hearings always, followed by 78% indicating pre-adoptive parents receiving notice always or often, and 75 % indicating relative caregivers receiving notice always or often. Less respondents indicated notice of the right to be heard ranging from 64% indicating always/often for pre-adoptive parents and relative caregivers and 74% indicating always/often for foster parents.

Always/Often Responses: Receive notice of hearings?

Foster parents	212/238 = 89%
Pre-adoptive parents	170/217 = 78%
Relative Caregivers	179/239 = 75%

Always/Often Responses: Receive notice of their right to be heard?

Foster parents	167/226 = 74%
Pre-adoptive parents	134/210 = 64%
Relative Caregivers	146/229 = 64%

[7] The survey in 2023 asked workers "Do foster parents, pre-adoptive parents, and relative caregivers receive notice and have the right to be heard in court?" Over 90% of the 137 respondents indicated yes (for foster parents – 97%, pre-adoptive parents – 94%, relative caregivers – 96%). Based on feedback from the Children's Bureau, VDSS modified the survey in 2024 to ask, "Do foster parents, pre-adoptive parents, and relative caregivers receive notice of the hearing and the right to be heard in court?" Over 95% of the 107 respondents replied yes (for foster parents – 100%, pre-adoptive parents – 87%, relative caregivers – 96%). In 2025, VDSS further broke apart the question to better capture both notice of hearing and notice of the right to be heard in court. Only breakdowns for 2025 survey data for this question are provided as it gives the best information for this item.

Quality Assurance System (Item 25)

Item 25: QAA System

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

The last CFSR found Item 25 to be in substantial conformity, and Virginia continues to assess this item as a Strength. Since 2017, the Commonwealth has expanded and enhanced its Continuous Quality Improvement (CQI) processes.

Virginia's CQI system encompasses all geographic jurisdictions and LDSS and operates through a quality triad model comprising quality assurance, quality control, and quality improvement. Quality assurance is led by the QAA team, which ensures compliance through local-level reviews and connects findings to practice through Practice Consultants who provide coaching, technical assistance, and support to LDSS. Quality control is conducted via title IV-E reviews by the QAA team to identify and mitigate financial penalties and compliance gaps, with practice consultants further supporting alignment with policy and guidance.

Strategic consultants and data analysts play a pivotal role in aligning data across programs, divisions, and regions while leading state and regional CQI events. These events foster collaboration, address regional trends, promote peer-to-peer resource sharing, and enabling targeted improvements in outcomes.

The QAA team oversees four key review types: title IV-E Foster Care, CFSR, title IV-E In-Home Reviews, and Sub-Recipient Monitoring (SrM). These reviews are conducted using an electronic quarterly QA review system, which integrates new foster care funding case validations with title IV-E ongoing reviews in a quarterly remote review process.

Title IV-E New Case Validations

New case validations ensure every child entering foster care receives an initial funding determination, conducted alongside ongoing Title IV-E reviews. QAA consultants confirm funding eligibility (IV-E or CSA) and compliance with requirements such as judicial language, Aid to Families with Dependent Children (AFDC) eligibility, expenditures, and safety standards. They also verify placement and funding accuracy in OASIS and validate eligibility for Fostering Futures cases, which require no further monitoring once deemed eligible.

Errors resulting in ineligible IV-E expenditures are documented, with agencies required to provide proof of corrections during the resolution process. Title IV-E performance management, or shared fiscal accountability, addresses payment errors and ensures proper fund management while remaining distinct from fiscal responsibility plans that specify payment adjustment sources.

Title IV-E Ongoing Reviews

The QAA Title IV-E ongoing reviews ensure compliance with federal, state, and VDSS requirements by providing quality control and support to LDSS. Conducted quarterly, these reviews cover all open Title IV-E cases annually and align with new case validations. In 2024, the QAA foster care team began reviewing 100% of ongoing cases in preparation for the 2025 federal review.

Consultants validate initial eligibility and assess ongoing compliance with judicial activity, IV-E expenditures, safety, and licensing requirements, using tools modeled on federal guidelines. Expenditures reviewed include maintenance rates, enhanced maintenance rates, and other eligible costs, verified through the Standard Payment Record (SPR). Consultants also check OASIS documentation and safety requirements to ensure accuracy.

The shared accountability process between VDSS and LDSS promotes continuous quality improvement, proper fund management, and error resolution. Agencies exceeding error thresholds enter Identification Review to address root causes, complete corrective actions, and improve accuracy. Progress is measured through subsequent reviews, transitioning to a Support Plan Activation if issues persist.

If ongoing reviews identify errors resulting in ineligible IV-E expenditures, the required fiscal adjustments are documented and must be resolved before finalizing the report. Title IV-E Shared Fiscal Accountability processes address payment corrections when error percentages exceed thresholds, distinct from fiscal responsibility plans that identify payment adjustment sources. Agencies exceeding a 10% case error rate or 15% funding error rate enter the Identification Review process. Within 45 days, VDSS and LDSS collaborate to address root causes through training, peer-to-peer best practices, and corrective actions. A subsequent review measures progress, and if errors remain above threshold levels, the process transitions to a Support Plan Activation.

Identification Review Process Overview

Agencies are placed on an Identification Review when a Title IV-E review shows a case error rate above 10% or a funding error rate above 15%. VDSS and LDSS must complete a shared fiscal accountability progress meeting within 45 days, addressing root causes through training, peer-to-peer practices, or targeted corrective measures. Subsequent reviews assess progress at every stage, transitioning to support plans or management plans if error thresholds persist.

The process continues through structured reviews—each measuring progress and escalating to corrective actions when necessary. Reviews focus on areas such as CSA finances, case errors, funding issues, and training. If ongoing reviews exceed acceptable error rates, further corrective plans are jointly developed by VDSS and LDSS.

Quarterly reports summarize findings, including the number of cases reviewed, IV-E errors identified, and regional error rates. In 2024, the combined error percentage from reviews decreased from 3.82% in 2023 to 3.43%. The 2024 error percentage is also lower than 2022's error percentage of 3.63%. Reports are shared with LDSS and posted on the intranet site to ensure transparency and track improvements. An example of this report is included in **Appendix C-13.**

Child and Family Services Review (CFSR)

The CFSR reviews let Virginia accomplish the following: (1) ensure conformity with federal child welfare requirements; (2) determine what is happening to children and families as they are engaged in child welfare services; and (3) assist the state to enhance their capacity to help children and families achieve positive outcomes. Ultimately, the review's goal is to help Virginia improve child welfare services and achieve safety, permanency, and well-being of families and children who receive services.

Virginia's CFSR Progress and Round 4 Preparation

Following the Federal Round 3 CFSR findings of non-conformity, Virginia implemented and successfully completed a Program Improvement Plan (PIP) in January 2022, conducting 140 annual case reviews. Since then, Virginia has not been under federal oversight but has maintained compliance with federal guidelines through adjustments to its case sampling methodology. In 2023, Virginia ensured that all agencies underwent a CFSR review while prioritizing those with high Title IV-E error rates; additionally, review numbers were lowered from 35 cases per quarter, to 24 cases per quarter. This lower caseload gave the CFSR team time necessary to plan and implement training efforts for the Round 4 CFSR federal review. In the end of 2023/beginning of 2024, Virginia initiated the release of various trainings to prepare LDSS for the Round 4 CFSR federal review in October 2025. Training efforts have included: monthly informational email blasts, video micro-learnings, and live webinar trainings. During 2024, Virginia also shifted back to a random sampling methodology, fully implemented federal standards for Round 4 CFSR case sampling, and titrated review numbers back up to 35 cases per quarter. Additionally, in November 2024, CFSR staff resumed travel to conduct in-person reviews at local agencies. These changes to Virginia's CFSR practices have been pivotal to the preparation of our local agencies, and our CFSR staff, for the upcoming federal review. Virginia continues to use the federal CFSR portal and Onsite Review Instrument (OSRI).

Round 4 sets high performance goals 95% Strength for Item 1 and 90% Strength for Items 2–18. To meet these, the QAA team implemented incremental six-month goals beginning in November 2022. Progress is monitored biannually, with goals increasing by 10% when achieved until they align with Round 4 standards. By November 2023, Virginia had met interim goals for several items and increased six-month goals for Items 6 and 12. During the past year, Virginia has met the federal goals for several items including Item 1, 2, 5, 9, 10, 14, 16, and 17; however, this did not result in an increase in the six-month goal, as those items were already set at the federal standard. Items below in green indicate that Virginia met or exceeded the established federal goal in at least one measurement period. Percentages highlighted in green indicate an update in a six-month goal.

CFSR Items	Initial 6 Month Goal (11/22)	Updated 6 Month Goal (5/23)	Updated 6 Month Goal (11/23)	Updated 6 Month Goal (05/24)	Updated 6 Month Goal (11/24)
Item 1	95%	95%	95%	95%	95%
Item 2	90%	90%	90%	90%	90%
Item 3	77%	77%	77%	77%	77%
Item 4	86%	86%	86%	86%	86%
Item 5	90%	90%	90%	90%	90%
Item 6	78%	78%	85%	85%	85%
Item 7	90%	90%	90%	90%	90%
Item 8	85%	85%	85%	85%	85%
Item 9	90%	90%	90%	90%	90%
Item 10	90%	90%	90%	90%	90%
Item 11	75%	75%	75%	75%	75%
Item 12	70%	77%	77%	77%	77%
Item 13	80%	80%	80%	80%	80%
Item 14	90%	90%	90%	90%	90%
Item 15	77%	77%	77%	77%	77%
Item 16	90%	90%	90%	90%	90%
Item 17	90%	90%	90%	90%	90%
Item 18	90%	90%	90%	90%	90%

CFSR Review and State-Led Process Overview

CFSR reviews include case review and interviews with key participants, as well as a debriefing (exit conference) to discuss findings with LDSS leadership and staff. Reviewers and LDSS may invite regional practice consultants to exit conferences so that they are aware of agencies' practice strengths and areas needing improvement. Practice consultants can collaborate with agencies to provide technical assistance, resources, and practice improvement guidance based on CFSR results. Since November 2024, case reviews and exit conferences have occurred in-person, at local agencies.

To support Round 4 federal CFSR goals, the QAA CFSR team has developed training for LDSS, to promote the achievement of Strength ratings across all 18 Items. These efforts enhance the ability of regional practice consultants and strategic consultants to provide tailored support to LDSS. Agencies receive targeted training based on their CFSR outcomes and are encouraged to partner with other LDSS agencies of similar size and structure for mentoring.

Title IV-E In-Home Reviews

In October 2022, the QAA team established a Title IV-E In-Home unit comprising of a supervisor, data analyst, and five consultants. Operating under the QAA team, which oversees Title IV-E New Case Validations, Ongoing Reviews, and CFSR processes, the unit ensures compliance with federal regulations, enhances best practices, and maintains data accuracy for title IV-E funding used for Evidence-Based Practices (EBPs). Title IV-E funds made available under the Family First Prevention Services Act (FFPSA) in July 2022, support services such as mental health treatment, substance use prevention, skill-based parenting programs, and Kinship Navigator services.

Since its implementation, the unit has focused on completing all the mandatory first year and other training pertinent to the positions, developing case review tools, drafting internal policies and procedures, supporting MI and FFPSA teams, defining sampling methodologies, producing ad hoc reviews and implementing a standard review process for EBSs and MI cases. VDSS is refining the title IV-E In-Home review process to align with both title IV-E and CFSR methodologies. These reviews will uniquely integrate both qualitative and quantitative components, validating eligibility for EBPs and other state-identified requirements.

Case reviews are slated to begin May 1, 2025. Reviews will ensure that every child utilizing an EBP receives a funding determination for the use of title IV-E funds. QAA consultants confirm funding eligibility and compliance with title IV-E requirements through a quarterly review of all cases utilizing title IV-E for an EBP. Funding requirements include a current DSS Enhanced Children and Adolescent Needs and Strengths (CANS), service plan, candidate for foster care determination, and an available title IV-E program.

Some qualitative components will likely be reviewed. Examples include timeliness of court reviews and of the CANS assessment, service plans, and candidacy determination. During the review, the QAA consultants will use an instrument created specifically for title IV-E In-Home services that captures the federal title IV-E requirements as well as other requirements related to safety and well-being. The case review process will use OASIS and the COMPASS|Portal to review pertinent documents.

Statewide CQI

VDSS also supports ongoing CQI through the Office of CQI within VDSS. The Office of CQI is located within the larger Human Services Portfolio and is comprised of a director and five strategic consultants.

Integration into the Human Services Portfolio

The Office of CQI serves the entire Human Services Portfolio to integrate CQI principles into the planning and implementation of programs and initiatives that drive positive change. The Office of CQI partners with policy and program experts, the regional offices, and LDSS.

The Office of CQI recently supported efforts to increase identification and utilization of kinship families for youth in foster care. CQI guided work to support this effort through helping to identify strategies to collectively engage Local Agencies and gathered data and feedback from impacted groups and individuals to inform continued improvements in how to engage Local Agencies in this practice shift.

Integration into LDSS

The Office of CQI also partners with LDSS. This can be through assisting LDSS in integrating CQI principles into daily operations to improve outcomes or through a targeted improvement project. Strategic consultants collaborate with the regional office to guide the LDSS through a structured process focused on the identified area of need. The process typically begins with the collection and analysis of all relevant data to assess the current situation. Based on the analysis, the participants define and implement targeted improvement strategies to address the underlying causes contributing to the gap between current and desired outcomes. While strategies are being implemented, data collection and analysis is ongoing to monitor and assess the effect of targeted improvements. This will help inform any needed adjustments and ensure continuous improvement.

A recent example of this process includes Office of CQI in 2024 partnering with a LDSS that was experiencing an increased rate of screened out CPS referrals over time. Through the CQI process, a strategic consultant facilitated a structured analysis of case level data and engaged frontline staff in identifying root causes, including documentation, bottlenecks, unclear role expectations, workload distribution challenges, training deficiencies, etc. An action plan was co-created with the LDSS with strategies such as streamlining internal communication, clarifying staff responsibilities, incorporating mechanisms in the process for review of documentation and consistent utilization and measurement of that review process. The Strategic Consultant continued to monitor data and performance to help the LDSS refine their approach, demonstrating how the CQI process supports sustainable improvements and local ownership of outcomes.

Use of Data

VDSS's CQI system is designed to use all available data sources to inform improvements. The statewide CQI system uses data from reporting databases and case reviews to identify regional trends and begin developing improvement planning processes for each region with input from LDSS in each region.

During each quarter, VDSS compiles all OSRI data and creates a data summary and data slides. It shares this information with all program managers and regional practice consultants, and the data is incorporated in most program discussions, webinars, and regional meetings with LDSS. The data is placed on the intranet so that it can be accessed statewide.

The specific data tools that VDSS uses to analyze and disseminate data include Virginia Child Welfare Outcome Reports (VCWOR), SafeMeasures®, StateWide Data Indicators (SWDI), case review themes and data, and the Chapin Hall Data Center. The VDSS Office of Research and Planning maintains the VCWOR and provides reports directly from the state electronic case-management system, OASIS. Safe Measures®, from Evident Change, provides data visualization and analysis across a large set of metrics that include length of stay in foster care, time to adoption, completion of monthly worker visits, and many others. The Chapin Hall Data Center obtains longitudinal case histories of children and families in contact with the child welfare system as well as comparison data from other states. The CQI team shares these data measures with LDSS on request and identifies specific analytic reports to share with small to mid-size agencies that lack staff resources to perform research or analysis. VDSS meets with SafeMeasures monthly to assess functioning of reports and identify changes or new reports in response to interventions VDSS has implemented. These reports are used to measure the effectiveness of the intervention as well as provide LDSS tools to monitor their own progress.

The VDSS Data Team produces a quarterly report with a core set of data points from each program area and posts it on the intranet site. The report includes statewide, regional, and LDSS program data (an example of this report is included in **Appendix C-14**). DFS holds monthly Data and Outcomes meetings

to highlight critical data points from the quarterly report and CFSR reviews and facilitates discussion on trends, strengths, and opportunities with the goal of continuous quality improvement. These meetings involve both home office staff and regional consultants. CFSR-focused Data and Outcome meetings provide an overview of regional and statewide CFSR outcomes for the most recent quarter and measurement period. Discussion focuses around areas in which Virginia has performed well, areas in which Virginia has trended downward or continues to struggle, and root cause analysis of Areas Needing Improvement. DFS aims to streamline data sources to include guidance on how to use and accurately represent data. This involves cataloguing all existing data points and determining their appropriateness in different settings. DFS aims to provide this catalogue as a way to guide staff in data driven decision-making and implementation of CQI principles over the next five years (**CFSP 2025-2029 Operations Strategy 3**).

VDSS has been working on increasing the use of live data in dashboard format to provide greater accessibility to critical data points. Previous data reporting focused on static, point–in-time data. VDSS has developed a Kin First Now (KFN) Dashboard using PowerBI that serves as a single source of truth for information on strategic priorities. The Kin First Now Dashboard is a tool, containing live data, that is used to inform and support kinship work in Virginia. The KFN Dashboard includes a variety of metrics across all Family Service program areas (Protection, Prevention, and Permanency) including the percentage of kinship placements, the number of children first placed with kinship caregivers, discharge outcomes, and more. Data can be viewed at the state, region, LDSS, and individual record level. Virginia is utilizing this dashboard at the state and local level to identify trends and areas for improvement. The dashboard allows users to view live data in real time and includes filtering capabilities to drill down into specific interest areas. Users are able to use the dashboard to track changes in strategic priorities over time, equipping them to use data for continuous quality improvement (**CFSP 2025-2029 Operations Strategy 3**).

Development of the KFN Dashboard has allowed VDSS to track changes in real time. The report, Impact of First Placements, shows the number of placement moves by the first placement type each child had when entering care. In the month of May 2025, 61% of youth first placed in a Kinship placement experienced no placement moves and remained in their original placement. In contrast, only 25% of youth first placed in Congregate Care and 38% placed in in Foster Home (Non-Relative) experienced no placement moves and remained in their original placement. Impact of First Placement also shows that youth first placed in Kinship placements spend less time in care. In the month of May 2025, youth first placed in Kinship Placements spent an average of 12 months in care, compared to 19 for youth first placed in Congregate Care and 22 for youth first placed in a Foster Home (Non-Relative). Specific screenshots from the KFN dashboard are provided in **Appendix C-15.** The KFN Dashboard has also allowed real-time tracking of placements with an emphasis on increasing Kinship placements for children in care. Nineteen local agencies participated in the KFN 1.0 engagement starting in October of 2023. The Kinship rate has increased from 11.7% in July – December of 2022 to 19.5% in July – December 2024. In 2022, KFN 1.0 agencies were below the state Kinship placement rate, however, as of December 2024 these agencies were above the state rate (provided in **Appendix C-16)**.

In addition to the dashboard, the Data Team has created guides to help users ask critical questions and utilize the dashboard to answer them. On a micro-level, agencies are able to drill down into the data to view individual case records. On a macro-level, the state is utilizing the dashboard to identify trends and replicate success. Data highlighted in the state's CQI meetings are also posted to the intranet site for easy LDSS access.

As mentioned in the **Current Initiatives Section**, VDSS formed the Data Governance Council as part of CCWIS development. Its purpose is to coordinate data cleanup, develop data controls, and ensure effective communication around data related to CCWIS. VDSS's ongoing CQI processes supports coordination of the CCWIS data quality plan. For example, in 2023-2024, the IT portfolio, the Data

Team, and programs collaborated to target known data quality issues with demographic data for resource families, resulting in a marked improvement (more information provided in **Item 35**). The IT portfolio and Data Team have also developed a regular cadence for cleaning up AFCARS data, ensuring a quarterly review of critical data points and addressing any missing values or inaccuracies. This process has resulted in an upwards trend on Virginia's compliance level, with the compliance level increasing during each round of clean up.

VDSS also uses CWAC (Child Welfare Advisory Committee) to help support implementation monitoring and program improvement. VDSS reviews data with CWAC and identifies areas needed targeted feedback to support continued program improvement. VDSS has used CWAC to help identify areas of opportunity within existing implementation strategies and modify them to support better program improvement.

VDSS QAA/Case Review System				
Review Type	**Reviewers**	**Review Description**	**Frequency and Target Population**	**Total Cases**

Quarterly QA Reviews	QAA Team	Targeted observations to facilitate compliance with title IV-E federal, state, and CFSR Federal requirements, Virginia Child and Family Services Review (VCFSR) State requirements, and Subrecipient Monitoring State Requirements (Sr-M)	Each Title IV-E New Case Validation is conducted every 90 days (quarterly) and includes 100% of children entering foster care. Title IV-E ongoing reviews are performed annually, with the number of cases selected randomly, ranging from 25% to 100%, based on the prior fiscal year's error rate. Additionally, each Sr-M review is conducted annually based on risk assessment.
			
			Note: Sr-M cases are not included in the total number of cases reviewed.
			
			Over the past three years, the QAA team has completed a total of 11,933 case reviews. Due to the Federal Review Cycle, the breakdown of reviewed cases is as follows:
			• **2022:** A percentage of ongoing cases were reviewed
			• **2023:**
			  ○ January–June: A percentage of ongoing cases were reviewed
			  ○ July–December: 100% of ongoing cases were reviewed
			• **2024:** 100% of ongoing cases were reviewed
				2022: New: 2,287 Ongoing: 1,073
				
				2023: New: 2,469 Ongoing: 1,591
				
				2024: New: 2,608 Ongoing: 1,905
				
				Total New: 7,364
				
				Total Ongoing: 4,569
				TOTAL: 11,933

Review Type	Reviewers	Review Description	Frequency and Target Population	Total Cases
Child and Family Service Reviews (CFSR)	QAA Team	Conformity with federal child welfare requirements; determine what is happening to children and families as they are engaged in child welfare services; and assist VDSS to enhance their capacity to help children and families achieve positive outcomes.	Quarterly *(between 24-35 cases selected at random. Sampling criteria has been updated continually between the Round 3 PIP and current preparation for Round 4 CFSR review)*	**2022:** 132 **2023:** 96 **2024:** 104 **TOTAL:** 332
Subrecipient Monitoring (SrM)	Specific Program Staff Assigned	Monitors the appropriate allocation of federal funding, in compliance with the program parameters and state and federal supervisory guidelines.	One time annually *(as determined by risk assessment)*	Varies – ~500 reviews a year[8]

Staff and Provider Training (Items 26-28)

Item 26: Initial Training

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

Virginia received an overall rating of ANI for Item 26 in the last CFSR. VDSS has made significant improvements in training since this 2017 rating but still assesses this item as an ANI. VDSS plans to implement improvements to this area through **CFSP 2025-2029 Operations Strategy 2** and the redesign of the training system to move this item's assessment to a Strength.

Virginia Administrative Code requires VDSS to establish minimum training requirements and provide educational programs for family services specialists and supervisors providing child protective services, In-Home services, foster care, and adoption services employed by LDSS. Subsection 1.5 of Chapter C, Child Protective Services, subsection 1.20 of Chapter B, Prevention, and Subsection 17.3 of Chapter E, Foster Care, of the Child and Family Services Manual outlines training requirements. These sections cover required initial training for workers, completion of the Family Services Core Supervisor Training for supervisors, and the required 24 hours of continuing education/training each year. LDSS supervisors must ensure that the workers who report to them complete the required training within the given time frames.

VDSS does not contract out the case management of DSS child welfare cases. All DSS child welfare cases are assigned a LDSS caseworker who have the case management responsibilities of the case. Some cases receive supplemental case management services through Licensed Child Placing Agencies (LCPA) therapeutic foster homes, but those case management services do not supplant LDSS case management.

[8] Subrecipient monitoring procedures are dependent upon specific program requirements and are outlined fully in VDSS' DFS Subrecipient Monitoring Plan. Some programs review every subrecipient every year, whereas some only review a percentage on a three-year cycle, and some programs only complete desk reviews resulting in a varying number of reviews completed annually. An example includes the subrecipient monitoring plan for the Child Welfare Stipend Program (CWSP), which is a partnership with multiple universities to provide Bachelor of Social Work (BSW) and Master of Social Work (MSW) students with financial support, specialized training, and field experience, in return for a legally binding commitment to public child welfare employment in foster care, adoption, and/or prevention within an LDSS. The subrecipient monitoring plan requires that one on-site or desk review is conducted annually. On-site monitoring reviews are conducted using the monitoring review instrument. The year-end final report and supporting documents from the previously completed year that encompasses a compilation of quarterly reports are reviewed; including fiscal documentation and supporting documents. Information reviewed includes and is not limited to programmatic aspects such as goals, deliverables as described in the MOAs, other university reports, etc., as appropriate. All on-site reviews will be completed based on the risk assessments completed. Higher-risk universities will be reviewed first.

Provision of Training:

Calendar Year	Instructor Led (virtual and in-person) Events	Instructor Led (virtual and in-person) Participants	Online Course Completions
2024	460	8,813	24,842
2023	416	8,183	15,851
2022	493	8,700	26,685

New Hires and Completion Rates for Pre-Service Training

LTD utilizes a statewide LMS, the Virginia Learning Center (VLC), to assign, deliver, track, and report all training. The VLC is managed by the Virginia Department of Human Resource Management and administered by VDSS. LTD has utilized the Required Training Console (RTC) in the VLC for all new workers since 2018. The Registrar team has worked to validate job titles against caseloads to have accuracy in setting training requirements. The RTC pre-sets all training requirements and timeframes, sends email reminders to learners and supervisors, and tracks all completions for training transcripts. Additionally, LTD pulls weekly data reports on number assigned, status of completions, assignment due dates, and assignments overdue for new workers. LTD has focused attention on the VLC functions for improved data collection and ongoing monitoring through the registrar system to improve customer services in VLC, improve marketing of classes, maintain a three-month schedule of training classes, establish a monthly training dashboard called Training Matters for leadership, and develop weekly enrollment reports to monitor classes.

The required training console of the Virginia Learning Center allows you to pull reports with the following status:

- Completed
- Enrolled
- Overdue
- Incomplete
- Withdrawn

This report allows the Systems Data and Support Team the ability to follow up with learners and supervisors as a normal housekeeping measure to ensure we offer help to those that have required training

due dates within the next week. This has created an enormous collaborative effort between Family Services Supervisors, Family Services Learners, and the Local Training and Development Division to support compliance.

Since the implementation of the RTC on the VLC, all new child welfare workers are automatically informed of their training requirements and training is tracked within set time periods for completion. Supervisors are sent automated emails with training requirements for their staff. The use of the VLC RTC has greatly improved the completion of required training for new FSS' and supervisors within the designated time frame.



A weekly LTD Training Dashboard is created from the VLC data and distributed to the VDSS regional office directors, VDSS leadership, and LDSS directors in partnership with the Division of Local Engagement and Services. This data includes a running completion count of all classes broken down by regions for the fiscal year, absentees from training, no show rates identified by agency and learner, weekly count of class sessions offered, outstanding training requirements by learner and agency, and a summary of trainer evaluation survey results. Additionally, the regional consultants request training reports for LDSS they are working with. Adding additional support staff to provide VLC registrar duties has increased LTD's capacity to provide these necessary training reports for valuable data monitoring to assist in training delivery and planning processes.

Online enrollment status and class schedules are posted on the LTD intranet page and updated weekly for all training classes, including availability for quick enrollments in the VLC. All training course materials are also posted on the LTD intranet website for learners to download or for supervisors to have access to training course content. The supervisor Transfer of Learning (TOL) forms are also provided on the LTD intranet page for easy access.

Below is turnover and retention data for CY24, CY23, and CY22 comparison data.

	CY2024 Average Filled Positions	CY2024 Separations	CY2024 Turnover Rate	CY2024 Retention Rate	CY2023 Turnover Rate	CY2023 Retention Rate	CY2022 Turnover Rate	CY2022 Retention Rate
Family Services Manager	73	10	14%	86%	7%	92%	-	-
Family Services Specialist I	372	140	38%	59%	44%	64%	37%	75%
Family Services Specialist II	985	193	20%	81%	29%	60%	23%	79%
Family Services Specialist III	807	154	19%	81%	22%	66%	16%	84%
Family Services Specialist IV	274	36	13%	86%	21%	78%	13%	85%
Family Services Supervisor	498	47	9%	90%	13%	87%	9%	90%

LDSS hires all child welfare workers to perform program specific job roles. Some small LDSS hire child welfare workers to perform jobs in multiple programs. Below are the initial training requirements for child protective services workers, In-Home services workers, and foster care and adoption workers.

Completion rates for these courses are available in **Appendix C-17.**

<u>Pre-Service Training Requirements for Child Protection Services:</u>

First Three Weeks

- CWSE1002: Exploring Child Welfare
- CWSE1500: Navigating the Child Welfare Automated System: OASIS for CPS
- CWSE5692: Recognizing and Reporting Child Abuse and Neglect

First Three Months

- CWS2000.1W: CPS New Worker Policy Guidance With OASIS
- CWSE1510: Structured Decision Making (SDM) in Virginia
- CWSE5011: Case Documentation
- FSWEB1044 Practice Foundations Guidance and Engagement (NEW)

First Twelve Months

- CWS1021W: The Effects of Abuse & Neglect on Child & Adolescent Development
- CWS1041W: Legal Principles in Child Welfare Practice
- CWS1061W: Family Centered Assessment
- CWS1071W: Family Centered Case Planning
- CWS1305W: The Helping Interview
- CWS2011W: Intake, Assessment, & Investigation in CPS
- CWS2021W: Sexual Abuse
- CWS2031W: Sexual Abuse Investigation
- CWSE4000: Identifying Sex Trafficking in Child Welfare

- CWS4020: Engaging Families and Building Trust-Based Relationships
- CWS4015: Trauma-Informed Child Welfare Practice: Identification and Intervention
- CWS4080W Kinship Care in Virginia (NEW)
- CWS5011W: Case Documentation
- CWS5307W: Assessing Safety, Risk & Protective Capacity
- CWSE6010: Working with Families of Substance Exposed Infants

First Twenty-Four Months

- CWS1031W: Separation and Loss Issues in Human Services Practice
- CWS2141W: Out of Family Investigations (if conducting Out of Family Investigations)
- CWSE4015: Introduction to Trauma-Informed Child Welfare Practice
- CWS4015: Trauma-Informed Child Welfare Practice: Identification and Intervention
- CWS5305W: Advanced Interviewing: Motivating Families for Change
- DVS1001W: Understanding Domestic Violence
- DVS1031W: Domestic Violence and its Impact on Children
- CWS2020W: CPS On Call for Non-CPS Workers

Pre-Service Training Requirements for In-Home Services:

First Three Weeks

- CWSE1002: Exploring Child Welfare
- CWSE5692: Recognizing and Reporting Child Abuse and Neglect
- CWSE1510: Structured Decision Making (SDM) in Virginia
- Children's Services Act (CSA) for New LDSS Employees (Five (5) modules numbered CSA011 – CSA015)

First Six Months

- CWS1305W: The Helping Interview
- CWS5305W: Advanced Interviewing: Motivating Families for Change
- CWSE4015: Trauma Informed Child Welfare Practice
- CWS4015: Trauma Informed Child Welfare Practice
- DVS1001W: Understanding Domestic Violence
- DVS1031W: Domestic Violence and its Impact on Children

First Twelve Months

- CWS1021W: The Effects of Abuse & Neglect on Child & Adolescent Development
- CWS3071W: Concurrent Permanency Planning
- CWSE6010: Working with Families of Substance Exposed Infants

First Twenty-Four Months

- CWSW4050: Psychotropic Medications in the Child Welfare System
- CWSE5000: Preventing Premature Case Closure in In-Home Services
- CWSE5010: Advocating for Child and Adolescent Mental Health Services
- CWSE2020: On-Call for Non-CPS Workers

Pre-Service Training Requirements for Permanency:

First Three Weeks:

- CWSE1002: Exploring Child Welfare
- CWSE1500: Navigating the Child Welfare Automated System: OASIS for Foster Care
- CWSE5692: Recognizing and Reporting Child Abuse and Neglect Mandatory Reporter Training

First Three Months

- CWS3000: Foster Care New Worker Policy Training with OASIS
- CWS3010: Adoption New Worker Policy Training with OASIS
- CWS5011: Case Documentation

First Six Months

- CWSE3030: Normalcy for Youth in Foster Care
- CWSE4050: Psychotropic Medications and the Child Welfare System
- CWS3015W: Adoption Assistance (required for adoption service workers)

First Twelve Months

- CWS1021W: The Effects of Abuse & Neglect on Child & Adolescent Development
- CWS1031W: Separation and Loss Issues in Human Services Practice
- CWS1041W: Legal Principles in Child Welfare Practice
- CWS1061W: Family Centered Assessment
- CWS1071W: Family Centered Case Planning
- CWS1305W: The Helping Interview
- CWS3041W: Working with Children in Placement
- CWS3081W: Promoting Family Reunification
- CWS4015: Trauma-Informed Child Welfare Practice: Identification and Intervention
- CWS4020: Engaging Families and Building Trust-Based Relationships
- CWS5307W: Assessing Safety Risk and Protective Capacity

First Twenty-Four Months

- CWS5305W: Advanced Interviewing: Motivating Families for Change
- DVS1001W: Understanding Domestic Violence
- DVS1031W: Domestic Violence and its Impact on Children
- CWS2020W: CPS On Call for Non-CPS Workers
- CWS3021W: Promoting Birth and Foster Parent Partnerships
- CWS3061W: Permanency Planning for Teens-Creating Lifelong Connections
- CWS3071W: Concurrent Permanency Planning

In addition to all program area training requirements for new workers, all supervisors hired after March 1, 2013, are required to attend the Family Services Core Supervisor Training Series. These courses must be completed in the first two years of employment as a supervisor.

- SUP5701: Principles of Leadership
- SUP5702: Management of Communication, Conflict & Change
- SUP5703: Enhancing Staff Performance & Growing a Team
- SUP5704: Critical Issues in Family Services Supervision
- SUP5705: Trauma-Informed Leadership and Developing Organizational Resilience Culture

In statewide surveys administered annually from 2023-2025, LDSS child welfare staff were asked whether they completed their training requirements within the required time frames along with other training related questions. Full responses by year are included in **Appendix C-18.** Workers answered the following regarding completing training timely:

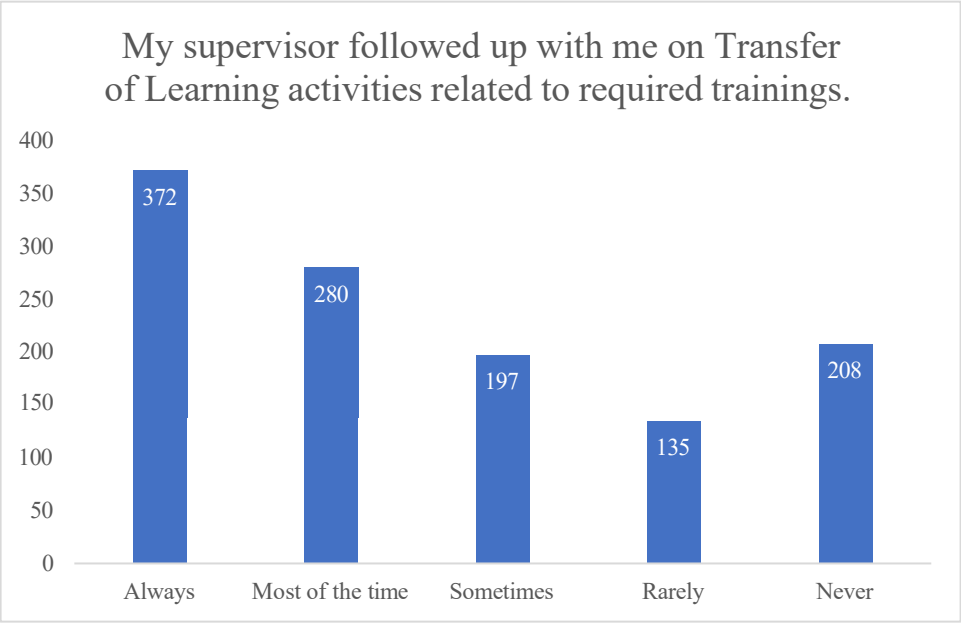
Training Requirements Completed Timely (2023-2025 survey responses)

Training Requirement	Yes	No	NA	Total
Within 3 weeks	983 (78%)	131 (10%)	147 (12%)	1261
Within 3 months	982 (88%)	139 (12%)	-	1121
Within 6 months	915 (85 %)	163 (15%)	-	1078
Within 12 months	807 (79%)	210 (21%)	-	1017
Within 24 months	720 (77%)	215 (23%)	-	935

Staff were also asked to provide barriers to completion of training timely. The majority of the examples provided cited competing priorities (managing caseload, emergencies, etc.) and training availability.

Virginia currently does not require mandated training be completed before case assignment. LDSS child welfare staff were asked when they were first assigned sole responsibility for cases. Out of the 1,184 responses, 180 (15%) were assigned sole responsibility within the first week, 352 (30%) within the first month, 444 (38%) within the first three months, and 208 (16%) after three months. Of LDSS staff who have completed the required training (n=1,133), 593 (52%) believe they have gained the skills and knowledge needed to perform job functions, 473 (42%) believe they have somewhat gained the skills and knowledge needed, and 67 (6%) believe they have not gained the skills and knowledge needed.

When asked if supervisors encourage attendance at required training, 1,071 out of the 1,203 respondents (89%) agreed or strongly agreed. A wide range of responses followed a question about whether supervisors followed up about Transfer of Learning (TOL) activities.



N=1,192

VDSS requested feedback from SPEAKOUT regarding LDSS worker training (**Appendix A-4**). They identified some strengths of training is an understanding youth's identity and training on some mental

health (e.g. anxiety, depression). Some of the areas needing improvement including more training on caring for youth on the autism spectrum and preventing mislabeling behaviors as defiant and understanding age/developmentally appropriate ways to communicate with youth. VDSS also talked with youth at the Project Life Conference (**Appendix A-5)** who shared some strengths for LDSS training included length of time spent in training, trained well to provide info, realistic discussions with youth, and taking time to get to know youth. Some of the areas needing improvement included not feeling heard when speaking up, LGBTQ+ training, consistency in contact, and supporting youth in their homes. The Parent Advisory Council (**Appendix A-6)** also indicated that more training is needed on domestic violence and impacts in the home (hands-on/shadowing), communicating with children age-appropriately, children's development/response to trauma and abuse, children's mental health, working with single parents (stereotypes/stigmas), communication with parents, accuracy of case documentation, and service provision/referral. They also emphasized the importance of parent advocates (parent support partner).

CWAC members also explored LDSS training in a breakout room discussion (**Appendix C-20)**. Members identified that elements that led to successful timely completion of new worker training included frequent training, agency prioritizing the training, transfer of learning activities, and improving the accessibility of the worker. CWAC members shared how their LDSS handled case assignment for new workers (most after the new worker training course is completed) but did identify that this can vary especially if an agency has all their positions in one program vacant. When asked to identify gaps in caseworker training, CWAC members shared a variety of concerns including transfer of learning not occurring, lack of effective recruitment, supervisors carrying cases and not providing supervision, challenges with complex issues, communication skills, and lack of simulation in training. In response to issues around communication skills, CWAC members identified some ideas for addressing these concerns include real-life practice or simulation, teaching basic communication skills, critical and independent thinking skills, requesting the assistance of lived experts in the simulation, genuine engagement, customer service components, and training on parents' rights.

Information on how LTD uses feedback from LDSS workers and stakeholder groups in assessing and updating their courses in included in the course evaluation section below. In addition, programs use their Policy Advisory Committees to gather feedback from LDSS workers on what courses to add to mandated new worker training and where on the timeline to add them. LTD has a strong partnership with the VLSSE, which provides ongoing feedback on training.

Course Evaluation

The Kirkpatrick Model

The DFS conducted a statewide survey on staff training to determine whether and to what extent the intended target population, FSS', are receiving required trainings within designated timeframes and how effective receipt of the mandatory trainings are, as defined by the Kirkpatrick evaluation model below.

The Kirkpatrick evaluation model has four levels:

- Reaction (positive or negative): end of the training session required evaluation survey.
- Learning (acquisition of knowledge, skills, attitude, and confidence from training): measured through post-tests currently being developed for each course.
- Behavior (application of knowledge and skills learned): measured through collaboration with supervisor's TOL process.
- Results/Outcomes (degree to which targeted outcomes occur because of training): collaboration with DFS CQI process to measure results of behavior/practice changes in casework for key measures.

To properly evaluate the effect of a training event according to the Kirkpatrick model, job functions must be properly defined per agency to determine which training mandate is most applicable. Once job

function profiles are completed, data systems that contain the necessary information to apply a training mandate must be integrated. This essential information includes job function, date of hire, and completion of mandated training. This information is compiled to create one helpful tool, which reflects achievement of training mandates, by agency, and initiates CQI efforts. This process has led to multiple recommendations, including system interventions that must be undertaken to create the data necessary to properly measure the effect of a training event on a trainee, according to the Kirkpatrick model. Other recommendations include individualizing surveys per course, including pre-test and post-test components to properly measure learning, and to use achievement of a training event as a proxy for achievement of a necessary competency, so that stage four results or outcomes can be measured as a part of the CQI process. Additionally, plans are being made to conduct a statewide bi-annual Training Needs Assessment in conjunction with the VDSS Division of Research and Planning.

Qualtrics Evaluation Survey

The LTD post training evaluation survey has been converted into the Qualtrics platform and analysis was conducted on both old and revised survey questions during this reporting period. Qualtrics is a web-based software that allows the user to create surveys and generate reports without having any previous programming knowledge. Qualtrics enables users to do surveys, feedback, and polls using a variety of distribution means. Results can be viewed in reports and can be easily downloaded. The LTD implemented surveys through Qualtrics due to the inadequacies of analytics in the current Learning Management System (COVLC). Every learner is sent a link from Qualtrics, and it combines the data into a singular spreadsheet through Microsoft Excel and provides graphics with analytics. The following data metrics were compiled using the new Qualtrics software and provides specific training evaluation trends for CY2023.

Learner Evaluation Survey Summary

LTD conducted an annual end of the class evaluation survey analysis where learners reported a significant training satisfaction and impact on all instructor-led surveys. Macro-level descriptive statistics by course have helped inform the project to this point. Below are summaries of important findings from 2022-2024 evaluations. Additional course evaluation data points are included in **Appendix C-19.**

2024 Important Findings

Class Evaluation Survey Results	**Analysis**
How would you rate the delivery skills of this trainer?	66% respondents found our trainers extremely effective
Please rate your knowledge of the course after the training	After the training, 2,549 learners reported they felt like they were extremely knowledgeable. That is a 58% increase.
The course content will improve my ability to perform my responsibilities.	77% strongly agreed
I was not disrupted by other responsibilities	66% strongly agreed

Response Rate: 84%

2023 Important Findings

Class Evaluation Survey Results	Rating (5-point scale)
Before the training: Understanding of the topic **After the training: Understanding of the topic**	3.31 4.17 (+.86 change)
Course materials, resources, and handouts in the course helpful to work or learning	4.56
Trainer delivery skills rating	4.48

Response Rate: 86% (Overall) and 57% (Supervisor Training)

2022 Findings

- Overall survey **response rate of 87%** from 1/1/22 to 12/31/22.
- "Before this training, my understanding of the topic was:" averaged 3.28 on a 5-point scale, while 'After this training, my understanding of the topic was:" averaged 4.17, justifying training impact. **(Survey 1)**
- "Before this training, my understanding of the topic was:" averaged 3.41 on a 5-point scale, while 'After this training, my understanding of the topic was:" averaged 4.18, justifying training impact. **(Survey 2)**
- Participants with less reported knowledge before the course also showed the greatest gain in reported understanding after the course,
- All learners reported improvement of understanding of the topic.
- Highest attendance for DVS1001W: Understanding Domestic Violence with 531 learners for Calendar Year 2022.
- Second highest attendance was for CWS5011W – Case Documentation with 434 learners for Calendar Year 2022.
- "The course content will improve my practice and ability to perform my responsibilities" was the highest graded comment on **Survey 1.**

Item 27: Ongoing Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties about the services included in the CFSP?

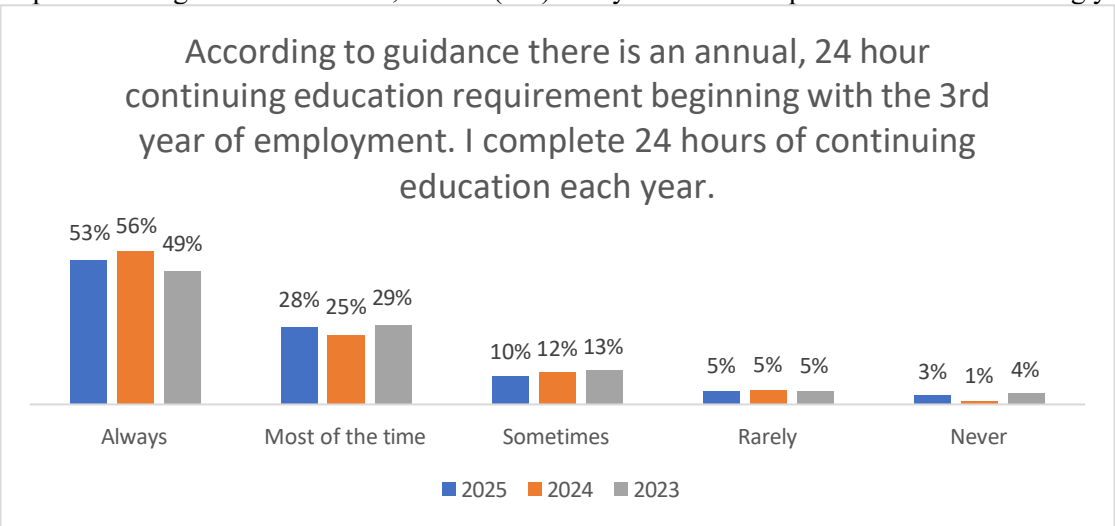
Virginia received an overall rating of ANI for Item 27 in the last CFSR. VDSS has made significant improvements in training since this 2017 rating but still assesses this item as an ANI. VDSS plans to implement improvements to this area through **Operations Strategy 2** and by redesigning the training system to move this item's assessment to a Strength.

As mentioned, FSS have a 24-hour annual training requirement after completing initial training. Family Services Training provides subject matter expert (SME) trainings for experienced workers based on assessed LDSS staff needs. Continuing education activities may include organized learning activities from accredited university or college academic courses, continuing education programs, workshops, webinars and conferences. Documenting continuing education activities is the LDSS's responsibility.

In addition to SME trainings, VDSS regularly sends out notification throughout the year of national child welfare and state training opportunities that are free or inexpensive and that fulfill continuing education requirements. These include free on-line webinars and courses relevant to best practices and statewide classroom training classes offered through Department of Criminal Justice (DCJS), DJJ, Mental Health, and others. LDSS can submit training plans to VDSS to provide child welfare training and receive title IV-E reimbursement.

LDSS training plan approval is contingent on the plan's compliance with federal guidelines regarding allowable expenses. These plans must describe the type of training to be provided (i.e., new worker or on-going training for staff or resource parents) as well as the topic area to be covered and the over-all training plan. These training courses are listed in the training plan available with the CFSP and APSRs (**CFSP 2025-2029 Appendix E-2: IV-E Pass Through Training**). The courses that are geared towards LDSS workers can fulfill hours of the annual training requirement.

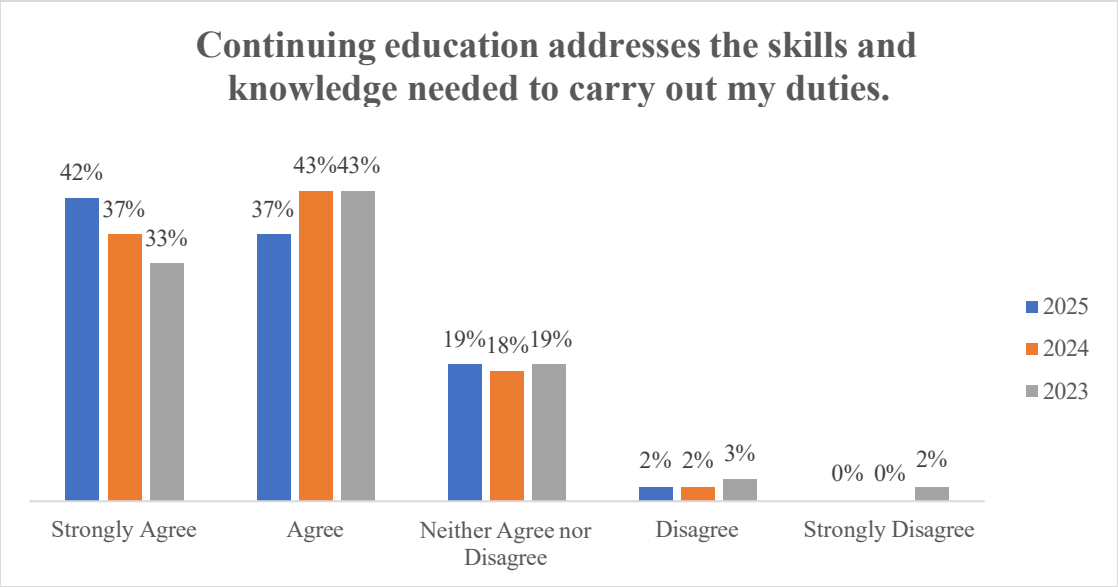
When FSS workers were asked whether they complete 24 hours of continuing education yearly, 661 out of 819 respondents (81%) indicated that they always or most of the time complete the training, 92 (11%) complete training some of the time, and 66 (8%) rarely or never complete 24 hours of training yearly.



	2025	2024	2023	Total
Always	240 (53%)	95 (56%)	97 (49%)	432 (53%)
Most of the time	128 (28%)	43 (25%)	58 (29%)	229 (28%)
Sometimes	47 (10%)	20 (12%)	25 (13%)	92 (11%)
Rarely	22 (5%)	9 (5%)	10 (5%)	41 (5%)
Never	15 (3%)	2 (1%)	8 (4%)	25 (3%)
Total	452	169	198	819

When asked if supervisors encourage the completion of annual training, 953 out of 1,195 (80%) respondents said they agree or strongly agree. Sixteen percent neither agreed nor disagreed and 4% disagreed or strongly disagreed.

FSS workers were asked if continuing education addresses the skills and knowledge needed to carry out duties. On average 78% (935 out of 1192 responses) of the respondents indicated they agree or strongly agreed.



	2025	2024	2023	Total
Always	276 (42%)	93 (37%)	95 (33%)	464 (39%)
Most of the time	239 (37%)	107 (43%)	125 (43%)	471 (40%)
Sometimes	121 (19%)	46 (18%)	54 (19%)	221 (19%)
Rarely	13 (2%)	4 (2%)	9 (3%)	26 (2%)
Never	3 (0%)	1 (0%)	6 (2%)	10 (1%)
Total	652	251	289	1192

VDSS asked CWAC for feedback on the functioning of ongoing training **(Appendix C-20)**. CWAC members reported that they track the training completion annually, usually around the time of staff performance evaluations. They identified that staff use conference training, trainings from private providers, internal professional development training, state offerings, and others to fulfill the ongoing training requirement. CWAC members also identified some areas for growth for ongoing training including providing human services related training if the worker has a non-human services degree.

Item 28: Foster and Adoptive-Parent Training

How well is the staff and provider training system functioning to ensure that training occurs statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge needed to carry out their duties with regard to foster and adopted children?

Virginia received an overall rating of Strength for Item 28 in the last CFSR. VDSS continues to assess this item as a Strength based on data reported from the Consortium for Resource, Adoptive, and Foster Family Training (CRAFFT) and survey data.

The Foster and Adoptive Parent Home Approval Standards (22VAC40-211) require both pre-service and in-service training, the purpose of which is enhance the knowledge, skills, and abilities of current and prospective foster and adoptive families so they can meet the needs of children receiving services funded by title IV-E and/or the state. The LDSS must ensure that pre-service training is provided for resource

parents, using a VDSS-approved curriculum, and completion of the training must be documented in the resource parent's file. Resource families must complete pre-service and annual in-service training as a condition of approval and re-approval. Each resource parent must satisfy the pre-service training requirements.

Section 210 of the LCPA regulation (22VAC40-131) requires the licensee to ensure that pre-service training is provided for resource, foster, treatment foster, and adoptive family home providers. The core competencies outlined in the regulation are the same as those found in the LDSS Foster and Adoption Parent regulation (22VAC40-211). At its discretion, the LCPA can decide whether to use Parent Resource for Information, Development and Education PRIDE or another training program to cover those competencies. As a condition of initial approval and re-approval, each home provider must complete all required training. Training is relevant to the needs of children and families, and the provider offers it throughout the year.

Preservice training must address (but not be limited to) the following core competencies: protecting and nurturing children; meeting children's developmental needs and addressing their delays; supporting relationships with birth families; connecting children to safe, nurturing relationships intended to last a lifetime (permanency); and working as a member of a professional team. The Department supports the use of PRIDE, New Generation (NG) PRIDE, and A Tradition of Caring (TOC) as the preferred curriculums, as they include the specific core competencies. PRIDE is available to LDSS who wish to use this as their training curriculum. LDSS that do not use PRIDE can purchase or develop an alternative curriculum and submit a copy to VDSS for approval.

Both the PRIDE pre-service training and the TOC training are comprised of a nine-week training series that provides 27 hours of training. The PRIDE pre-service curriculum is designed for all prospective resource families (non-kinship and kinship) and the TOC curriculum is exclusively for kinship families. NG PRIDE is a hybrid curriculum that is designed for all prospective resource families. It consists of five in-person sessions and four on-line sessions called clusters. Training is delivered to all families through the LDSS or Community Resource Adoptive & Foster Family Training (CRAFFT-defined below), Virginia dually approves resource parents for both foster care and adoption, as the curriculum used for training covers both topics. No additional training is needed when families move toward adoption Pre-service training is offered as needed by the LDSS, and ongoing throughout the year through CRAFFT. CRAFFT trainings are virtual, and therefore open to anyone in the state in need of training.

CRAFFT is provided through contracts maintains with Virginia Commonwealth University, Radford University, and Norfolk State University to provide regional training coordinators for pre-service and in-service training to facilitate LDSS approval of kinship and foster families across Virginia. The contracts and related staff form CRAFFT which delivers state-wide pre-service and in-service training in each region, based on the completion of an annual needs assessment completed with each LDSS. For larger agencies, CRAFFT collaborates with LDSS training staff to prepare the LDSS staff to deliver both PRIDE and/or *A Tradition of Caring* training. CRAFFT staff serve as PRIDE co-trainers with a local foster parent trainer when the LDSS has no professional trainer available. CRAFFT coordinators also develop regional training plans and provide ongoing regional roundtables for LDSS staff and stakeholders that address training and resources for foster and adoptive parents.

The LDSS should engage with the resource parent on the challenges of fostering and connect them to training which will support their development and help them to better meet the needs of children placed with them. The LDSS must provide opportunities for training on an annual basis, to include offerings of in-service training through CRAFFT and collaborating with neighboring LDSS to conduct trainings for additional ongoing learning opportunities once families are fully approved.

Resource families should be surveyed no less than annually to determine training needs. If a child's foster care goal changes to adoption, the resource parent is required to receive adoption training within six

months of the goal change and finalization. CRAFFT offers a variety of virtual in service training to address this additional requirement for both relative and non relative resource parents who are adopting. Training is offered through CRAFFT on at least a quarterly basis, and resource parents can also fulfill their training through Foster Parent College courses focused specifically on adoption, which are available for all LDSS resource parents to access. Due to the readily available options, LDSS have not reported delays in adoption finalizations due to training requirements.

For ongoing in-service training, guidance recommends that ten hours of in-service training annually (per parent) should be considered the minimum acceptable amount, with no more than half of these hours obtained using self-paced training methodologies (e.g., online courses, self-study books, etc.). Resource families are also referred to targeted modules in Foster Parent College or National Training and Development Curriculum (NTDC) modules provided by CRAFFT for in-service training hours. VDSS conducts resource family surveys annually for families to report on the completion of their in-service training hours.

LCPA and LDSS are responsible for tracking and monitoring all pre-service and in-service training hours within the 36-month approval period for all approved families. LDSS must document the completion of their pre-service training on the "Initial Provider Checklist" (in **Appendix C-21**) in order to approve a resource family. LDSS upload the completed checklist into COMPASS for electronic review. This checklist is reviewed when QAA conducts audits of case files. All families must have completed training prior to approval and prior to a child entering their home. Any family that has not completed pre-service training cannot have a Certificate of Approval issued. During an audit, if a home is found to not have completed their pre-service training, that family is considered unapproved and ineligible to receive placement of a child until the training has been completed.

With the release of resource family guidance in January 2025, post- placement reviews require LDSS and resource parents to reflect on each placement and to identify areas in need of development. LDSS are then able to refer the resource parents to targeted modules in Foster Parent College or to National Training and Development Curriculum (NTDC) modules provided by CRAFFT in order to support their ongoing development and capacity to maintain placements.

VDSS conducts resource family surveys annually for LCPA and LDSS families to report on: 1) training effectiveness in preparing them with the knowledge and skills needed to care for children and 2) completion of their in-service training hours.

The 2023 survey revealed that 43% (239 of 558 responses) of families "strongly agreed" that the pre-service training addressed the skills and knowledge needed to prepare for the first child they fostered in their home. This survey asked families to rate skills and knowledge together.

For the 2024 survey, 46% (205 of 441 responses) indicated 'strongly agreed' when rating if pre-service training addressed the knowledge needed to care for a child(ren). 42% (186 of 442 responses) indicated "strongly agreed' when rating if pre-service training addressed the skills needed.

The 2025 survey highlighted that 78% (270 of 346 responses) agreed that pre-service training addressed the knowledge they needed to care for a child(ren) and 69% (240 of 346 responses) agreed that pre-service training addressed the skills. This shows a significant increase over the last three years in the number of families that feel prepared to provide care for children.

There has been an increase of families feeling that in-service training was helpful for supporting children in their care. Results from 2023, 2024, and 2025 surveys combined showed that 71% (652 of 920 responses) used the Foster Parent College online system for in-service training.

	2023	2024	2025
Completed in-service training hours	84% (462 of 552 responses) said 'yes'	82% (356 of 436 responses) said 'yes'	76% (260 of 342 responses) said 'yes'
In-service training helped meet the needs of the child(ren) recently in their care	43% (192 of 449 responses) said 'yes'	46% (159 of 347 responses) said 'yes	76% (191 of 252 responses) said 'yes'

Based on results from 2023 and 2024 surveys, 34% of families (273 of 796 responses), spent 6-10 hours completing in-service training. Data from the 2025 survey is not available as families were asked to enter the approximate number of hours completed separately. Future surveys will ask families to select a range of hours, as done for the 2023 and 2024 surveys, to ensure data is available. VDSS asked youth with lived experience to share feedback regarding foster parent training (**Appendix A-4)**. SPEAKOUT youth advisory board members identified strengths in foster parent training included caring for children with suicidal ideations, significant empathy and knowledge about placement of youth in understanding youth's identity, and training on some mental health (anxiety, depression). Members identified the following as areas needing improvement:

- Treating children differently (hierarchy in foster home where biological children are treated the best but then further differences in how each child in foster care was treated),
- Understanding youth are youth and given appropriate chores and roles for a youth in a home,
- Food accommodations and preferences and preventing unhealthy eating habits based on current research,
- More training on caring for youth on the autism spectrum and preventing mislabeling behaviors as defiant, and
- Understanding age/developmentally appropriate ways to communicate with youth.

VDSS asked a broader range of youth in foster care at the Project Life Conference about foster parent training (**Appendix A-5)**. Youth identified that some more common strengths included better training to care for younger children and support after placement. Areas that most commonly identified as needing improvement included better training for older youth, more mental health training, more cultural training (ex. help with hair), having the right motivation (not doing it for money), and how to listen to youth.

VDSS also asked parents with lived experience about foster parent training (**Appendix A-6**). The Parent Advisory Council indicated that there was an overall lack of training for foster parents and that there was a lack of communication between the foster parent and the parent and between the foster parent and the agency.

VDSS shared the evidence from survey data and lived experts with CWAC and explored foster parent training deeper in breakout room discussion. CWAC members highlighted multiple strengths with the foster parent training system and the efforts to transition the curriculum from PRIDE to NTDC. They shared examples of how they use staff at the local level to monitor training completion and encourage flexibility in ensuring learners get the training they need. While trauma-informed training was identified as a strength, it was also identified as an area that training could continue to grow. Full feedback is included in **Appendix C-20**.

The below table speaks to the number of pre-service and in-service training provided through CRAFFT and through Foster Parent College.

	2022	2023	2024
Completed pre-service training with CRAFFT	1,121	1,849	1,240
Completed in-service training with CRAFFT	615	638	547
Trainings completed through online Foster Parent College	10,077	10,020	9,433

To support Virginia's goal of continuous quality improvement for in-service training and foster parent retention, in January 2025, Virginia Commonwealth University, one of the contract administrators for CRAFFT, initiated a program evaluation process of both the CRAFFT and MFA programs. The purpose will be to evaluate all of the regional CRAFFT and MFA programs as far as utilization, what agencies find most helpful, what are other ways they'd like to utilize the programs, and what barriers exist to utilization. The goal of the evaluation will be to ensure consistency across regions and ensure that CRAFFT and MFA are as effective as possible. This evaluation effort will continue through SFY26 with a goal of completion at the end of that fiscal year.

Residential Provider Staff Training
VDSS Licensed Facilities
The requirements for training for providers in VDSS licensed children's residential facilities (CRF) is located in regulations (22VAC40-151-250). There are some requirements in the Code of Virginia, § 63.2-1737 D. These legal requirements include mandating that the Board's regulations shall require, as a condition of initial licensure or, if appropriate, license renewal, that the applicant shall (i) be personally interviewed by Department personnel to determine the qualifications of the owner or operator before granting an initial license; (ii) provide evidence of having relevant prior experience before any initial license is granted; (iii) provide, as a condition of initial license or renewal licensure, evidence of staff participation in training on appropriate siting of the residential facilities for children, good neighbor policies, community relations, and shaken baby syndrome and its effects; and (iv) be required to screen residents prior to admission to exclude individuals with behavioral issues, such as histories of violence, that cannot be managed in the relevant residential facility.

Regarding assessment of training, 22VAC40-151-120 D states "The provider shall develop and implement written policies and procedures to monitor and evaluate service quality and effectiveness on a systematic and on-going basis. The provider shall implement improvements when indicated."

DBHDS Licensed Facilities
Regulations governing the standards for children's residential facilities licensed by DBHDS are located in 12VAC35-46 (https://law.lis.virginia.gov/admincode/title12/agency35/chapter46/). The regulations specific for employee required training are located in Section 310 (https://law.lis.virginia.gov/admincode/title12/agency35/chapter46/section310/).

DBHDS monitors compliance of staff with the training requirements during regular reviews of the facility staff, which can be seen in the Staff Record review form used (pages 65-70 of https://dbhds.virginia.gov/assets/QMD/licensing/children-s_package_new_applicant_7.26.2018doc.pdf#page=65)

Stakeholder Input:
VDSS shared the evidence from survey data and lived experts with CWAC and explored training for

residential placement staff in a breakout room discussion. Members in this group shared examples of the types of training they require their staff to complete. They identified that most of the training is provided in-house and is repeated annually. Each facility tracks their training completion with different processes but provides access to licensing auditors upon request. Agencies identified that an area of opportunity for improvement would be for private provides to be trained alongside what LDSS are trained in and prevent private agencies from being the last to know. Full feedback is included in **Appendix C-20**.

Service Array and Resource Development (Items 29-30)

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP? 1. Services that assess the strengths and needs of children and families and determine other service needs; 2. Services that address the needs of families in addition to individual children in order to create a safe home environment; 3. Services that enable children to remain safely with their parents when reasonable; and 4. Services that help children in foster and adoptive placements achieve permanency.

Item 29 was identified as an ANI in Virginia's last CFSR. Virginia continues to assess this item as an ANI. Though progress has been made in this item, as outlined, continued feedback and reports indicate that service availability differs throughout the localities.

Child welfare programs in Virginia are state supervised and locally administered by 120 LDSS. This system allows for VDSS to supervise the LDSS through policy and support promoting well-being, safety, and permanency for children, families, and individuals in Virginia. LDSS work with federal, state, and local community programs to provide services to children and families. Each LDSS uses title IV-B, subpart I funding, distributed to coordinate child welfare services in each locality. Virginia's LDSS can flexibly access and design services to meet a wide range of individual needs and circumstances for youth who are in foster care or at risk of entering foster care, based on needs, local demographics, and available resources. LDSS are expected to coordinate services with federal, state, and local private agencies and community organizations engaged in activities relevant to the needs of children and families involved in each local child welfare system. In Virginia, the majority of these funds are spent on staffing for foster care caseworker services.

Unique to Virginia, the CSA is a single state pool of funds, administered through the OCS, to support services for eligible youth and their families administered. The Virginia General Assembly enacted the CSA in 1993 and combined eight funding sources from four different state agencies into a single pool of funds, administered at the local level. The general assembly identifies two categories of children involved in the child welfare system who are eligible for funds: children who are "abused or neglected" and "children in need of services". CSA services for this population include foster care prevention, a full range of community-based and residential services to children in custody (including non-title IV-E maintenance funds) and independent living supports. VDSS maintains responsibility for managing and distributing title IV-E funds.

State funds are combined with local community funds, which local interagency teams manage. These teams plan and oversee services to at-risk youth, including state-funded youth in foster care. A child and family's need for services is determined by the local Family Assessment and Planning Teams (FAPT) on a case-by-case basis. Localities also have Community Policy and Management Teams (CPMT) with

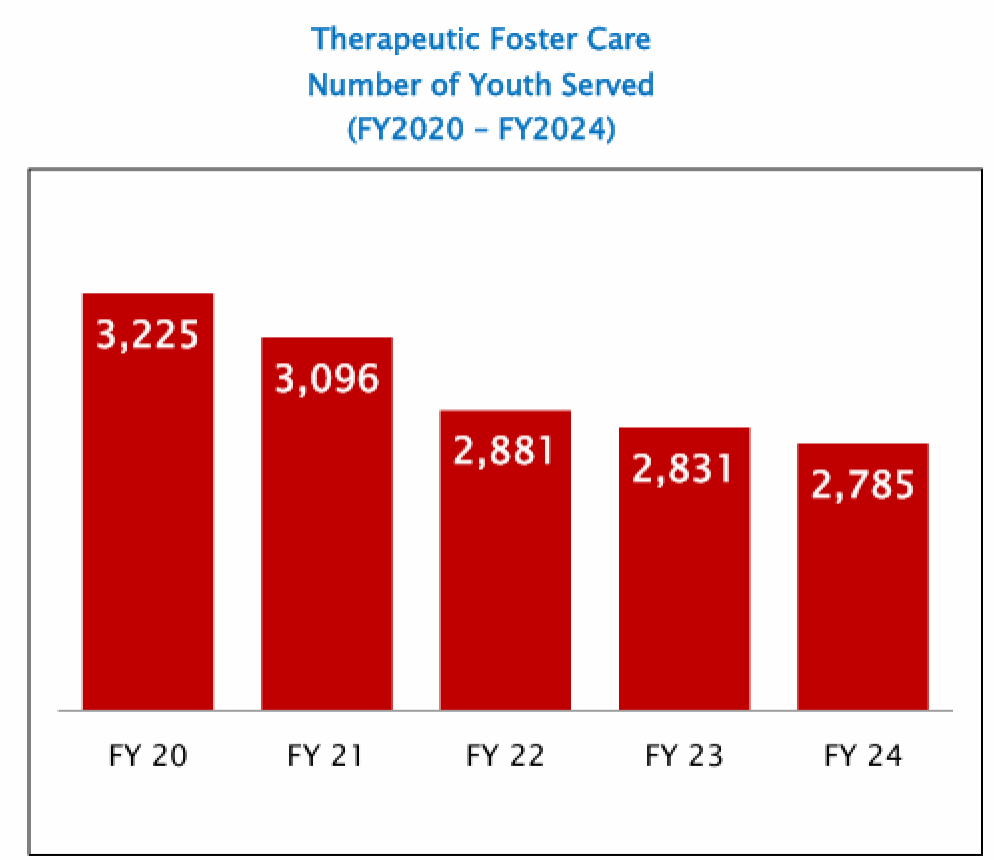
primary responsibility to coordinate long range, community-wide planning for needed resources and services in the community.

OCS provides utilization reports based on information that localities report regarding CSA service utilization in their locality. Multiple service utilization reports over the past three years, filtered to mandated populations included in child welfare are available in **Appendix C-22.** The utilization report provides data regarding the following services for LDSS: Community Based Service, Community Transition Services, Intensive Care Coordination, Intensive In-Home Services, Wrap-Around Services for Students With Disabilities, Special Education Private Day Placement, Family Foster Care Maintenance & Activities Payments, Treatment Foster Care, Independent Living Stipend, Independent Living Arrangement, Psychiatric Hospital/Residential Crisis Stabilization Unit, and Temporary Care Facility. The report also provides the number of children and expenditures of services for each LDSS.

Since 2006, the General Assembly requires local CPMTs to report to OCS on gaps and barriers in services needed to keep children in their local community. This process requires a full survey be completed in odd-numbered years and interim updates provided in even-numbered years. The CSA Service Gap Survey results from SFY2022-2024 reported the following most prevalent gaps: Community-Based Behavioral Health services and crisis services. In SFY2023-2024, foster care was the third identified service. However, in SFY2022 the third identified service was Residential services. For SFY2023-2024, crisis intervention/stabilization and family foster care homes were the most prevalent individual service gaps. The survey results regarding the top five barriers to obtaining services remained consistent for SFY2022-2024 and those identified are: provider availability, lack of transportation, lack of funding, need for collaboration and consensus, and need for more information and data.

OCS monitors local CSA programs by collecting and measuring timeliness data annually to identify long start times for services and to provide assistance to programs. The report provides the percentage of referrals by mandated group and the referral source. The percentage of referrals by time, outcome data and average days to services is provided in **Appendix C-23**. Highlights from the report showed that 68% of Foster Care referrals reached CSA-funded services under seven days. Referrals for Foster Care Prevention reached 55% of services within two weeks.

OCS is required by the General Assembly to report on funding for therapeutic foster care services. This report highlights the importance of CSA to establish local multidisciplinary teams to work with families to plan services according to each child's unique strengths and needs. The graph below provides the number of youth served in Therapeutic Foster Care. Expenditures for the past five fiscal years for these services can be found in **Appendix C-24**.



In addition to state and local funds through the CSA, Promoting Safe and Stable Families (PSSF) funds are provided specifically for services and programs that are child-centered, family-focused, and community-based. The program's funding is flexible, and services may be provided through local public or private agencies, individuals, or any combination of resources. PSSF funds are used for direct and/or purchased services to preserve and strengthen families, avoiding unnecessary out-of-home or out-of-community placements, family reunification, or finding and achieving new permanent families for children who cannot return home. For PSSF funds, each locality conducts a community needs assessment that collects information about its needs, resources, and the multiple systems serving children and families, then prioritizes needs and assigns resources available to meet those needs.

Services available in Virginia include the following

Applied Behavior Analysis	Maintenance - Clothing Supplement	Residential Daily Supervision
Assessment/Evaluation	Maintenance - Enhanced	Residential Education
Case Support	Maintenance - Independent Living	Residential Medical Counseling
Crisis Intervention	Maintenance - Transportation	Residential Room and Board
Crisis Stabilization	Material Support	Residential Supplemental Therapies
Family Partnership Facilitation	Mental Health Case Management	Respite
Family Support Services	Mental Health Skills Building	Special Education
		Related Services
Chafee FC Ind. Pg./Independent Living Services	Mentoring	Sponsored Residential Home Services
Individualized Support Services	Other (Emergency Shelter Care)	Substance Abuse Case Management
Intensive Care Coordination (ICC)	Outpatient Services	Therapeutic Day for Children & Adolescents
ICC Family Support Partner	Private Day School	Transportation
Intensive In-Home Services	Private Foster Care Support-Supervision-Administration	Treatment Foster Care Case Management
Maintenance - Basic	Private Residential School	Utilization Review
Adoption Services	Post-adoption services	

VDSS supports five locally established Kinship Navigator Programs throughout Virginia. The local programs serve 34 localities (28% of the state).

The following local departments and surrounding localities offer Kinship Navigator programs:

- Arlington Department of Social Services: serving Arlington, Alexandria, Fairfax, Prince Williams, Loudoun
- Bedford Department of Social Services: serving Amherst, Appomattox, Bedford, Campbell, Lynchburg, Nelson
- Dickenson Department of Social Services: serving Dickenson, Buchanan, Russell, Tazewell, Lee, Wise, Scott, and City of Norton
- James City County Department of Social Services: serving James City County, Williamsburg, York-Poquoson
- Smyth Department of Social Services: serving Bland, Bristol, Carroll, Galax, Giles, Grayson, Montgomery, Pulaski, Radford, Smyth, Washington, Wythe

This chart shows how many youth and kinship caregivers were served from July 1, 2023, through December 31, 2024.

Youth and Kinship Caregivers Served by Kinship Navigator Programs

Locality	Youth Served	Kinship Caregivers Served
Arlington	88	61
Bedford	135	106
Dickenson	177	171
James City County	45	35
Smyth	63	68
Total	**508**	**441**

VDSS plans to expand the Kinship Navigator Program statewide by aligning with the Washington State Kinship Navigator model, which is approved by the Title IV-E Prevention Services Clearinghouse. Beginning in 2025, VDSS will train the five existing sites in this evidence-based model and implement a phased expansion, adding five additional Kinship Navigator sites each year. VDSS received approval of this title IV-E plan amendment in May 2025.

In addition to local efforts, VDSS has continued their partnership with Center for Evidence-Based Partnerships in Virginia (CEP-Va) to expand access and availability of title IV-E eligible EBPs by funding training opportunities for providers, as well as completing required fidelity monitoring and evaluation of these EBPs (**CFSP 2025-2029 Prevention Strategy 1)**. This began with training providers in Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), and Parent-Child Interaction Therapy (PCIT) in preparation for initial FFPSA implementation in 2021, and continues with the addition of Brief Systemic Family Therapy (BSFT), (Family Check-Up (FCU), HOMEBUILDERS (HB), High Fidelity Wraparound (HFW), and MI, as approved for IV-E funding by the amendment to the IV-E Prevention Plan in 2023. These trainings are ongoing, with provider applications accepted on a rolling basis. Several providers have begun and/or completed training in BSFT and FCU, as of spring 2024. CEP-Va is doing outreach to identify additional community providers to be trained. CEP-Va is working with the national HB purveyor to bring that training to Virginia in the next two years. Training in the initial three EBPs (MST, FFT, and PCIT) continues to be available to providers who wish to add this service and/or train new or replacement clinicians on their existing teams. A significant number of providers are already trained and delivering HFW across the state. In 2024, VDSS and CEP-Va worked with those providers on fidelity monitoring and evaluating of this promising practice. LDSS is implementing MI as a family engagement tool with FSS currently being trained.

MI will increase engagement with families to better assess their strengths and needs of children and families as well as help partner with the family to determine other services. LDSS In-Home services staff will implement MI (**CFSP 2025-2029 Protection Strategy 1 and Prevention Strategy 2)**. Using MI in all In-Home Services cases is a case management engagement strategy that will intersect with substance use disorder, mental health, and parent skill building. MI training and coaching is provided virtually in 11-week cohorts. Training began April 2023. Currently, 100 LDSS have received training; the plan is for all 120 LDSS statewide to receive training. Studies have shown that MI may help support workforce capacity by providing staff with skills to increase job satisfaction which may reduce burnout and turnover.

LDSS had the opportunity to apply for adoption incentive funds for SFY2022-SFY2024 through proposal submissions. Below is a summary of the funding awarded to LDSS. Each year the local agencies used the funds to provide adoption training for post-adoption services, purchased adoption and trauma training materials for adoptive families, held recruitment initiatives for prospective foster-to-adopt families, and celebrated adoptions during adoption month in November. VDSS is encouraging LDSS to be creative

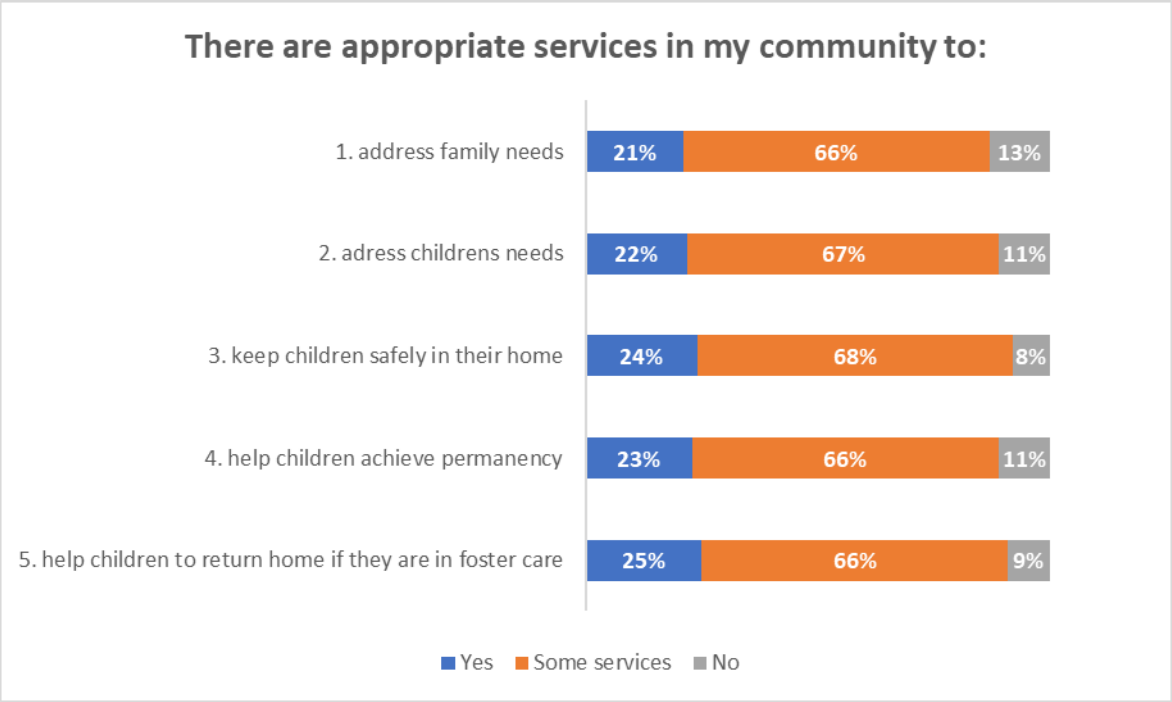
with adoption incentive funds. Virginia plans to use any future adoption and legal-guardianship incentive funds to support adoption promotional services, a contract with Chapin Hall for data analysis, and foster care and adoption activities to support children and families statewide.

Adoption Incentive Funds SFY 2022-2024

SFY	# of LDSS	Funding awarded
2024	53 out of 120	$278,230
2023	56 out of 120	$239,516
2022	60 out of 120	$255,000

Stakeholder Input:

LDSS surveys from 2023-2025 asked LDSS staff whether appropriate services existed in their communities in a variety of categories. The most frequently identified categories of services within FSS worker's communities were services to keep children safely at home (279 out of 1,164 responses) and to help children to return home if they are in foster care (272 out of 1,104 responses). Only 8-9% of workers reported no services in their community for those items. The category workers most often reported as lacking were services to family needs. The full breakdown of responses for these questions over the three years of surveys is included in **Appendix C-25.**



n (1)=1,167; n (2)=1167; n (3)=1,164; n (4)=118; n (5)=1104

Lived Experience Input:

VDSS gathered feedback from youth through SPEAKOUT youth advisory board (**Appendix A-4)** and through the Project Life Youth Conference (**Appendix A-5**). SPEAKOUT members indicated that Independent Living services were a strength along with car incentive service, tutoring, Education and Training Vouchers (ETV) funds, and visitation services to some extent. SPEAKOUT members identified the following as areas needing improvement:

- Visitation services (generally this was an area needing improvement more than a strength),
- Service provision provided before entry into foster care,
- DSS having the services but not providing information or offering them to youth (youth had to self-advocate for them once they learned of them), and
- Services in all jurisdictions (ex. Western area) and should not be locality specific.

Youth at the Project Life conference indicated that strengths for services in Virginia included providing support, helping with family, vouchers, and meeting new people. Areas needing improvement included aging out of foster care, unnecessary services, judgmental, scheduling of services, and lack of reliability in services.

The Parent Advisory Council also shared their feedback on services (**Appendix A-6)**. They shared areas needing improvement included having to find services on their own, lack of agency communicating about services to the parent, long waitlists, funding for services not provided by the agency, and inconsistent use of parent support partners across the state.

Legal/judicial partners were also asked to provide feedback on services in Virginia. During development of the survey with CIP, examples of different types of services were added to the survey questions to provide some context for legal/judicial partners but the survey emphasize that these services are not all inclusive and could apply across categories. Overall, legal/judicial partners indicated that services were available in the jurisdictions served with the highest ratings of a lack of services were in services that enable a child to remain safely with their parents when reasonable (19 out of 244 respondents, 8%, indicated no services).

In your experience, does your jurisdiction have available and accessible:	Yes	Some	No	Total
Services that assess the strengths and needs of children and families and determine other service needs? (ex. psychological evaluations, parenting assessments, etc.)	137 (56%)	102 (42%)	5 (2%)	244
Services that address the needs of families in addition to individual children in order to create a safe home environment? (ex. housing, domestic violence services, family therapy, etc.)	121 (50%)	115 (47%)	8 (3%)	244
Services that enable children to remain safely with their parents when reasonable? (ex. evidence-based services, intensive care coordination, etc.)	106 (43%)	119 (49%)	19 (8%)	244
Services that help children in foster and adoptive placements achieve permanency? (ex. kinship services, adoption support services, etc.)	128 (53%)	107 (44%)	7 (3%)	242

VDSS asked the members of CWAC to provide input on the services available in the service array in Virginia. Members identified a wide variety of services targeted at the four categories of the service array but also identified significant local and regional differences in service offerings Members identified long waitlists, sometimes up to six months to ten months, for specific services. Improvement was noted in evidence-based services offering, funding opportunities, services and funding to kin, DMAS initiatives, etc. The full list of feedback is included in **Appendix C-26.**

Item 30: Individualized Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

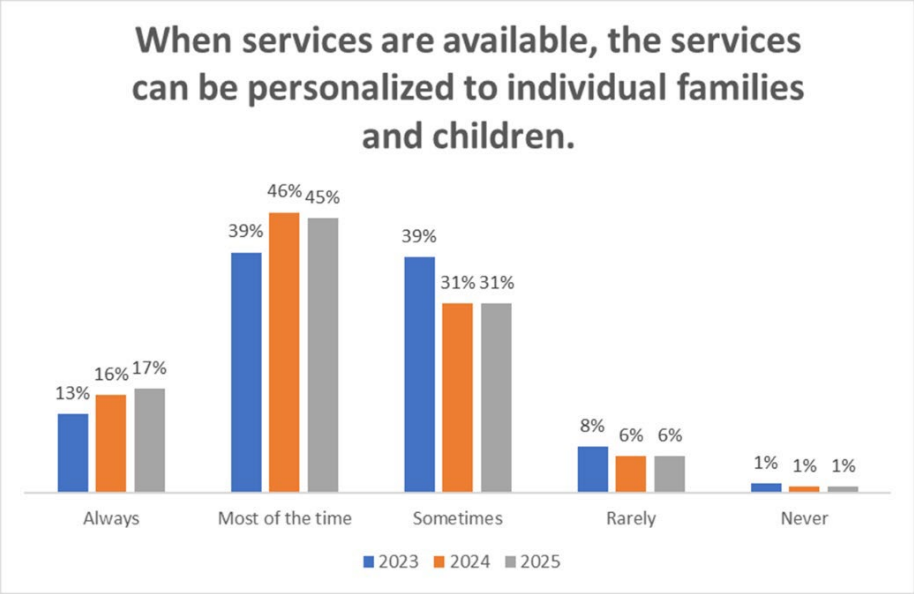
Item 30 was identified as an ANI in Virginia's last CFSR. Virginia currently assesses this item as a

Strength, due to FAPT process and feedback provided by LDSS child welfare staff and CWAC members.

As outlined in guidance (Foster Care, CPS, Prevention), LDSS set up services after they have assessed the child and family. These services can range from safety services to evidence-based services to services to support permanency and should be individualized to meet the needs of the child and/or family. This can include services in languages other than English, services designed to address the unique safety needs of the family, services for a child's disability or developmental need, etc. as well as specialized services not readily available in the community. For children in foster care and In-Home cases, these services are a part of the individualized case plan for the child and family. For state-funded services, a child and family's need for services is determined by the local FAPT on a case- by-case basis. Localities also have a CPMT with primary responsibility to coordinate long range, community-wide planning for needed resources and services in the community. FAPT cases require the development of Individual Family Services Plan (IFSP), unless certain exemption requirements are met. The IFSP is developed using the results of an assessment, input of child and family, and other information to develop an individual plan for services and interventions. While localities are able to develop their own IFSP, a model IFSP is available from OCS here: https://www.csa.virginia.gov/content/doc/Model_IFSP.docx.

Stakeholder Input:

In a 2025 LDSS child welfare survey, LDSS staff were asked if services can be personalized to individual families and children. Sixty-two percent indicated that services can be personalized always or most of the time and 31% indicated services can sometimes be personalized. These responses are fairly consistent with past years' surveys with some improvement shown in the selection of "always" and a decrease in the selection of "rarely".



2025 n=611; 2024 n= 237; 2023 n= 279

Beginning with the 2025 survey, LDSS staff were also asked to provide non-identifying examples of how they were able to individualize services for children and families. A total of 151 LDSS staff provided examples of how they were able to individualize services for children and families on their caseloads. Some examples are:

- *"Spanish speaking providers"*

- *"I referred a family for MST and it is something that is tailored to the needs of each individual and/or family. So that everyone can receive the adequate care needed and identifying any others that may be needed."*
- *"A mother with developmental disabilities has a newborn baby. We were able to establish adequate mental health services for her, family support, and also resources for her baby."*
- *"Mentoring services specifically are able to tailor what they work on based on the needs of the family. I think mentoring services are probably the most helpful and most used service that we request from FAPT to be able to address more specific needs of families because of the services being in the home and made to be tailored to the needs of the family."*
- *"A family needed a parenting class to help them parent their teenagers, however, the parenting class focused on younger children. So the provider was [willing] to meet with the parents 1:1 and gear the content towards teenagers so they were still able to learn how to parent them effectively."*
- *"a youth with high acuity needs was provided with an additional 1:1 support person in order to maintain placement"*

VDSS asked CWAC members to provide feedback on the personalization of services in Virginia. CWAC identified that services are tailored through a comprehensive assessment process that evaluates each family's strengths, challenges, cultural background, and goals. Caseworkers develop individualized service plans in collaboration with families, ensuring support is responsive to their specific needs whether that's access to mental health care, housing assistance, parenting classes, or trauma-informed care. Flexibility and client voice are central to the approach. Some of the unique needs of Virginia's population include families facing poverty, housing instability, substance use issues, domestic violence, and intergenerational trauma. Virginia also serves a growing number of non-English speaking families, kinship caregivers, and children with emotional or behavioral health needs. In regard to serving the needs of children with disabilities or special needs, CWAC identified that LDSS collaborate with schools, early intervention services (like Part C), and local Community Services Boards (CSBs) to support children and families with disabilities. They offer case management that includes connections to occupational therapy, speech therapy, or in-home supports. Caseworkers receive training on the IDEA Act and the rights of individuals with disabilities to ensure services align with federal and state guidelines. In response to providing services to other populations, they identified that LDSS tailor family support plans to respect different family structures, values, and traditions. For example, they work closely with kinship families and ensure services reflect their unique caregiving roles.

The charts below provide the services offered to children in Foster Care and In-Home cases. The total expenditures from OCS for SFY22-24 for individualized services provided to children in foster care was $581,485,821.59 and for In-Home was $40,197,147.85. Each child in foster care or an In-Home case would have received a referral to FAPT to receive approval and funding for the services. The FAPT in accordance with §2.2-2648 is responsible for assessing the strengths and needs of youth, identifying and determining the complement of services required to meet the unique needs for each child through the development of individual family service plan. The statewide information is outlined in the charts below. Breakdowns by region are available in **Appendix C-27.**

CSA Services by Expenditures, Child Counts, and Locality Counts (FYs 2022-2024)

Foster Care

Service:	Expenditures	Distinct Child Count	Distinct Locality Count
Acute Psychiatric Hospitalization	$1,340,747.07	29	16
Applied Behavior Analysis	$231,525.66	26	14
Assessment/Evaluation	$5,451,840.72	1826	117
Brief Strategic Family Therapy	$1,962.00	2	2
Case Support	$2,202,047.72	384	60
Cognitive Behavioral Therapy (CBT)	$4,065.00	5	4
Crisis Intervention	$9,683.90	7	5
Crisis Stabilization	$233,344.72	34	21
Family Check-Up	$784.00	3	2
Family Partnership Facilitation	$405,336.25	382	11
Family Support Services	$25,764,204.30	3726	98
Functional Family Therapy (FFT)	$44,538.21	10	6
Independent Living Services	$64,918,966.17	1846	118
Individualized Support Services	$14,903,219.39	1678	93
Intensive Care Coordination	$1,367,270.08	263	40
Intensive Care Coordination Family Support Partner	$301,767.54	54	14
Intensive In–Home Services	$130,318.42	27	18
KinGap – Basic Maintenance	$4,619.03	6	3
Maintenance – Basic	$51,041,706.43	11631	125
Maintenance – Child Care Assistance	$9,835,619.12	2288	90
Maintenance – Clothing Supplement	$2,699,418.03	8388	121
Maintenance – Enhanced	$49,751,388.31	8386	122
Maintenance – Independent Living	$5,317,294.91	845	106
Maintenance – Transportation	$2,753,712.34	471	39
Material Support	$659,492.06	611	52
Mental Health Case Management	$50,336.13	18	7
Mental Health Skills Building	$93,838.24	33	17
Mentoring	$9,566,028.46	1843	109
Other	$5,009,897.41	1762	95
Outpatient Services	$6,448,111.78	2285	90
Parent Child Interaction Therapy (PCIT)	$8,263.00	16	6
Private Foster Care Support, Supervision and Administration	$177,245,756.83	7610	119
Private Residential School	$2,032,053.84	113	47
Residential Case Management	$2,766,716.17	376	79
Residential Daily Supervision	$14,133,239.10	857	104
Residential Education	$35,722,707.71	1679	116
Residential Medical Counseling	$874,044.18	132	54
Residential Room and Board	$64,460,253.42	2262	117
Residential Supplemental Therapies	$5,276,999.41	420	84
Respite	$236,023.47	328	22
Special Education Related Services	$1,042,245.74	90	32
Sponsored Residential Home Services	$793,838.67	30	17
Substance Abuse Case Management	$223,429.10	79	21
Therapeutic Day Treatment for Children and Adolescents	$337,774.19	48	21
Transportation	$8,373,199.34	1449	76
Service:	**Expenditures**	**Distinct Child Count**	**Distinct Locality Count**

Treatment Foster Care Case Management	$6,737,937.02	1054	88
Utilization Review	$678,257.00	514	10
Grand Total	**$581,485,821.59**	**65926**	**130**

In-Home

Service	Distinct Child Count	Total Net Expenditures	Distinct Locality Count
Applied Behavior Analysis	14	$137,700.85	5
Assessment/Evaluation	898	$1,689,871.46	83
Case Support	229	$393,537.21	33
Cognitive Behavioral Therapy (CBT)	3	$3,325.00	3
Crisis Intervention	21	$76,802.88	4
Crisis Stabilization	29	$118,449.82	8
Family Partnership Facilitation	318	$185,517.68	5
Family Support Services	3259	$16,774,483.02	84
Functional Family Therapy (FFT)	40	$155,475.12	20
Independent Living Services	37	$134,082.64	12
Individualized Support Services	816	$4,653,723.94	45
Intensive Care Coordination	307	$1,253,053.80	40
Intensive Care Coordination Family Support Partner	95	$204,258.38	13
Intensive In–Home Services	51	$347,703.23	18
Maintenance – Clothing Supplement	54	$14,911.32	23
Material Support	537	$1,154,813.86	24
Mental Health Case Management	51	$122,477.78	10
Mental Health Skills Building	22	$34,026.90	12
Mentoring	1687	$8,655,659.82	78
Multisystemic Therapy (MST)	13	$75,039.15	10
Other	125	$300,606.04	33
Outpatient Services	1253	$2,841,574.83	67
Parent Child Interaction Therapy (PCIT)	2	$917.04	2
Respite	266	$258,058.56	14
Substance Abuse Case Management	93	$349,676.83	15
Therapeutic Day Treatment for Children and Adolescents	4	$4,355.59	2
Transportation	261	$191,965.10	22
Utilization Review	66	$65,080.00	7
Grand Total	**10551**	**$40,197,147.85**	**114**

Agency responsiveness to the Community (Items 31-32)

Item 31: Ongoing Consultation

How well is the agency responsiveness to the community system functioning statewide to ensure that, in implementing the provisions of the Child and Family Services Plan (CFSP) and developing related Annual Progress and Services Reports (APSRs), the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

In Virginia's last CFSR review identified Item 31 as a Strength, and Virginia continues to assess this item as a strength. VDSS collaborates with a myriad of state, local, and community partners to provide integrated, cross-disciplinary services; steer initiatives and implementation of policies and legislation; solicit critical stakeholder feedback and guidance; and, ensure that comprehensive, aligned efforts take place across the state. Virginia is actively working with other internal divisions, state agencies, private sector and non-profit organizations to improve service delivery to individuals involved in the constellation of family services.

Continual collaborative communication loops are critical to stakeholder partnerships and to providing appropriate, targeted services. VDSS designs and engages focus groups, distributes surveys, conducts interviews, collects and analyzes data, and gets regular feedback from a multitude of stakeholder meetings, workgroups, and multi-disciplinary projects. VDSS interfaces with many local, state, and national partners to ensure that feedback is gained from those with lived experience, Tribal partners, LDSS, Child Welfare and Practice Advisory Committees, CIP, and a host of additional collaborators. Similarly, VDSS has partnered with numerous state agencies, non-profits, state and federal partners on aligned efforts to address the need for integrated, responsive, and comprehensive services for children and families across Virginia. VDSS intends to use data and data driven processes to build and maintain additional collaborative partnerships, striving towards better informed, recipient-driven to whole family well-being.

Continual Collaboration Communication Loops

Rather than collaboration as a one-time event, VDSS pursues continual collaborative communication loops as avenues for offering input and guidance. Many other state agencies intersect regularly with those involved with the child welfare system. VDSS recognizes the importance of working jointly with other state agencies to develop joint policies that positively affect children and families served by VDSS. This collaboration ensures that policies meet the agency's needs, avoids duplication, and aligns when possible, and gives each agency an opportunity to provide input into both policy and practice.

As mentioned, Virginia has 120 LDSS, all locally administered. Although VDSS publishes the policies for each program, they are decided through collaboration. Each program works closely with an advisory committee composed of workers and supervisors from local departments. The advisory committees provide an avenue for VDSS to include LDSS in the decisions that ultimately affect their work. VDSS values the LDSS input recognizes that LDSS are the experts on their daily work. Without comprehensive input, VDSS decisions would not be nearly as effective.

VDSS's collaborative approach mirrors the approach LDSS take with local stakeholders and families through engagement. These approaches work with community stakeholders to find creative solutions that build on the strengths and needs of the organizations working together. VDSS and LDSS have shifted focus to include family voices throughout planning processes, including youth voices through the SPEAKOUT Group. VDSS and LDSS will continue finding opportunities to engage with parents and families engaged with the child welfare system.

VDSS will use these continual collaborative communication loops to gain feedback from families, children, youth, Tribes, courts, and other partners to review performance data, assess agency's strengths and needs, and monitor the implementation of the CFSP goals and strategies.

Collaboration in the Development of the 2025-2029 CFSP

VDSS implemented a process that was intentional, inclusive, transparent, data-driven, aligned with current initiatives and requirements, and focused on the strengths and needs of Virginia's child welfare system to develop the 2025-2029 CFSP. The strategic planning occurred over twelve months and included

stakeholders, local and state partners, and people with lived experience at every stage. VDSS began by convening a CFSP Core Planning Team whose members came from diverse programs across VDSS divisions: Prevention, Protection, Foster Care, Adoption, Resource Family, Benefit Programs, Data, and CQI teams. VDSS liaisons to CWAC, Tribes, and the Parent Advisory Council were also a part of the CFSP Core Planning Team. The Core Planning Team was primarily responsible for administratively overseeing the CFSP planning process (i.e. creating the agendas for planning meetings, identifying engagement activities, group meeting activities, etc). Advisory and stakeholder groups as well as lived experience were incorporated into CFSP development and implementation as described later in this section.

VDSS initiated a literature review after convening the CFSP Core Planning Team to identify existing recommendations around child welfare from published reports, identify strengths and needs from state CFSR reviews, and review initiatives and priorities from state administration. This review helped analyze problems, identify potential solutions, and keep the work aligned. Workforce issues (quality retention, recruitment, training, and supervision), CFSR areas needing improvement, and kinship were some of the themes the literature review identified. VDSS began problem exploration with CWAC in March 2023. The March 2023 CWAC meeting reviewed data from VDSS state CFSRs. CWAC facilitators used group engagement platforms for stakeholders to electronically submit identified problems in Virginia's child welfare system in a large group discussion session. Then groups split into breakout rooms and used the Five Whys[9] to examine root causes and contributing factors for the problems identified in the literature review. VDSS met with the Parent Advisory Council in May 2023. In this meeting, the council reviewed the most common and highest priority problems CWAC identified. VDSS asked the council about their priority areas for improvement and to identify any gaps in CWAC's priorities. VDSS asked: if VDSS could remedy one problem across the state over the next five years, what would make the biggest difference for children and families? A state VDSS team of more than 50 individuals from multiple divisions and disciplines then met for a full-day workshop to work on the problems identified from the literature review, CWAC, the Parent Advisory Council, and the current administration's priorities. They separated into small groups, identified the highest priority items, and worked on Why Trees[10] to determine root causes.

Based on the problem analysis provided by CWAC, the Parent Advisory Council, and the state team, VDSS began identifying solutions. VDSS reconvened CWAC in July 2023, beginning with a group discussion about Virginia's strengths in child welfare. CWAC members then separated into breakout groups that focused on developing solutions for each prioritized problem. Each breakout group also identified resources needed, key partners, and ways to monitor the solution. VDSS consulted with the Parent Advisory Council in August 2023. Participants in a large group discussion shared their solutions to each prioritized problem.

Using the information gathered from CWAC and the Parent Advisory Council, VDSS hosted two full-day workshops with the state team. The first workshop focused on identifying solutions to prioritized problems and organizing those solutions into objectives, strategies, and key activities. Groups received a copy of the 2020-2024 CFSP, state CFSR performance data, feedback from CWAC and the Parent Advisory Council, and a list of existing administration initiatives and priorities. The second workshop focused on collaboration, data collection, monitoring, and capacity assessment. These meetings helped VDSS develop a draft of the 2025-2029 CFSP. VDSS shared the draft with CWAC and with Virginia's Tribes through the December tribal roundtable and did not receive any additional feedback. SPEAKOUT was also provided information on the CFSP/APSR but did not receive any specific feedback on the overall CFSP. The Permanency program works closely with SPEAKOUT for their input on the development and implementation of activities related to the Permanency CFSP strategies as described in the lived experience section below.

VDSS' collaborations with the stakeholder groups mentioned in the remainder of this item support

implementation and continued monitoring of CFSP strategies and goals.

Collaborations

Lived Experience

VDSS uses 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.

[9] Capacity Building Center for States (2018). Change and Implementation in Practice: Problem Exploration Video Module 4. Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.
[10] Capacity Building Center for States (2018). Change and Implementation in Practice: Problem Exploration Video Module 4. Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

Both SPEAKOUT and the Parent Advisory Council are included in the stakeholder input that VDSS requests when analyzing state legislation during General Assembly.

Youth Engagement

Through SPEAKOUT (Strong Positive Educated Advocates Keen on Understanding the Truth), the state youth advisory board, composed of youth in and formerly in foster care, partners with VDSS to support advocacy for improving the foster care system through their voices and promoting awareness around the importance of their lived experiences. This group meets each month to discuss state updates and choose the state or national activities in which they want to participate, and they are compensated for their time.

Over the past three years SPEAKOUT members have supported implementing the provisions of the CFSP by:

- Participating in development of Youth Welfare Approach training,
- Participating in workgroups (supported immigrated youth, Responsible Parenting Project, Thriving Families, Safer children),
- Providing input on revisions to Fostering My Future website,
- Hosting a special presentation for Virginia's first annual Youth Voices of Foster Care Month in October 2024, highlighting the importance of youth voice and perspectives,
- Conducting workshops on the Permanency Pact at the statewide fall youth conference, and
- Participating on panels for social work students in the Child Welfare Stipend Program (CWSP), the VDSS Permanency Conference, and the VDSS Knowledge Breaks for state staff.

VDSS continues to administer the Youth Exit Survey, getting ongoing feedback from youth exiting foster care.

Parent Engagement

The DFS Parent Advisory Council (The Council) was implemented in September 2021 and currently has 6 members representing three regions in Virginia. Members are a wide variety of parents who have lived experience in a child protective services case, In-Home, and/or foster care, or adoption. The council meets at least once a month. Individual members have also participated in activities of particular interest to them. Currently, two DFS staff members are the liaisons between the Council and DFS, and the Assistant Director of Family Services provides advocacy and support to the Council.

Over the past three years, the DFSP Parent Council has supported implementing the provisions of the CFSP by:

- Participating in the Thriving Families, Safer Communities workgroup,
- Providing input on protection and prevention program efforts (input brochures on water and gun safety and marijuana use, evidence-based services in in-home cases),
- Participating in several Kin First and Permanency efforts, to include Foster Care Month, Child Abuse Prevention Month, Reunification Month activities, Kinship Month, the Permanency Conference, the Kinship Notification and Appeal legislation, the Faster Families Highway for foster parent recruitment, foster parent enhanced maintenance payments, the impact of changing barrier crimes legislation, the foster parent recruitment video, Kinship Symposium focused on Fatherhood Engagement, and the KidsCorp Contract training series for volunteers working with families involved in the child welfare system,
- Participating in the Trauma and Resiliency LEx Advisory Group and Best Practice video, The FPM Facilitator's Forum, VA Best Practice Courts, and
- Serving on a panel for APHSA Best Practice, as well as a number of panels for VDSS hosted webinars supporting better practices.

Similarly, as the Community-Based Child Abuse Prevention (CBCAP) lead agency, VDSS is involved with all sectors engaged by CBCAP, which includes parent leadership within communities. CBCAP funding also supports Families' Forward Circle of Parents and the Virginia Parent Council which coordinate parental voices in planning and implementing family services that support child abuse prevention programming in Virginia. Feedback from the Virginia Parent Council, community-based projects, and parent leadership continues to support networks of coordinated child abuse prevention resources, as well as activities that strengthen families. This collaboration connects to **CFSP 2025-2029 Prevention Strategy 3**, providing a collaborative environment in which community partners can better understand and address specific barriers to prevention services.

Local Departments of Social Services (LDSS)

As part of the VDSS system and functioning within the locally administered, state supervised structure, LDSS stakeholders are crucial partners in a multitude of state-driven initiatives. VDSS uses numerous stakeholder meetings to leverage feedback gained from LDSS directors, supervisors, and frontline workers. LDSS staff directly provide input and collaborate with VDSS in regular meetings, including quarterly directors' and supervisors' meetings held in each state region, the Virginia League of Social Services Executives (VLSSE) bi-annual conferences, quarterly board meetings, monthly sub-committee meetings, and three local advisory committees comprised of LDSS staff who advise child welfare programs across the continuum. All these stakeholder meetings provide input throughout the year, which directly informs the development of the CFSP and annual APSR submissions. The VLSSE Professional Development Committee advises VDSS monthly on issues around workforce development, training, the CWSP and university partnerships, and other related topics. The VLSSE Child and Family Services Committee communicates feedback on policy and practice issues within service areas.

Tribal Consultation

VDSS uses quarterly roundtable meetings as the primary avenue for building and sustaining relationships between VDSS and the Tribes. VDSS participates in the NICWA (National Child Welfare Association) conferences and supports Tribal member participation. Tribal members share their conference experiences with other Tribal members during roundtable meetings. VDSS continues to work towards developing formal guidelines on ICWA (Indian Child Welfare Act) and cultural competencies, remaining committed to improving all staff members' cultural competence. Relationships that come from roundtable meetings, site visits and other child welfare focused committees are all opportunities for VDSS to learn more about Tribal cultures. These interactions will help VDSS identify any themes or problem areas in cultural competency training. With collaboration from the quarterly roundtable, VDSS developed an ICWA training for federally recognized Tribes in 2022 and an engagement of native families training in 2024.

Court Improvement Program (CIP)

CIP and VDSS partner to ensure that title IV-E requirements are adequately documented in court proceedings. CIP staff are collaborative partners with the CWAC and permanency sub-committee and provide updates and technical assistance to court partners, including judges, DSS counsel, guardians ad litem, and attorneys appointed as counsel to represent parents and guardians in child dependency cases. As part of CWAC, they were key partners in strategic planning for the 2025-2029 CFSP. The CIP meets regularly with DFS staff, the Children's Bureau and contracted partners (JBS staff) to talk through questions or issues that have arisen. VDSS Foster Care, Adoption, and QAA Program Managers are members and regular attendees of the CIP Advisory Board.

VDSS partnered with CIP (with the Tribes' approval) to participate in the ICWA training led by national subject matter expert, Jack Trope with Casey Family Program. Two CIP staff attended the training with Virginia's federally recognized Tribal leaders in the autumn 2022 in Richmond, VA.CIP staff regularly attend the Quarterly Roundtable meetings with Virginia's Tribes.

CIP and VDSS collaborated in addressing expanding claiming for title IV-E legal representation. CIP and VDSS have collaborated on various aspects of the CFSR planning process including assessing systemic factor functioning and identifying legal stakeholder engagement. Additionally, CIP has been a significant partner in the title IV-E federal review that was conducted in February 2025 by providing a CIP staff person to participate as a state reviewer.

Child Welfare Advisory Committee (CWAC)

CWAC is the primary organization to advise the Director of the Division of Family Services on child welfare issues. It helps ensure that all child welfare activities are child-centered, family-focused and community-based. Child welfare programs include Adoption, Child Protective Services, Family Preservation, Foster Care, and Interstate Compact on the Placement of Children. CWAC includes representation and participation from the courts, parent advisory committee, community partners, LDSS, and other state agencies meets three to four times a year. Virtual meetings have allowed for greater representation from across the state, as people who could not normally travel to the meeting have been able to attend. The CWAC agenda always includes collaborative work focused on meeting outcomes for Virginia's children and families. Over the past three years, CWAC meetings focused on developing the 2025-2029 CFSP and after development. assessing progress for CFSP strategies and activities, identifying barriers, and recommending changes to interventions. CWAC meetings typically include 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 who incorporate it as appropriate. VDSS will keep using this meeting over the next five years to support implementation of the CFSP strategies and activities.

Practice Advisory Groups

VDSS hosts quarterly practice advisory committee (PAC) groups for child welfare program areas, including Permanency, Prevention, and Protection. It solicits input and feedback from LDSS and stakeholders. The Permanency PAC includes foster care, resource family, adoption, and Interstate Compact on the Placement of Children (ICPC) programs. Over the past three years, PAC has solicited feedback on PSSF funds, MFA templates, KinGAP, and state-funded kinship subsidy and adoption assistance. The Permanency PAC developed program guidance, forms, job aids, and resources, and formed smaller work groups focused on program-specific topics. It solicited ideas for resources and events for themed months, i.e., National Foster Care and Adoption months. VDSS also updated the Permanency PAC on staff training, legislative changes, and a new resource family recruiting portal.

The Prevention and Protection PAC is comprised of local CPS, In-Home, and prevention supervisors and workers, plus VDSS program staff. Similar to the Permanency PAC, this committee has continued in a

virtual format and participation has remained steady. The group provides input on the CAPTA (Child Abuse Prevention and Treatment) plan, legislative proposals, regulatory review, policy and guidance, and overall program direction. Over the past three years, committee members provided input on practice protocols related to out-of-family investigations, child fatality investigations, Safe Haven Hotline, MI, Sexual and Domestic Violence Prevention Fund, relative maintenance payments, Guidance Overhaul Project, Safe Sleep, validity decisions at intake, fatherhood, Kin First Now, kinship navigation expansion, opening In-Home services cases, Executive Order 26 (EO26), FFPSA, MI, father engagement, drug screening guidelines, COMPASS/Mobile, Parental Child Safety Placement Program (PCSP), Child Advocacy Center (CAC) funding, State CPS Hotline, and Project Link.

Additional Collaborations

Community Based Child Abuse Prevention Grant (CBCAP)
As the CBCAP grant lead agency, VDSS is involved with all sectors engaged by CBCAP, which addresses elements of **CFSP 2025-2029 Prevention Strategy 1**. Funds awarded to Virginia through this grant support the development, operation, and expansion of community-based, prevention-focused program that work to prevent child abuse and neglect. VDSS collaborated with the interdisciplinary, public-private structure, including representatives from private and public sectors, parents, and service providers. They directed and supported networks of coordinated child abuse prevention resources, working to strengthen parents. CBCAP also partners with the Virginia Family and Children's Trust Fund Board, the Virginia Partnership for People with Disabilities, DBHDS, VDH (Virginia Department of Health), DCJS, DJJ, Early Impact Virginia (under Families Forward umbrella), and other state and local public and private non-profit organizations.

Community Resource/Adoptive Family Training (CRAFFT)
VDSS is developing resource families by offering in-service trainings on the needs of older youth, sibling groups and medically fragile children through the CRAFFT contract. Resource families learn about trauma-informed care and promoting resilience in addition to trainings on how to become foster parents and deal with issues that arise while taking care of children in foster care. (See more about collaborations with CRAFFT in **Item 28**)

Statewide Prevention Plan
VDSS led the development of a five-year plan to prevent child abuse and neglect, prompted by Budget Amendment HB30 in Virginia's 2020 General Assembly Session. Submitted to the General Assembly in June 2021, the plan focused on primary prevention, using a trauma-informed and public health framework on abuse prevention. This focus on prevention presented an opportunity to better align prevention activities while also identifying opportunities for prevention services to positively influence child well-being, safety, and permanency. In developing this plan, VDSS collaborated with DBHDS, VDH, DOE (Department of Education), OCS, Family and Children's Trust Fund(FACT), Families Forward Virginia, Voices for Virginia's Children, Virginia Poverty Law Center, and other state agencies and community stakeholders. VDSS will continue to work with stakeholders to implement the five-year plan as resources allow, ensuring the alignment and inclusion of CBCAP funding and priorities.

One of the five-year plan's first initiatives was the Thriving Families Safer Children's Initiative (TFSC). Families Forward, in partnership with VDSS, submitted an application and was subsequently selected to join with other states in the round 2 TFSC initiative. The multi-year initiative seeks to demonstrate that intentional, coordinated investment in a full continuum of prevention and robust community-based support networks will promote overall child and family well-being and other positive outcomes. The work focuses on creating and enhancing networks of community-based supports and aligning government resources to provide a full prevention continuum that strengthens community protective factors and parental protective capacities while mitigating associated risk factors. Virginia's TFSC plans incorporate

some of the five-year plan's recommendations.

The TFSC is also developing Family Resource Center (FRC) demonstration sites across Virginia. These sites will use the National Family Support Network (NFSN) FRC model to strengthen family resiliency and reduce the likelihood of child abuse and neglect, advance support for communities in prevention programs and speak to the complex issues that often contribute to families becoming involved in the child welfare system. The project will demonstrate a statewide significance with the implementation and evaluation of FRCs through integrating, cross-system approaches to developing comprehensive child and family well-being systems that are co-designed with families and communities. Sites demonstrate a process for incorporating primary prevention and public health approaches to improve overall community well-being consistent with the social and environmental determinants of health and to create the conditions necessary for all families to thrive. A new position, that of prevention director at the Prevention Department of Families Forward Virginia, will coordinate this effort, and two more positions have been funded to support FRC establishment. Families Forward Virginia has also hired a community engagement manager and a lived experience specialist.

VDSS will continue to leverage the 5-year plan as a framework for targeting resources and services to prevent child maltreatment. Along with active collaboration with Families Forward Virginia and key stakeholders, this work will emphasize the foundational themes of shared accountability, a trauma-informed approach, a culturally responsive process, and prioritizing the important perspectives of individuals with lived experience. The objectives and strategies of the plan focus on primary prevention, preventing child abuse and neglect from happening in the first place, and promote upstream approaches to lessen the immediate and long-term effects of child abuse and neglect. Strategies included in the plan range from a focus on individuals, families, and relationships to the broader community and societal change. This range of strategies recognizes the connectivity between individual-family behavior and broader neighborhood, community, and cultural contexts. The prioritized activities further support the strategies of the plan; thus, providing a guide for implementation. VDSS will collaborate with stakeholders on the 5-year plan as resources allow, ensuring CBCAP funding and priorities are included. A Family First workgroup was convened to align prevention strategies and funding streams for the next 5-year plan. VDSS is also assessing statewide needs to optimize prevention funding, including CBCAP.

University Partners

In partnership with five state universities, VDSS offers the Child Welfare Stipend Program (CWSP) and Child Welfare Employee Education Assistance Program (CWEEAP) throughout Virginia (**CFSP 2025-2029 Operations Strategy 2)**. VDSS continues to partner with George Mason University, Norfolk State University, Radford University, Virginia Commonwealth University, and Virginia State University. Each university partner has established Regional Advisory Committees, which are composed of LDSS leadership, university child welfare faculty, state CWSP leadership, and community partners. Meetings convene quarterly to discuss child welfare workforce needs, learn how students and graduates are performing in the field, staff any barriers to programmatic or student success, and design curriculum and para-curricular activities, including topical seminars, case simulations, employment workshops, and other events. Additionally, VDSS works closely with the Professional Development Committee of the VLSSE, which serves as a state-level advisory group.

Center for Evidence-Based Partnerships in Virginia (CEB-Va)

VDSS began a partnership with CEP-Va in 2020. CEP-Va is a partnership between state agencies and Virginia higher education that supports implementing, evaluating, and sustaining EBPs across the state. The Governance Committee for CEP-Va includes DBHDS, DMAS, DJJ, DCJS, DSS, OCS, VDOE, DHP, and VDH. VDSS and CEP-Va conduct EBP fidelity monitoring, particularly for those in the Title IV-E Prevention Services Plan, and provide data from fidelity monitoring to use in the VDSS CQI process. VDSS and CEP-Va also identify needs and gaps in EBPs across the state and recommend additional EBP implementation. A capacity building agreement lets CEP-Va use VDSS funding to

identify and train CSBs and community-based providers in the EBPs approved in the FFPSA Prevention Plan. CEP-Va creates an ongoing Needs Assessment and Gaps Analysis (NAGA) report. Item 29 includes more information on the NAGA report recommendations and responses to them.

Virginia's Kids Belong (VKB)
Virginia's Kids Belong Regional Coalitions help recruit resource families and support kinship caregivers and child welfare workers. Virginia's Kids Belong "I Belong Project" (IBP) is a joint initiative with the diligent recruitment and adoption programs. Collaborating with regional resource family and permanency practice consultants, IBP coordinates pictures and videos of children whose parents have lost parental rights and who live in congregate care. Additional information about Virginia's Kids Belong is included in Item 36.

Item 32: Coordination of Services with Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the Child and Family Services Plan (CFSP) are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

VDSS assesses this item as a Strength because VDSS collaborates with multiple agencies to coordinate services or benefits. Virginia's state supervised and locally administered system lets VDSS supervise the LDSS by providing policy and support. LDSS administer the state and federally funded programs to provide services to children and families in their communities. Each locality uses title IV-B subpart I funding, as distributed for the service coordination of child welfare services in each locality. In Virginia, the majority of the funds are spent on staffing for foster care caseworker services.

LDSS not only provide child welfare services in the community, but also provide a variety of federally funded assistance, such as Low-Income Heating and Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), child care assistance, and eligibility for Medicaid. This design provides a one-stop-shop for children and families in their communities to receive holistic support that meets their needs. Virginia's LDSS can flexibly access and design child welfare services to meet a wide range of individual needs and circumstances for children and their families who are involved in the child welfare system (based on needs, local demographics, and available resources in each community). LDSS are expected to coordinate services with local private agencies and community organizations engaged in activities relevant to the unique needs of children and families involved in each local child welfare system.

VDSS continues the federal-state coordination in securing Virginia's new child welfare information system. Virginia's Implementation Advance Planning Document (IAPD) for CCWIS development was approved in January 2023. Virginia will continue to engage with federal partners throughout developing a CCWIS compliant case management system to ensure that VDSS is better able to serve Virginia families and to better meet federal reporting mandates. The **Current Initiatives Section** offers more information on collaboration for CCWIS development.

VDSS has several Memorandums of Understanding (MOUs) and Memorandums of Agreement (MOAs) with partnering agencies, including:

- DJJ, to clearly identify the roles and responsibilities and provide guidance for both parties to serve the best interests of youth who were in foster care before being committed to DJJ.
- Partner universities, to support the CWSP.
- Social Security Administration, to share data relating to youth in foster care who receive SSA benefits.

VDSS also coordinates services with several partnering agencies outside of formal MOU and MOA arrangements. VDSS has an ongoing coordination with the SSA, including providing LDSS access to a frequently asked questions list and the following recorded webinars:

- An Overview of Social Security and Supplemental Security Income (SSI): History of programs, services offered including Social Security Number (SSN) card requests, types of benefits and online services
- SSI - In Depth: Benefits, policies and procedures, youth transitioning out of foster care applications, age 18 redeterminations, working while disabled, SSI Spotlights, dedicated accounts, reporting responsibilities, scenarios
- An overview of the Representative Payee Program: Individual and Organizational Payee's, policies and procedures, reporting responsibilities

SSA, VDSS, and LDSS collaborated to develop and distribute a list of identified points of contacts for both the LDSS and the SSA.

VDSS also partners with DOE (as outlined in Item 31) in improving the educational stability and attainment outcomes of children in foster care. Additionally, VDSS has coordinated messaging with DOE, so that both agencies supported efforts to prevent child maltreatment deaths across both agency's audiences and reiterated messaging among shared audiences. DOE supported these efforts by publishing VDSS infographics on water safety, gun safety and safe sleep information in their newsletters for childcare providers.

The Children's Justice Act (CJA) hired a third-party vendor to create a child death investigation protocol for law enforcement. VDSS was an active stakeholder in this process and provided insight and feedback for the protocol. The protocol includes sections about Substance Exposed Infants (SEI), as well as child asphyxia, suffocation, and sudden unexplained infant death. The protocol has been included in VDSS's upcoming training on Child Death Investigations for the child welfare workforce. The protocol was made available as a job aid to all LDSS in March 2023.

The Children's Justice Act coordinator works with key partners to train and disseminate the Child Death Investigation Protocol (CDIP) to law enforcement and child protective services investigators in the Commonwealth.

VDSS provides technical support to each locality as needed, to ensure maximum results federal programs and funding combined with state and local resources. Specific areas detailed in this report do coordinate at the state level with federal, state, and local resources, but overall, the child welfare system is locally implemented.

Within VDSS, staff and leadership partner with the following state groups:

- Division of Benefit Programs - DFS staff members work with Division of Benefit Programs (DBP) staff members to provide guidance on when a relative can receive TANF for a child. DFS also partners with childcare and early childhood development to ensure that day care referrals for children in foster care and children leaving foster care are paid for using the correct funding source and services are provided with little to no delay. DBP, in collaboration with DFS, implemented the TANF Relative Maintenance Support Payment Program in 2020 to give financial assistance to families who are providing relative care to children who would otherwise enter foster care. In July 2022, the program expanded to support additional households, including fictive kin caregivers. The funding source changed from TANF block grant funds to state general funds, with a set amount of funding for SFY 2024. As of September 1, 2023, the program has more than doubled in size, providing aid to 1,583 children, along with increased stability and

safety. DFS and DBP continue to collaborate on this program and jointly advocate for sustainable funding to provide ongoing Relative Maintenance Support Program payments to relatives and fictive kin caregivers.

- Division of Child Support Enforcement - Division staff members work with staff in the Division of Child Support Enforcement to ensure proper and effective establishment and collection of child support for children receiving foster care services. Additionally, division staff collaborate with DCSE on fatherhood engagement efforts.

- Office of New Americans – This office oversees federal foster care cases and DFS staff supports the development of guidance for those children.

- Division of Licensing Programs - Staff work with Licensing Programs to ensure guidance and regulations are consistent between licensed child placing agencies and locally approved foster homes.

  Input from each division helps develop guidance in Family Services. Information is shared between divisions through a collaborative process, as needed. The Divisions of Family Services and Benefit Programs report to the same Deputy Commissioner.

Other Coordination Efforts:

Safe and Sound Task Force

Virginia's child welfare leaders remain focused on specific challenges around high-acuity youth in foster care. Efforts include strengthening Virginia's focus on kinship placements, expanding treatment foster care, working across systems and payors to increase access to high quality evidence-based mental health and other supportive services, fostering a trauma-informed culture throughout child welfare, adjusting provider rates, the ongoing implementation of Family First, and expanding the VDSS High Acuity Team to include a third High Acuity Placement Coordinator. The High Acuity Team also began considering development of preventative assistance services (post-displacement crisis) to complement the acute assistance already provided. The idea is that formalizing a "back-end" assistance procedure would help LDSSs and high acuity youth reach long-term stability and permanency without future displacements.

To address statewide and systemic challenges, including placement disruptions and high-acuity youth in foster care sleeping in local offices or other unsuitable locations, Governor Youngkin launched the Safe and Sound Task Force on April 1, 2022. The Task force's vision is aligned with Virginia's vision for its child welfare system: children should grow up in safe, stable, and secure families that support their long-term well-being. Virginia agencies represented include VDSS, DBHDS, OCS, DMAS, and DJJ, private providers, nonprofit organizations, advocacy organizations, faith-based organizations, LDSS, and others comprise the task force membership.

The task force began with three goals: 1) ending youth sleeping in LDSS offices, hotels, or other unsuitable locations by identifying and securing safe placements for high-acuity displaced youth; 2) developing a reservoir of safe and appropriate placements for youth who may need them in the future; and 3) making systemic changes to Virginia's child welfare and other systems. Targeted work towards these goals continued throughout 2024, primarily within weekly Safe and Sound "Core Team" meetings which include representatives from each of the aforementioned agencies.

Task force strategies include clarifying roles and responsibilities among state and local agencies and assigning responsibility for actions; engaging directly with providers, managed care organizations, and Virginia's Behavioral Health Services Administrator (Magellan); coordinating various child-serving systems to address unmet needs; using high fidelity wraparound and other proven models to gain

placements and services; ensuring the voice of the youth were represented in their placement goals; using creative problem-solving through a "What Would It Take?" system of care framework; and leveraging the authority of the Governor's Office.

Office of Children's Services for At Risk Youth and Families (OCS)/Children's Services Act (CSA)
Unique to Virginia, the Children's Services Act (CSA) is a single state pool of funds to support services for eligible youth and their families. In addition to DBHDS and DMAS, the OCS is the primary funding source of services for children, parents, and caregivers who are involved in the child welfare system. OCS has helped plan FFPSA and KinGAP implementation. OCS has also collaborated with VDSS around the implementation of state-funded kinship subsidy. OCS also ensures that children and families receiving title IV-E funded services also receive support from other sources, such as transportation, homemaker services, etc.

OCS, DBHDS, DMAS, DJJ and VDSS meet as needed to support the Center for Evidence-based Partnerships in Virginia (CEP-Va), a partnership developed from the Three Branch team to implement FFPSA, based on the shared agency interest in developing capacity for EBPs in Virginia, ensuring EBP fidelity, and enhancing service provision across private and public sector community partners. (Additional information on CEP-Va follows) VDSS, OCS, and CEP-Va have a data sharing agreement to match clients, funding, and services for CQI and to build capacity and monitor fidelity.

OCS has been a strategic partner in developing permanency-related projects such as the Enhanced Treatment Foster Care Pilot Program and the Additional Daily Supervision (ADS) Workgroup. OCS has also assisted in designing and implementing a short-term, state-funded, Exceptional Circumstances Payment pilot program for foster parents.

Virginia Department of Criminal Justice Services
The Department of Criminal Justice Services (DCJS) is a critical partner with VDSS on grant funded services for children and victims of domestic violence. DCJS continued to provide Victims of Crime Act (VOCA) funding to VDSS to support CACs. Nineteen CACs provide a multidisciplinary approach to serving victims of child abuse and neglect. A Multidisciplinary Team (MDT) at each center discusses the investigation, treatment, intervention, and prosecution of child abuse cases. VDSS collaborates with DCJS, the Children's Advocacy Centers of VA (CACVA – the statewide association of CACs), and the Southern Regional Chapter of the National Children's Alliance train MDTs in Virginia. VDSS and CACVA also work together to better integrate CACs with the state office and local social service departments. VOCA funds from DCJS provide financial support to local domestic violence programs VDSS also funds. VDSS participates in VSTOP meetings where state funders and stakeholders discuss funding priorities and service improvement in trauma-informed, domestic violence programming. VDSS partners with the State Trafficking Response Coordinator for the Commonwealth, who is based at DCJS, and provides annual, aggregate data on children and youth who are suspected victims or are victims of trafficking. VOCA funding for CACs is eliminated in FY26.

Virginia Department of Education (DOE)
The majority of VDOE and VDSS collaboration has typically been directed at improving educational stability and outcomes of children in foster care. VDSS and VDOE continue collaborating to fulfill the requirements of a five-year grant that VDOE received to improve data visualization linking foster care and educational data via the Virginia Longitudinal Data System (VLDS). VDSS mandates the inclusion of the VDOE State Testing Identification (STI) in the child welfare information system. This lets VDSS and VDOE share aggregated educational data of students in foster care. Together, VDSS and VDOE team members deliver joint trainings focused on educational stability. Each department maintains two primary points of contact for LDSS and schools to reach out to for consultation. VDSS and VDOE model the collaboration that LDSS and local schools need to make joint best interest determinations by looping each

other into all conversations and providing joint, agreed upon answers to difficult questions. VDSS and VDOE continue to collaborate with the enactment of Every Student Succeeds Act (ESSA) and joint publication of VDSS/VDOE guidance on ESSA. They largely provide technical assistance to local education agencies (LEAs/school divisions) and LDSS to meet ESSA requirements, collaboratively resolving school enrollment and stability issues and looping in OCS as necessary.

Virginia Department of Juvenile Justice (DJJ)
VDSS and the Virginia DJJ partner on initiatives, including re-entry guidance for youth in foster care and implementing FFPSA provisions, including EBP use. DJJ has continued to use FFT and MST throughout Virginia to serve youth. DJJ has been an asset to VDSS throughout the implementation process, sharing resources and lessons, which made the implementation successful. LDSS can use DJJ providers of FFT and MST for children who are candidates for foster care by purchasing services through DJJ's existing contracts.

Virginia Department of Medical Assistance Services (DMAS)
Medicaid is the largest payer of behavioral health services for children in Virginia. VDSS coordinates with DBHDS and DMAS to implement Project Bravo, which promotes a robust array of outpatient services, integrated behavioral health services in primary care and schools, and intensive community and clinic-based supports that shift from a crisis-oriented approach towards prevention and early intervention. This redesign is integral to ensuring that children have access to high-quality, evidence-based, and trauma-informed services, regardless of funding source. DMAS also supports VDSS's implementation of FFPSA policy, particularly around determining responsibility in congregate care use and settings FFPSA specified. VDSS works with DMAS and MCO providers in the Transition Planning Action Group. This group works to strengthen communication pathways between VDSS, DMAS, MCO providers, LDSS, foster care providers and youth in care, with the goal of providing client-centered services to Medicaid eligible youth now and formerly in care.

Foster and Adoptive Parent Licensing, Recruitment, and Retention (Items 33-36)

Item 33: State Standards

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds?

Virginia received an overall rating of Strength for Item 33. VDSS continues to assess this item as a Strength based on the reviews completed by regional program consultants and QAA staff. VDSS intends to support functioning in this item through **Permanency Strategy 3.3** to implement new curriculum for foster parent training to increase foster parents' skills in meeting the needs of children placed with them.

Intentional collaboration between program areas, including Resource Family, QAA, and the VDSS Division of Licensing Programs (DOLP) has led to discussions of strengths and areas needing improvement in foster and adoptive parent licensing, recruitment, and retention statewide, ensuring that state standards are applied to all licensed or approved foster family homes or child-care institutions receiving title IV-B or IV-E funds. Regional Resource Family Consultants are completing targeted reviews on resource family files and addressing gaps in LDSS documentation and the approval process for LDSS approved resource families. The Virginia title IV-E review process also provides monitoring of LDSS licensing for foster and adoptive homes. Though not all children in foster care in Virginia are served with title IV-E funds, all state-provided foster and adoptive homes must be approved to take

children covered by title IV-E. Therefore, families included in IV-E reviews provide a valid, reliable sample of all families licensed by Virginia's LDSS. Virginia's overall title IV-E error rates from state reviews outlined in Item 25 demonstrate the efficacy of VDSS's monitoring of IV-E requirements, including licensing of children's placements.

LDSS Approved Resource Homes

Standards for the home of the provider are outlined in 22VAC40-211-70 and standards of care for are outlined in 22VAC40-211-80.

Pre-service training is required before approval or licensure along with training related to mandated reporting of suspicion of child abuse and/or neglect. LDSS must complete an MFA or home study and indicate that the parent demonstrates competency in protecting children, meeting developmental needs, permanency, supporting biological family relationships and acting as a member of a child welfare team. Staff evaluate the physical environment of the parents' home to ensure compliance with health and safety standards.

LDSS are required to engage in ongoing discussion with and supervision of approved foster and adoptive parents. The staff first discuss the "Standards of Care for Continued Approval" during the assessment, to ensure foster parents understand what is expected of them once a child is placed in their home. The "Standards" are part of the ongoing dialogue with foster parents. The local resource family worker visits the home of the approved foster parent as often as necessary, but at least quarterly, to provide support, monitor the foster parent's performance and document these visits in the foster parent record. When a child is placed in the home, these visits may coincide with monthly visits with the child and be completed by the foster care worker. If there is no child placed in the home, telephone contact may replace the quarterly visit. If monitoring efforts indicate that significant changes in the household composition or foster parent's circumstances have occurred and would affect the approval conditions, the worker completes an addendum, includes it with the Mutual Family Assessment report, and takes appropriate action to maintain compliance. Such action may include a plan to correct any deficits, or suspension, or revocation of the foster parent's approval. VDSS introduced a Post Placement Review and Family Development Form in May 2025 for agencies to use with families following the end of a placement. The purpose of this tool is to have open discussion for areas of improvement for both the agency and the foster parent.

LDSS are able to utilize waivers for kinship families (private child-placing agencies are not permitted to utilize these waivers). According to 22VAC40-211-90A, to place children timely with kinship foster parents, the LDSS may request a kinship waiver for a period of six months. The kinship waiver does not completely waive any of the requirements needed to become a resource parent – it waives the requirement that these requirements be completed prior to placement., however, for kinship families, the timeline of having pre-service training, a completed mutual family assessment, and current tuberculosis screenings and physical examinations is waived to have these tasks completed within six months of the placement of a youth in the home. Traditional resource families must complete all of the above requirements prior to having youth placed in their home. Item 34 details the standards kinship families must meet to qualify for a waiver. Once it is determined that the family is eligible for a waiver, and placement is made, the LDSS must submit a kinship waiver to their Regional Resource Family Practice Consultant within 72 hours of placement. LDSS is responsible for tracking their waivers to ensure families meet full compliance within six months, however, the Practice Consultants additionally track waivers and follow up with LDSS regularly to ensure compliance. Kinship waivers are specific for the resource family, and once all standards of approval have been completed, LDSS completes a second submission, closing out the waiver no more than six months after it began. Virginia continues to increase the utilization of kinship waivers to support first placement of children in foster care with kin and has shown continued success in placing

youth with relatives through the use of kinship waivers. As of May 29, 2025, 382 kinship waivers have been submitted, for the placement of 489 youth, showing a marked increase in placement with relatives. Information for previous calendar years is in the chart below.

Calendar Year	Number of Kinship Waivers Submitted	Number of Youth Placed
2022	380	465
2023	494	643
2024	816	1,401
*2025	382	489

*Data from January 1, 2025-May 29, 2025

Virginia also allows for the completion of a Non Safety Waiver with LDSS homes, to overcome barriers to placement with kinship resource parents as long as the waiver does not jeopardize the safety and proper care of the youth or violate state or federal laws or local ordinances. Examples of a reason to request a non safety waiver would be insufficient space for each child sharing a bedroom to have personal space, including a closet/storage, or children over the age of three of different genders not sharing a bedroom. Non safety waivers are completed by LDSS and submitted to Regional Resource Family Practice Consultants for review. If the case is an ICPC case, LDSS must also submit the waiver to ICPC. Non safety waivers are reviewed annually by LDSS, and updates or renewed waivers are again submitted to the Regional Resource Family Practice Consultant.

LCPA Approved Resource Homes

DOLP is the licensing authority for child-placing agencies not operated by a LDSS. The LCPA is responsible for approving, training, monitoring, and supervising homes that the LCPA has approved. The LCPA visits foster or adoptive homes as often as necessary but at least every 90 days to monitor the foster parent performance. These visits may coincide with the monthly visits with the child. If no children are placed in the home, the LCPA may monitor the home by visiting or calling the foster parent at least once every 90 days.

DOLP inspects LCPA at least twice annually. Inspections are unannounced. In CY 2024, 345 inspections were completed, in CY 2023 287 LCPA inspections were completed, and in CY 2022 327 inspections were completed. In addition to routine monitoring inspections, additional inspections may be conducted for requests for modification, investigation of complaints, investigation of incidents reported by the licensee, or for additional compliance monitoring. The inspection verifies compliance with the laws and regulations applicable to LCPA. Background checks for all employees hired and foster parent homes approved (including adult household members) since the last inspection are reviewed. At each inspection, the inspector must review the case records for at least 10% of the children in care and 10% of the foster parent homes approved. The inspection protocol requires that at a minimum the inspection include 1) review of the background checks for all foster parent homes approved since the last inspection and 2) 10% of the records for all approved foster parents. The regulation, Background Checks for Child Welfare Agencies 22VAC40-191, requires that approval be denied for unsatisfactory background checks. The Standards for Licensed Child-Placing Agencies regulation requires that children be removed, and no additional children placed if approval of the home is revoked.

Foster and adoptive parents approved by a LCPA in Virginia follow Standards for Licensed Child Placing Agencies 22VAC40-131. DFS and DOLP coordinate around these regulations to ensure they include the same requirements as described earlier when outlining requirements for LDSS homes. LCPA cannot approve homes that do not meet licensing standards unless the LCPA is granted an allowable variance. The DOLP director has the authority to grant an allowable variance to a standard. A licensee or applicant

may request an allowable variance when they believe that the existing standard poses a substantial financial or programmatic hardship and when they believe that either an alternative method of compliance with the intent of the standard that is causing the hardship, or the actual suspension of all or part of that standard, would neither endanger the safety or well-being of persons in care nor create a violation of statutes or of the requirements of another regulatory agency (22VAC40-80-230). A variance cannot be granted to law or to the requirements of other agencies. The most common variances for LCPA homes are 1) to allow the use of background checks obtained more than 120 days before the date of approval, and 2) to allow medication, such as an epi-pen, to be unlocked so that it is available in an emergency.

Allowable variances can be requested by the licensee through a written request. DOLP may provide consultation to the licensee in the development of the written request and throughout the allowable variance process. In the variance request, the licensee must describe the special hardship to the existing program or to a planned innovative or pilot program that will be caused by the enforcement of the requirement(s). Alternatives to meet the requirement's purpose and ensure the protection and well-being of children in foster care must also be included, as well as the written opinions of professionals in the field and/or documented research, showing that the proposed activities, facilities, or equipment are not injurious to the children in foster care. Allowable variances are granted by the DOLP director, after all documentation is reviewed, and recommendations are made by the licensing specialist, licensing administrator, and associate director (depending upon the request). Variances are tracked by letter in the provider file and maintained in a centralized electronic file for reference by licensing staff.

Allowable variances are conditional; they allow for no change in the circumstances that were the basis for the approval and variances may be rescinded or modified if needs or conditions change, additional information becomes known that alters the basis for the original decision; the applicant or licensee fails to meet any conditions attached to the allowable variance; or the results of the allowable variance jeopardize the safety, comfort, or well-being of children in foster care. Allowable variances expire automatically when there is a change in the facility's location or a change in the sponsorship of the facility or agency. DOLP licensing representatives review each allowable variance at a minimum of annually. Reviews address the effect of the allowable variance on persons in care, adherence to any conditions attached, and the continuing need for the allowable variance.

Denials for allowable variances are provided in writing to the applicant. Reconsiderations can be requested by submitting another written request including new or additional supporting information within 30 days of denial. DOLP then has 30 days to respond to the new request. This second response is considered final and cannot be appealed. When an allowable variance is denied, expires, or is rescinded, staff resume routine enforcement of the standard or portion of the standard. The applicant or licensee may withdraw a request for an allowable variance at any time.

Children's Residential Facilities (CRF)

DOLP is also the licensing authority for VDSS licensed Children's Residential Facilities (CRF). Children require that (at minimum) the inspection include 1) a review of the background checks for all staff hired since the last inspection and 2) a review of two to four personnel records in their entirety depending on the facility capacity. Satisfactory background checks are required as a condition of employment and must be in place before an individual begins working. In CY 2024**,** 51 inspections of CRF occurred, 23 in CY 2023, and 44 in CY 2022.

The process for a provider to request a variance is outlined in 22VAC40-80-230 and 22VAC40-80-240. The provider may request an allowable variance when they believe the existing standard poses a substantial financial or programmatic hardship and that safety nor the well-being of person in care would be endangered nor would it violate statutes. Variances granted by DOLP are reviewed at least annually using the same process described above for the variances for LCPA.

Item 34: Criminal Background Clearances

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster and adoptive placements for children?

Virginia received an overall rating of Strength for Item 34. VDSS continues to assess this item as a Strength based on low noncompliance rates from QAA reviews and licensing inspections.
Foster and adoptive parents approved by LDSS follow the standards for background checks as outlined in Chapter D, Resource Family, Child and Family Services Manual. All foster and adoptive parents, along with all adult members of each household, must complete background checks comprising of a Sworn Statement of Affirmation, fingerprints for a FBI criminal background check, a CPS Central Registry Search, and a search of the Sex Offender Registry, which is included in the criminal background check. Additional Central Registry searches are completed in the appropriate localities if a person has resided outside of the state of Virginia within the past five years. These background checks must be received prior to issuing a Certificate of Approval (COA) for all foster homes and must be current within 120 days of the issuance of the COA. LCPA homes require the same types of background checks, but do not require they be completed within 120 days of issuance of the COA. Additionally, new fingerprints and Central Registry checks must be completed every three years at re-approval, anytime a household member turns 18, and anytime a new adult enters the household, and within a timeframe to be current within 18 months of an adoption. LCPA homes are also required to complete Central Registry searches for household members at the age of 14.

For the approval of Kinship Foster homes, in conjunction with the use of the kinship waiver, LDSS must obtain background checks by procuring a criminal history from the local criminal justice agency and completing an OASIS search of the central registry prior to placement of a youth in a kinship home. However, within three days of placement of the youth in the home, the kinship foster parent and adult household members must submit fingerprints to the central criminal records exchange and complete a request for a Central Registry Search. LDSS or LCPA cannot approve a foster or adoptive home if any individual in the home has a record of an offense that is set out in the Code of Virginia §19.2-392.02 (known as barrier crimes summarized here: https://www.dss.virginia.gov/files/division/obi/background_investigations/barriercrimes/2024_CPA_Barrier_Crimes.pdf), or if there is a founded complaint of abuse or neglect in the child abuse and neglect registry. Additionally, if a current household member or new household member receives a founded disposition of child abuse/neglect, the home must be suspended. In situations where the founded disposition is under appeal, the resource parents' approval must be suspended until the appeal process is completed. Suspensions mean the resource parent is no longer approved for the placement of children, and therefore, no children in foster care can reside in the home until the suspension is lifted. This guidance around suspension is for both non-relative and kinship resource homes.

The Office of Background Investigations processes the criminal history record checks for all resource parents (both LCPA and LDSS), the majority of whom are found eligible. Results for the last three years are in the table below:

Year	Total Results	Eligible	Ineligible	Unable to Determine*
CY2024	8,152	7,870	282	124
CY2023	7,798	7,569	229	114
CY2022	8,103	7,992	111	158

*Unable to determine means there is not enough information to determine if a barrier crime conviction

has occurred and LDSS must gather additional information to make a determination whether the record met the criteria for a barrier crime. This consists of gathering information from OBI about the charge in question (date, arrest details, etc), collecting a written detailed statement from the individual, and may include consulting with the court or with an agency attorney to discuss the charge in question further. If at any point, a barrier conviction is disclosed, the facility must treat the case as "not eligible". If a barrier conviction is not disclosed, the agency will have discretion to make the final decision based on all information gathered. The statement should be attached to the determination letter. This supports the determination letter and provides documentation to anyone reviewing the decision.

In order to ensure compliance with safety standards, Virginia relies on results from QAA reviews. The following table outlines case reviews in the past three years, with an average of 1% or less of cases reviewed having safety errors. Examples of overall errors include safety checks not being completed timely and lapses in approval periods.

Year	Cases Reviewed	Cases Without Error	Error Rate	Safety Error Rate
SFY2024	4,260	4,114	3.43%	.85%
SFY2023	4,060	3,899	3.82%	1.03%
SFY2022	3,434	3,307	3.7	.73%

LCPA employees must have background checks, in accordance with §63.2-1720 of the Code of Virginia, which also prohibits hiring an individual who has committed a barrier crime.

Employees, potential employees, volunteers, or persons providing services on a regular basis at residential facilities for children and group homes are required to have national criminal background checks and checks of the child abuse and neglect central registry. Satisfactory background checks must be received before beginning employment or volunteer service in VDSS facilities. Virginia Code §37.2-408.1 was amended on April 27, 2022, through Virginia Senate Bill 577 let DBHDS children's residential facilities employ individuals while their criminal fingerprint background checks were pending, provided that, they do not work in the CRF, or any other location operated by the facility where children are present. Satisfactory background checks must be received before working in the CRF or at any location operated by the facility where children are present. DBHDS monitors compliance during regular reviews of the facility staff, which can be seen in the Staff Record review form used (pages 65-70 of https://dbhds.virginia.gov/assets/QMD/licensing/children-s_package_new_applicant_7.26.2018doc.pdf#page=65).

There were 818 inspections (all inspection types) conducted for LCPA from January 1, 2022, to December 31, 2024. Of these inspection, 22 inspections identified background violations.

Calendar Year	Inspections	Inspections that identified background violations
2024	264	16
2023	256	3
2022	298	3

If a violation is cited because an applicant, agency, employee or volunteer lacks any part of the required background checks and a request for a missing part has not been submitted, the applicant must provide the licensing specialist (LS) documentary proof that the request has been submitted as soon as possible, but no later than ten business days following notification. On receipt of the background checks, the applicant must send the LS documentation showing the date that the background checks were received. A license cannot be issued if any required background check(s) have not been completed. A complete application includes documentary proof that the applicant or agency is compliant with all applicable background

check laws and regulations. If the applicant does not send the LS documentation showing that the background check(s) have been requested within the ten-day time frame, the VDSS may consider further action, including denying the application. Before issuance of an initial license, all required background check results must be received and reviewed for any applicant, listed on the application. Before issuance of a renewal license, all required background check results must be received and reviewed for any new applicant listed on the application.

If a CRF provider has a background check violation, the facility must not allow the employee to work with children, or work at the residential facility, or any other site operated by the facility where children are placed. The CRF provider must give the LS with documentary proof that the request has been submitted, as soon as possible but no later than ten business days from notification. On receiving notification, the provider must give the LS documentation of the date that the background checks were received. VDSS also monitors compliance with a safety matrix that tracks the completion of safety requirements (such as background checks) of CRF staff.

Case Planning and Monitoring Safety

Virginia has numerous elements in the case planning process to monitor and address the safety of foster care placements.

Children in foster care are required to have face-to face visits with their caseworker, and these occur monthly at a minimum with at least half occurring in the child's current residence. The focus of the caseworker visit is on the child's safety, well-being and progress to permanency and workers are provided with job aids to help focus the visit on these three core areas (**Appendix C-28**). During these visits, the caseworker assesses the appropriateness of the placement and any needs of the child or placement provider. Virginia has consistently performed above the 95% federal standard for worker visit compliance as well as over 50% of the visits occurring in the child's residence.

Prior to the implementation of trial home visits, LDSS are required to complete criminal background checks on the biological parent(s) and all adult household members per Virginia Code § 63.2-901.1 and Foster Care Guidance Section 8.6.5. If there are any results identified, the LDSS is required to notify the court of the results. Additionally, the LDSS is required to complete a new safety assessment and clearly identify how the risk concerns that brought the child into care have been mitigated. The LDSS will also ensure that the child's education, health care and mental health needs do not experience any disruption. Once the child starts the trial home visit, the caseworker is required to complete a visit in the home within 72 hours. The caseworker continues to be required to complete face-to-face visits with the child while on the trial home visit. The caseworker visits should occur as often as needed to support the family but no less than monthly. Additionally, at least one visit per month must occur in the home with all of the household members.

When a child goes missing from foster care, Virginia has provided a clear and specific list of activities that LDSS can utilize in these circumstances. Foster Care Guidance Section 17.13 outlines these action steps, which include immediate notification to law enforcement and the National Center for Missing and Exploited Children (NCMEC). It further outlines action steps recommended for continued efforts to locate the child. The job aid "Missing Youth in Foster Care Checklist" offers additional support (included in **Appendix C-29**).

If a CPS investigation is validated involving a child in foster care, the LDSS holding custody shall cooperate with the investigator. To reduce a potential conflict of interest, CPS Guidance 3.5.2.4.6 recommends *"The local department of jurisdiction should request a neighboring locality to conduct any investigation in reports involving a foster child when the child is placed in a locally approved foster home."* The LDSS is expected to comply with any safety recommendations from CPS.

VDSS DFS partners with VDSS regional Permanency Consultants (PCs) specific to each LDSS to provide direct support and assistance to LDSS with displaced (or imminently at risk of being displaced) youth in foster care. When a youth is displaced and residing in an unapproved placement (LDSS offices, hotels, emergency rooms, etc.), the PC assists the LDSS in making a referral to the VDSS High Acuity Team (HAT). The HAT is a group of specialized professionals trained and practiced in assessing needs and identifying approved placements. The HAT leads the placement coordination process by arranging meetings with the PC and LDSS, brainstorming immediate and long-term solutions, and making direct referrals to approved placement providers alongside the LDSS.

When youth in foster care are displaced, their legal guardian (LDSS) is directly responsible for their 24/7 supervision, ensuring their physical, emotional, and environmental safety. VDSS HAT and PCs assist LDSS in devising individualized safety plans, supervision plans, and staff coverage plans that may be modified throughout the process based on individual needs of the displaced youth and staff responsible for them. Collaborative efforts are aligned with system of care principles, acknowledging that addressing the unique needs of individuals requires flexibility, intentional coordination, and accountability. The approach is guided by a strengths-based, solution-focused perspective that prioritizes the safety of the youth. This process leverages all available resources, reaches across systems, and encourages a holistic and creative mindset to address unique barriers and challenges.

The data below provides a quantitative description of the level of need and utilization of this process experienced in Virginia between January 2022 and December 2024.

Displacements	**Total CY2022**	**Total CY2023**	**Total CY2024**
Days Displaced for All Youth Displaced	581	1,036	894
Number of Indv. Displacement Episodes	102	157	135
Referrals	**Total CY2022**	**Total CY2023**	**Total CY2024**
Number of Referrals	165	237	264

The data below provides a quantitative description of the unapproved placement types where displaced youth in foster care in Virginia resided between January 2022 and December 2024.

Note: Tracking displaced youth in foster care residing in unapproved placements has evolved since 2022 to include additional types of unapproved placements as VDSS and LDSS agencies have expanded the definition of what it means for a youth to be displaced in a variety of settings (e.g. youth that have been deemed ready for discharge but continue to reside in a hospital due to no approved placement having been secured by the intended discharge date).

Unapproved Placement Type	Total Indv. Episodes CY2022	Total Indv. Episodes 2023	Total Indv. Episodes 2024
Emergency Room	-	-	3
Hospital	-	3	3
Hotel	20	67	34
LDSS Office	131	153	160
Mixed**	-	-	5
Other***	-	-	6

** "Mixed" accounts for a youth in foster care being displaced in any combination of more than one type of unapproved placement during the same displacement episode (e.g. a youth may have spent two nights in an LDSS Office and two nights in a hotel in the same displacement episode).

*** "Other" accounts for a youth in foster care being displaced in an atypical type of unapproved placement that not all LDSS utilize or have access to (e.g. residing in an Airbnb rented by the LDSS under LDSS staff supervision or residing in a temporary shelter offered by a community provider under LDSS staff supervision).

Additionally, as highlighted in the Data Profile in **Appendix A-1**, Virginia consistently performed better than the national average in Maltreatment in Care from 2020 –2022. For Maltreatment in Care, Virginia's Risk-Standardized Performance (RSP) is 5.68 victimizations per 100,000 days in foster care. This is below the national standard of 9.07.

Item 35: Diligent Recruitment

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Virginia received an ANI for Item 35 during the last CFSR because it lacked a diligent recruitment plan and foster parent racial and demographic information. VDSS currently assesses this item as a Strength. Faster Families Highway provides supplemental foster parent race and ethnicity data, which provides further assessment of system functioning. VDSS also has a critical priority of increasing kinship foster home placements. This would in turn increase the degree to which the racial and ethnic diversity of families reflect the racial and ethnic diversity of the children in foster care. VDSS has also added child-specific recruitment features to its Faster Families Highway platform to further support recruiting foster and adoptive parents that address the unique characteristics of children in foster care.

Virginia's current diligent recruitment plan was developed for the CFSP 2025-2029 planning process and is titled "Virginia Kin First Diligent Recruitment Plan." Virginia has placed priority on a process of CQI that supports the ongoing development of a kin first child welfare system. While CQI efforts have supported the development of kin first practices across the child welfare continuum, regarding children who enter foster care or are currently in foster care, Virginia has established a target of 35% of those children placed with kinship foster parents to be achieved by December 2025. VDSS has engaged LDSS in statewide and regional CQI efforts to understand both technical and adaptive challenges that must be overcome to ensure that children are both first placed with relatives upon entry into foster care and that family search and engagement efforts are sustained throughout the life of all foster care cases.

VDSS also recognizes that Virginia's private provider community, particularly LCPA play a critical role in Virginia's Kin First focus. As a result, VDSS has been intentional in its efforts to utilize data to inform and engage LCPA to obtain input and direction related to inclusion in goals and objectives outlined in the plan. However, the most critical element in plan development has been engagement of individuals with lived child welfare experience, through monthly meetings with Virginia's Parent Advisory Councils. Virginia's commitment to CQI has allowed VDSS to utilize data to provide a more comprehensive understanding of the manner in which Virginia's child welfare system operates and the impacts it has on children and families who enter foster care. By creating a shared understanding of both technical and adaptive challenges, Virginia positioned its lived experiences stakeholders to assume an active role in developing strategies to support kin first practices across the child welfare continuum. Finally, all resource parents (LDSS and LCPA kinship, resource, and adoptive) share information and provide recommendations for system enhancements through VDSS' annual resource parents survey.

In CY2024, there were 5,761 foster family resources active (active indicates the resource has had a placement within the last 3 years). Of those resource families, 1,442 resources had a start date in CY2024 with 1,169 of new resource families having a placement. Prior to 2024, VDSS tracked foster parent

information in a different way, therefore “active” parents were not tracked, but overall open homes. CY 2023 showed 5,361 open foster homes, and CY2022 showed 5,466.

Since FFY2022, Virginia underwent extensive efforts to clean up AFCARS data related to resource home records and the efforts to more accurately track data have resulted in a dramatic decrease in the number of foster parents whose race is labelled as “other”. As shown in table “Foster Home Placements-Race" what the corrected data demonstrates is that Virginia’s foster parents reflect the racial diversity of the children in foster care in Virginia. While fewer foster parents identify as biracial or multiracial (1.3%) when compared to children in care (12.2%), as of FFY2024, every other racial category has more foster parents who fall into that category than children in foster care, indicating a sufficient pool of foster parents who would match the demographics of the children in their care.

As shown in table “Foster Home Placements-Ethnicity" Virginia has also seen a slight, but steady improvement in the ethnicity of Virginia’s foster parents aligning with the ethnicity of Virginia’s children in care. In FFY22 did not have a pool of foster parents who represented the ethnic demographics of Virginia’s children in foster care, with 11.73% of children in care being Hispanic/Latino, and only 4.4% of foster parents are Hispanic/Latino.

To better support Virginia’s ability to recruit and approve Hispanic/Latino families, all foster parent approval documents and training curriculum were translated into Spanish in 2024.

Current demographics as of the end of FFY24 are as follows:

Foster Home Placements - Race									
Race	All Children in Foster Care			Children in a Foster Home			Foster Parent*		
	FFY22	FFY23	FFY24	FFY22	FFY23	FFY24	FFY22	FFY23	FFY24
American Indian/ Alaskan Native	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	0.1%	0.2%	0.2%
Asian	0.9%	0.9%	0.8%	0.8%	0.9%	0.9%	0.4%	1.0%	0.9%
Black/ African American	27.1%	27.3%	28.3%	25.5%	26.5%	28.0%	15.3%	31.0%	33.2%
Hawaiian/ Pacific Islander	0.2%	0.2%	0.2%	0.1%	0.2%	0.2%	0.2%	0.3%	0.4%
White	58.4%	57.8%	56.9%	59.1%	58.1%	56.9%	39.5%	65.1%	60.6%
Two or More	11.4%	12.3%	12.0%	12.0%	12.9%	12.2%	0.4%	0.8%	1.3%
Other	1.9%	1.4%	1.7%	2.2%	1.4%	1.7%	44.0%	1.7%	3.3%

Other includes Unknown, abandoned, or declined.
*Foster Parent is based on the first foster parent’s information.

Foster Home Placements - Ethnicity									
Ethnicity	All Children in Foster Care			Children in a Foster Home			Foster Parent*		
	FFY 22	FFY23	FFY24	FFY22	FFY23	FFY24	FFY22	FFY23	FFY24
Hispanic/ Latino	10.5 %	10.8%	11.87%	10.4%	11.10%	11.73%	2.0%	3.6%	4.4%
Not Hispanic/ Latino	83.0 %	83.1%	81.33%	82.9%	82.87%	81.44%	54.3%	95.9%	95.3%
Declined/ Unable to Determine	6.5%	6.1%	0.76%	6.7%	6.02%	6.83%	43.7%	0.5%	0.3%

In 2022, VDSS partnered with Faster Families Highway, a program of Adoption Share, an online tool connecting potential adoptive and/or foster families with LDSS or LPCA agencies. Additionally, Faster Families Highway can be used for child specific recruitment for youth in need of an adoptive placement. Recruitment efforts have continued to increase with the use of this portal. Since the contract began in April 2022, 473 families registered by the end of that year, 2,383 in 2023, 2,004 in 2024, and 690 as of the end of May 2025, Faster Families Highway asks prospective foster families to describe their race and ethnicity (the results of which are reported in tables above) and this information will continue to be utilized in the recruitment of families that reflect the diversity of children in care. This information was shared with Southeastern Institute of Research (SIR)- the agency that completed the research to inform Virginia's multimedia campaign. As of 2025, Virginia is in the process of identifying a vendor to complete the multimedia campaign, and SIR's research as well as the data from Faster Families Highway will be utilized to ensure recruitment of families who align with the demographics of Virginia's children.

Item 36: Cross-Jurisdictional Resources

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Virginia received an overall rating of Strength for Item 36 in the last CFSR. VDSS has continued to expand cross-jurisdictional resources to facilitate timely adoptive or permanent placements for children statewide. VDSS has improved performance in ICPC processes but there is still opportunity for growth and rates this item as an ANI.

Cross-Jurisdictional Resources for Adoption

Virginia uses a variety of cross-jurisdictional resources to finalize timely adoptive placements for waiting children.

- Adoption Resource Exchange of Virginia (AREVA): VDSS administers AREVA, providing statewide recruitment efforts for children in foster care who are legally free for adoption. AREVA uses the national AdoptUsKids website, that features profiles of children through a professional platform and has been very effective in recruiting families across the country and within Virginia for waiting children. As of December 2024, 1,878 children and youth were in foster care with the goal of adoption. Of those, 1,195 were legally free for adoption. Of those, 817 children and youth

in foster care did not have an identified prospective adoptive placement. Approximately 245 had an identified adoptive placement and were in the process of being adopted. At this time, 204 children have profiles on AdoptUSKids. There are 272 cases active for recruitment, 89 cases on hold, and 351 cases in deferment on AREVA.

- Family Match Child-Specific Recruitment Portal: The Faster Families Highway (FFH) for Recruitment portal continues to be used in all regions of the Commonwealth to recruit, engage, and select families to increase the pool of prospective foster families. The online public facing portal, provided by Adoption-Share, facilitates the recruitment, training, and approval of resource families for children in foster care and manages inquiries from prospective foster parents in a more efficient and geographically organized way. All 120 LDSS across Virginia maintained their enrollment status in SFY2025. Over the past 3 years, this data-driven recruitment approach has begun to inform local recruitment strategies across 120 localities, leading to more efficient and effective recruitment practices. As of April 2025, there are 5,536 families registered in the portal, 1,240 families have been recruited by LDSS, and 221 families have been approved as foster parents. Given the progress made with utilization of the Faster Families Highway, it was deemed opportune to integrate the Family Match Child Specific Recruitment Tool. This tool allows for LDSS to create child profiles for children in need of adoptive placement, which are only visible to the custodial agency, within the system for matching with family profiles. FFH is still in the process of providing regional trainings and in the process is requesting LDSS to consent to making their approved foster families visible to other LDSS for matching. Several LDSS have already consented, providing another opportunity for cross-jurisdictional collaboration to facilitate adoptive placements for waiting children.

- Virginia's Kids Belong: Virginia's Kids Belong (VKB) "I Belong Project" (IBP) is a joint initiative with the diligent recruitment and adoption programs. IBP, in collaboration with Regional Resource Family and Permanency Practice Consultants, coordinated child specific video and picture events targeting children for whom Termination of Parental Rights had been finalized and are currently placed in congregate care. There were four IBP shoots that took place throughout the state. The videos and child profiles are publicly viewable on the VKB and America's Kids Belong webpage. Permanency Practice Consultants worked with LDSS to identify the children eligible for video shoots and supported efforts to coordinate transportation to and from the locations of the shoots. As a result, 41 children in need of adoptive families participated resulting in 831 family inquiries during 2024. As VKB is available to all LDSS, they can facilitate cross-jurisdictional collaboration for a family approved through one LDSS to inquire about adopting a child through another LDSS.

- Adoption Through Collaborative Partnerships (ATCP): VDSS contracts with five private agencies across the state to provide support to LDSS with adoption assessment, adoptive home recruitment, adoption preparation and adoption finalizations. This valuable service prioritizes adoption recruitment for children over age six and who have been in foster care for more than 18 months. These contractors collaborate with each other to recruit and share prospective adoptive homes. Since SFY2022, the total unduplicated number of children served by ATCP providers is 1,047 and 723 of those children have had their adoptions finalized.

- KidSave Weekend Miracles™: Weekend Miracles™ helps older children in foster care get legal or relational permanency before aging out of the foster care system. The Weekend Miracles™ program is unique in that it includes both an adoption and hosting/mentoring component for older youth. It is designed to support the hardest-to-place youth from the ages of 9 to 16, mostly teenagers who have experienced multiple placements and have been in care for many years. Kidsave has extensive experience serving teens. On average, Weekend Miracles™ youth are 14 years old, have been in care for six years or more, and have moved placements at least seven

times, because standard recruitment efforts have failed to find permanency for them. Referrals to Weekend Miracles™ began in 2024. The initial pilot is available to children and youth placed in the Northern and Central regions; however, host families can be from across the state and the events have so far been held in the Northern, Central and Piedmont regions.

Cross-Jurisdictional Resources for all Permanent Placements

- Collaborative Placement Program: Virginia is establishing a Resource Family Collaborative Program for the LDSS. LDSS will form partnerships to provide services designed to strengthen the recruitment and retention of kinship and non-relative foster families, leading to more opportunities for placement of children and youth in a family setting. VDSS plans to establish a minimum of five collaboratives for a period of five years. Collaboratives that receive funding will be expected to pool their foster families, develop and implement shared recruitment and retention plans for non-relative families and plans for approving and supporting kinship families. Agencies participating in the collaborative will participate in ongoing coordination meetings with VDSS for implementation support and evaluation. Applications will close August 15th, 2025, and VDSS will award funding in the fall of 2025.

- Borrowing/Lending of Resource Homes: Lending and borrowing LDSS-approved resource families enables LDSS to keep children in foster care in their communities, placed with siblings who are in the custody of neighboring LDSS or with resource families who can best meet their needs. Lending and borrowing resource homes is generally expected to be for child-specific placements. This collaboration is between LDSS. A guide titled "Lending and Borrowing Resource Homes" is available to assist LDSS with this process (**Appendix C-30**).

- Faster Families Highway**:** As described in the "Cross-Regional Resources for Adoption", VDSS has partnered with Faster Families Highway, a program of Adoption Share for resource parent recruitment. Recruitment efforts have continued to increase with use of this portal since our contract began in April 2022. In 2022, 473 families entered the portal, 2,383 families in 2023, 2,004 families in 2024, and 690 as of May 29, 2025. All LDSS agencies are using Faster Families Highway for their recruitment efforts. LDSS are able to view pending families from other jurisdictions and recruit them if the original locality does not do so within two weeks to ensure resources are being maximized across jurisdictions.

ICPC/ICAMA

Children placed out of state need to be assured of the same protections and services that would be provided if they had remained in their home state. They must also be assured of a return to their original jurisdictions should placements prove not in their best interests or if the need for out-of-state services cease. Both the great variety of circumstances that necessitates the interstate placements of children and the types of protections needed offer compelling reasons for a mechanism to regulate placements and ensure the safety of children as they move across state lines.

ICPC is statutory uniform law in all 50 states, the District of Columbia, and the U.S. Virgin Islands. The compact is intended to ensure the protection of children who are placed across state lines for foster care and adoption and to ensure that, when placed, the appropriate retention of responsibility and communication among all parties involved will remain until lawful compact termination. Procedures for the interstate movement of children are intended to ensure that the proposed placement is not contrary to the interests of the child and are in compliance with state laws and regulations.

The Interstate Compact on Adoption and Medical Assistance (ICAMA) provides the administrative structure by which states adhere to the Consolidated Omnibus Budget Reconciliation Act (COBRA). ICAMA also is the mechanism by which Medicaid is provided to children with state-funded adoption

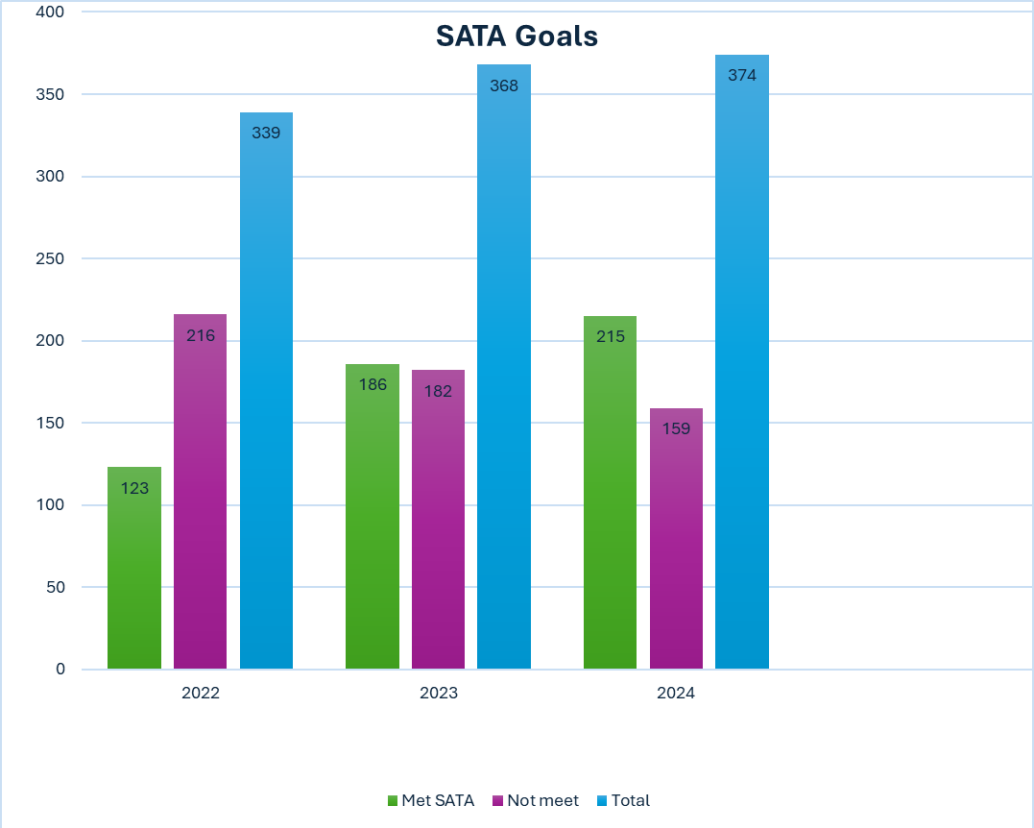
assistance when these children move from state to state. Each ICAMA member state has a designated point of contact and follows the ICAMA protocol to ensure that eligible adopted children receive Medicaid in their states of residence. Currently, 47 states (including Virginia) and the District of Columbia are members of ICAMA. Non-member states include New York, Vermont, and Wyoming.

Virginia has codified both compacts and abides by the associated regulations. The data included in this section provide measures of timeliness for processing cases through the ICPC statutory uniform law.

The ICPC unit assigns a case within 48 hours of receiving a referral, which an ICPC consultant processes within five business days of assignment. Most cases are processed within 48 hours of the referral being assigned to the ICPC consultant. This process will determine if the referral is complete and ready to be sent to the receiving state or to the appropriate LDSS. The chart below shows the number of incoming and outgoing referrals the ICPC unit processed over the past three years.

	CY2022	CY2023	CY2024
All Incoming & Outgoing Referrals	1,474	1,299	2,239
Regulation 1	37	28	20
Regulation 2	1,310	1,124	1,081
Regulation 7	39	24	16

The National Electronic Compact Enterprise (NEICE) supports states in the compliance with the Safe and Timely Act of 2006, which requires states to provide a report within 60 calendar days after a state receives a request from another state. In 2025, NEICE made upgrades to the system which includes providing alerts to when the Safe and Timely is due and past due. This upgrade to the system will assist Virginia in tracking any overdue Safe and Timely Reports.



*Data received from Tetrus (NEICE) in 5/2025

Over the past three years the ICPC unit has assisted local agencies to understand the importance of the Safe and Timely Reports and completing the report. The graph above shows the number of referrals that have met the Safe and Timely Act reports. As depicted in 2022, Virginia was only meeting the Safe and Timely Act timeframe in 123 out of the 339 (36%). By calendar 2024, Virginia was meeting the timeframe in 215 out of 374 (57%) referrals, showing marked improvement.

After further review of the Safe and Timely reporting it was determined that the overdue reports were being sent to the sending state within 61-75 days. This caused the ICPC unit to make some internal changes and will be implementing having local agencies providing the report to the ICPC Unit within 50 days, in order to improve this outcome further.

Over the past year, LDSS have had support from the MFA team in completing ICPC home studies; however, not all agencies access this assistance.

Virginia uses the NEICE System for case management of ICPC cases. As of December 31, 2024, 111 out of 121 Virginia LDSS agencies use NEICE.[11]

[11] The 111 agencies that use NEICE include: Accomack, Alleghany Co/Covington, Albemarle, Alexandria, Appomattox, Amherst, Arlington, Bedford, Bland, Botetourt, Bristol, Brunswick, Buckingham, Buchanan, Campbell County, Caroline, Charlotte County, Charlottesville, Chesapeake, Chesterfield, Clarke County. Culpeper, Danville, Dinwiddie, Essex, Fairfax, Floyd County, Fauquier, Franklin City, Franklin County, Frederick, Fredericksburg, Galax, Giles, Gloucester, Goochland, Grayson, Halifax, Hampton, Hanover, Harrisonburg, Henrico, Henry/Martinsville, Hopewell, Isle of Wight, James City, King George, King William, Lancaster, Lee County, Loudon, Louisa, Lynchburg, Madison, Manassas City, Mathews, Mecklenburg, Middlesex, Montgomery, Newport News, Norfolk, Northampton County, Norton City, Orange, Patrick, Petersburg, Pittsylvania, Portsmouth, Prince Edward, Prince George, Prince William, Pulaski County, Radford City, Richmond City, Richmond County, Roanoke City, Roanoke County, Rockbridge, Russell, Scott, Shenandoah County, Shenandoah Valley, Smyth County, Spotsylvania, Stafford County, Suffolk, Surry, Sussex, Tazewell, Virginia Beach, Washington County, Warren County, Westmoreland, Williamsburg, Winchester, Wise County, Wythe, York/Poquoson.

The FFPSA requires all states to use NEICE by 2027. Virginia has used NEICE since April 2016; the majority of LDSS began using NEICE in 2020 and 2021. LDSS in Virginia that are not on NEICE, must send ICPC referrals through secure electronic communication to the ICPC email address Vaicpcoffice@dss.virginia.gov. All communication with the agency is handled electronically between the agency and the ICPC consultant and stored in the NEICE system.

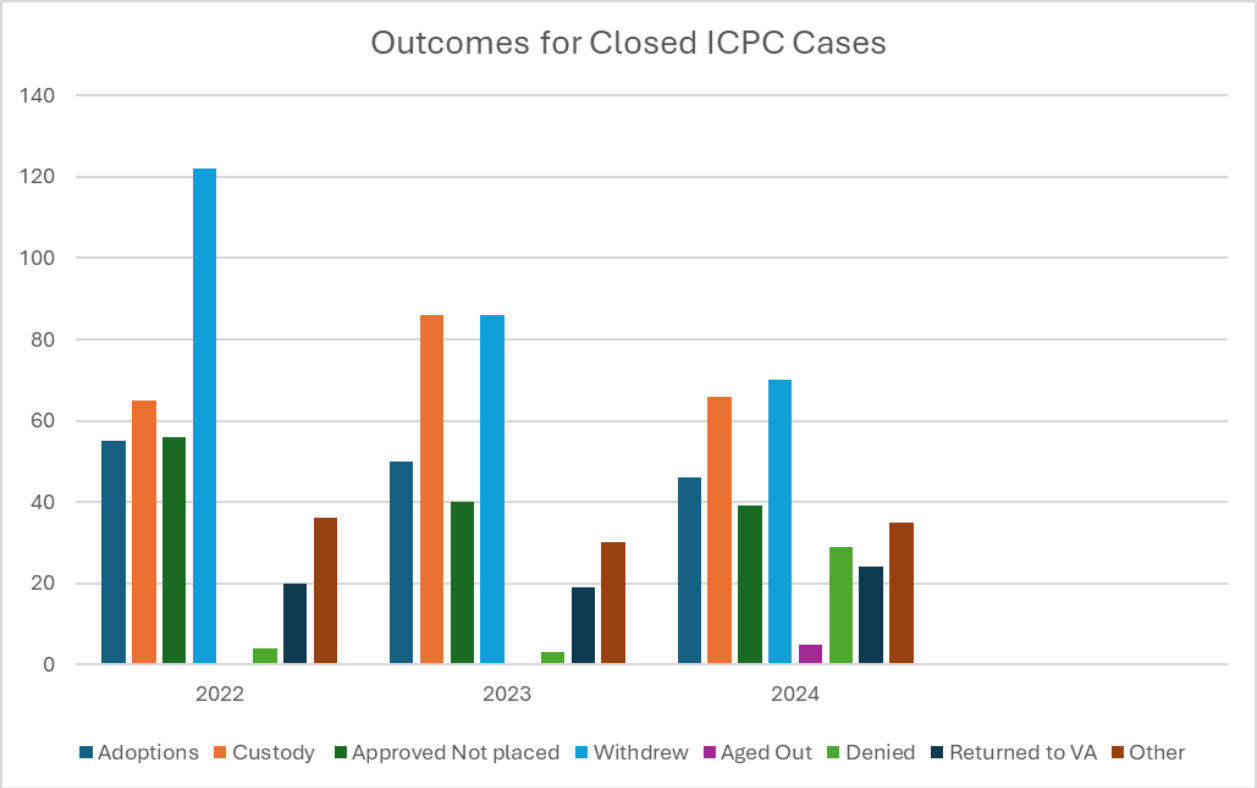
VDSS will target improved outcomes related to this item over the next five years through **Permanency Strategy 2.2,** improving the timeliness of ICPC referrals and placements. The chart below shows the average time from removal to the out of state placement.

Time to Current Placement Setting Out of State for Children Under 18 in Foster Care during the Calendar Year			
	Number of Children Under 18 in an Out of State Placement Setting	Average Time to Current Out of State Placement Setting (Days)	Average Time to Current Out of State Placement Setting (Months)
CY2022	238	526	17.3
CY2023	249	486	16.0
CY2024	248	505	16.6

Source: VCWOR; days from the child's current removal date to their current placement. Filtered using the field 'Is Placement Setting Out of State' to identify children placed outside of Virginia.

ICPC outcomes leading to permanency continue to be an area of improvement. Since 2022, outcomes for ICPC placements continue to maintain at about 15% of all closed cases whereas custody transfers have fluctuated between 18-27% of all closed cases.

The Outcomes graph shows all closed cases from 2022 thru 2024. As the majority of cases in 2022 were withdrawn due to numerous reasons, from agencies not submitting documentation to complete the ICPC, to families withdrawing due to not understanding the ICPC process, in the three years of working with agencies across the state this percentage has decreased significantly.



Data retrieved from NEICE System 5/2025

Over the past year the ICPC Unit has processed about 11% more outgoing cases than the previous year for youth in foster care to be placed with kinship placements. However, about 43% of decisions made in 2024 for outgoing referrals resulted in a denial in which youth could not be placed with kinship caregivers. Some of these reasons for a denial are: family did not want to become foster parents, families did not understand the ICPC Process, families did not comply, and safety concerns.

Appendices

State Data Profile and appendices are available from the state or the Children's Bureau upon request.