CAPTA 2024 Update

Describe substantive changes, if any, to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, which could affect the state's eligibility for the CAPTA State grant (section 106(b)(1)(C)(i)). The state must also include an explanation from the State Attorney General as to why the change would, or would not, affect eligibility. Note: States do not have to notify ACF of statutory changes or submit them for review if they are not substantive and would not affect eligibility.

The Virginia Department of Social Services (VDSS) continues to be eligible to receive Child Abuse Prevention and Treatment Act (CAPTA) funds.

As a result of the 2024 General Assembly session, there were a number of changes to the Code of Virginia that impacted the delivery and provision of child protective services (CPS) in Virginia. The first change was a result of Senate Bill 12/ House Bill 1128 to §§ 15.2-1627.5, 63.2-100, 63.2-1505, and 63.2-1506.1 of the Code of Virginia by changing the term "child advocacy center" to "children's advocacy center;" defining the terms "children's advocacy center," "Children's Advocacy Centers of Virginia," and "National Children's Alliance," which codify the credentialing of children's advocacy centers; and, by expanding the use of interviews at children's advocacy centers to human trafficking assessments. The second change, a result of Senate Bill 115/House Bill 833, amended §§ 16.1-228 and 63.2-100 of the Code of Virginia by clarifying that a child is not an abused or neglected child solely because their parent or caretaker legally possesses or uses alcohol, marijuana, or other controlled substances as authorized by Title 4.1 or Title 54.1 Chapter 34 of the Code of Virginia, unless such activities cause or create a risk of physical or mental injury to the child. Additionally, Senate Bill 115/House Bill 833 amended and reenacted §§ 16.1-278.15 and 20-124.2 of the Code of Virginia by clarifying that no person shall be denied custody or visitation of the child based solely on the fact that the person legally possesses or uses alcohol, marijuana, or other controlled substances as authorized by Title 4.1 or Title 54.1 Chapter 34 of the Code of Virginia, unless such activities are not in the best interest of the child.
The third change, a result of Senate Bill 39/House Bill 27, which focused on three key tenets of practice to enhance permanency for children who are placed in the care of relatives and fictive kin: (1) exception reports; (2) creation of the Parental Child Safety Placement Program; and (3) the assessment of relatives and fictive kin caregivers. The Parental Child Safety Placement Program amended the Code of Virginia by adding in Chapter 15 of Title 63.2 an article numbered 7, consisting of a section numbered 63.2-1531, provides a statutory framework for a parent, guardian, or legal custodian to arrange for a temporary living arrangement for their child(ren) with relatives and fictive kin when a LDSS has determined that the child(ren) cannot remain safely in their current home.

Describe any significant changes from the state's previously approved CAPTA plan in how the state proposes to use funds to support the fourteen program areas (section 106(b)(1)(C)(ii)).

There are no substantial changes being made to Virginia's CAPTA plan this year. Several new initiatives have been added to the previously approved plan. Highlights of Virginia's new initiatives include:

- Continued targeted technical assistance to LDSS on Child and Family Services Review (CFSR) Item 1 and Referral Time Open;
- Development and implementation of an internal child fatality staffing protocol;
- Collaboration with the National Partnership for Child Safety to support child fatality prevention activities, investigations, and review processes;
- Collaboration with the newly created Office of the Children's Ombudsman;
- Creation of a Safe Haven public awareness campaign, highlighting Virginia's laws, surrender locations, and resources for parents/caretakers;

- Partnering with the National Safe Haven Alliance to purchase 24-7 Safe Haven hotline services; and,
- Development of public awareness materials for parents/caretakers on safe recreational marijuana use and storage, water safety, gun safety, and safe sleep practices.

Describe how CAPTA State grant funds were used, alone or in combination with other Federal funds, to meet the purposes of the program since the submission of the CAPTA State Plan (section 108(e) of CAPTA).

VDSS utilizes CAPTA funding along with state General Funds, in alignment with all of the CAPTA Priorities, to support the supervision of the statewide child protective services system which occurs within VDSS. At the state level the child protective services team is led by a Program Manager and supported by a Policy Specialist. There are five regional consultants that provide protective technical assistance, case consultation, training, and monitoring to LDSS for the protection program. The objective of the state teams is to:

- Develop regulations, policies, procedures, and guidance;
- Support LDSS staff in providing quality, best-practice service to children and families served;
- Implement statewide public awareness campaigns;
- Explain programs, policies, and services to mandated reporters and general public;
- Coordinate and provide training;
- Fund special grant programs;
- Maintain and disseminate data from the child welfare information system; and
- Utilize data to identify and support the installation of systems or practice changes which lead to improved outcomes.

VDSS partners with Child Advocacy Centers of Virginia (CACVA), the statewide association which continues to provide training, support, technical assistance, and leadership to the Child Advocacy Centers (CACs) and to communities in Virginia responding to reports of child abuse and neglect. The CACVA develops the funding formula for the CACs for SFY 2023 based on criteria established by the Virginia General Assembly and includes CAC certification level, rate of abuse/neglect, child population under 18 years of age, and localities served.

Additionally, VDSS and CACVA offers ChildFirst™ training which is an intensive five-day course through which students learn the skills necessary to conduct a forensic interview of a suspected child abuse victim. It combines lectures and demonstrations supplemented with homework assignments and a written examination at the end of the course. Moreover, participants must conduct a 30-minute interview of a professional actor playing the role of a sexually abused child after which the interviewer is critiqued by a professional forensic interviewer and cohort of fellow students. The course is designed for attendance by multidisciplinary teams of CPS investigators, law enforcement officers, prosecutors, and forensic interviewers. In alignment with CAPTA Priority Areas 1, 6, 7, and 12, VDSS utilizes CAPTA state funding to provide scholarship opportunities for local departments of social services (LDSS) to send up to eighty family services specialists (FSS), specializing in child protective services. In addition to LDSS sending their FSS, LDSS are expected to coordinate with their local multidisciplinary teams including law enforcement, prosecutors, and other community-based forensic interviewers.

VDSS did not use CAPTA funds, alone or in combination with other funds, to improve legal preparation and representation including provisions for the appointment of an individual appointed to represent a child in judicial proceedings.

Funding for 2023:
VDSS utilizes Temporary Assistance for Needy Families (TANF) ($2,136,500.00), General Funds ($405,500.00), and Victims of Crime Act (VOCA) funds ($4,346,951.00) from the Department of Criminal Justice Services (DCJS) to support Child Advocacy Centers (CAC's) across the state.

The total awarded to CACs for SFY2023 is $6,888,951.00. This funding enables CACs across Virginia to serve child abuse victims, expand as necessary, and expand geographic coverage ensuring as many children and families are served as possible. This funding amount will not be sustained, and CACs have been encouraged to designate funds toward sustainability efforts as subsequent annual awards beginning in SFY 2024 are expected to be significantly lower.

Nineteen Centers continue to provide comprehensive services to the following geographic regions:

- Piedmont – four programs serving counties of Albemarle, Nelson, Franklin, Grayson, Roanoke, Madison, Buckingham, Botetourt, Fluvanna, Greene, Augusta, Buena Vista, and Rockbridge; and the cities of Roanoke, Salem, Staunton, Lexington, Charlottesville, and Waynesboro.
- Central – two programs serving counties of Chesterfield, Goochland, Hanover, Henrico, Louisa, Powhatan, Prince George, Cumberland, New Kent, Charles City, Caroline, Spotsylvania, Stafford, King George; and the cities of Richmond, Fredericksburg, Colonial Heights, Hopewell, and Petersburg.
- Northern – seven programs serving counties of Arlington, Fairfax, Prince William, Rockingham, Shenandoah, Loudoun; and the cities of Harrisonburg, Winchester, Fairfax, and Alexandria.
- Eastern – two programs serving the cities of Chesapeake, Hampton, Newport News, Norfolk, Portsmouth, Suffolk, Virginia Beach, and Emporia; and the counties of Greenville, Brunswick, and Sussex.
- Western – four programs serving counties of Lee, Montgomery, Pulaski, Washington, Scott, Tazewell, Buchanan, Russell, Wise, Dickenson, Henry, Patrick, Carroll, and Smyth; and the cities of Radford, Norton, Martinsville, and Bristol.

Update for 2024: VOCA funding will be cut by 10% with CAC funding as follows: TANF: $2,136,500.00; GF: $405,500.00; VOCA: $3,912,256.00. Total awarded to CACs in FY24 (including partial funding for VDSS administrative position) = $6,454,256.00

VDSS also utilizes CAPTA funding, in alignment with Priority Area 1, to support the State CPS hotline by:

- Providing hotline specialists to provide intake services to mandated reporters and other citizens in Virginia who have a concern for child abuse; and
- Assess and evaluate the functionality of the hotline in order to enhance efficiency to ensure mandated reporters and other citizens can easily report concerns of child abuse; and
- Providing language assistance services to mandated reporters and other citizens who do not use English as their primary language.

VDSS utilizes CAPTA funding, in alignment with Priority Areas 1, 3, 4, 5, 7, and 10, to provide Safe Measures® (via a contract with Evident Change (formally the National Council on Crime and Delinquency (NCCD)) a web-based application that provides data analytics through reports and dashboards. SafeMeasures® currently features more than 150 reports, a critical outcomes scorecard, and features such as My Upcoming Work and My Calendar. SafeMeasures® receives nightly data extracts from OASIS.

CAPTA funding, in alignment with Priority Areas 10, 11, and 13, along with state General Funds to VDSS contract with Virginia Repertory Theatre (VRT) for the production and delivery of approximately 160 performances of the child sexual-abuse prevention play "Hugs and Kisses" for children in grades ages K-5 in elementary schools across Virginia. The play is a partnership between VRT, Families Forward Virginia, and VDSS. Families Forward Virginia receives funding from a VRT subcontract and from VDSS for continued evaluation of the program. VDSS and Families Forward Virginia jointly provide training on child sexual abuse to each touring cast. The Virginia Repertory Theatre's (VRT), Hugs & Kisses, spent 100% of their SFY22 grant funds. The VRT used funds from FY21 to produce a virtual video performance of Hugs & Kisses and teacher's guide, which was developed with input from VDSS, Families Forward, and VRT's Statewide Advisory Task Force of educators, parents, counselors, social workers, and child psychologists. It was be piloted in SFY22 with an estimated ten schools. During FY22, performances were booked for the throughout the entire year and booked 185 performances and delivered 183 total performances of Hugs and Kisses in schools around the state, serving a total of 54,900 Virginia elementary school children. In addition, they had 334 pertinent inquiries from children immediately after the performances and thirty-two referrals to the children's local Child Protective Services social workers.

2024 Update – Virginia Repertory Theater – Hugs & Kisses

CAPTA funding, in alignment with Priority Areas 10, 11, and 13, along with state General Funds to VDSS contract with Virginia Repertory Theatre (VRT) for the production and delivery of approximately 150 performances of the child sexual-abuse prevention play "Hugs and Kisses" for children in grades ages K-5 in elementary schools across Virginia. The play is a partnership between VRT, Families Forward Virginia, and VDSS. Families Forward Virginia receives funding from a VRT subcontract and from VDSS for continued evaluation of the program. VDSS and Families Forward Virginia jointly provide training on child sexual abuse to each touring cast. In May of 2023, The VRT started scheduling depending on how much interest was made in the feedback forms from schools who hosted the program. They start booking when the schools call regardless of the status of the contract renewal. Booking for this program typically hits its full stride when counselors return to school in August. Their aim is for the fall tour to be completely booked by the middle of October. Most Spring tour dates are typically booked by January, while the rest are booked in early spring. During FY23, performances were booked for the entire year and the VRT booked 151 performances and delivered 129 total performances of Hugs and Kisses in schools around the state, serving a total of 38,210 Virginia elementary school children. In addition, they had 756 pertinent inquiries from children immediately after the performances and 95 referrals to the children's local Child Protective Services social workers.

In FY24, with funding from VDSS approximately 56,000 Virginia students K-5 will attend 150 in-school performances of Hugs and Kisses statewide. As quantified in their updated budget to reflect changing costs, the per school cost of Hugs and Kisses is $1,855, of which the Virginia Department of Social Services portion is $918.

VDSS utilizes CAPTA funding, in alignment with Priority Areas 3, 9, to provide LDSS a person locator tool to ensure that every LDSS has the tools and ability to actively search for relatives who can be a support to a child who is suspected of- and or victim of child abuse and neglect, and their family.

VDSS continues to collaborate with the VA Department of Criminal Justice Services (DCJS) and CACVA to deliver the ChildFirst forensic training program supported by the use of CAPTA and CJA funds. CAPTA funds are used to provide scholarships for local CPS workers and supervisors to participate in this five-day intensive forensic interviewing training program.

Training sessions are held in various geographic locations throughout Virginia to help ensure equal access. Tuition scholarships are provided as reimbursable expenses. Upfront payment has been abandoned due to the identification of some course failures. The reimbursement process is intended to incentivize successful completion of the course as well as to ensure good financial stewardship. During calendar year 2023, 106 individuals completed ChildFirst training.

To further support the work of child maltreatment death prevention, VDSS added a new Child Fatality Prevention Initiative Coordinator. The Child Fatality Prevention Initiative Coordinator supports the Protection Program by planning, developing, and implementing strategies to prevent child fatalities and enhance child welfare practices. This position works with VDSS programs, stakeholders, and community partners in implementing initiatives relating to the prevention of child fatalities. This position reviews, coordinates and monitors recommendations of the prevention of child fatalities.

VDSS added a new Out of Family Specialist position supports the Child Protective Services Program by planning, developing, managing, and interpreting program regulations specifically related to Out of Family investigations. This position works with VDSS programs, stakeholders, and community partners regarding Out of Family Investigations to include overseeing the Out of Family Committee. This position reviews, coordinates and monitors recommendations for Out of Family Investigations.

In order to comply with the legislation passed in 2022, VDSS entered into a contract with the National Safe Haven Alliance (NSHA) to provide the toll free, 24-hour crisis hotline utilizing CAPTA funds. NSHA began providing this service for VDSS in October 2022. Additionally, VDSS partnered with NSHA to produce the promotional materials needed for the Safe Haven public awareness campaign. NSHA assisted VDSS in the decision to launch an initiative instead of a large-scale campaign, as it is a more proactive way to achieve the goal of increased awareness of the Commonwealth's Safe Haven laws and the existence of the toll-free Safe Haven crisis hotline. VDSS launched the Safe Haven Awareness Initiative in November 2023.

Provide an update on the state's continued efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder of CAPTA, as amended by the Comprehensive Addiction and Recovery Act.

As part of Virginia's CAPTA Plan, VDSS has been at the forefront of ensuring the identification and treatment of substance exposed infants and ensuring that Virginia is meeting all requirements established by the 2016 Comprehensive Addiction and Recovery Act and the subsequent required changes in the CAPTA Plan. VDSS' efforts include:

- Handle with C.A.R.E
  VDSS served as a key stakeholder on the Handle with C.A.R.E work group. The work group established statewide standards of care guidelines for pregnant mothers and substance-exposed infants and developed the plan of safe care outline.
- Report of Barriers to the Identification and Treatment of Substance-Exposed Infants
  VDSS developed this technical report as part of their leadership on the work group mandated by House Bill 2162 (2017) to study barriers to the identification and treatment of substance-exposed infants in Virginia. The complete report was submitted to the Secretary of Health and Human Resources. A consistent listing of barriers to treatment for mothers and SEI were noted across

Virginia and helped lead to the 2018 legislative change of establishing the Virginia Department of Health as the state agency responsible for coordinating services for SEI.

- Guidance and Training
  VDSS updated CPS guidance to mirror the 2018 legislative and regulatory changes. VDSS staff provided regional trainings to local department staff on legislative, regulatory, and guidance changes. VDSS staff and regional consultants also provided training on SEI and POSC at a number of public and private sector service agencies.
- Plan of Safe Care Toolkit
  VDSS developed and distributed a Plan of Safe Care Toolkit to local departments across Virginia to promote consistent implementation. The toolkit includes guiding principles of POSC, points of intervention chart, POSC flow chart, POSC template, and screening and resource information.
- Perinatal Substance Use: Promoting Health Outcomes brochure.
  VDSS developed and published this brochure for health care professionals regarding Virginia's legal requirements and health care practice implications.
- Maternal and Infant Initiatives State Partner Collaborative
  VDSS participates in a monthly collaborative of key state stakeholders, including Department of Medical Assistance Services, Department of Behavioral Health and Developmental Services, and Department of Health, to improve the statewide response to Substance-Exposed Infants.
- SEI Awareness Week
  Beginning in July of 2017, the General Assembly passed a resolution declaring the first week in July each year as Substance-Exposed Infant Awareness Week. VDSS collaborated with the Virginia Department of Behavioral Health and Developmental Services to raise awareness of the declaration of SEI Awareness Week. VDSS will continue to partner with other agencies to raise awareness during this designated week.
- SEI Decision Tree Tool
  VDSS developed and implemented a SEI decision tree tool to facilitate decision making with regarding the screening of SEI reports.
- eLearning Course
  An eLearning course regarding family engagement and parental substance abuse was developed in collaboration with the Department of Behavioral Health and Developmental Services and the VDSS Training Division. The course provides best practices when responding to reports involving children affected by in utero exposure to alcohol or drugs and address the service needs of pregnant and parenting women and other caregivers who use opiates and/or other substances of abuse. Additionally, the course includes direct application of the practice profiles and trauma informed practice working with substance exposed infants and their families.
- Statewide Child Abuse Conference
  - VDSS co-facilitated a workshop at the 14th Annual Crimes Against Children Conference titled *Substance-Exposed Infants and Plans of Safe Care*. The workshop was co-facilitated by a LEX member of our Parent Advisory Council and emphasized how stigma related to substance use can negatively impact intervention with substance-exposed infants.
- Executive Order 26-- *Crushing the fentanyl epidemic: strengthening Virginia's interdiction and enforcement response to fentanyl crisis.*
  As mandated in Executive Order 26, VDSS is developing a plan to offer wrap-around services and treatments to kinship care providers who are caring for children whose parents have passed away from a drug overdose. VDSS applied for and was awarded an Opioid Abatement grant to support our work with kinship in this area. Additionally, VDSS has been collaborating with Dr. Colin Greene, Special Advisor on Opioid Response, as part of Executive Order 26, to treat opioid use disorder during pregnancy.

- Marijuana Brochures
  VDSS developed and distributed two brochures *Guide for Using Recreational Marijuana While Parenting* and *Parent's Guide for Safe Storage of Marijuana* to local agencies and community partners to educate parents on safe marijuana use and storage.
- Subject Matter Expert Consultation
  CPS Program Staff have collaborated and provided Subject Matter Expert consultation with the internal Addiction and Recovery Workgroup at VDSS related to substance-exposed infants and plans of safe care. CPS Program Staff have also collaborated and provided Subject Matter Expert consultation, including serving as the co-chair of the Communication sub-committee, with the multi-disciplinary legislatively sanctioned Pathways to Coordinated Care Workgroup.

Provide information on any changes made to implementation and/or lessons learned from implementation.

Virginia saw a continued decrease in the number of substance-exposed infants reported to LDSS in 2023.

Year	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
Number of SEI Reported	1071	1099	1334	1543	1957	1577	1294	1320	1094	854

Legislative clarifications focused on the "medical impact" of the in-utero substance exposure on the child. These changes to the Code of Virginia clarify that substance use by the mother in and of itself does not indicate the child is a substance-exposed infant or that child protective services intervention is needed. Legislative changes have also expanded the responsibilities of hospitals to ensure the development of a written discharge plan for the substance-exposed infant. This legislation was designed to improve the collaboration between the hospital and family.

In SFY 23, Virginia experienced a 22% decrease in the number of reported SEI which could be attributed to increased training by public and private agencies on the legal definitions of a SEI, which was revised to require a medical impact on the child as a result of in utero substance exposure.

Additionally, public, and private agencies serving substance-exposed infants and their families have been working statewide to improve collaboration and communication. VDSS serves on the Steering Committee of a statewide workgroup, Pathways to Coordinated Care, led by the Virginia Department of Health. The workgroup consists of over sixty diverse members including public and private stakeholders and partners. The workgroup is focused on the needs of substance-exposed infants and their caregivers. The workgroup identified five reoccurring themes related to services: screening; data; coordination; education and communication. Each theme was assigned to a sub-workgroup that, over six months, created a work plan for each theme. The sub-workgroups identified theme goals as well as short, moderate, and long-term objectives to achieve these goals. An example from the Screening Workgroup is to create a portal with all Plans of Safe Care that can be accessed by any provider involved in the patient's care. The pandemic created some delays, but the work plans for each theme were submitted to the Department of Health. The Virginia Department of Health has hired a new position to assist in resuming this workgroup. Future action regarding this workgroup and its progress is forthcoming. Furthermore, VDSS has been providing training to mandated reporters across Virginia on the screening criteria for reports involving allegations of a substance-exposed infant based on the SEI Decision Tree Tool developed by VDSS in 2018.

Provide an update on any multi-disciplinary outreach, consultation, or coordination the state has taken to support implementation.

As part of Virginia's CAPTA Plan and the subsequent changes required by the Comprehensive Addiction and Recovery Act of 2016, VDSS has participated in a breadth of collaborative work with public and private service agencies. VDSS' endeavors include:

- **Handle with C.A.R.E:** VDSS served as a key stakeholder on the Handle with C.A.R.E work group. The work group was led by the Virginia Department of Behavioral Health and Developmental Services (DBHDS) and facilitated collaborative work among DBHDS, VDSS, Virginia Department of Health, Department of Medical Services, Early Impact Virginia, Virginia Home Visiting Consortium, Managed Care organizations, Virginia Hospital and Healthcare Association, and prenatal care providers.
- **Report of Barriers to the Identification and Treatment of Substance-Exposed Infants:** VDSS developed this technical report as part of their leadership on the work group mandated by House Bill 2162 (2017) to study barriers to the identification and treatment of substance-exposed infants in Virginia. The report was the product of collaborative work between work group members, town hall meetings, and an online survey.
    - The work group was comprised of fifty-six members who were recruited from a variety of organizations, stakeholder groups, and sectors to ensure depth of knowledge and varying perspectives on SEI issues were represented.
    - Five town hall meetings were conducted across Virginia. Two hundred and forty-four participants registered to participate in the town hall meetings, representing VDSS, LDSS, health departments, CSBs, hospitals, medical centers, educational institutions, home visiting programs, law enforcement, and early intervention service agencies.
    - The online survey was circulated to a variety of stakeholders and experts across Virginia. Participation in the survey was voluntary, responses anonymous, and no compensation was provided. The survey collected 134 responses.

- **Training:** VDSS staff and regional consultants provided training on SEI and POSC to a number of public and private sector service audiences, including Medication Assisted Treatment providers, the Court Appointed Special Advocate/Children's Justice Act (CJA) Citizen Review Panel, and home visiting programs.
  VDSS has collaborated with the Children's Justice Act Coordinator regarding resource and support development for substance use in the home; the CJA Coordinator is considering additional subject matter expert training for the workforce. VDSS has participated in and continues to promote substance use disorder training.
- **Plan of Safe Care Toolkit:** VDSS developed and distributed a Plan of Safe Care Toolkit to local departments across in Virginia to promote consistent implementation across the state. The toolkit has also been distributed by the Department of Behavioral Health and Developmental Services to community service boards and medication assisted treatment providers across the state. Virginia has also shared the toolkit with other states to assist with their implementation.
- **Virginia Neonatal Perinatal Collaborative:** VDSS participates on this general assembly supported multi-disciplinary committee. VNPC committee membership includes pediatricians, neonatologists, neonatal and pediatric nurse practitioners, NICU and nursery nursing staff, social service, public health, lay members, and others with interest in improving child health outcomes. The Virginia Neonatal Perinatal Collaborative (VNPC) was formed to ensure that every mother has the best possible perinatal care and every infant cared for in Virginia has the best possible start to life. The committee utilizes an evidence-based, data-driven collaborative process that

involves care providers for women, infants, and families as well as state and local leaders. VCPN distributed the Vermont Oxford Network's Process Improvement Bundle to hospitals across the state to track the length of stay for babies born with Neonatal Abstinence Syndrome.

- **Perinatal Substance Use: Promoting Health Outcomes brochure:** VDSS developed and published this brochure for health care professionals regarding Virginia's legal requirements and health care practice implications.
- **SEI Decision Tree Tool:** VDSS developed and implemented a SEI decision tree tool to facilitate decision making with regards to the screening of SEI reports.
- **eLearning Course:** An eLearning course regarding family engagement and parental substance abuse was developed in collaboration with the Department of Behavioral Health and Developmental Services and the VDSS Training Division. The training is available to staff at VDSS, DBHDS, VDH, and other community partners who request access in the Virginia Learning Center. As of January 2020, 350 individuals have completed the CWSE6010: Working with Families of Substance Exposed training in the Virginia Learning Center.
- **Maternal and Infant Initiatives State Partner Collaborative:** VDSS participates in a monthly collaborative of key state stakeholders, including Department of Medical Assistance Services, Department of Behavioral Health and Developmental Services, and Department of Health, to improve the statewide response to substance-exposed infants.
- **Automated Data System**: Enhancements were made to the automated data system (OASIS) to comply with CARA and NCANDS requirements regarding substance-exposed infants and plans of safe care.
- **Pathways to Coordinated Care:** VDSS served on the steering committee of this legislatively sanctioned workgroup focused on the needs of substance-exposed infants and their caregivers. The workgroup is led by the VNPC and has over sixty members from the public and private sectors. VDSS served as the co-chair of the Communication sub-committee.
  VDSS continues its collaboration across systems to improve the response and services for substance-exposed infants. VDSS was an active participant in a large workgroup whose purpose is the development, coordination, and implementation of a plan of services for substance-exposed infants in Virginia. The workgroup had a diverse representation of key public and private stakeholders. The workgroup identified five reoccurring themes related to services: screening; data; coordination; education and communication. Each theme was assigned to a sub-workgroup that, over six months, created a work plan for each theme. The sub-workgroups identified theme goals as well as short, moderate, and long-term objectives to achieve these goals. The pandemic created some delays, but the work plans for each theme were submitted to the Department of Health. It is anticipated this workgroup will meet again in the near future. The Virginia Department of Health has hired a new position to assist in resuming this workgroup. Future action regarding this workgroup and its progress is forthcoming.
- **Maternal Mental Health:** VDSS service on this workgroup led by the Department of Health and provided technical assistance on the creation of Screening Guidelines for Postpartum Depression and Perinatal Mood and Anxiety Disorders as well as a maternal mental health tool that will be piloted this year through a partnership with Post-Partum Support VA. The pandemic and a significant staffing change at the Department of Health impacted this workgroup.
- **Statewide Child Abuse Conference:** VDSS co-facilitated a workshop at the 14th Annual Crimes Against Children Conference titled *Substance-Exposed Infants and Plans of Safe Care*. The workshop was co-facilitated by a LEX member of our Parent Advisory Council and emphasized how stigma related to substance use can negatively impact intervention with substance-exposed infants.

Provide an update on the state's monitoring of plans of safe care to determine whether and in what matter local entities are providing referrals to and delivery of appropriate services for substance-exposed infants and affected family members and caregivers.

The *Report of Barriers to the Identification and Treatment of Substance-Exposed Infants* identified monitoring of plans of safe care (POSC) and service delivery and referrals as barriers and made recommendations to improve the state's monitoring of POSC and service delivery and appropriate referrals for substance-exposed infants and affected family members and caregivers.

VDSS has been working internally and externally to improve the monitoring of POSC and provision of services for substance-exposed infants and their caregivers. Externally, VDSS has been an active participant and served on the Steering Committee of the Pathways to Coordinated Care workgroup helping to identify service needs for substance-exposed infants and mothers as well as supports and resources across Virginia. This resulted in the development of a state-wide plan for services comprised of five pillars: Screening, Data, Coordination, Education and Communication. The pandemic created some delays, but the work plans for each theme were submitted to the Department of Health. The Virginia Department of Health has hired a new position to assist in resuming this workgroup. Future action regarding this workgroup and its progress is forthcoming.

Furthermore, VDSS made system enhancements to the automated data system to record and track the completion of POSC and service referrals and delivery to comply with National Child Abuse and Neglect Data System (NCANDS) as required by the Comprehensive Addiction and Recovery Act of 2016. VDSS utilizes this data for continued monitoring. VDSS also developed a new report in SafeMeasures® to assist local departments track the completion of plans of safe care. VDSS continues to promote the use of Plans of Safe Care; local agencies utilizing POSC have improved from 8% (2019) to 25% (2020) to 29% (2021) to 28% (2022) to 30 % (2023). VDSS recognizes there is still room for more improvement.

As part of Executive Order 26-- *Crushing the fentanyl epidemic: strengthening Virginia's interdiction and enforcement response to fentanyl crisis*—VDSS was mandated to develop a plan to offer wrap-around services and treatments to kinship care providers who are caring for children whose parents have passed away from a drug overdose. VDSS applied for and was awarded an Opioid Abatement grant to support our work with kinship in this area. Additionally, VDSS has been collaborating with Dr. Colin Greene, Special Advisor on Opioid Response, as part of Executive Order 26, to treat opioid use disorder during pregnancy.

Describe any technical assistance the state needs to improve practice and implementation in these areas.

VDSS has requested technical assistance from Casey Family Programs and the National Partnership for Child Safety to support efforts in child fatality prevention activities, investigation, and review processes. The partnership currently includes thirty-two state, county, and tribal child welfare agencies who are assessing and applying safety science principles in their agencies. As a member of the National Partnership for Child Safety, VDSS is offered technical support around critical incident reviews, access, and data-sharing to the NPCS Data Warehouse via the Michigan Public Health Institute (MPHI), and crisis management and communications support. VDSS also participates in bimonthly subcommittees within the partnership, as well as workgroups based on areas of need identified by other partnership members. VDSS has collaborated with the other states within the partnership to further strengthen the work Virginia is doing around child maltreatment deaths.

Virginia has three Citizen Review Panels that meet quarterly and report annually on the State's efforts to follow child protection requirements. The Citizen Review Panels vary in design and sit within already existing committees. It has been realized that the Citizen Review Panels are not functioning as effectively as needed to provide valuable recommendations to VDSS. The Citizen Review Panels also are to assess and make recommendations for all child welfare programs within the Division of Family Services. Virginia has begun to take a closer look at the health of their Citizen Review Panels to include their function, the assessment they provide and the recommendations that are made. Virginia would request technical assistance in supporting the reorganization of their three Citizen Review Panels to ensure the panels are providing proper evaluation of our child welfare programs.

Provide information on the planned use of the supplemental CAPTA State Grant funding received through the American Rescue Plan.

VDSS was allocated $2,523,805 in additional CAPTA funding to be used through September 30, 2025. VDSS intends to utilize the funding to enhance intra-department collaboration, particularly with Departments who provide benefit programs for families (SNAP, TANF, Child Care, etc.). In 2021, VDSS worked towards developing an implementation and communication plan to launch a broader effort to reimagine Virginia's Child Welfare system as a continuum through a commitment to a Kin First culture, moving prevention forward to focus on Benefits (TANF, SNAP, Child Care, etc.) as prevention services, to better serve families in a whole family approach, thereby allowing CPS to focus on the abuse and neglect cases that do not have poverty adjacent related items.

VDSS has begun to share this initiative with LDSS and other child welfare stakeholders in order to receive input to better inform the entirety of the initiative. VDSS intends to utilize the Three Branch Model to more formally include families, LDSS, community-based agencies and other child welfare stakeholders in advancing this work.

The CAPTA ARPA funding will be utilized to manage and implement this initiative through consultation with national experts focused at enhancing work and relationships with families and kin (kin first culture) and reassessing the ability to provide services to families outside of the child welfare system in order to separate poverty from child abuse and reduce the disparities of families served in the child welfare system.

For FY25 VDSS plans to allocate $615,193 towards Faster Families Highway for Multi-Media Recruitment, $350,000 towards Evident Change, $220,000 towards Thriving families and the rest of the funds towards Promoting safe and stable families (PSSF). There are no barriers or challenges to use of the funds.

DFS will comply with annual reporting requirements through the annual CAPTA report in June of each year, and through the submission of the SF-425 Federal Financial Report through the Payment Management System in December of each year.

Statistical and Supporting Information

a. CAPTA Annual State Data Report Items:

Information on Child Protective Service Workforce:

Maximum Educational Attainment Level of CPS-Assigned Staff		
	#	%
High School	89	6.2%
Associate Degree	16	1.1%
Bachelor Degree	935	65.4%
Masters Degree	353	24.7%
PhD	3	0.2%
Not Available	34	2.4%
Grand Total	1,430	100%

General Field of Study Among CPS-Assigned Staff		
	#	%
Behavioral Science	37	2.6%
Counseling	50	3.5%
Criminal Justice	118	8.3%
Education - Counseling Psychology	10	0.7%
Education - Early Childhood	11	0.8%
Education - Guidance & Counseling	5	0.3%
Family Relations / Child Development	13	0.9%
Human Relations	56	3.9%
Juvenile Justice	1	0.1%
Other	213	14.9%
Psychology	169	11.8%
Public Administration	20	1.4%
Social Work	510	35.7%
Sociology	78	5.5%
Not Available	139	9.7%

	Bachelor Degree	Bachelor Degree %	Masters Degree	Masters Degree %	Grand Total
Behavioral Science	31	83.8%	6	16.2%	37
Counseling	20	40.0%	29	58.0%	50
Criminal Justice	101	85.6%	17	14.4%	118
Education - Counseling Psychology	6	60.0%	4	40.0%	10
Education - Early Childhood	8	72.7%	3	27.3%	11
Education - Guidance & Counseling	2	40.0%	3	60.0%	5
Family Relations / Child Development	11	84.6%	2	15.4%	13
Human Relations	47	83.9%	9	16.1%	56
Juvenile Justice	1	100.0%		0.0%	1
Other	165	77.5%	48	22.5%	213
Psychology	149	88.2%	19	11.2%	169
Public Administration	6	30.0%	14	70.0%	20
Social Work	315	61.8%	194	38.0%	510
Sociology	73	93.6%	5	6.4%	78
Grand Total	935	65.4%	353	24.7%	1430

The COVLC documented 385 new CPS workers provided profiles and completed CWS2000.1W CPS New Worker Guidance with OASIS Training and additional courses in their designated training plans.

Juvenile Justice Transfers: VDSS monitors reasons why children exit foster care. For the calendar year January through December 2023, 33 children left foster care due to a commitment to corrections. Defining when a child should be considered to have left foster care to the custody of DJJ was clarified in Foster Care Guidance Chapter 16.7.2.

b. Education and Training Vouchers: During SFY23, VDSS awarded a total of 131 Education and Training Vouchers. VDSS estimates that 130 will be awarded for the 2023-2024 school year.

c. Inter-Country Adoptions: During SFY23, Virginia finalized 88 intercountry adoptions. Intercountry adoptions are considered private and handled through private child-placing agencies accredited to provide adoption services under The Hague Convention. During the same time, there were a total of six intercountry adoptions that dissolved or disrupted and resulted in a child entering the welfare system. Of these six children, one was disrupted before the adoption was finalized. In three of the five adoptions that

were finalized, the parental rights of the adoptive parents were also terminated. Families cited reasons as the child's behaviors and family systems issues as why the adoptions were disrupted or dissolved.

Reentry and Parental Rights	Name of Adoption Agency	Reason for Disruption/Dissolution	Plan for the Child
Intercountry Disrupted	Unknown	Family System Problems	Independent Living
Intercountry Dissolved (TPR)	Unknown	Family System Problems	Independent Living
Intercountry Dissolved (TPR)	Unknown	Child's Severe Behavioral Needs	Relative Placement
Intercountry Dissolved (TPR)	Unknown	Child's Severe Behavioral Needs	Independent Living
Intercountry Dissolved	Families Are All God's Children International	Child's Severe Behavioral Needs	Adoption
Intercountry Dissolved	Unknown	Child's Severe Behavioral Needs	Adoption

d. Monthly Caseworker Visit Data: For the reporting period of October 1, 2023, to September 30, 2023, the face-to-face monthly caseworker visit rate for children in foster care was 97.62% and the in-residence visit rate was 84.39%.

New Training Development:

CWSE2005R Optimal Practice: The Annual Five CPS Guidance Fundamentals - (eLearning). These online modules are available in the COVLC and are approximately 30 – 45 minutes in duration. The training modules may be taken in any order and supervisors may also use them in their unit meetings to further understand CPS guidance and practice skills.

CWSE2005R Module 1: Screening Decisions provides an overview of the CPS intake process, including screening decisions, navigating, and utilizing the CPS guidance manual, Structured Decision Making (SDM) tools and other intake tools and job aids. The module covers validity criteria, response priority, mandated reporting, and documentation requirements.

CWSE2005R Module 2: Difference Between TFCV and FMC encourages an understanding of the importance of and differences between the Timeliness of First Contact with Victim (TFCV) and the First Meaningful Contact (FMC) with a family. The module describes how certain settings, such as in Out of Family (OOF) investigations, may affect the investigation process and explains what proper documentation of the TFCV and FMC should look like in the Child Welfare Information System.

CWSE2005R Module 3: Safety Assessment offers the learner insight into the proper completion of the SDM Safety Plan in COMPASS, and how it correlates directly with the SDM Safety Assessment. Learners will notice the parallel process for working and engaging with families to elicit change, particularly when safety planning with caretakers.

CWSE2005R Module 4: Critical Thinking Skills highlights the importance of thorough and accurate documentation throughout the life of the case, particularly when establishing preponderance of evidence and supporting founded or unfounded dispositions in an investigation. Learners will correlate the Practice

Profiles with their critical thinking skills when working with families and building a comprehensive case with well-organized and compelling documentation.

CWSE2005R Module 5: Documentation to Support Case Opening Decisions in High/Very High-risk Referrals emphasizes the critical decision-making point of opening an In-Home Services case for High and Very High-Risk referrals following CPS involvement. Learners will understand how the SDM Risk Assessment is used to inform the decision to open an In-Home Services case, as well as how to properly construct and document the conversation and decision a family makes when offering and encouraging participation in services.

CWS2041: Child Fatality Investigations – 2 days (Classroom):

This course is for Family Services Specialists who conduct CPS Investigations and is recommended for supervisors the work of CPS Investigations. During this interactive course, learners will explore the critical issues that impact the investigation of child fatalities and practice essential skills to perform the more complex and challenging aspects of these investigations.

Topics include:

- The investigation process—goals, roles, preparation, and requirements
- Collaborating with Law Enforcement, the Commonwealth's Attorney, and other Multidisciplinary Team (MDT) members
- Understanding child fatality causes and SAFE sleep practices
- Interviewing involved parties
- Assessing and planning for the safety of siblings and other involved children
- Evidence collection, including crime scene observation and obtaining medical records
- Working with Regional Consultants
- Completing the Preliminary Child Fatality/Near Fatality form and the National Case Reporting Tool
- Understanding the role of and working with the Medical Examiner
- Understanding Child Fatality Review Teams and preparing for participation
- Professional self-care and resources for support and resilience

Prerequisites: CWS2011W: Intake, Assessment, and Investigation in Child Protective Services

This course will become a blended course with an eLearning covering policy and protocol materials for just in time learning.