



Child Welfare 2014

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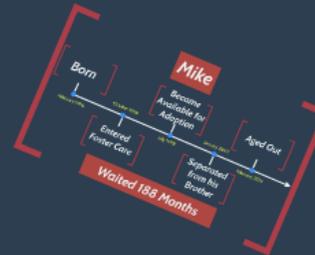
(804) 726-7084

Objectives

- Discuss some key performance indicators and learn how Virginia is doing.
- Obtain an overview of some practices that are being implemented and/or encouraged across the state.
- Discuss what is on the horizon for child welfare.

Once upon a time...

What were you doing
in... **1996?**



Virginia has the highest % of foster youth aging out.



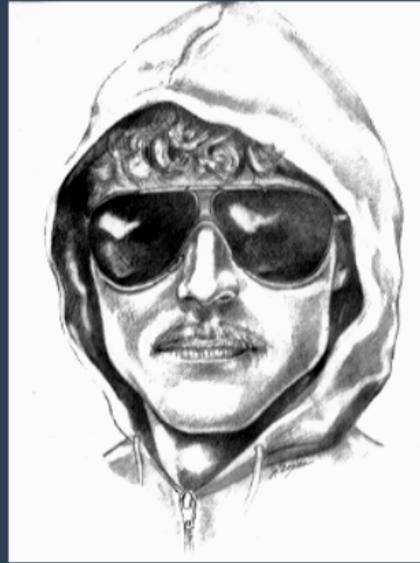
Virginia has the lowest rate of foster care per capita.



What were you doing

in...

1996?



Show me the money!!!!

Mike

Born

February 1996

**Entered
Foster Care**

October 1996

**Became
Available for
Adoption**

July 1998

**Separated
from his
Brother**

January 2001

Aged Out

February 2014

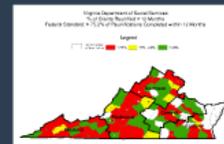
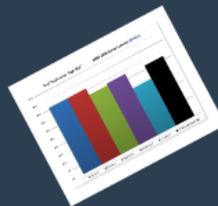
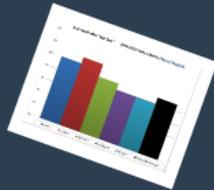
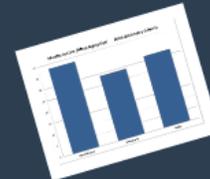
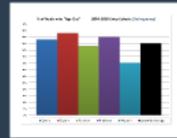
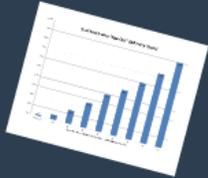
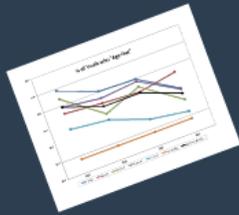
Waited 188 Months

Virginia has the highest % of foster youth aging out.

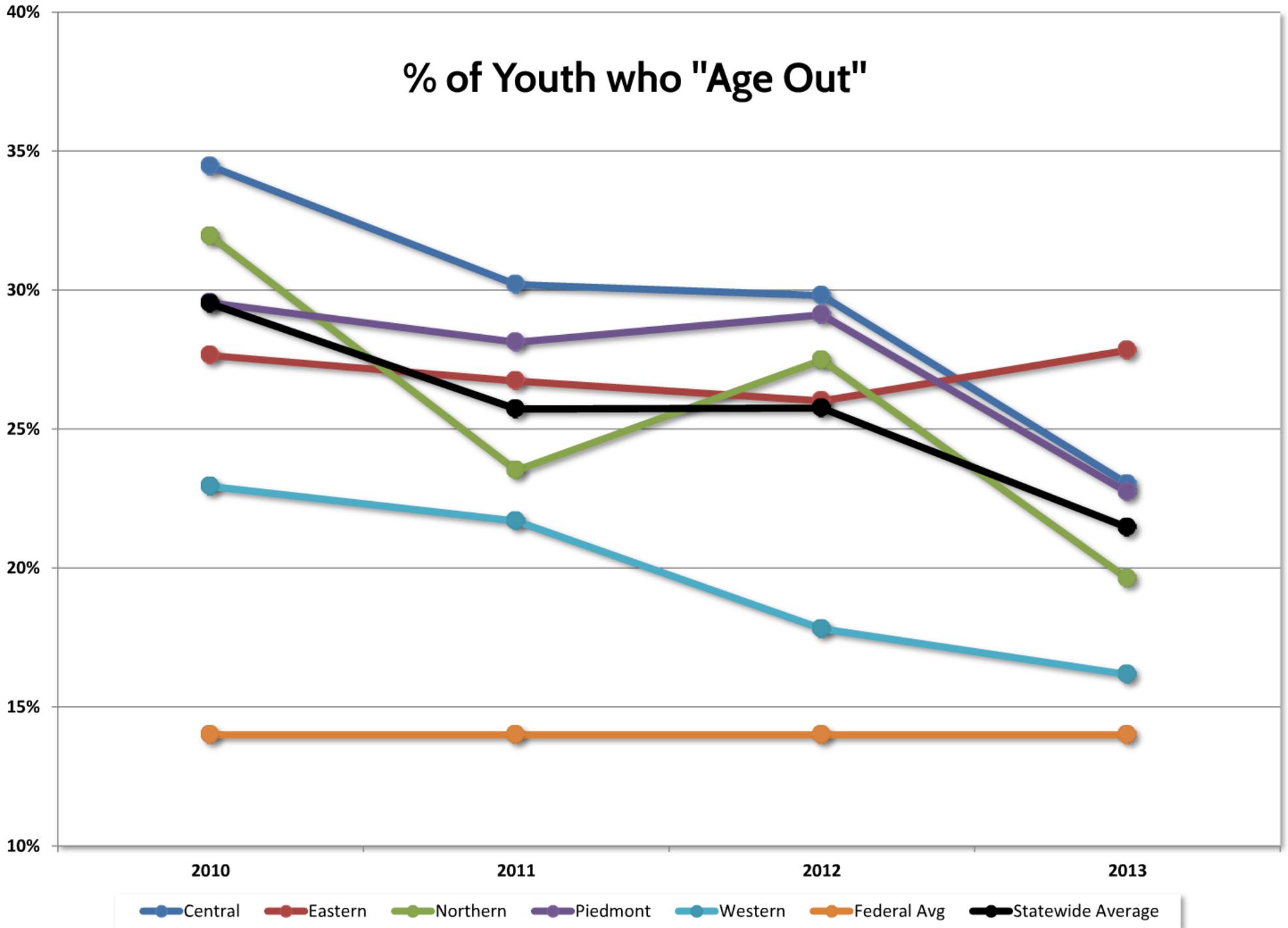


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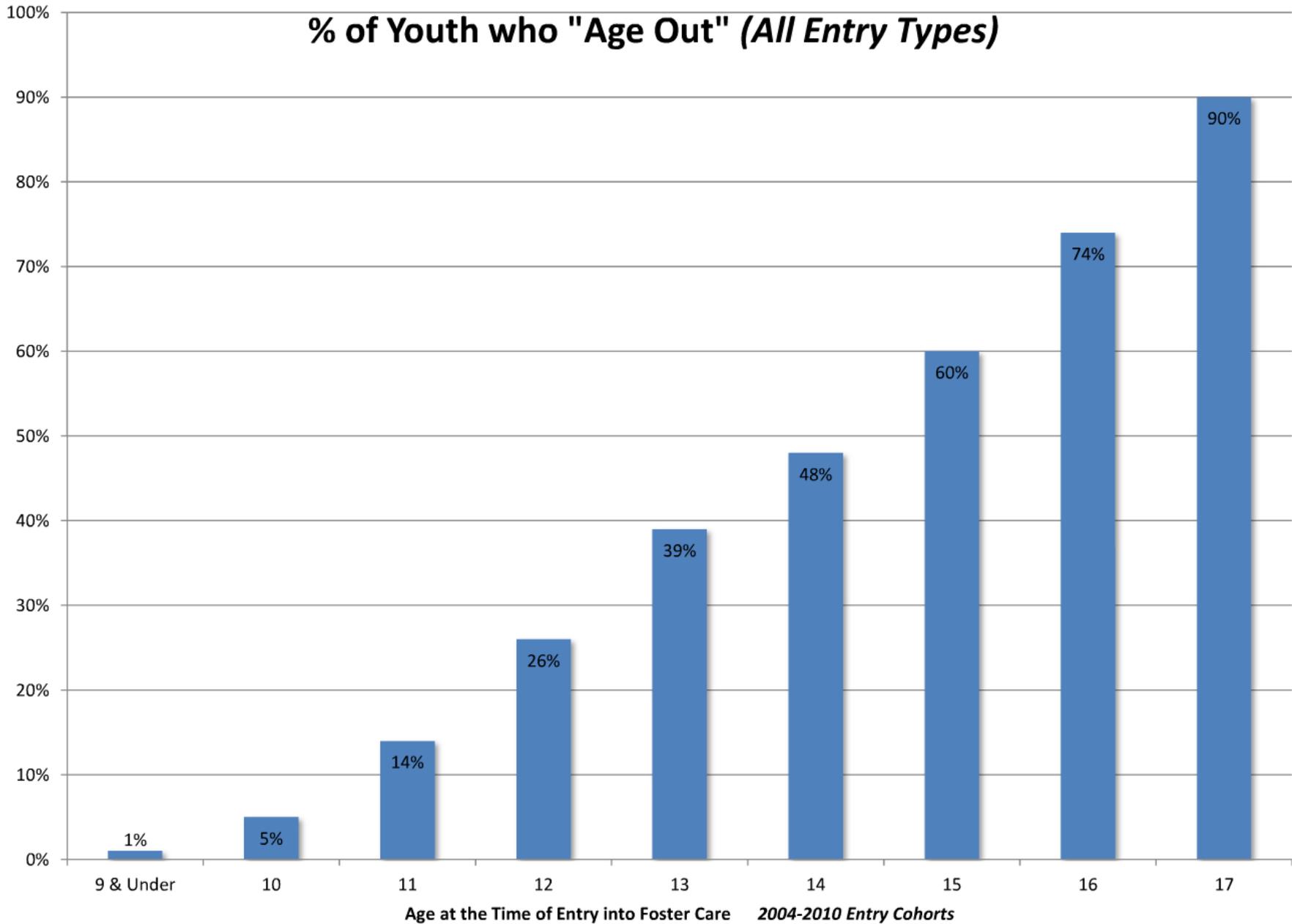
Permanency Data



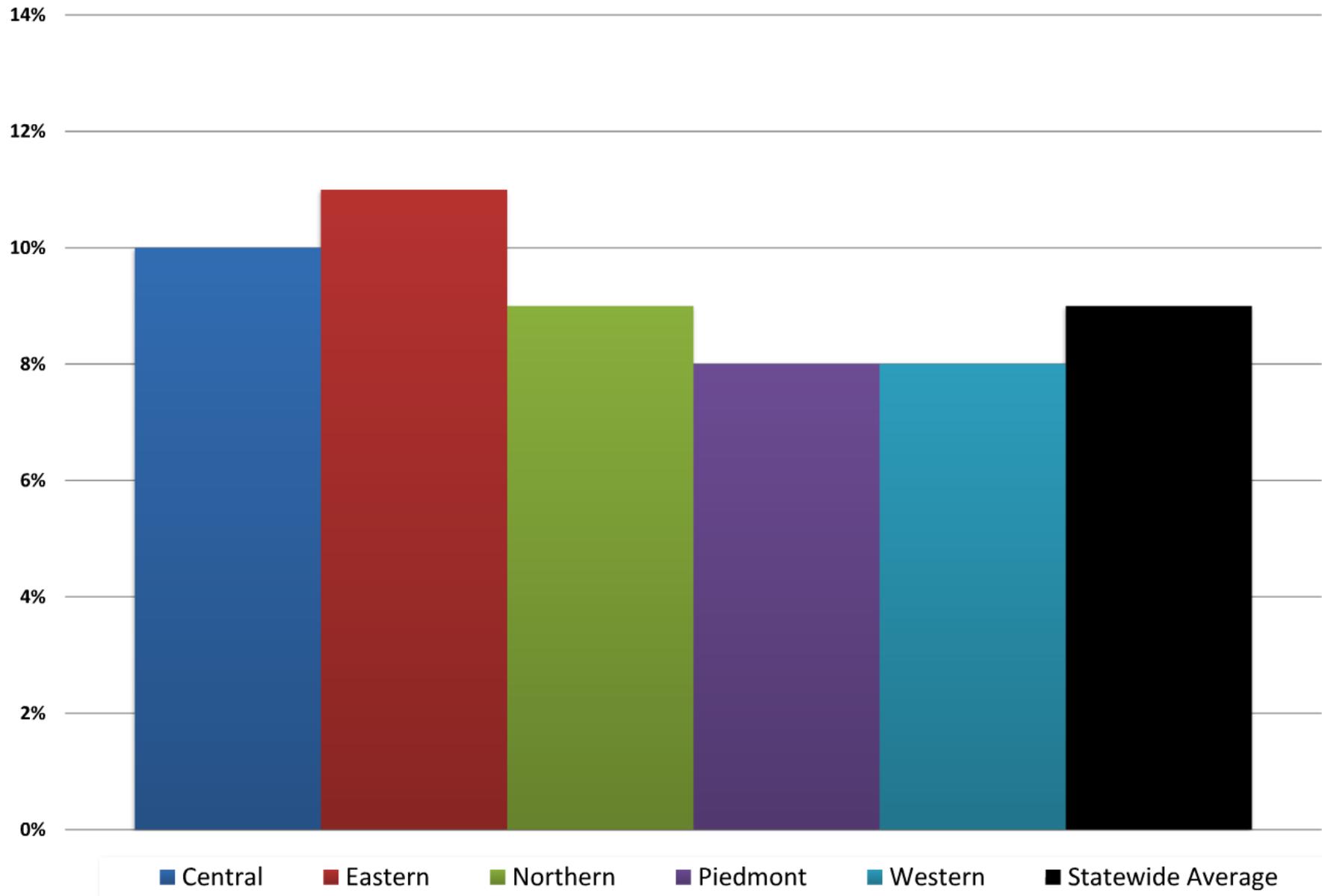
% of Youth who "Age Out"



% of Youth who "Age Out" (All Entry Types)

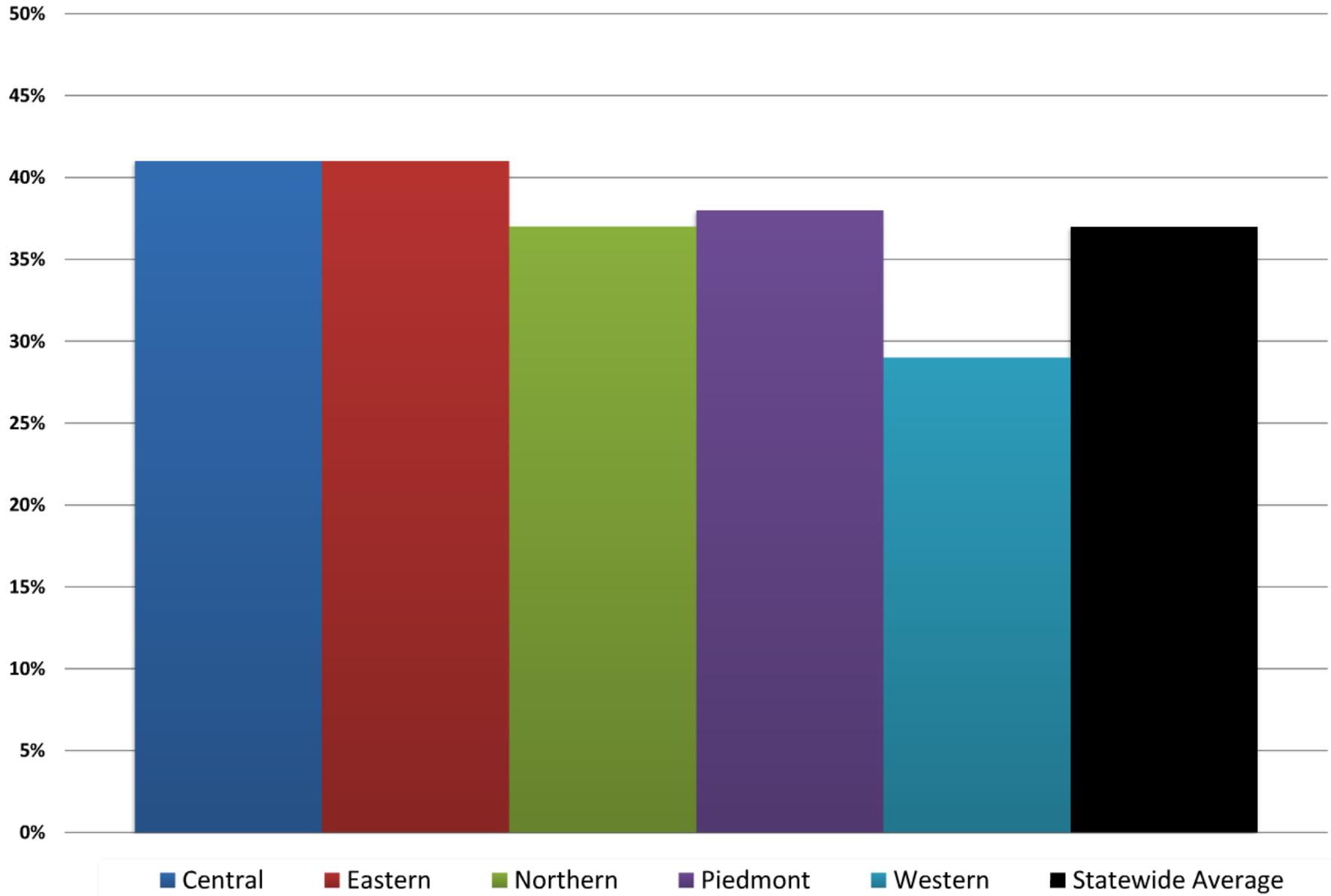


% of Youth who "Age Out" 2004-2010 Entry Cohorts (Abuse/Neglect)



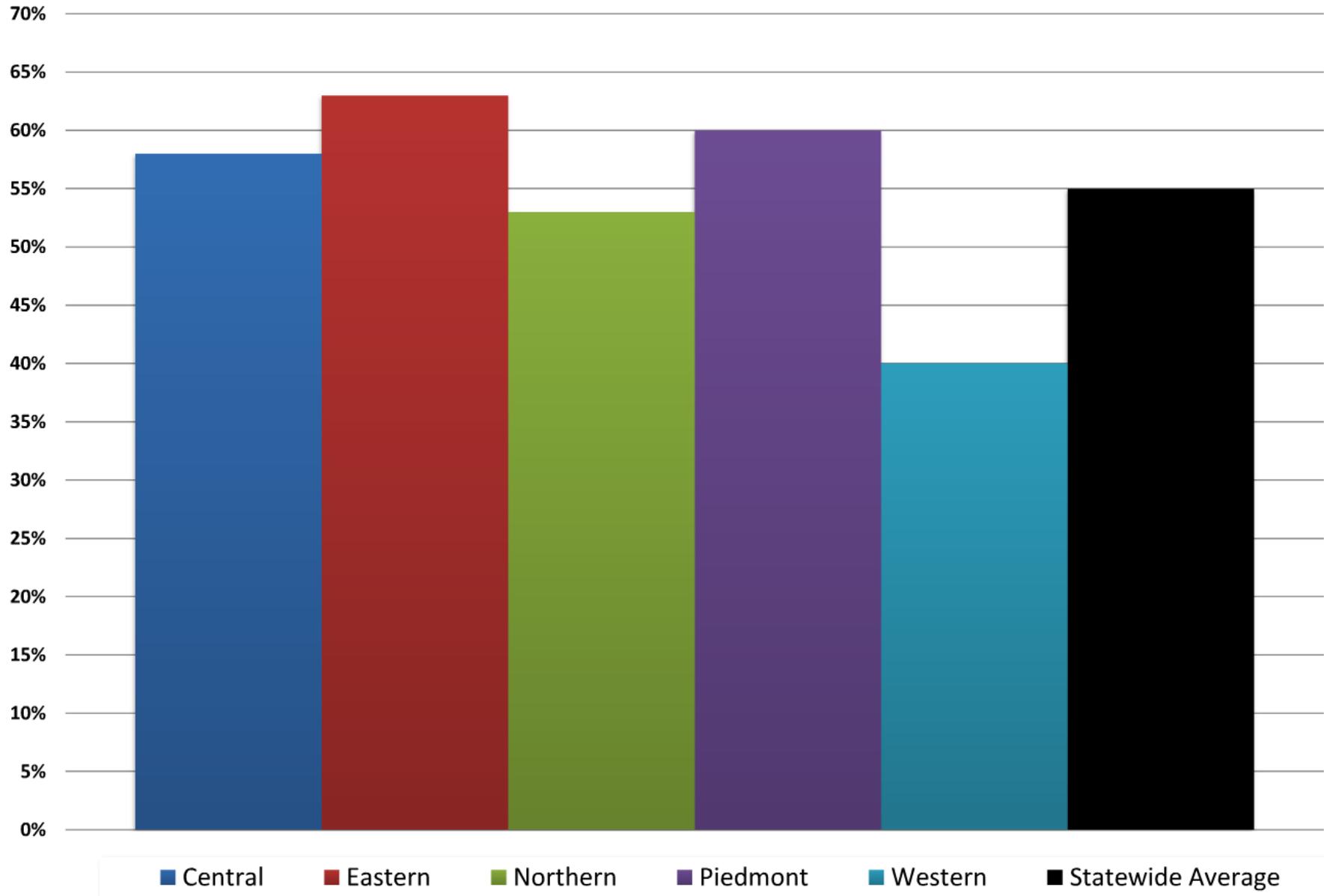
% of Youth who "Age Out"

2004-2010 Entry Cohorts (CHINS)

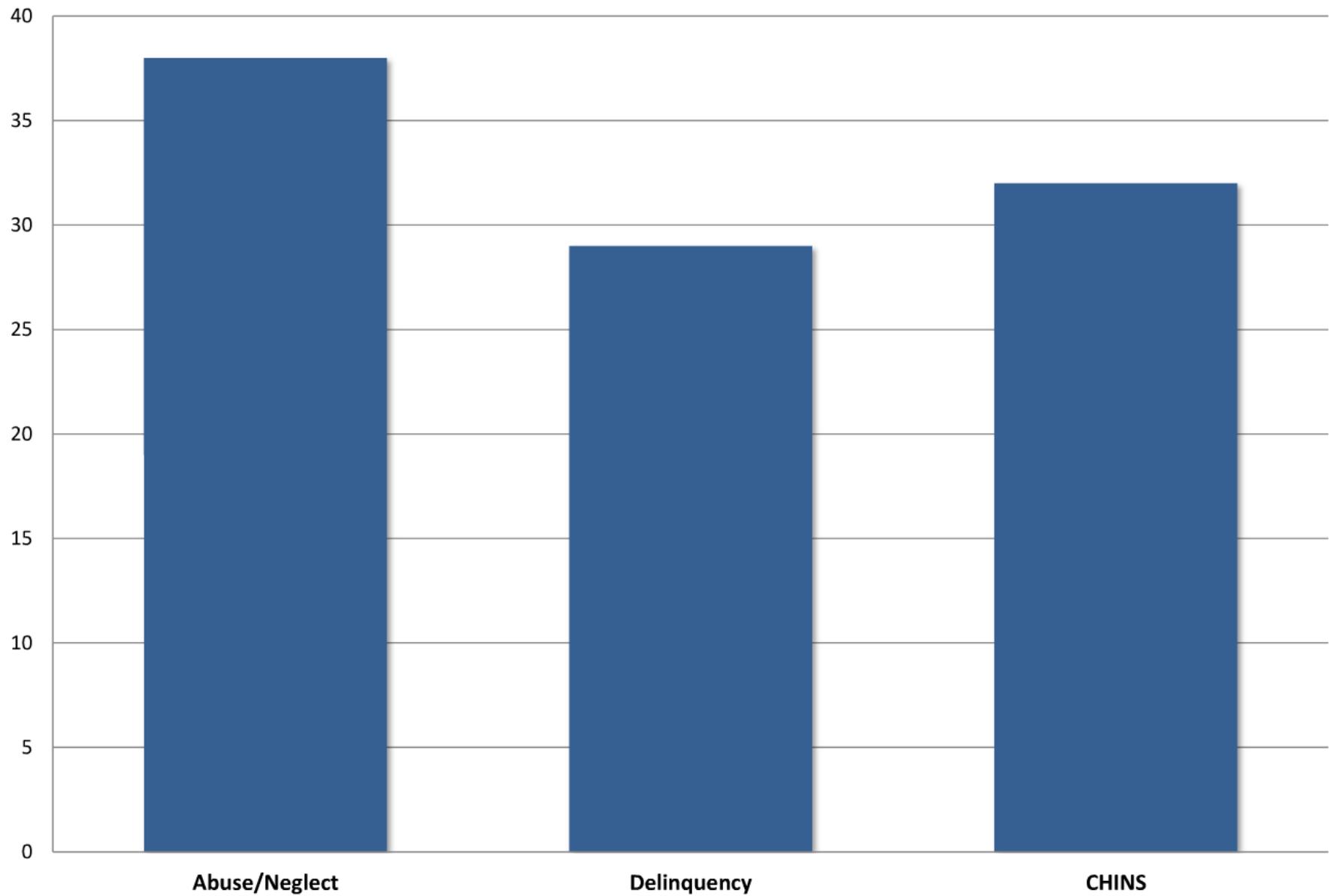


% of Youth who "Age Out"

2004-2010 Entry Cohorts (Delinquency)

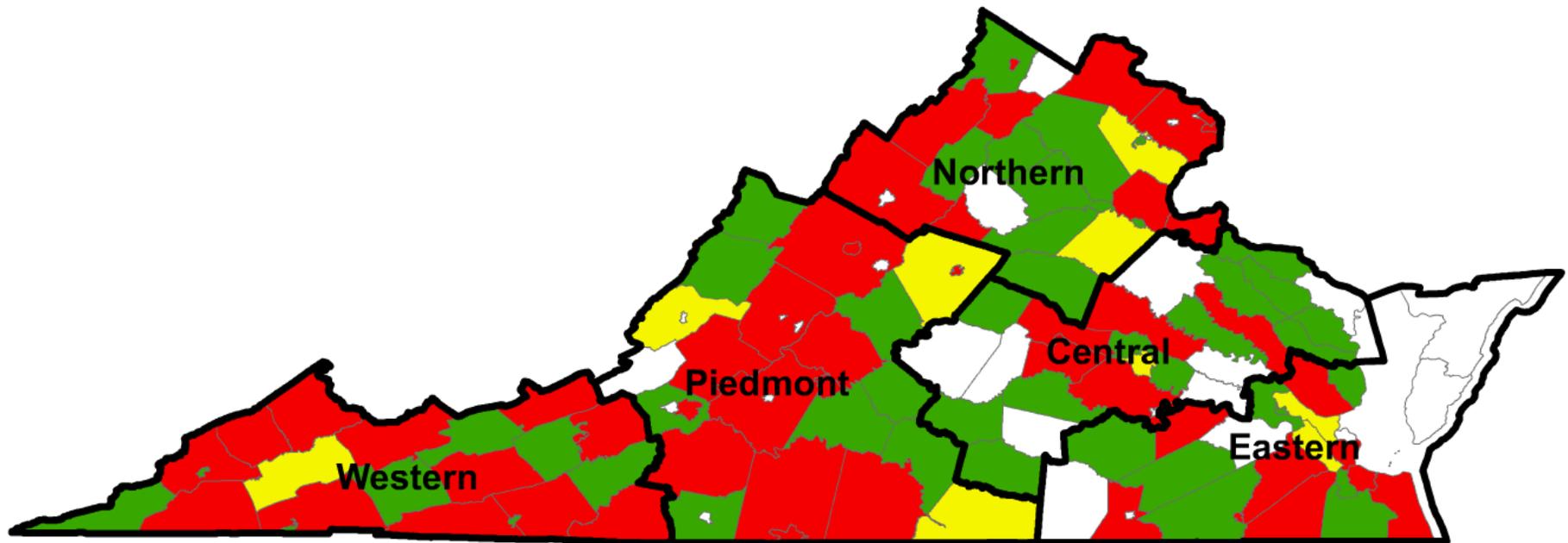


Months in Care (*When Aging Out*) 2004-2010 Entry Cohorts



Virginia Department of Social Services
% of Clients Reunified < 12 Months
Federal Standard: > 75.2% of Reunifications Completed within 12 Months

Legend



What Can We Do?

Relative Search & Engagement



Needs to be:

- Early
- Expansive
- Ongoing
- Creative
- Documented

It's not just about placement!

Adoption

- We have awarded two Extreme Recruitment contracts to focus on some of the longest waiting youth (LWY) in the Eastern Region and coordinator in the Central Region.
- Using "Market Segmentation", we are analyzing several key indicators of families who have adopted to better predict who may be more likely to adopt in the future.
- Two contracts were awarded in the fall to provide post-adoption supports and stabilization for families. CASA and Frontier Health will provide trauma-informed post-adoption services not previously available in our Western and Piedmont Regions.



Permanency Round Tables (PRT)

- Key players come together with a trained facilitator to create an individualized permanency plan.
- The goal is to develop a pathway to permanency by identifying barriers.
- This model is currently being used in a limited capacity throughout the state.
- Throughout 2014 Casey Family Programs will be leading several PRT meetings around Virginia. Results from similar initiatives in other states are very promising.

During the VADepts Campaign, efforts similar to PRTs led to matches for 16 of the 20 longest waiting youth.

Concurrent Planning

- Currently only a suggested practice in guidance.
- Over the coming year, we will issue guidance to make concurrent planning mandatory.
- Training will be provided on concurrent planning as we roll out adoption of concurrent planning.

Concurrent Planning is a consistent practice among the Top 10 agencies who consistently have the lowest times in achieving permanency.

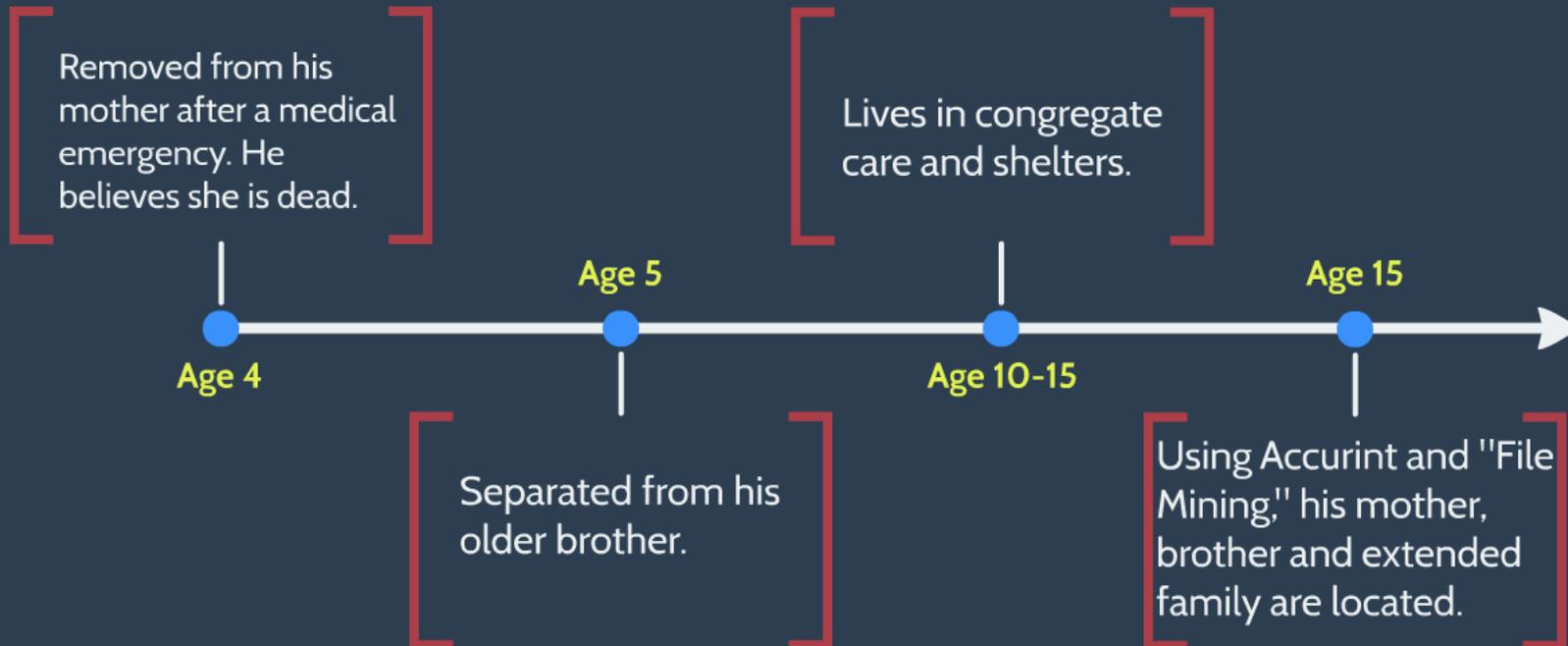
Kinship Diversion

- SB 284 - Directs VDES, by January 2016, to develop recommendations for kinship diversion regulations and provide a fiscal impact analysis.
- Administration for Children & Families has approved Virginia's T/TA request to develop recommended guidance and regulations.

CDI

- We have now performed Quality Service Reviews (QSR) in 1/3 of all locations. We are working with 12 locations to develop a supervisory tool to have quality reviews on more cases.
- Administration for Children & Families has approved Virginia's T/TA request to develop a systemic CDI process to help meet the new CPSR requirements released from the Fed's this month.

Israel



“Call it a clan, call it a network, call it a tribe, call it a family. Whatever you call it, whoever you are, you need one.”

Jane Howard



00:38







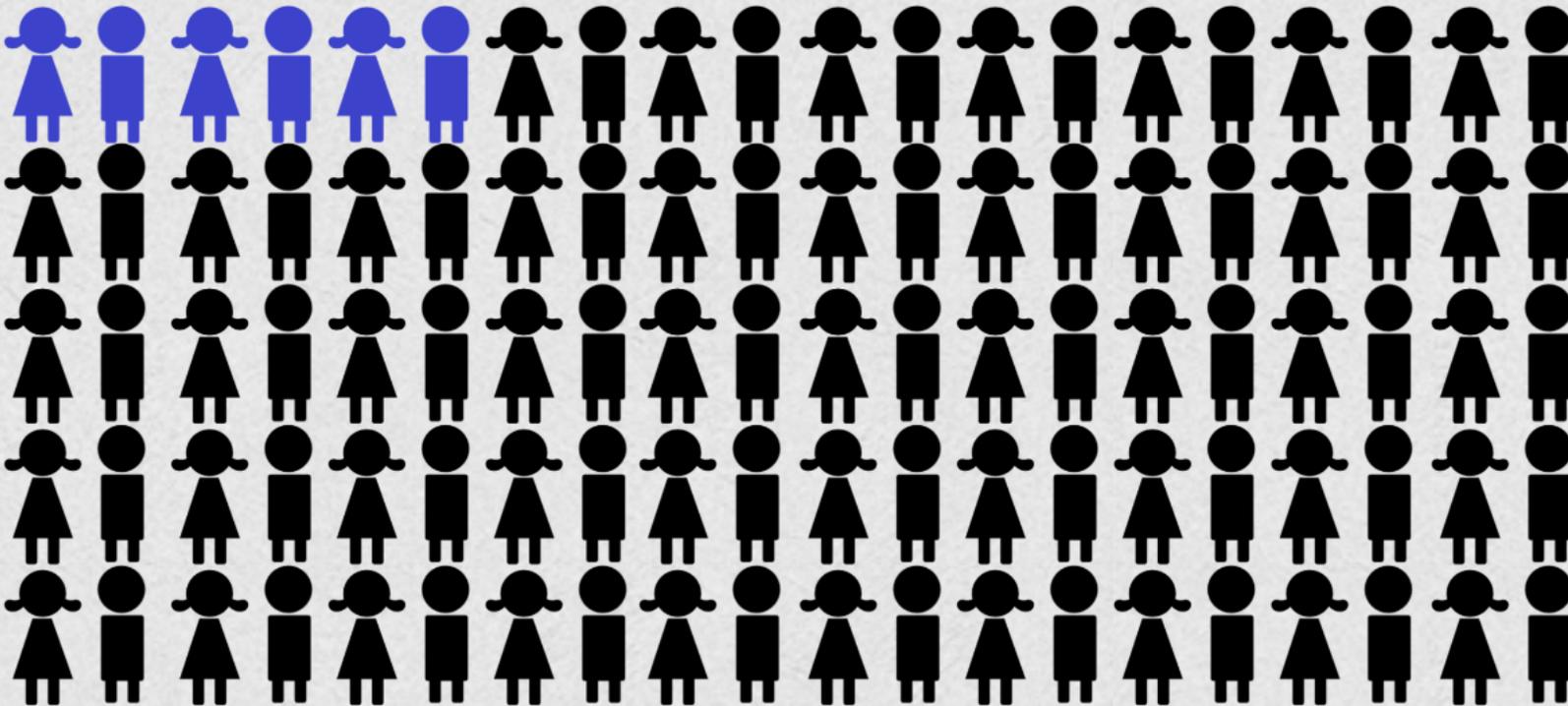


“In all of us there is a hunger, marrow-deep, to know our heritage - to know who we are and where we have come from. Without this enriching knowledge, there is a hollow yearning. No matter what our attainments in life, there is still a vacuum, an emptiness, and the most disquieting loneliness.”

Alex Haley

Children in Foster Care Living with Relatives

After Six Months



Relative Search & Engagement



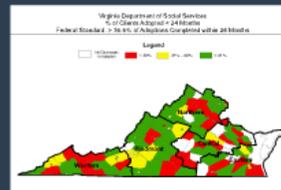
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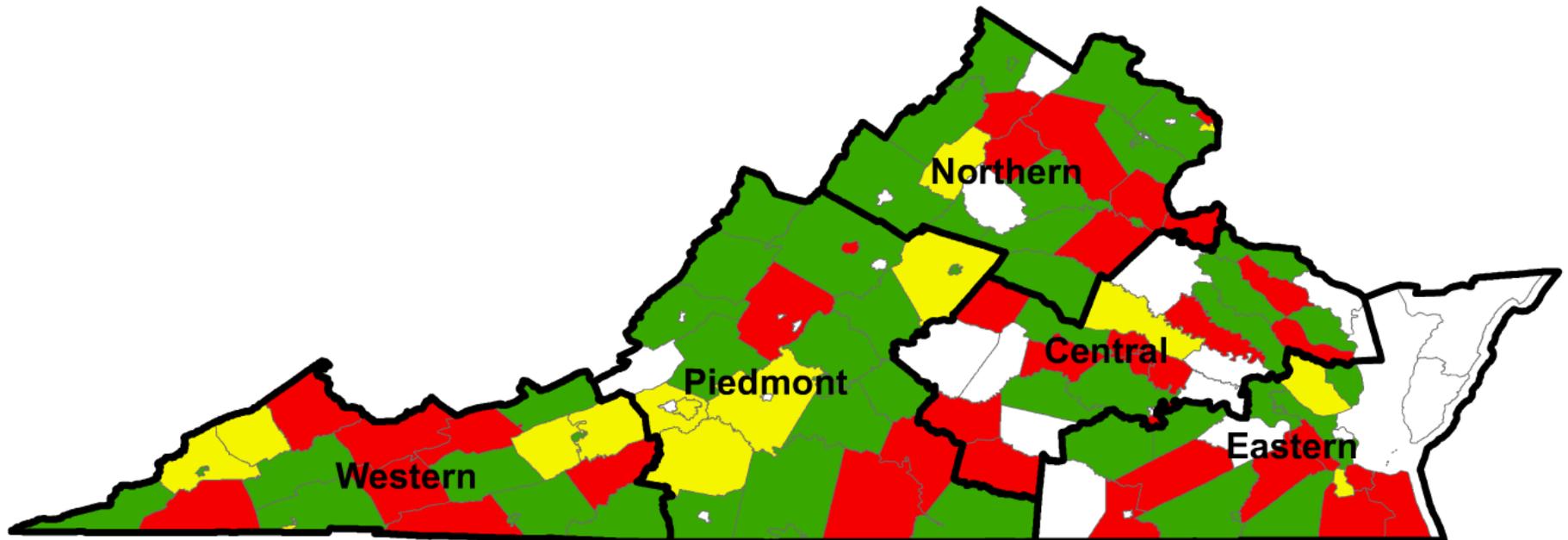
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- Two contract were awarded in the fall to provide post-adoption supports and stabilization for families. C.A.S.E and Frontier Health will provide trauma-informed, post-adoption services not previously available in our Western and Piedmont Regions.



Virginia Department of Social Services
% of Clients Adopted < 24 Months
Federal Standard: > 36.6% of Adoptions Completed within 24 Months

Legend



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- Over this coming year, we will revise guidance to make concurrent planning mandatory.
- Training will be provided on concurrent planning as we roll-out a redesign of Service Planning.

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CQI

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- Administration for Children & Families has approved Virginia's T/TA request to develop a systemic CQI process to help meet the new CFSR requirements released from the Feds this month.

Sense of Urgency Common Sense

Wellbeing

- Incorporating CANS into all foster cases, regardless of funding source.
- 3 Branch: Tracking children's educational, medical, dental and mental health needs and including them when service planning.
- 3 Branch: Collaborative effort with DMAS and Magellan to collect psychotropic med data on all kids in foster care.

Finance Reform

Proposals currently being discussed at the federal level.

- Limiting IV-E to 36 months per child/per lifetime.
- Eliminate IV-E as a funding source for shelter care, as well as for group care for children under 13.
- Establish a twelve month limit on group care for older youth.

What Else?

- Disproportionality: Expanding permanency research to examine the connections between race and both rate of entry and length of stay.
- Reviewing the efficacy of the VEMAT tool and providing more rater trainings.
- Refocusing efforts on older foster youth, Peer-mentoring, youth voice and Normalcy.

Removing Kids
to Keep
Them Safe

Safely
Supporting
Kids At Home



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Project LIFE values and seeks the input of youth, especially when it comes to addressing their needs from the foster care system. During the October 2013 Statewide Conference, the youth shared several things they felt are important for themselves and others in foster care. Below are their top 10 needs and the steps that local departments of social services can take to make them happen.

1. Medication

Youth do not want to take prescribed medication that is unnecessary or no longer needed. Family Services Specialists and Social Workers can assist with this by:

- a. Regularly seeking input from youth on the helpfulness of the prescribed medication
- b. Requesting regular reviews of medication and dosage with youth, doctors and others as necessary to determine continued use

2. Family Visitation

Youth need time to see and visit with their biological family members. Family Services Specialists and Social Workers can assist with this by:

- a. Following §16.1-252 that speaks to reasonable visitation between the youth and his/her natural parents, siblings, grandparents, and guardians
- b. If a youth has other siblings placed in foster care, §63.2-900.2 states that the visitation or communication plan shall take into account the wishes of the youth, and shall specify the frequency of visitation or communication

3. Social Life

Youth need to feel “normal” in spite of being in foster care. Family Services Specialists and Social Workers can assist with this by:

- a. Allowing visitation (including overnight) with friends
- b. Allowing access to cell phones (if monitoring is warranted, adults can use applications like “textguard” to supervise incoming/outgoing texts)

4. Driving Privileges

Youth need to know the steps to driving in the state of Virginia. Family Services Specialists and Social Workers can assist with this by:

- a. Ensuring that every youth has the opportunity to get a driver's license before exiting care
- b. Teaching youth how to purchase a vehicle
- c. Teaching youth how to purchase insurance or be added to their foster parent's policy

5. Assistance and Support with Transitioning from Foster Care

Youth need a better understanding on how to transition from foster care and how to access community resources.

Family Services Specialists and Social Workers can assist with this by:

- a. Regularly reviewing options with youth starting at age 17 until 21
- b. Teaching youth about life skills development around employment and money management
- c. Ensuring that youth have access to health care
- d. Providing assistance/support for teen mothers

6. Emotional Support

Youth need to be encouraged in order to succeed in life. Family Services Specialist and Social Workers can assist with this by:

- a. Developing confidence in youth to seek their interests and skills
- b. Creating more opportunities for youth to take responsibility for making decisions that affect their lives

7. Strengths-based Perspective

Youth do not want to be judged by the case notes in their file. Family Services Specialists and Social Workers can assist with this by:

- a. Avoiding negative language and terminology to describe youth
- b. Focusing on what youth have done well to lay the groundwork for realistic expectations

8. Permanency

Youth need to belong to a family that loves and accepts them. Family Services Specialists and Social Workers can assist with this by:

- a. Continuing to search – beyond age 18 – for relatives and others with whom youth can form and maintain healthy relationships
- b. Creating opportunities for relatives and other supportive adults to attend decision making meetings or serve in some aspect of the youth's life

9. Access to Financial Resources

Youth need a better understanding of what financial services are available to them. Family Services Specialist and Social Workers can assist with this by:

- a. Informing youth about the IL Stipend and how much money is available
- b. Informing youth about clothing vouchers

10. Youth Voice

Youth need to have an active, ongoing voice in planning their life. Family Services Specialist and Social Workers can assist with this by:

- a. Allowing more time to decide on the appropriate IL program
- b. Selecting meeting times and places that are convenient for them
- c. Allowing freedom to choose what IL trainings/meeting to attend

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