COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

October 6, 2025

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 feedback for our child welfare programs by our Citizen Review Panels is crucial to the improvement of our services for the citizens of the Commonwealth.

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

· Prevention (prevention services, safe and stable family services, domestic violence resources, and In-Home services),

· Child protective services (child abuse and neglect),

· Permanency (adoption, foster care, resource family, independent living, and interstate/inter-country placement of children),

· Quality assurance and accountability (title IV-E review and Child and Family Service Review (CFSR), and

· Legislation, regulations, and guidance.

In SFY 2024, there were 53,440 children reported as possible victims of child abuse or neglect in 33,847 completed reports of suspected child abuse or neglect. Of those children, 2,905 were involved in founded Investigations, 5,859 were involved in unfounded Investigations, and 25,083 in Family Assessments (differential response). In SFY 2024, Family Assessments accounted for 74% of all CPS reports accepted by local Departments of Social Services, and 30 children died because of abuse or neglect. There were 15 children involved in 10 Human Trafficking Assessments, which are required when a report alleges a child is a victim of human trafficking, sex, or labor, and does not meet the validity criteria for an Investigation or Family Assessment.

Over the last year, VDSS continued to prioritize working towards meeting our federal outcomes related to child protection. This included efforts to improve the implementation of the Families First Prevention Services Act (FFPSA) and strengthen and support the child protection labor force. Additionally, VDSS continues to conduct child fatality reviews in a systematic and consistent manner.

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

1. In-Home Services and Family First implementation

VDSS has recently embarked on a renewed focus on tracking and enhancing key performance metrics for High and Very risk CPS referrals being opened to In-Home Services cases. Specifically, recent data underscores the critical importance of prioritizing the safety and well-being of children 3 years of age and under in our child welfare practice. This effort includes the identification of LDSS practice strengths and areas needing improvement, and development and monitoring of a technical assistance plan for the LDSS facilitated by Regional Practice Consultants. These reviews will help identify key factors influencing performance, highlight areas where program guidance can be clarified or improved, and inform broader technical assistance and support for LDSS.

Training and technical assistance have reinforced the critical role of documentation in supporting case-opening decisions for high and very high-risk referrals. This important decision-making point of opening an In-Home Services case following CPS involvement involves how the Structured Decision Making (SDM) Risk Assessment informs the decision to open an In-Home Services case, as well as how to frame and document the conversation and decision a family makes when offering and encouraging participation in services. By refining practice around these areas, we are advancing a consistent, prioritized response to referrals involving children 3 years of age and under. Strengthening case-opening decisions and service provision for this age group is vital to reducing preventable child fatalities and ensuring long-term safety and well-being.

More broadly, continued adaptive work is needed in the areas of service provision and the delivery of ongoing In-Home services. This extends beyond promoting collaborative, evidence-based service delivery to ensuring a deliberate focus on the provision of meaningful, behaviorally specific support to children and families. It involves right-sizing interventions and aligning services appropriately with identified needs to ensure both relevance and impact.

In response, programmatic efforts are centered on strengthening how service workers implement concrete strategies to effectively identify and assess parental behavioral changes, particularly those related to protective capacities and their direct impact on a child's safety, permanency, and well-being. VDSS continues efforts to ensure that all parties, including the child, the child's parents, or kin caregivers, have input into service plan development, primarily through the use of Family Partnership Meetings (FPMs) or Child and Family Team Meetings (CFTMs). Technical assistance on implementation and practice is being provided by Regional Practice Consultants and program staff on the Kin First Now and father engagement. Additionally, VDSS is incorporating case review processes with support from the Quality Assurance and Accountability (QAA) team, in integrating both qualitative and quantitative components related to the provision of title IV-E prevention services funding for evidence-based services to support families involved in In-Home Services cases. This adaptive work also includes how to prioritize a range of needs-driven, evidence-based, and trauma-informed services through a collaborative process of assessment and planning with the family and their support networks. This includes the initial identification of needs, as well as the ongoing review and adjustment of service delivery based on progress made and newly emerging needs.

Foundational Continuous Quality Improvement (CQI) processes will support continuing efforts to improve service delivery, ensure effective use of resources, and achieve desired outcomes for In-Home Services. VDSS planning efforts will continue to align with Virginia's overall movement toward evidence-based programming, while implementing additional services that are approved for title IV-E funding in the Title IV-E Prevention Services Clearinghouse and the identified needs in Virginia. The Protection and Prevention programs, CQI team, and Regional Practice Consultants will also collaborate and identify opportunities to monitor performance and alignment with practice expectations.

In-Home Outcomes

- In calendar year (CY) 2024, 9,135 CPS referrals were rated as High and Very High-Risk. Of those, 2,801 (or 30.7%) were opened to In-Home Services cases before closure.
- During CY2024, an estimated 5,777 children were determined to be reasonable candidates for services, based on the Candidacy Determination form creation date and redetermination date. A reasonable candidate is identified when a service worker assesses that the child is at risk of foster care placement if services are not provided.
- During CY2024, an average of 4 clients per quarter were determined to be candidates for foster care. A candidate for foster care is a child identified in an In-Home Services service plan as being at imminent risk of entering foster care, but who can remain safely in the child's home or in a kinship placement as long as services or programs identified in Virginia's approved federal title IV-E Prevention Services Plan that are necessary to prevent the entry of the child into foster care are provided.
- In CY2024, 2,831 Initial Service Plans were completed for In-Home Services cases opened. Of these, 2,098 or 74.1% were completed timely (state target of 90%).
- In CY2024, the In-Home Services client population (estimated at 19,158 clients) was represented as follows:
    - 62.8% - White
    - 24.8% - Black/African American
    - 5.9% - Two or more races
    - 11.9% - Hispanic (any race)
    - <2% - AIAN, Asian, Multi-Race and NHPI
    - Race was unknown in 5.4% of children and ethnicity was unknown in 7.7% of children

2. **Recruitment, compensation, and retention of Child Welfare professionals and the child abuse and neglect Hotline staff**

Office of Trauma and Resilience Policy

The Office of Trauma and Resilience Policy (OTRP) at VDSS supports a trauma-informed, healing centered culture through training, policy guidance, and workforce well-being initiatives. The OTRP specializes in statewide training, the Community Resiliency Model©, and promoting the Science of Hope across the agency. Training Initiatives Fundamentals of Trauma To provide VDSS employees with a foundational understanding of trauma, the OTRP developed an e-learning module titled The Fundamentals of Trauma in 2024. This eLearning module helps provide a strong foundational understanding of trauma, helps the learner understand the prevalence of trauma, our brain and body's responses to trauma, and what all of this information means at an individual level. To date, 214 members of the DSS workforce have completed the training. This year, the course was also made available more broadly statewide, and another 198 state and local employees with access to the Commonwealth of Virginia Learning Center completed the course.

Vicarious Trauma

In response to the unique challenges human services professionals face, the OTRP created Vicarious Trauma: An Overview, a 1.5-hour facilitated workshop. This training explores the effects of secondary exposure to trauma, how it impacts individuals and organizations, and how to mitigate these impacts, both individually and organizationally. Since its launch in September, the OTRP has facilitated quarterly virtual and in-person sessions, with a total of 341 DSS staff trained.

Community Resiliency Model (CRM)©

The OTRP has begun promoting the implementation of the evidence-based Community Resiliency Model© to help staff regulate their nervous systems and recover from stress and trauma. Following the recommendations of the Capstone

Report on Vicarious Trauma in the Workplace (2024), two OTRP staff members completed 40 hours of CRM Teacher Training and have since been certified as instructors. They have introduced the model to over 1,000 VDSS staff and led two workshops. The Trauma Resource Institute, creators of the Community Resiliency Model©, with nearly 20 participants. A full six-session workshop series, already at capacity with waitlists, is scheduled to begin in August 2025.

Safe Kids, Strong Families

Strengthening the child welfare workforce has been identified as a key pilar in Governor's Youngkin's Safe Kids, Strong Families initiative. The initiative is recommending consideration of:

- Providing competitive compensation to Family Services Specialists and Family Services Supervisors;
- Broadening the recruiting pipeline for Family Services Specialists;
- Expanding professional development;
- Piloting programs to increase retention of LDSS staff; and
- Enhancing the employee experience.

CPS and In-Home Workload Study

In 2022, the Virginia Office of the State Inspector General (OSIG) conducted a performance audit of the VDSS child protective services (CPS) that resulted in findings related to caseload and impact of agency staffing on work quality. A recommendation of the study was to complete a workload analysis to determine appropriate workload standards for CPS staff.

VDSS has partnered with an outside vendor, Evident Change, to complete the workload study on both CPS and In-Home programs. Evident Change will use a research methodology that is “case-based as opposed to worker-based” that will help to identify time required to complete practice and policy standards. VDSS has

created a Workload Design Committee that includes LDSS Supervisors and Family Services Specialists for CPS and In-Home programs. This committee will be active for about 4 months and assist in creating the study design process. Once the process is established, the vendor will provide in person trainings across the state. These trainings will accommodate 25-40 participants and last about 3-4 hours. Upon completion of the training, staff will then be asked to begin tracking data using forms created by the Workload Design Committee.

The vendor plans to collect data over a 2-month period. After data collection is complete the vendor will analyze the results and provide a report and final recommendations. The workload study is expected to be completed by August 2026.

State Hotline

The State Hotline has continued to make updates to procedures in our efforts to improve call response.

Recruitment**:** We continue to post state positions as they become available. We have also been able to adhere to the quarterly hiring and training schedule that was implemented last year. We have seen much better results with staffing since that implementation.

Retention**:** The State Hotline remains diligent in keeping our full-time state positions staffed. These continue to be coveted positions most of our staff strive for. The Hotline had just one vacated full-time specialist position in the last year, that was due to the staff being promoted to a leadership position within the Hotline. Hotline Leadership has developed a refresher training (R.I.S.E.) to ensure all staff are up to date on all policy and procedures.

Compensation**:** Hotline leadership works very closely with Human Resources and our budget team to ensure that we stay up to date on statewide salary changes and include appropriate salary ranges in our employment postings.

Data**:** Since upgrading the Verizon InContact system, we have seen better call time outcomes and we have the ability to coach, mentor, and monitor staff more closely. We are still building out all the upgraded features which will help us to more efficiently handle calls that may come to us inadvertently. The State Hotline, in partnership with the CPS Program, is also exploring what a Centralized Intake model would like in Virginia and how that would positively affect outcomes for Virginias most vulnerable populations.

3. Regional Child Death Review Teams

Virginia's five regional review teams were restructured as of January 1, 2024. As part of the restructuring process, the regional review team meetings are now organized and facilitated by VDSS Home Office staff, instead of by the regional offices. VDSS Home Office staff use the same materials and follow the same routine during all five regional review team meetings, resulting in more systematic and consistent fatality reviews across the state. Regional office staff are now able to participate on the regional review teams as members, helping to guide discussion and prevention recommendations. This change has increased capacity for the Protection Program Practice Consultants, allowing them more time to provide technical assistance to local agencies and focus on other tasks. In addition, the decision was made to have the regional teams review only the fatalities that meet the same criteria that requires VDSS to notify the Office of the Children's Ombudsman when an LDSS validates a CPS referral involving a child fatality. During SFY2024, regional teams reviewed 50 out of 58 cases that were pulled for review. Three cases were not closed in Oasis and five were denied for review by the Commonwealth Attorney due to ongoing criminal matters. A breakdown by region is below.

Region	Number of cases pulled	Number of cases reviewed	Number not closed in Oasis	Number denied by the CA

Central	10	9	0	1
Eastern	15	13	1	1
Western	6	6	0	0
Piedmont	11	7	2	2
Northern	16	15	0	1

While the number of fatalities being reviewed across the Commonwealth has decreased significantly, there has been minimal impact to the frequency of meetings. Each region has seen a decrease of two or three meetings, mainly during the holiday season (November and December). This change has boosted team morale and reduced the risk of vicarious trauma. Prior to the restructuring, regional review team meetings would last for three hours each. Now, meetings last between one to two hours. This change has increased capacity for the local agencies, as they have not been required to present a fatality to the review team as frequently as they may have had to in the past. Additionally, team member attendance and engagement have increased. Team members reported in the past, feeling rushed through each presentation as they were having to review three or four fatalities during one meeting, leaving little time to discuss prevention efforts. Team members now have more time to dive into deeper conversations around prevention efforts, which ultimately has enhanced the quality of the recommendations that have been developed during the meetings.

The following are highlights of SFY 2024's regional recommendations:

- Decrease infant mortality, specifically Sudden Unexpected Infant Deaths (SUIDs), in cases where prevention efforts may have prevented the death. This includes a joint effort between VDSS and the Virginia Department of Health to advance education around safe infant sleep and to ensure Plans of Safe Care (POSC) are utilized for pregnant mothers and infants who were born substance exposed.

- Increase the proportion of High risk and Very High risk CPS referrals that are receiving In-Home services.
- Enhance child fatality investigation training and materials, to include updating the Child Fatality Investigation Checklist, and update guidance manuals to ensure safe sleep education is being provided across all programs within the Division of Family Services.

In response to these recommendations, VDSS has implemented the following projects and initiatives:

- VDSS serves on the Steering Committee of a statewide workgroup, Pathways to Coordinated Care, led by the Virginia Department of Health (VDH). 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.
- A renewed focus of tracking and enhancing performance metrics for CPS referrals that have an assessed risk level of High or Very High, being opened to In-Home services cases. This effort includes the identification of LDSS practice strengths and areas needing improvement, and development and monitoring of a technical assistance plan for the LDSS facilitated by Regional Practice Consultants.
- The Child Fatality Investigation Checklist has been updated to reflect changes in policy and best practices. In-Home guidance manual has been updated to reflect the same language and best practices around safe sleep education as the CPS guidance manual.

4. Comprehensive Child Welfare Information System

While our current legacy system (OASIS) is not compliant with the federal CCWIS (Comprehensive Child Welfare Information System) regulations, updates have been made to meet federal reporting requirements. The legacy system is indeed

antiquated which makes gathering outcome data difficult. Funding was initially approved in the SFY 2023 budget appropriation bill. In the time since, the Department has been required to change course on both our federal planning document approach as well as our procurement approach. This has resulted in substantial delays. Currently, the Department has a Request for Proposals (RFP) for CCWIS development in final draft and currently under OAG and VITA review. The procurement announcement has been posted to eVA and we expect the full RFP to be published in late November or early December. The release of the RFP is contingent on state and federal approval.

Sincerely,

Nikole Cox

Director, Division of Family Services

Cc: Seth Persky, Children's Bureau