



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

Division of Family Services

CSA Conference 2022





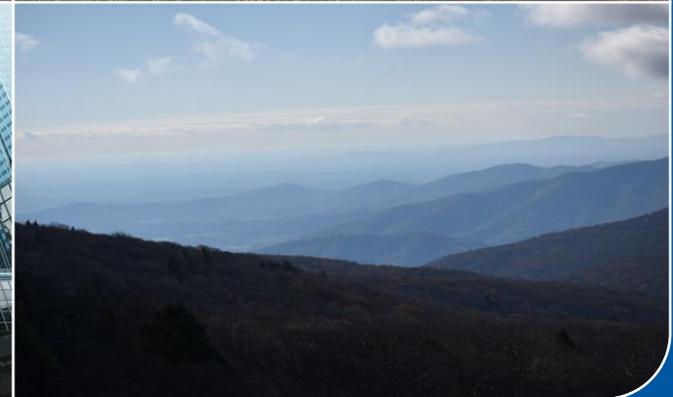
Division

Connecting the Dots to Serve the Whole Family

Child Welfare Services and CSA Services



Child Welfare Services in Virginia



Basic Tenets:

- 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.



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

Virginia Children's Services Practice Model



Blue Print for Family First

Increase Prevention Services

So children and families have access to resources in their community to prevent unnecessary child welfare involvement

Decrease the need for foster care

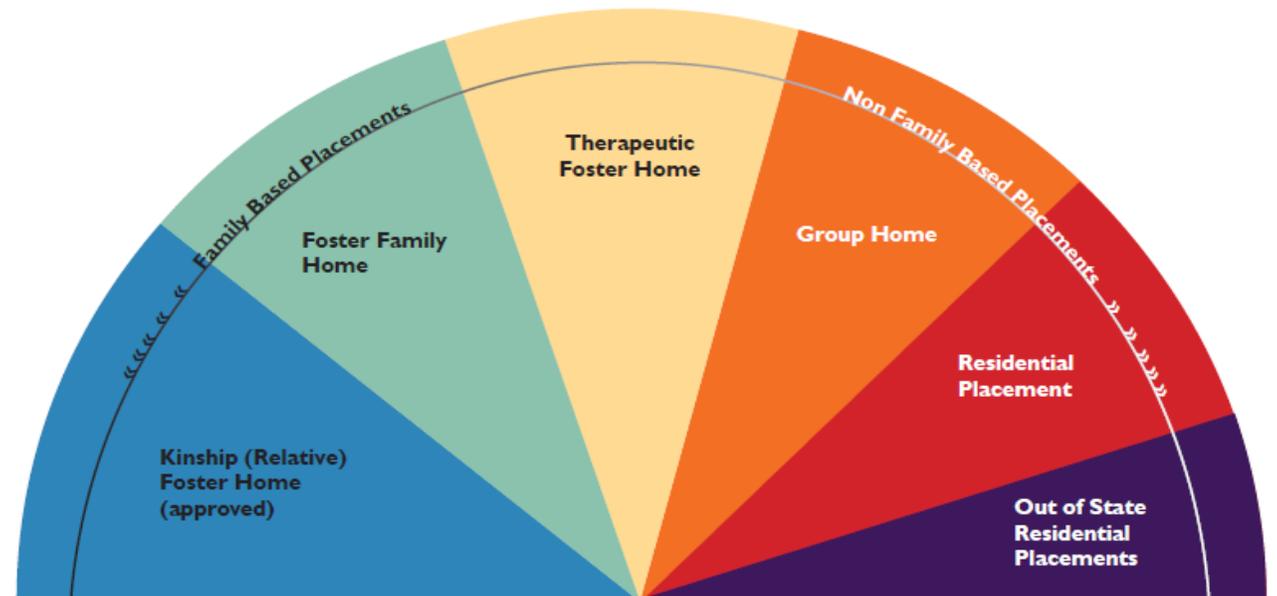
By offering evidenced-based interventions to allow children to remain safely at home

Increase well-being of youth in foster care

By expanding family-based foster care settings and reducing reliance on congregate care

FAMILY FIRST – FOSTER CARE FOCUS

- ✓ Increase kin/fictive kin placements
- ✓ Increase family-based placements
- ✓ Decrease use of congregate care



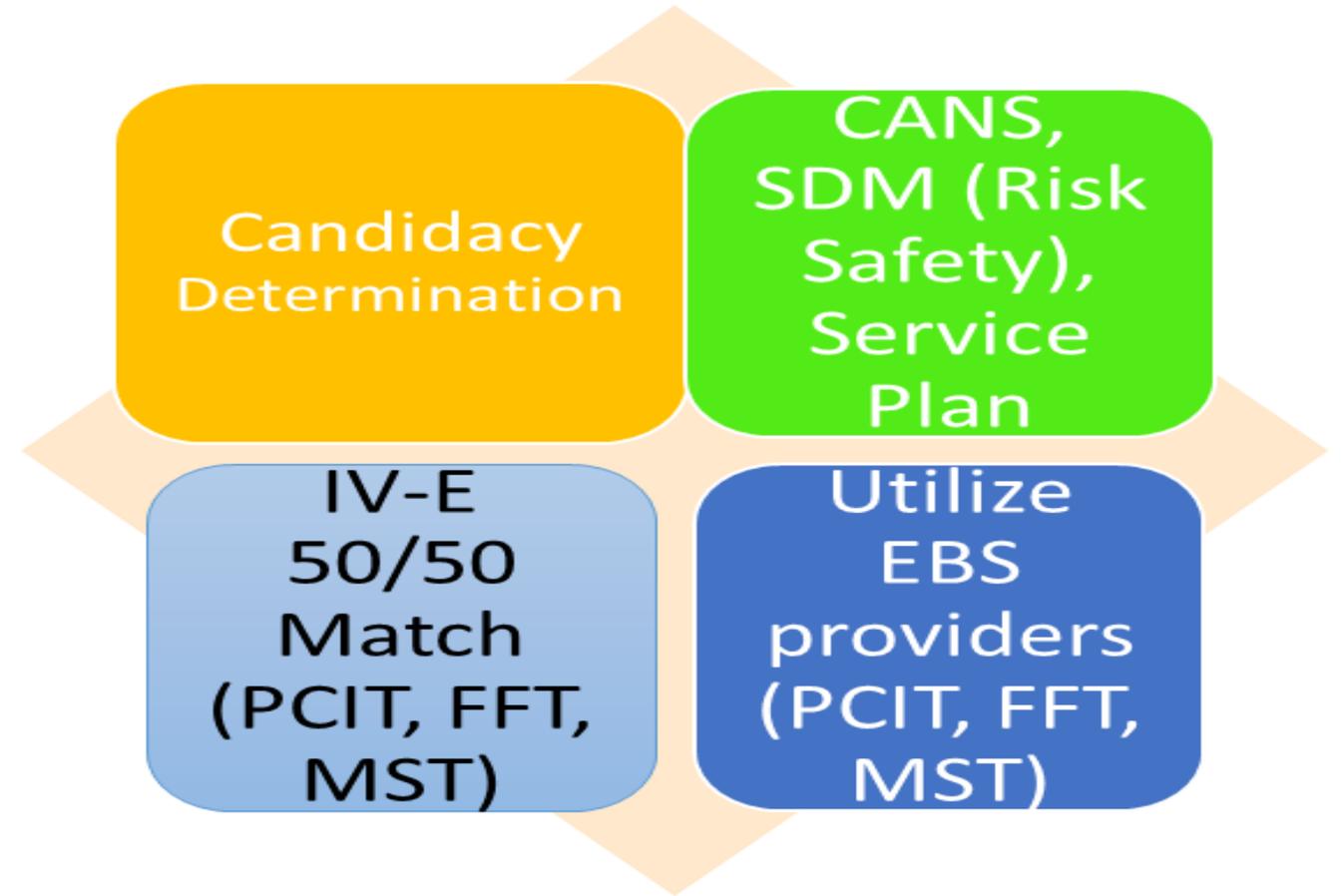
Aligning Practices

- REDUCING REMOVALS BY INCREASING ACCESS TO AN EXPANDED ARRAY OF EVIDENCE-BASED SERVICES (EBS)
- BUILDING STRONGER CASEWORK PRACTICES AND GUIDANCE TO MAXIMIZE THE BENEFIT OF FAMILIES FIRST
- ENHANCING OASIS AND CQI/DATA TO SUPPORT FAMILY FIRST ACT REQUIREMENTS



Strategic Priorities

- In-home Practice Alignment/Service Planning
- Evidence Based Service Providers
- Ensure Fidelity
- Resource and Financial Accountability

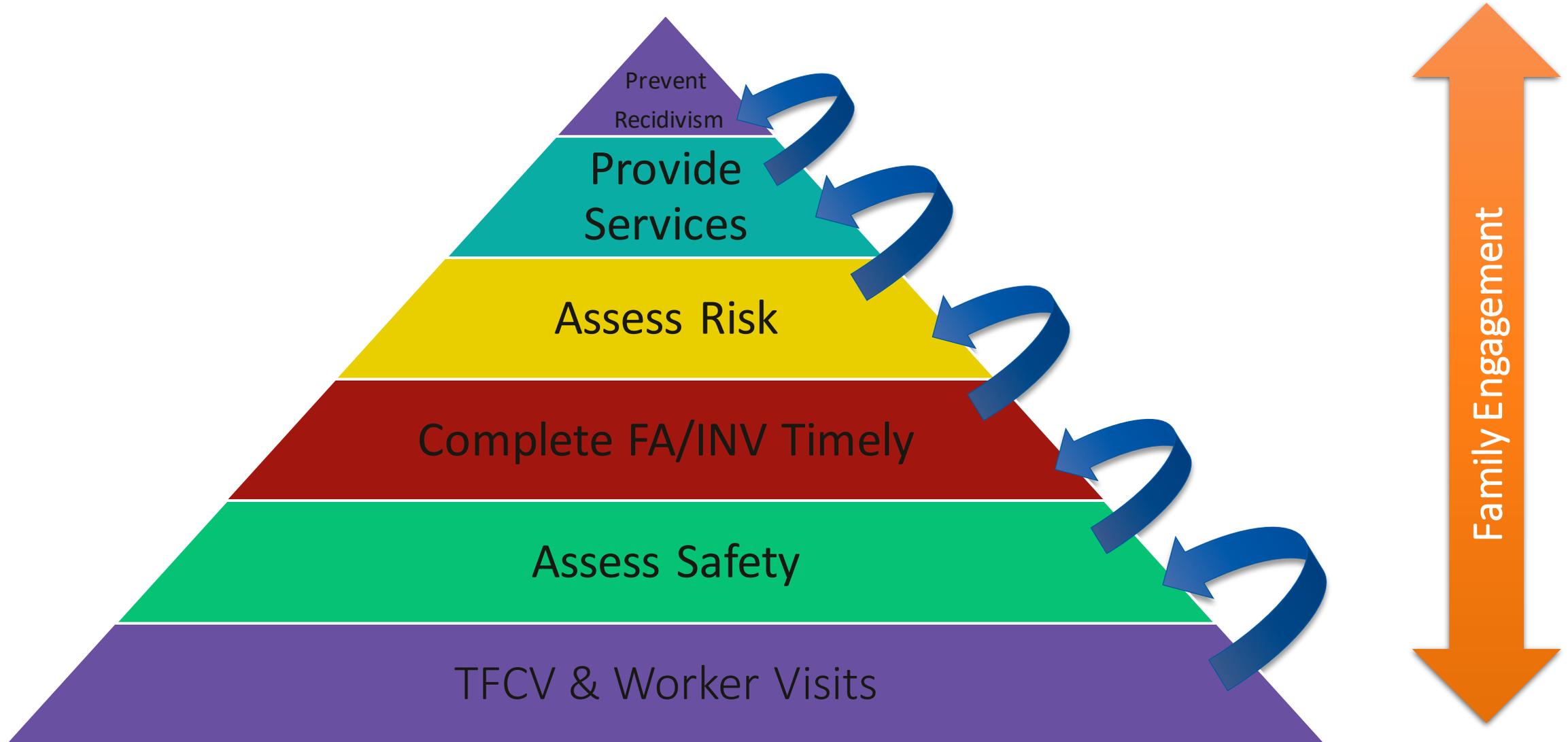


In-Home Measures



- Case openings
- Increase timely first contact with victim child
- Increase timely case closure
- Increase very high/high cases opened to In-Home
- Reduce entries to foster care from In-Home
- Increase Suite of tools completion
- Risk/safety reassessment
- Service plan (initial and renewal)
- CANS
- Candidacy Forms
- Increase engagement
- FPM, CFTM
- In-Home visits with families
- Increase EBS referral/service completion
- Reduce CPS recidivism

Protection and In-Home Taxonomy



In-Home Safety Scenarios

Scenario 1:

- Goal: Child/youth residing with parent(s) or relative/fictive kin caregiver(s)

Scenario 2:

- Goal: Child/youth temporarily living with Relative/fictive (kin) caregiver(s) and will return to the parent(s) or caregiver/guardian(s) within 6 months

Scenario 3:

- Goal: Child/youth permanently residing with relative/fictive kin caregiver(s)

KIN FIRST FRAMEWORK

Kin First framework in foster care means that LDSS consider kinship placements for the first and only placement while youth are in foster care and that kinship families are engaged and explored at every step in the foster care case with a sense of urgency. When exploring kinship options for youth in foster care, LDSS should “start with yes” and assist kinship families in coming up with solutions to barriers or issues that exist such as financial limits, housing or space issues, or concerns with maintaining relationships with the child’s parents.





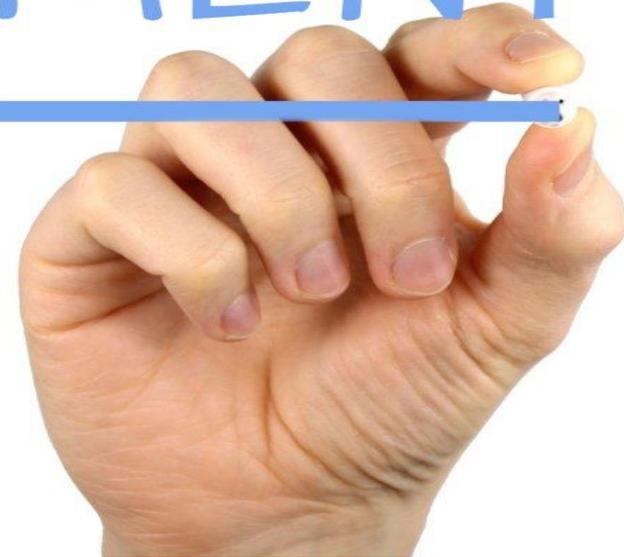
Assessment of Relatives



Assessment of Relatives

ASSESSMENT

Assessment is the ongoing practice of informing decision-making by identifying, considering, and weighing factors that impact child and family well-being.



Assessment of Relatives

Family-Centered
Culturally Competent
Practice

Practice Foundation



Families (and Fictive
Kin) provide the best
care and protection for
their children.



Permanency Assessment Tool

FUSION
Where collaboration and creativity SPARK positive change

BROADCAST

View details

FUSION
Where collaboration and creativity SPARK positive change

RESOURCE FAMILY FORMS

Permanency Assessment Tool

Family name: _____
Child's name: _____
DOB: _____

Whenever possible, it is critical that children are immediately placed with relatives upon exiting foster care. Following completion of this tool, children may be immediately placed with family upon receiving a visit to the home, Virginia State Police name searches on all adult household members and members of the CPS Central Registry through OASIS for all adult household members (child and child), and prior placement of a child should submit a [Request for Name Search](#) following 4 months from the date of placement for completion of all searches of approval.

Bring the current license copies for **Child's** instructions including list of accepted forms of ID, Central Registry Search forms for all adult household members, and DMV record check forms.

Receiving a Working Order Notice:

Background checks (criminal and Central Registry, OASIS)

- Every child (18 or the home will need criminal check Central Registry (Bring copy of license record and background check forms to complete during visit to the home)
- Any out-of-state OASIS will need DMV check (bring about any recent driving infractions/accidents of youth in license, and bring DMV check forms)
- Every child will need to be fingerprinted (criminal checks within 75 hours of placement (bring instructions for walk-in center appointment))
- All household adults will need criminal ID for fingerprint (bring list of what fingerprint centers for ID)

Rules:

- Foster parents must have a vehicle completed within 6 months of placement
- All household members must have TB screen completed within 6 months of placement

Timeline expectations (within 6 months)

- Mandatory foster parent training (16 hours of training)
- Mandatory Register online training
- Personal reference required
- Home study interview (assessment of fit)
- Monthly home visits
- Agreement to use our original procedures with foster child
- Director's approval of placement
- Copies of policies for license verification

Household rules:

- Dogs need to be locked away separately from assessment
- Pets need to be up to date on vaccinations
- Smoke detectors need to be tested and for batteries
- Prescription-drug records
- General safety

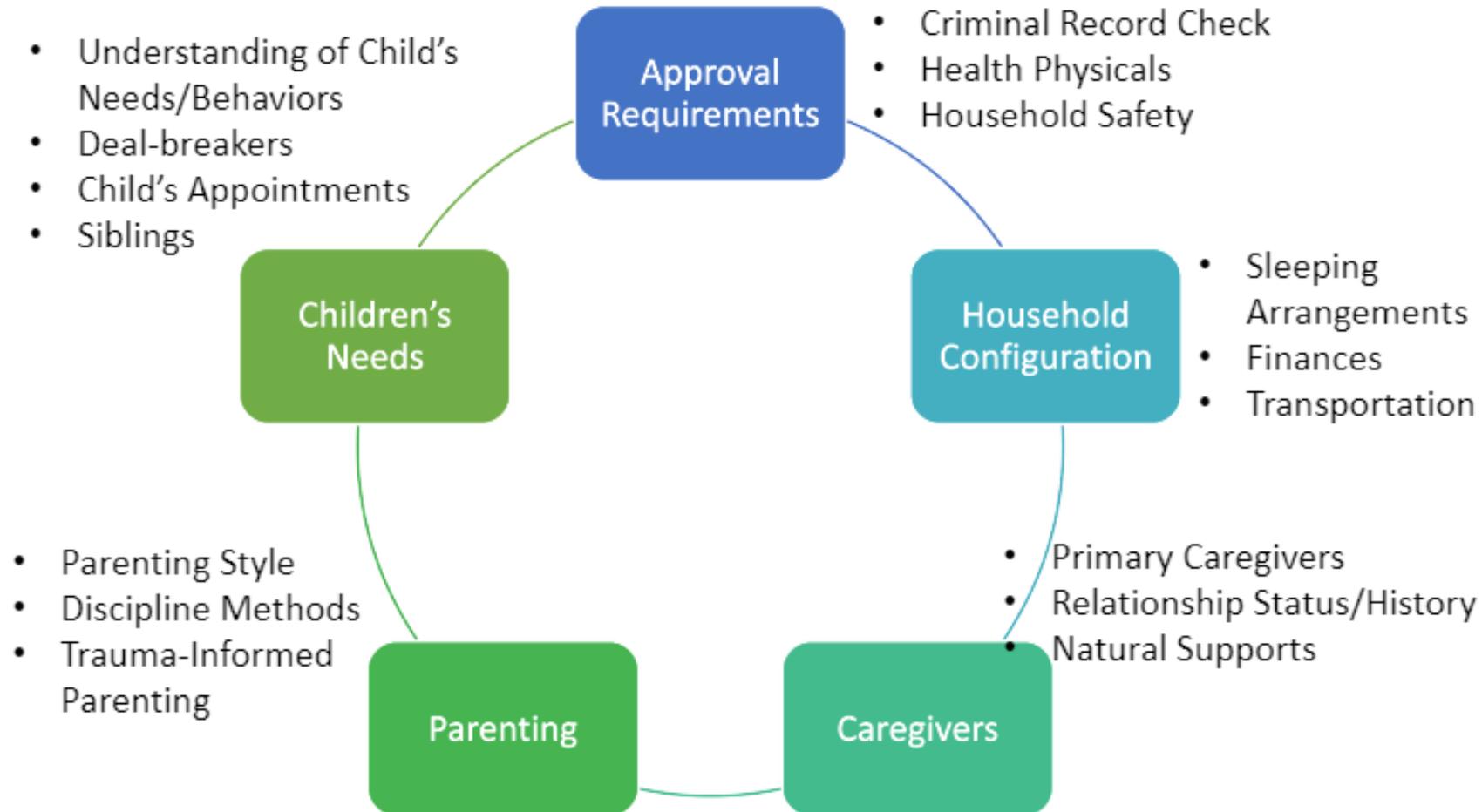
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CPS FORMS

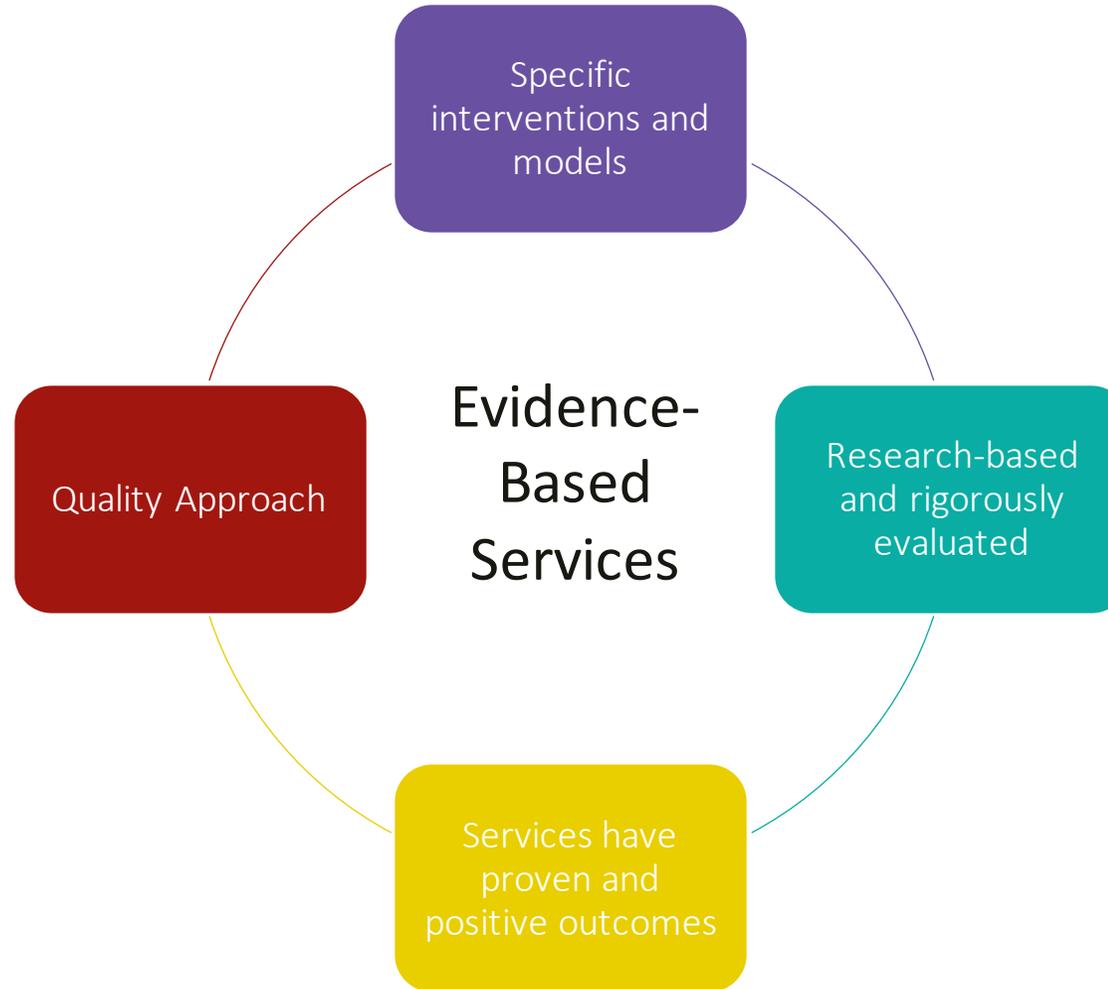
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IN-HOME SERVICES

Permanency Assessment Tool



Evidence-Based Services



Virginia's Evidence-Based Services

Title IV-E Prevention Services Clearinghouse

Virginia Prevention Plan

Multisystemic
Therapy
(MST)

Functional
Family
Therapy
(FFT)

Parent Child
Interaction
Therapy
(PCIT)

Brief Strategic
Family Therapy
(BFST)

High Fidelity
Wraparound
(HFW)

Motivational
Interviewing
(MI)

Homebuilders
(HB)

Family Check-
Up (FCU)

Current Evidence-Based Services

Functional Family Therapy (FFT)

- Age: 11-17
- Serves youth with emotional or behavioral problems
- Length of treatment: 4-8 months
- Outcomes: Better coping skills; greater family cohesion

Multisystemic Therapy (MST)

- Age: 12-17
- Youth with serious criminal offenses or possibly abusing substances
- Length of treatment: 3-5 months
- Outcomes: Preventions out-of-home placement, fewer episodes of disruptive behavior, improve parent mental health

Parent Child Interaction Therapy (PCIT)

- Children ages: 2-7
- Decrease behavioral problems, increase social skills, cooperation and parent/child attachment
- Length of treatment: depends on family's progress up to 6 months
- Outcomes: Positive parenting skills, decreased parent sadness and irritability, stronger parent-child bond

New Evidence-Based Services

Brief Strategic Family Therapy (BSFT)

- Age Range: 6-17
- Treats dysfunctional family patterns, poor parental mental health
- Length of treatment: 3-5 months
- Outcomes: Lower likelihood of future law involvement

High Fidelity Wraparound

- Age Range: 0-21
- Addresses complex behavioral/emotional/mental health needs
- Length of treatment: Varies depending on family need
- Outcomes: Positive effects on school functioning, mental health symptoms and functional and residential outcomes for diverse youth populations

Motivational Interviewing

- Age Range: N/A (for caregivers)
- Addresses parent substance use/misuse
- Length of treatment: varies
- Outcomes: Enhanced desire to change and achieve goals

Family Check Up

- Age Range: 2-17
- Addresses any issue plus lack of motivation for treatment, disengaged family members
- Length of treatment: 1-4 months
- Outcomes: Greater likelihood to engage in treatment that follows; family well-being

Homebuilders

- Age Range: 0-18
- Treats crisis, unstable living situation
- Length of treatment 4-6 weeks
- Outcomes: Placement stability

EBP Overview and Comparison

Evidence-Based Program	Child age range	Areas for concern	Program outcomes	Length of treatment	Marker for family fit
Multisystemic Therapy	12-17	Conduct issues; truancy; lack of interest in school; law involvement	Prevents out-of-home placement; Fewer episodes of disruptive behavior; Improves parent mental health	3-5 mos.	Repeat court involvement
Functional Family Therapy	11-18	Child alcohol use, depression; Family conflict	Better coping skills; greater family cohesion	4-8 mos.	Child substance use
Parent-Child Interaction Therapy	2-7	Defiance, aggression, extreme mood swings; ineffective social skills; serious safety concerns	Positive parenting skills; decreased parent sadness and irritability; Stronger parent-child bond	Depends on family progress; ~6 mos.	Parent willingness to learn new skills
Brief Strategic Family Therapy	6-17	Dysfunctional family patterns; Poor parent mental health	Lower likelihood of future law involvement	3-5 mos.	All family members in need of change, not just child
Homebuilders	0-18	Crisis; unstable living situation	Placement stability	4-6 weeks	Basic family needs have yet to be met
Family Check-Up	2-17	Any issue plus lack of motivation for treatment; disengaged family members	Greater likelihood to engage in treatment that follows; Family wellbeing	1-4 mos.	High risk for treatment dropout
Motivational Interviewing	N/A (for caregivers)	Parent substance use/misuse	Enhanced desire to change	Varies	Parent substance use as largest barrier to permanency
High Fidelity Wraparound	0-21	Complex behavioral/emotional/mental health needs	Positive effects on school functioning, mental health symptoms and functioning, and residential outcomes for diverse youth populations	Varies depending on family need	Need for service coordination between multiple care providers

Provider EBP Training

New Provider Training

- RFA (March 2022)
- BSFT
- FCU & HB
- Prioritize CSBs and areas identified as high need in the NAGA report

Supplemental Training

- New/replacement clinicians with current providers
- Condensed process

High Fidelity Wraparound

Intensive Care Coordination

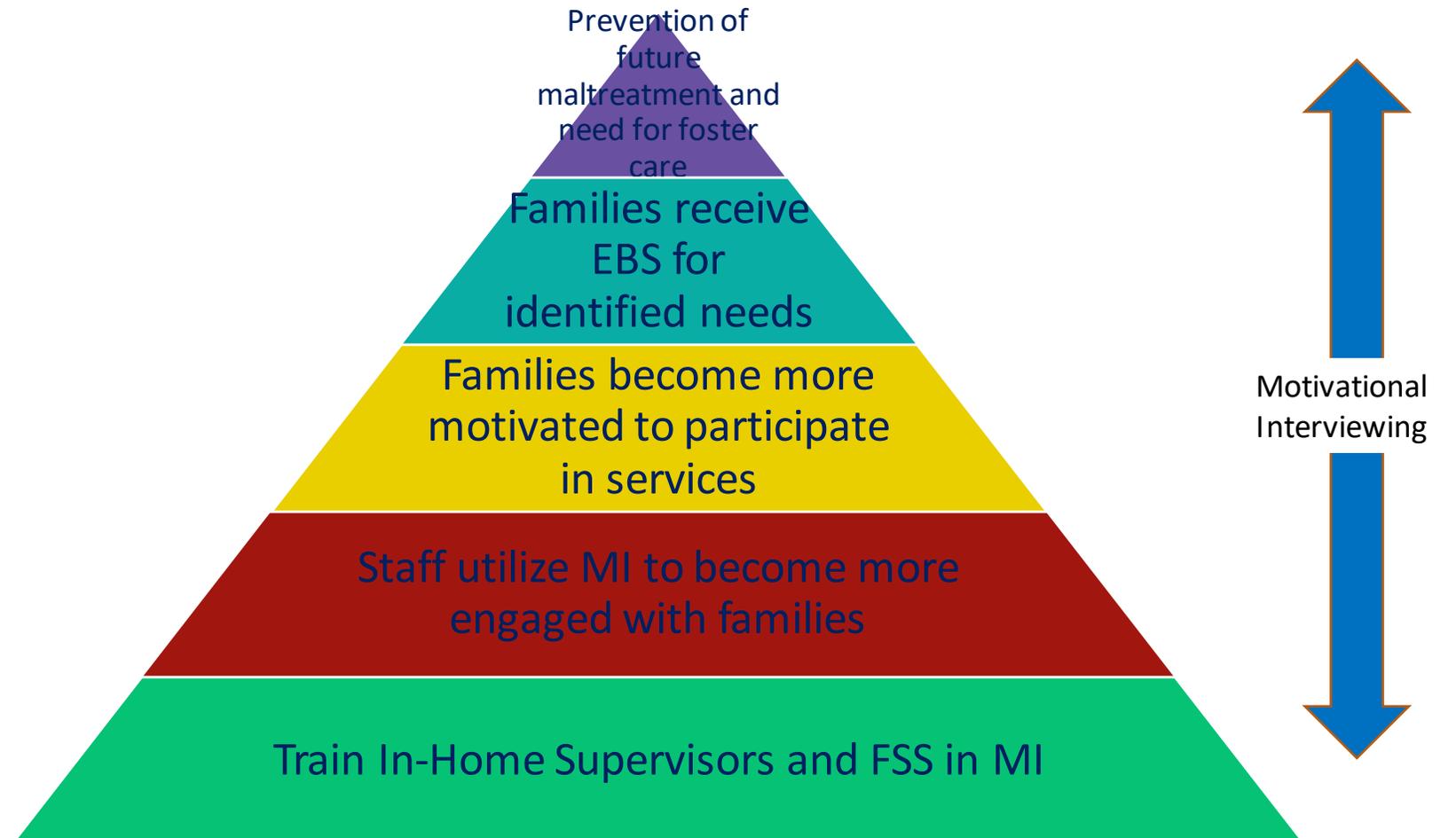
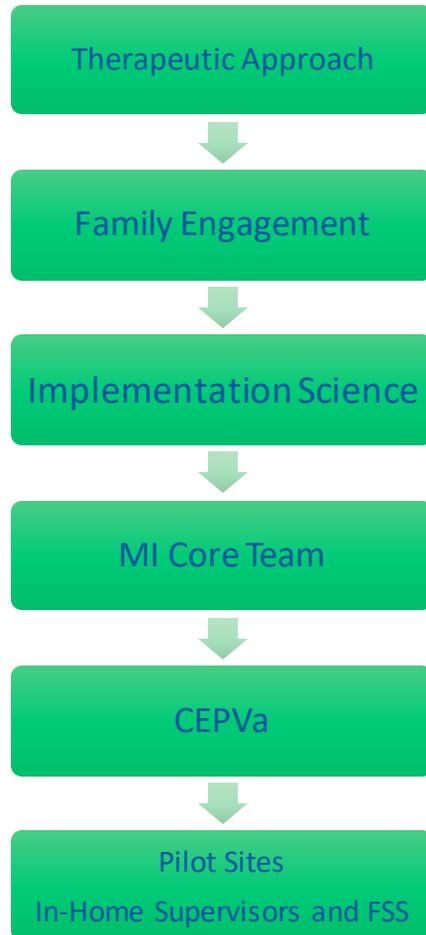
IV-E Clearinghouse

Well established

CEPVa & VWIC

Evaluation

Implementation of Motivational Interviewing



Areas of Concern for EBPs

Clinician
Qualifications

Sustainability

Utilization

Referrals

Service
Deserts

Connecting the Dots to Address Concerns

Clinician Qualifications



CEP-Va, DMAS, DBHDS,
DPH

Sustainability



LDSS, DMAS

Utilization



LDSS, CSA

Referrals



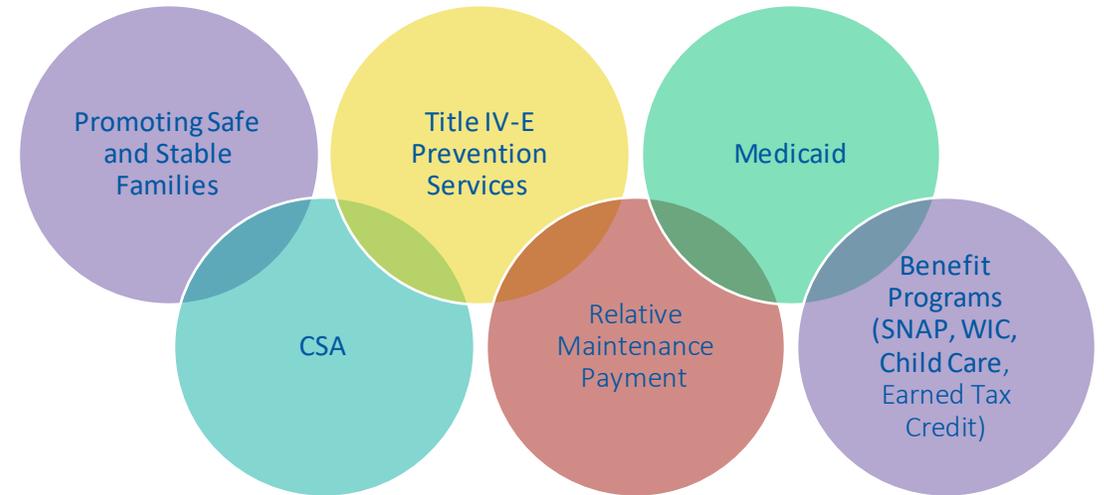
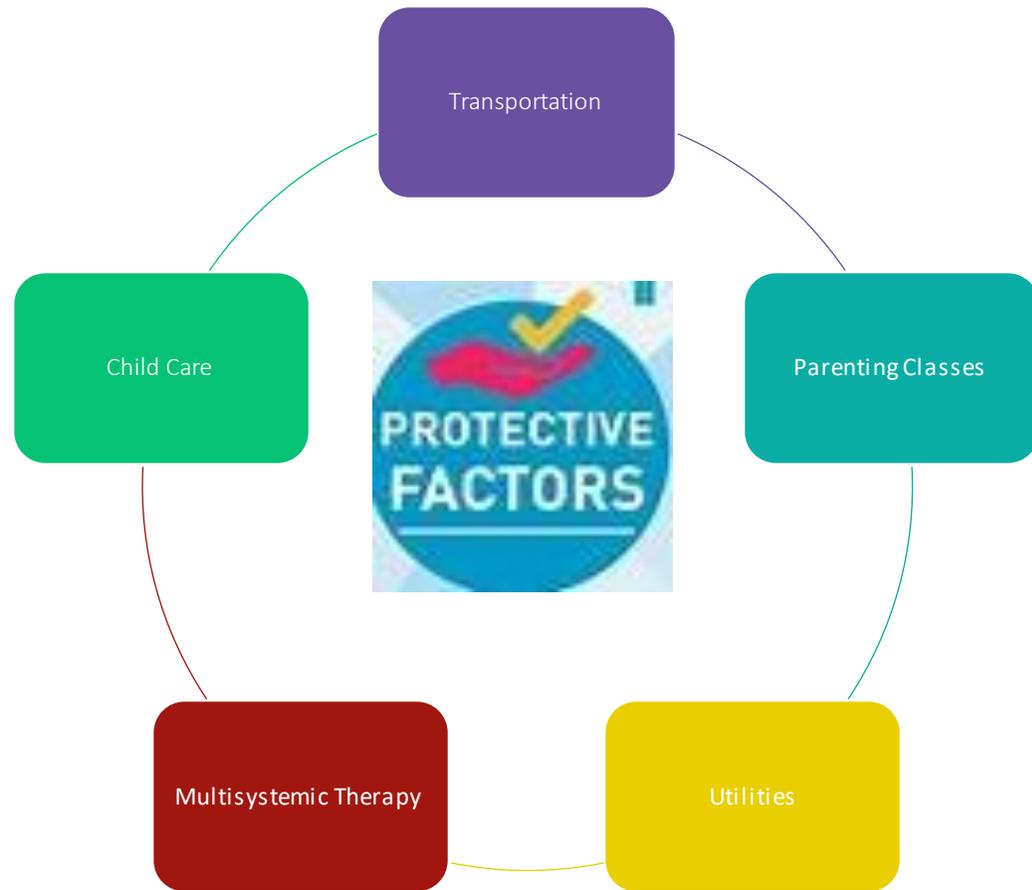
LDSS, CSA, Providers

Service Deserts



CEP-Va, LDSS, CSA

Connecting the Dots





**1. PARENTAL
RESILIENCE**



**2. SOCIAL
CONNECTIONS**



**3. CONCRETE
SUPPORT IN
TIMES OF NEED.**

5 PROTECTIVE FACTORS

FOR PREVENTING RISK OF CHILD ABUSE.

SOURCE: Prevent Child Abuse America

**4. KNOWLEDGE
OF PARENTING
& CHILD
DEVELOPMENT.**



**5. SOCIAL &
EMOTIONAL
COMPETENCE
OF CHILDREN.**



**LEARN
MORE ABOUT
THESE 5 FACTORS:**

[preventchildabuse.org/
resource/
mentor/](http://preventchildabuse.org/resource/mentor/)

Economic and Concrete Supports for Families



Economic Stability and Family Well-Being



Public Benefit Programs

Each additional \$1,000 that states spend on public benefit programs annually per person living in poverty is associated with a **reduction** in child maltreatment reports, substantiated child maltreatment, foster care placements, and child fatalities due to maltreatment (Puls, 2021).



TANF & Full Child Support

Mothers who participate in TANF and are eligible to receive full child support payments for their children (without a decrease in benefits) are 10% less likely to have a screened-in maltreatment report than mothers who are eligible to receive only partial child support payments (Cancian, 2013).



Subsidized Child Care

Children who attended Early Head Start had significantly fewer child welfare encounters between ages 5 and 9 than those who didn't attend (Green, 2014).



Expanded Medicaid

Between 2013 and 2016, neglect referrals to child protective services decreased in states that expanded Medicaid and increased in states that did not expand Medicaid. If the nonexpansion states had expanded Medicaid, there would have been an estimated 125,000 fewer screened-in neglect referrals in the U.S. from 2014 through 2016 (Brown, 2019).



Minimum Wage Increase

Every \$1 increase in the minimum wage is associated with a 9.6% reduction in neglect reports (Raissian, 2017).

Learn more about Chapin Hall's work on economic & concrete supports



Chapinhall.org/ecsproject

Earned Income Tax Credit (EITC) & Child Tax Credit (CTC)

- EITC and CTC payments are associated with immediate reductions in state-level child maltreatment reports
- Each additional \$1,000 in per-child EITC and CTC tax refunds is associated with a decline in state-level child maltreatment reports of:
 - 2.3% in the week of payment
 - 7.7% in the 4 weeks after payment



Relative Maintenance Support Payment



2020 General Assembly authorized \$200 in additional TANF (per child) to relative caregivers

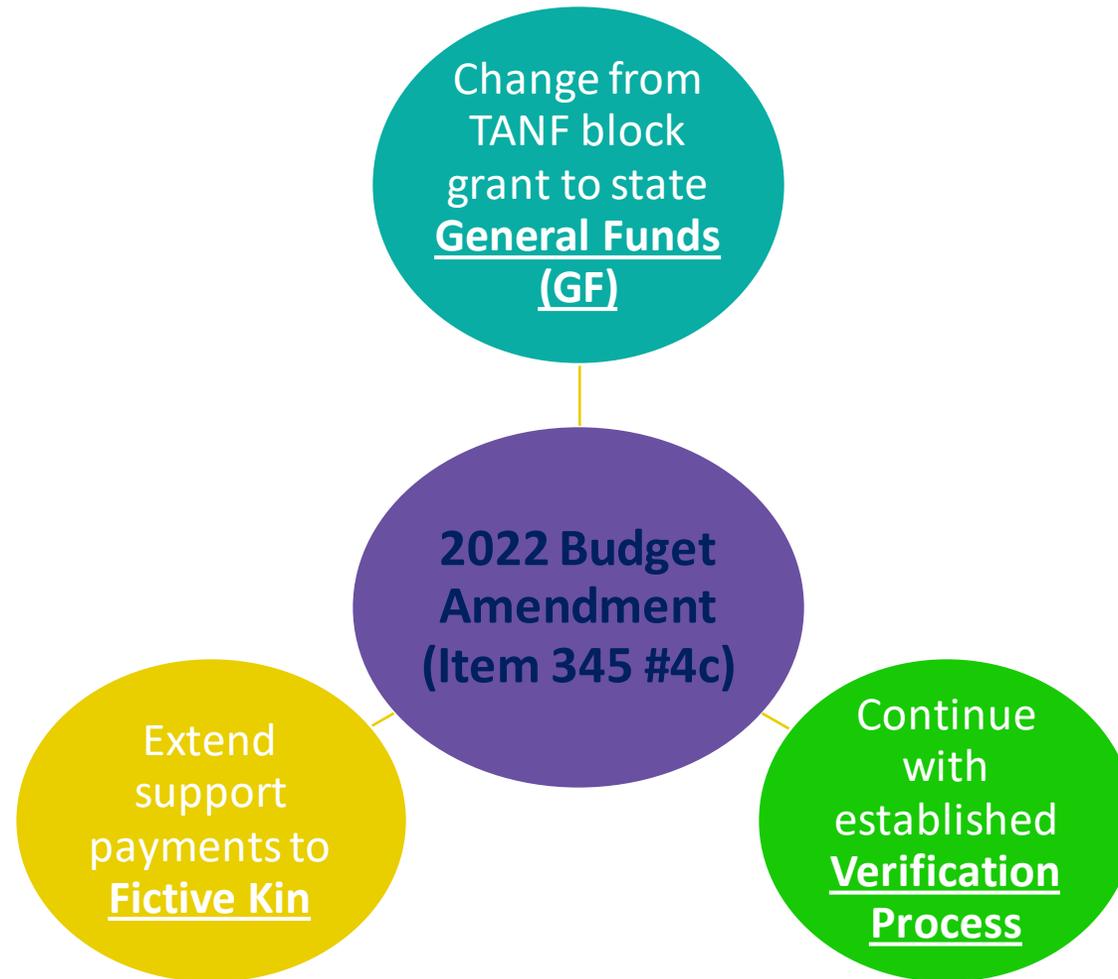
Updates to TANF Manual (Section 304.5)

Communication and training provided to LDSS

Support payment incorporated into VaCMS

Payments to eligible relative caregivers began November 1, 2020

Relative Maintenance Support Payment-Adjustments



Relative Maintenance Support Payment – Next Steps



Updates to
VaCMS



Data collection
& reporting



Training &
outreach



Questions?

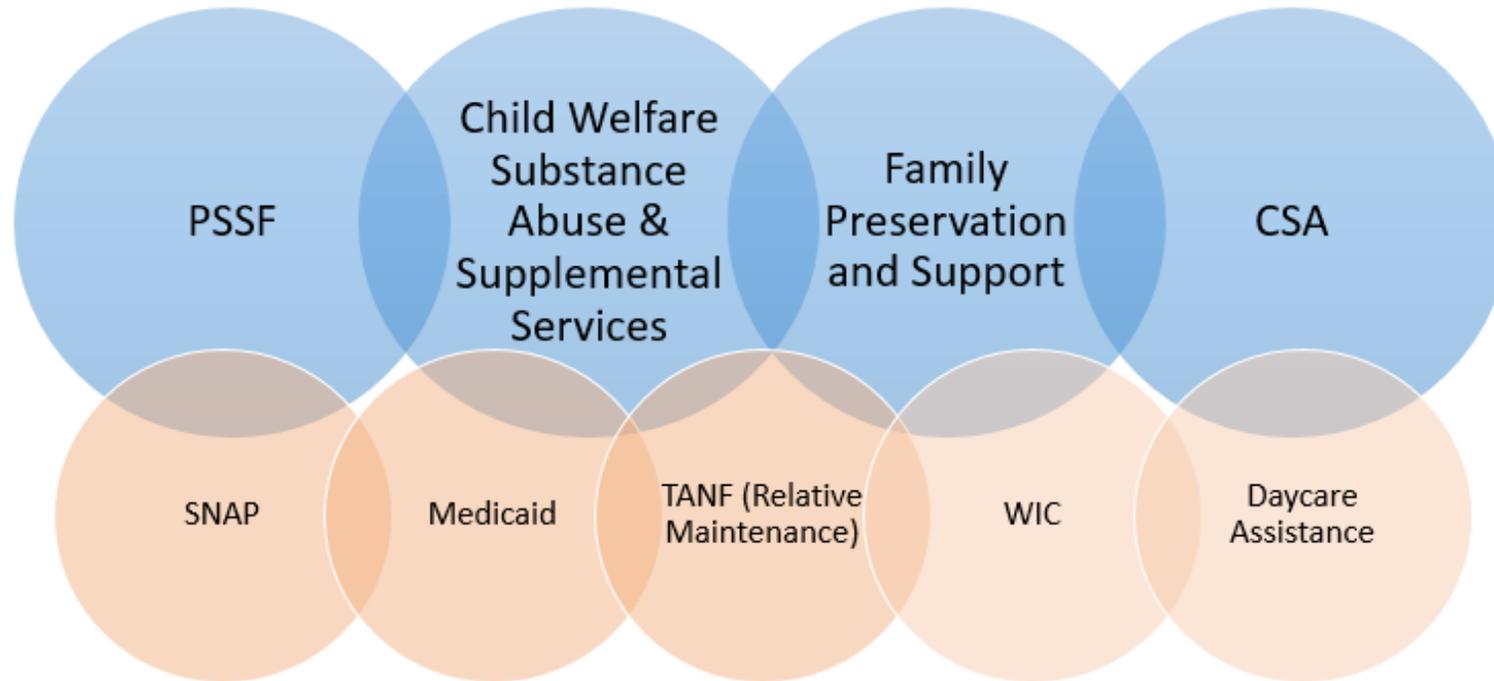
Promoting Safe and Stable Families (PSSF)

- Flexible grant that allows agencies to provide supportive services and financial assistance.
- Funding may be accessed immediately to prevent delay in services.
- May be used as part of braided funding
- May be used to support existing CSA or Family First services

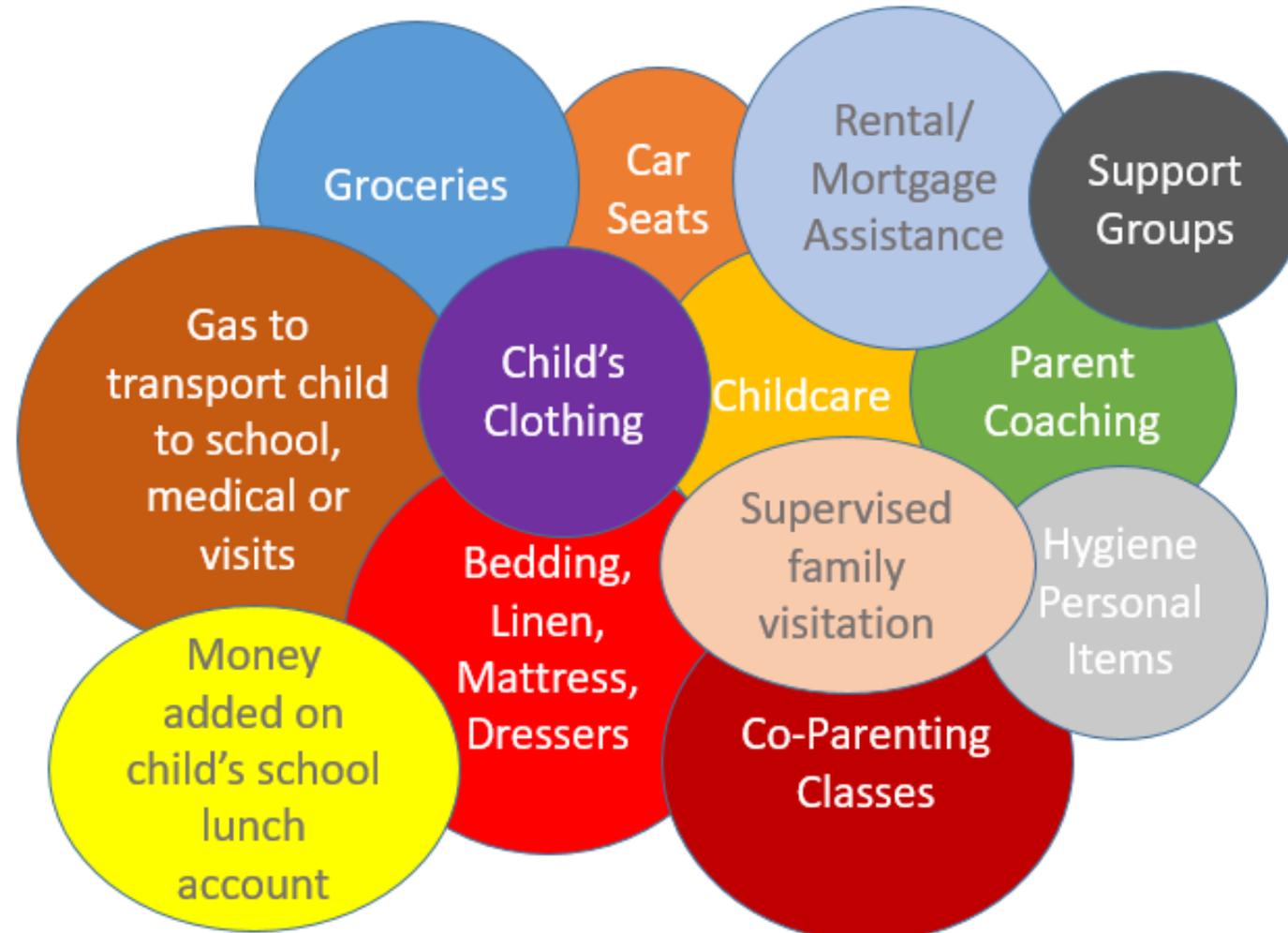
PSSF Service Array

After-School Activities	Assessments	Childcare Services	Counseling/ Therapy	Early Intervention
Educational Support Services	Employment Training	Financial Management	Housing/ Material Assistance	Intensive In-Home
Leadership & Social Skills	Mentoring	Supervised Visitation	Parent Education	Parent Skills Training
Respite Care	Self Help Groups	Substance Use & Recovery Services	Socialization & Recreation	Transportation

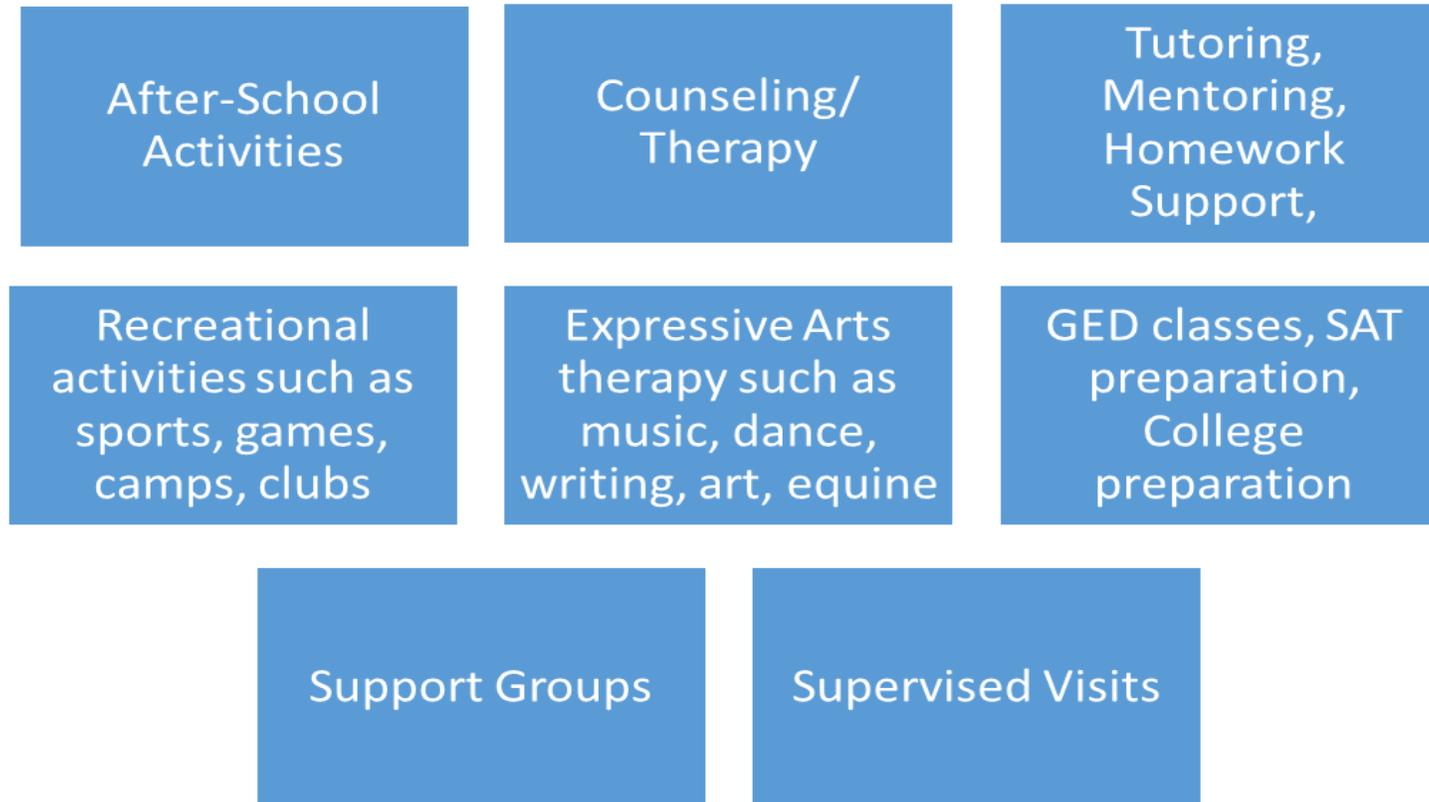
Funding streams to support better outcomes



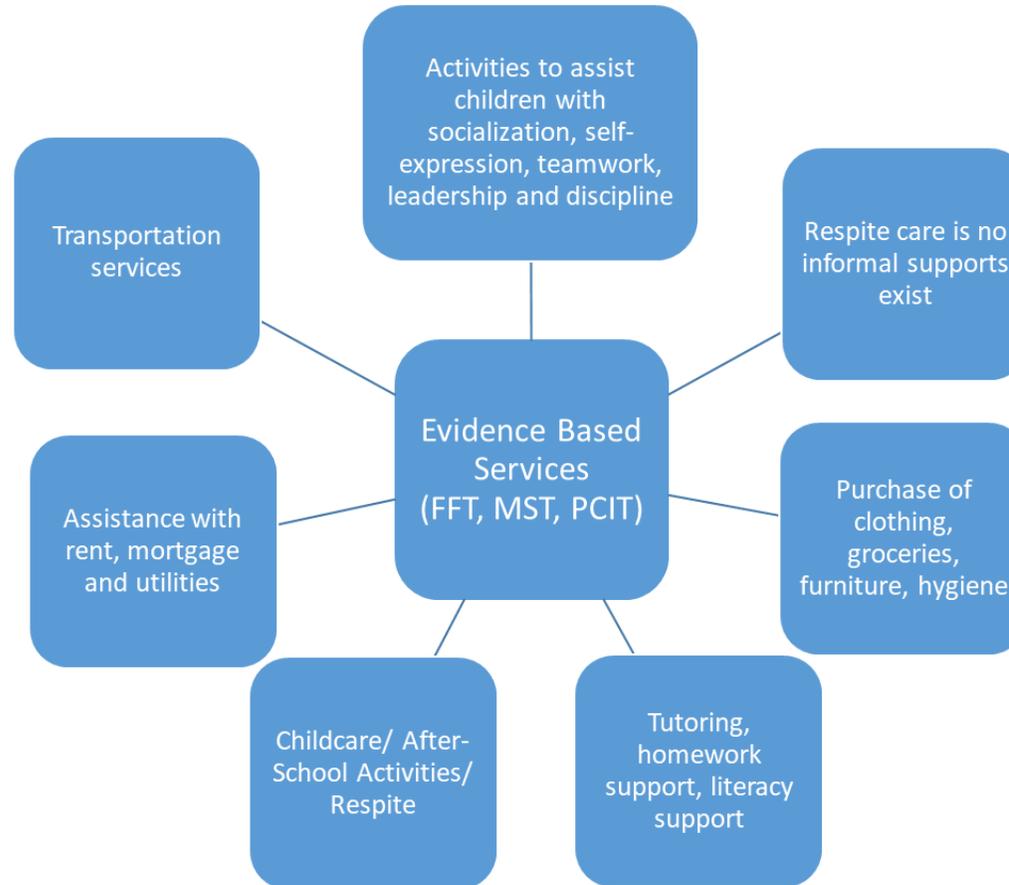
Supportive Services – Relative/Fictive kin



Supportive Services – Child



PSSF to Support Evidence-Based Services



In-Home Services Case Safety Scenario

Relative	Parent	Child
<ul style="list-style-type: none">• Parent Education• Transportation• Childcare/ Afterschool• Emergency Aid<ul style="list-style-type: none">• Groceries• Furniture for child• Clothing for child	<ul style="list-style-type: none">• Parent Education/ Training/ Coaching• Transportation• Home Based Services<ul style="list-style-type: none">• House-Cleaning• Household Repairs• Sanitation• Assessment	<ul style="list-style-type: none">• Enrichment Activities<ul style="list-style-type: none">• Sports• Clubs• Camp• Educational Support<ul style="list-style-type: none">• Tutoring• Homework Support• Literacy/ reading support• Intensive In-Home Services• Outpatient services

Connecting the Dots

Concrete Supports

EBP

Kin First Culture

Community Partnerships

