



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

December 15, 2020

Sent Electronically

Nicole Poulin
Family and Children's Trust Fund of Virginia
801 East Main Street, 15th Floor
Richmond, Virginia 23219

Dear Ms. Poulin:

The Virginia Department of Social Services (VDSS) commends the Child Abuse and Neglect Advisory Committee of the Family and Children's Trust Fund of Virginia for their continued work as a Citizen Review Panel (CRP) as part of Virginia's Child Abuse Prevention and Treatment Act (CAPTA) Plan. The evaluation of our Child Protective Service Program by our CRPs is critical to the improvement of our program for the children of the Commonwealth.

We have reviewed your recommendations and thank you for your input. VDSS offers the following responses to your recommendations:

Child Protective Services Programs and the COVID-19 Pandemic

After the Governor declared a state of emergency on March 12, 2020 and issued a Stay at Home order on March 30, 2020 in response to the COVID – 19 pandemic, VDSS and local departments moved quickly to ensure the continuation of protective services.

During the initial COVID-19 crisis phase, VDSS felt it was critical to effectively prioritize and streamline efforts and energy in order to address emergency tasks. VDSS worked to alleviate the burden falling on LDSS that provide critical services in our communities. VDSS prioritized efforts to provide critical guidance, resources and supports to the field through collaborative efforts and partnerships to address the unique risks and challenges of the pandemic. VDSS produced job aids for conducting home visits during a pandemic; procured and provided a HIPAA compliant virtual visit platform doxy.me – and created resources to guide the field on virtual visits. VDSS created resources on supporting children, families and workers in navigating crisis and worked with partners to ensure prevention messaging was disseminated and made available to community members and professionals.

Resources and Job Aids

VDSS provided resources to the local departments including ongoing FAQ, tools and tip sheets, broadcast communications, self-care resources, and technological resources. The job aids were distributed to local departments, uploaded on COMPASS|Mobile, and posted on the FUSION intranet.

- “Home Visiting Screening Flow Chart”, developed to provide screening questions for family services specialists (FSS) to ask about COVID-19 exposure and symptoms prior to and upon arrival of a home visit.
- “Tips for Home Visiting” guide, developed to provide health and safety tips for FSS when preparing for and arriving at home visits.
- “Virtual Worker Visits” guide, developed to provide guidance on how to virtually assess child and family well-being, the home environment, safety and protective factors, and develop a safety plan.
- “Virtual Family Time and Visitation for Visit Coordinators/Supervisors” guide, developed to provide tips on how to facilitate virtual visitation with parents, siblings, and extended family members.
- “Preparing for a Virtual Worker Visit—Tips for Families” guide, developed to assist FSS in preparing families for virtual worker visits.

VDSS compiled a resource list for parents and caregivers to collectively ensure well-being and safety for all children and families. While acknowledging this unprecedented time and acknowledging the impact of stress, anxiety, and isolation, the list provided vetted resources in the following areas: economic relief, financial and housing assistance, physical distancing practices, educational and learning from home support, and self-care.

VDSS also created a campaign to address the concerns of family violence during the period of social isolation. Public service announcements included a series social media posts and the creation of flyers that were provided to community partners and LDSS to share across Virginia to assist families with needed resources. The social media post and flyers provided the hotline numbers for Child Protective Services, Adult Protective Services and Family Violence and Sexual Assault.

Essential Personnel and PPE

The Governor declared family services specialist as essential personnel on March 25, 2020, which helped to some extent, with obtaining personal protective equipment (PPE). VDSS provided LDSS a tip sheet for personal protection during home visits with families. The document was uploaded to the COMPASS Mobile app for easy access by frontline staff. VDSS also published a Broadcast with suggestions for LDSS on how to acquire PPE. Family services workers who responded to a survey sent in April 2020 indicated there was access to PPE in most offices. In some cases, the PPE was provided by the local department but in other cases the individual had to provide their own PPE. VDSS continues to provide ongoing support to LDSS related to obtaining PPE, tracking the purchase of PPE, and guidance on obtaining reimbursement for PPE. On May 1, 2020, VDSS issued a Broadcast for LDSS’ in the use of title IV-B funds and title IV-E administrative funds for PPE expenditures and the cost of cell phones. Most of the local departments have closed offices to the public and maintain contact virtually and by phone. Several of the smaller local departments had to close due to staff that tested positive for the virus. When the department closed, case work was covered by other local departments nearby.

Virtual Visitation

After receiving guidance from the Administration for Children and Families, Virginia contracted with Doxy.me. VDSS invested \$66,000 to provide this solution free to local departments and all family services specialists who have been issued an Apple iPad for purposes of accessing the

COMPASS|Mobile application. Doxy.me is the only VDSS approved software for virtual face-to-face visits as it is HIPAA and HITECH compliant to enable the agency to comply with state and federal privacy and security laws and standards. Instructions were provided to family services specialists on how to set up an account and how to document visitation conducted using Doxy.me in the case management system. Approximately 66% of family services specialists who responded to a survey indicated less than 80% of their contacts with clients were virtually.

Community Partnerships

VDSS strengthened existing partnerships in targeted and intentional ways during this pandemic, including leveraging relationships and collaborative opportunities with multiple other state agencies, advocate partner organizations, LDSS stakeholders, and non-profit providers and partners. In this way, our resources, guidance and tools for the field were able to be directly responsive to the rapidly changing needs of our workforce and communities during the crisis.

Workforce Development and Retention

VDSS remains keenly aware of the recruitment and retention challenges faced by local departments of social services across the Commonwealth. VDSS continues to employ a multipronged approach to address workforce related issues.

Workforce Study

VDSS contracted with the Center for Applied Innovation to provide VDSS with a Workload Measures Study. The Center for Applied Innovation conducted a comprehensive analysis to develop workload measures for the benefit and family service programs delivered by 120 local departments of social services. They concluded part one of their research and analysis and provided recommendations that would allow VDSS to meet immediate client needs while implementing improvement strategies that will reduce long-term program cost. The Center for Applied Innovation began part two of their research and analysis in November of 2019. Part two will conclude with final FTEs by program by LDSS, final Supervisor FTEs by Program, and Time Standards for the VDSS Workload Model. As of this writing, part two of the study has not been completed.

Virginia Services Training Model Implementation Team

The Virginia Services Training Model Implementation project with the new training academy model was not funded. There has been a reorganization in VDSS to make a new training division entitled Workforce Development and Support within the Human Services Portfolio and a new division director was hired in March, 2020. This new division comprises Family Services, Benefits Program, and Child Care training units. This new division will work with the VLSSE Professional Development Committee to see which recommendations from the Virginia Services Training Model Implementation project may be implemented without additional costs.

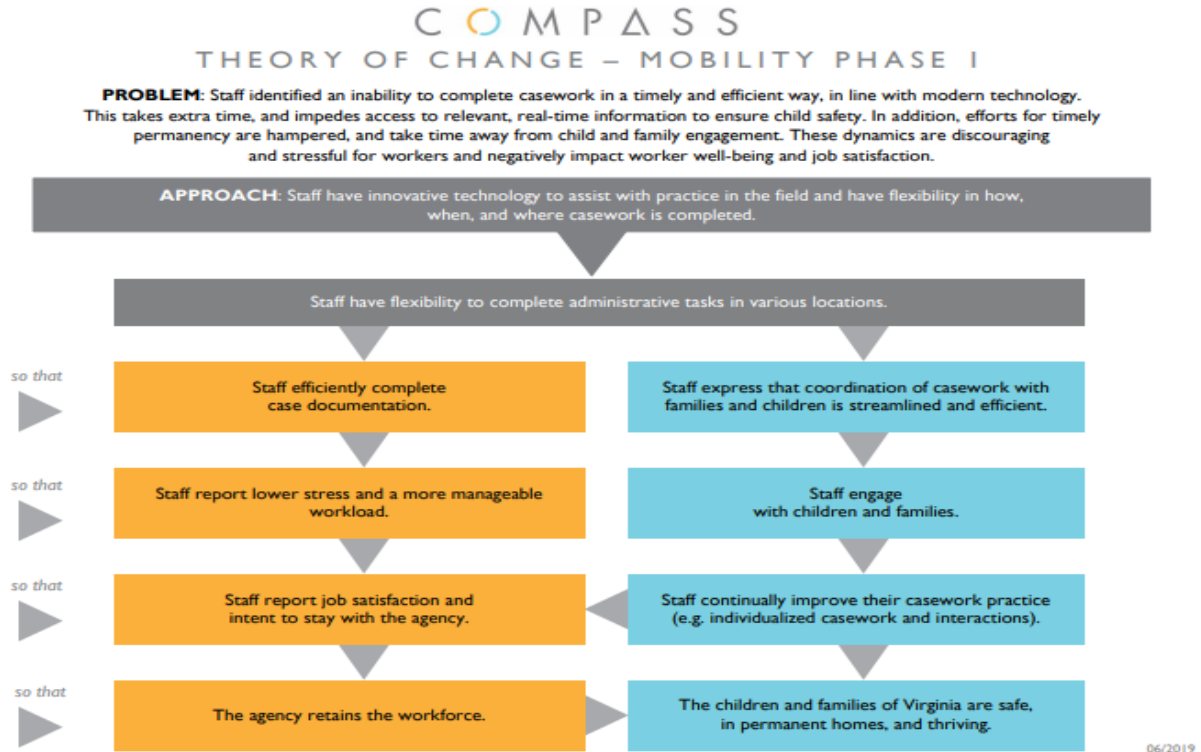
As a result of COVID-19, all required training has been delivered virtually through a newly developed distance learning program of live webinars with transfer of learning activities and a post-test. A four phase conversion plan was developed and virtual training for new workers began in April, 2020 with the assistance of our fifteen part-time trainers and four curriculum developers, with no additional positions added. All required Family Services training for new workers will be converted and revised by the end of December for both first year and second year requirements with all virtual learning.

New Academy Training Model

The new Training Academy Model was not funded.

Quality Improvement Center for Workforce Development

VDSS continues to participate in the Quality Improvement Center for Workforce Development (QIC-WD), funded by the Children’s Bureau. VDSS is in the fourth (of five) year of the project. QIC-WD provided subject matter expertise in implementation and evaluation of Virginia’s technology interventions, most recently Compass|Mobile. With the help of QIC-WD, we generated a theory of change to guide the strategic implementation plan and research efforts in understanding the impact of Compass|Mobile.



The Family Services IT Portfolio received immediate feedback on the implementation of Compass|Mobile, to include:

“This is going to help navigate faster in [the] field and communicate in real time with [my] supervisor – less stress”

“So practical”

So helpful”

“I like being able to add contacts in during a home visit. This saves me time when I get back to the office. I am also able to write more things down and less chance that I will forget important information.”

“I was able to enter contacts while waiting for a child to be called to the office at school for an interview. These moments we spent waiting can now be useful.”

The QIC-WD team continues to analyze multiple data points regarding the impact of Compass|Mobile for the workforce through diary studies with 18 selected localities. Preliminary findings indicate that compared to non-users, users were significantly:

- More grateful towards the department;
- Less concerned about the iPads being a barrier to engagement;
- More positive about the iPads increasing their efficiency, reducing documentation time, freeing time for other tasks, and providing support for their work.

Job satisfaction was significantly correlated with gratitude for the iPads. Gratitude was significantly correlated with positivity about how iPads support their work efforts, increase

efficiency, free time for other tasks, even for non-users, suggesting it's having an effect on perceptions of work culture and overall agency support. Almost 40% of staff using the Compass|Mobile App indicated time savings related to contact documentation. Close to 25% indicated time savings related to accessing case histories.

Child Welfare Stipend Program

The Child Welfare Stipend Program (CWSP) is a partnership between five public state universities and the VDSS aimed at producing highly qualified, committed graduates who will work in foster care and/or adoption in a LDSS in Virginia. The university partners include East Tennessee State University – Abingdon campus, George Mason University, Norfolk State University, Radford University, and Virginia Commonwealth University. The CWSP brings together the goals and strengths of VDSS, regional advisory committees comprised of LDSS leadership and university faculty and curriculum developers to provide targeted and responsive coursework, training, and a LDSS internship to Bachelor of Social Work (BSW) and Master of Social Work (MSW) students committed to working in public child welfare.

Since 2018, the CWSP has graduated over 100 students, including 45 in May 2020. There are currently 75 CWSP students participating across the five partner universities. Throughout their time in the program, they will have the opportunity to take part in a variety of activities that will prepare them for a successful career in public child welfare. Of the 45 students that graduated in May 2020, 28 (62%) are employed in LDSS agencies, four (9%) are furthering their studies as they transition from a BSW program to a MSW program, and the remaining graduates continue to seek eligible full-time employment.

As of August 2020, CWSP graduates from this and previous cohorts are employed in the following LDSS (some LDSS have employed multiple graduates) throughout Virginia:

Albemarle	Galax	Norfolk
Alexandria	Greene	Northampton
Amelia	Hampton	Pulaski
Arlington	Harrisonburg-Rockingham	Richmond City
Bedford	Henrico	Roanoke City
Bristol	Isle of Wight	Scott County
Charlottesville	James City County	Shenandoah Valley
Chesapeake	King William County	Spotsylvania
Chesterfield-Colonial	Lancaster	Suffolk
Heights	Loudoun	Sussex
Fairfax	Lynchburg	Warren
Fluvanna	New Kent	Washington
Frederick		Winchester

Child Welfare Employee Education Assistance Program

The Child Welfare Employee Education Assistance Program (CWEEAP) offers funding and specialized child welfare training to selected full-time local department of social services (LDSS) staff who are enrolled in a part-time MSW program at one of the five participating universities across the state. The CWEEAP is aimed at supporting LDSS employees who are committed to working in public child welfare in foster care/adoption following graduation. As of August 2020, the CWEEAP had six active participants. The program has a maximum of ten participants annually and encourages applicants from all regions of the state. This program continues to

strengthen the public child welfare workforce throughout Virginia, helping to better serve children and families.

Responsiveness of the State Hotline and Local Call Lines

Over the course of the last two years, VDSS, in conjunction with Hotline Leadership, has worked to address a number of challenges affecting the functionality and the wait times of the State Hotline. VDSS' work in this area reflects key strategic priorities in the Child and Family Services Plan (CFSP), Child and Family Services Review (CFSR)/Program Improvement Plan (PIP), and the Family First Prevention Services Act (Family First).

VDSS developed a new training course, CWS6000 State Hotline Specialist New Worker Training, designed to teach new workers the details of the daily operations of the State Hotline, the importance of providing professional and timely customer service to all callers, and the responsibilities of Hotline Specialists throughout their shift. The course is expected to be available in 2021.

In order to address the functionality of the hotline, VDSS reviews data consistently to assess peak call hours and wait times. Based on a review of the data, VDSS has made changes to existing hotline specialists and supervisors schedules in order to meet the call volumes during peak hours. VDSS has reiterated the requirement for hotline specialists and supervisors to work weekdays and weekends to ensure appropriate coverage during peak hours. VDSS continues to assess and update internal operational policies and protocols to enhance the efficiency of hotline specialists.

VDSS developed and implemented a new Mandated Reporter Portal, [VaCPS](#), which allows mandated reporters an option to submit reports of child maltreatment electronically. VaCPS went live on November 2, 2020. Additionally, through a capacity building approach, VDSS provided a Community Awareness Kit for LDSS on the Mandated Reporter Portal to promote tailored outreach from the LDSS to all relevant community partners and providers. LDSS know their providers and partners best, through existing relationships with these organizations and individuals which will promote more rapid uptake of new processes and tools.

Practice of Diversion

As previously shared, the findings presented in the [Child Trends research brief](#) underscored the variability of kinship diversion practice in Virginia, as well as the diversity of the children, parents, and kin caregivers involved. VDSS utilized the research brief as well as our Child and Family Services Review (CFSR) outcomes and root cause analysis in 2018 to develop a comprehensive plan to align our practices in this area through the development of an In-Home services practice framework.

The primary goal of In-Home services is to support families to safely maintain children, in their own homes or with relatives (including fictive kin) in their own communities, by addressing identified safety and risk concerns and reducing the reoccurrence of child maltreatment and placement in foster care. This is achieved through engagement of the family, their support system, and other service providers. VDSS launched the In-Home services alignment in October 2020 and will continue with a series of implementation activities through spring 2021.

The new In-Home services framework focuses on children at high or very high risk focusing on family engagement, identifying individualized needs, creating and monitoring service plans and progress with families, while continually assessing safety, risk, and protective factors. The new framework will provide a structure for family services specialists and supervisors around three

safety scenarios to use standardized assessments (e.g., Structured Decision Making (SDM) and Child and Adolescent Needs (CANS) assessment) to support family plans for child(ren) safety. Additionally, tangible opportunities for targeted learning for service workers will also be made available around the following topics: engaging and assessing relatives; collaborative delivery of evidence-based, trauma informed services; and engaging fathers in services. The development of this framework is aligned with VDSS' broader strategic efforts, which reflects the key priorities in child welfare such as the Child and Family Services Plan (CFSP), Child and Family Services Review (CFSR)/Program Improvement Plan (PIP), and the Family First Prevention Services Act (Family First).

Substance-Exposed Infants

VDSS continues cross-system collaboration to improve the response to substance-exposed infants across the Commonwealth by partnering with key community stakeholders, including Department of Medical Assistance Services, Department of Behavioral Health and Development Services, Department of Health, community hospitals, substance use treatment providers, and LDSS. VDSS' work in this area aligns with Virginia's Child Abuse and Prevention Treatment Act (CAPTA) Plan. VDSS remains an active participant in the Pathways to Coordinated Care workgroup led by the Virginia Department of Health and created in response to House Bill 1157 (2018) and whose purpose is the development, coordination and implementation of a plan of services for substance-exposed infants across the Commonwealth. Through this workgroup, five re-occurring themes related to services were identified: screening; data; coordination; education and communication. Each theme was assigned to a sub-workgroup that spent six months creating 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. There was a significant staffing change at VDH in May, so the workgroup has been on hold until VDH can hire a new staff member.

Child on Child Sexual Abuse

VDSS continues to explore ways to improve the child welfare system's response to reports of child on child sexual abuse. VDSS will assess over the next couple of years the feasibility of a prevention support response for families that would focus on safety, risk, and the provision of protective and rehabilitative services to children and their families. VDSS' work in this area remains ongoing.

Child Victims of Sex Trafficking

VDSS developed program guidance on the child welfare system's new response to all complaints involving the human trafficking of a child in order to comply with legislation passed during the 2019 Session of the General Assembly. VDSS provided five virtual training sessions on the new legislation and program guidance in June of 2019 to approximately 500 participants. Training was provided to ensure LDSS were prepared for implementation on July 1, 2019. Additionally, VDSS made regulatory changes to 22VAC40-705 to comply with the new legislation passed regarding the child welfare system's response to the trafficking of children in the Commonwealth. VDSS also made a number of system enhancements to their child welfare information system, OASIS, in order to improve the system's ability to capture data on the prevalence of child trafficking.

During State Fiscal Year 2020, LDSS completed 25 human trafficking assessments, conducted 17 investigations involving allegations of sex trafficking, and 32 additional victims of sex trafficking were identified on existing child welfare cases.

To enhance our partnership with existing community resources and expand the capacity of services available to serve this population, VDSS' human trafficking workgroup became a sub-committee of the legislative sanctioned Anti-Human Trafficking Coordinating Committee led by the Department of Criminal Justice Services. As a result, the sub-committee is now co-led by VDSS and the Department of Juvenile Justice.

Additionally, VDSS collaborated with the Virginia State Crime Commission on legislation passed during the 2020 session of the Virginia General Assembly, which changed the name of the sex trafficking assessment to the "human trafficking assessment". "Human trafficking" encompasses both sex and labor trafficking which more adequately reflects the requirement in the code to respond to complaints involving allegations of both sex and labor trafficking. This legislation also allowed LDSS conducting human trafficking assessments to interview the alleged child victim or their siblings without the consent of and outside the presence of the parent, guardian, legal custodian, or other person standing in loco parentis, or school personnel.

Lastly, in order to continue to enhance our response to child victims of trafficking, VDSS has requested support from the Capacity Building Center for States to learn about other states and their response and services for child victims of trafficking. VDSS' work in this area reflects key priorities in the Child and Family Services Plan (CFSP) and Child Abuse and Prevention Treatment Act (CAPTA).

Capacity Building at the State and Local Levels

The Division of Family Services (DFS) supports local departments of social services (LDSS) in capacity building to address workforce needs and numerous issues related to recruitment and retention, whenever possible. DFS administers the Child Welfare Stipend Program (CWSP) as referenced previously to support recruitment of child welfare professionals.

Additionally, through the DFS Continuous Quality Improvement (CQI) process, localities are able to access and understand analyses of regional and local level data which can indicate gaps and opportunities for improvement. The objective perspective that evidence-driven assessments and root cause analysis provides can be used to advocate within jurisdictions for interventions that are best addressed systemically, through more funding for positions, for example. DFS also engages regions and localities in capacity building approaches and peer-to-peer (locality-to-locality) resource and strategy sharing to address needs that may have been successfully addressed in neighboring or analogous localities. Over the next year, our CQI process will include regional CQI events and capacity building to drill down data to a greater extent at local levels. In conjunction with our ongoing review processes conducted by our Quality Assurance and Accountability staff to assess quality factors as well as compliance, LDSS and VDSS will continue to better understand and be able to address the needs, gaps and opportunities for improved service provision and workforce health and well-being.

We look forward to continuing to work together. We are available to answer any additional questions. Again, we thank you for serving as one of our Citizen Review Panels.

Sincerely,

Shannon Hartung/als

Shannon Hartung

CPS Program Manager

Cc: Kimberly Huhn Murphy, Children's Bureau