Advisory Committee to the Court Appointed Special Advocate and Children's Justice Act Programs

AGENDA
Virtual Meeting
January 23, 2026
10:00 AM – 12:00 PM

Join the meeting now
Meeting ID: 253 216 780 554 4
Passcode: BA2T9kZ9
Dial in by phone
+1 434-230-0065 589193105#
Phone conference ID: 589 193 105#

1. **Welcome, Roll Call and Introduction of Guests**

2. **Review and Approval of October 24, 2025, Minutes**

3. **Citizen Review Panel**
   - Parental Child Safety Placement Program Presentation – Keisha Bagby-Bailey, In-Home Services Program Manager, Virginia Department of Social Services
   - Consideration of Updated Recommendations for 2026

4. **Conflict of Interest Act Training and Statement of Economic Interest Filing Requirements**

5. **Legislative Update: Bill Tracking**

6. **CJA Program Update**

7. **CASA Program Update**
   - Funding Formula Focus Groups Update

8. **Adjournment**

DRAFT

Pursuant to § 2.2-3707.1 of the Code of Virginia this DRAFT of the minutes of the Court Appointed Special Advocate (CASA) and Children's Justice Act (CJA) Advisory Committee is available to the public. The public is cautioned that the information is provided in DRAFT form and is subject to change by the Advisory Committee prior to becoming final. Once the minutes have been finalized, they will be marked "FINAL" and made available to the public.

COURT APPOINTED SPECIAL ADVOCATE/CHILDREN'S JUSTICE ACT PROGRAM ADVISORY COMMITTEE MEETING MINUTES

October 24, 2025

A meeting of the Advisory Committee to the Court Appointed Special Advocate and Children's Justice Act programs was held on October 24, 2025, at the Virginia Department of Social Services, 5600 Cox Road, York River Room, 111B, Glen Allen, VA 23060.

Members Present
Morgan Cox
Jackie Robinson Brock
Shamika Byars
Judge Eugene Butler
Julie Dubee for Sandy Karison
Katharine Hunter
Jeannine Panzera
Pat Popp, Vice-Chair
Eric Reynolds
Lora Smith

Members Not Present
Davy Fearon
Lana Mullins
Giselle Pelaez
Judge Thomas Sotelo, Chair

Guests
Rachel Miller (VDSS)

Staff Present
Laurel Marks
Melissa O'Neill
Terry Willie-Surratt

I. **Call to Order:** Pat Popp, Committee Vice-Chair, called the meeting to order at 10:03 AM. All present introduced themselves.

II. **Approval of Minutes:** The committee received and reviewed the draft minutes of the July 25, 2025, meeting. Eric Reynolds made a motion to approve the minutes, and Shamika Byars provided the second. The motion was approved with Julie Dubee abstaining.

III. **Presentation of the Office of the Children's Ombudsman Annual Report:** Eric Reynolds, Director of the Office of the Children's Ombudsman provided an overview of the 2025 Report. The presentation focused on the report findings, data, and trends.

IV. **CJA Program Update:** The CASA/CJA Advisory Committee was provided with a written report detailing significant activities of the CJA program this quarter. The Department of Criminal Justice Services (DCJS) received funding for the CJA Program and is actively recruiting a new CJA Program Coordinator.

V. **CASA Program Update:** The committee was previously provided with a written update regarding the Court Appointed Special Advocate Program. The following additional topic was discussed.

CASA Program Guidance Policy Review: During the last meeting, committee members reviewed the current CASA/CJA Advisory Committee CASA Program Guidance Policies and suggested changes. A copy of the proposed revisions, based on that discussion, was distributed in advance of this meeting. Committee members then reviewed and discussed the updated policies. Shamika Byars made a motion to approve the revised CASA/CJA Advisory Committee CASA Program Guidance Policies, and Eric Reynolds seconded the motion. The motion passed unanimously.

VI. **Citizen Review Panel Presentation:** Committee members were provided, in advance of the meeting, a copy of the Virginia Department of Social Services' response to the Citizen Review Panel's 2025 Recommendations. The Committee held a discussion, offered additional input, and expressed appreciation to the Department of Social Services for its response.

VII. **New Business:** Members provided updates, information and news from their respective agencies and disciplines.

VIII. **Adjourn:** Judge Eugene Butler made a motion to adjourn the meeting, and Katharine Hunter provided the second. The motion carried and the meeting adjourned at 11:52 AM.

Next meeting dates:

Friday January 23, 2026 - Virtual
Friday April 24, 2026
Friday July 24, 2026 – Virtual

Report to the CASA/CJA Advisory Committee

January 23, 2026, 10 a.m. – 12 p.m.

Court Appointed Special Advocate (CASA) Programs

Prepared by: Melissa O'Neill, CASA Coordinator - DCJS

I. CASA Network State Leadership Team Updates

The CASA Network State Leadership Team (SLT) is a partnership between the CASA Network and DCJS. DCJS participates on some but not all the committees. DCJS facilitated one meeting of the SLT during this reporting period.

The following is a highlight of accomplishments of the SLT committees during this reporting period.

A. Training Committee

The Virginia Case Studies Pre-Service Curriculum Training of Facilitators held a virtual kick-off session on December 5, 2025, with 24 programs participating. Three regionally based, in-person, two-day training events are scheduled at designated locations across the Commonwealth throughout January. DCJS originally anticipated 12 to 16 programs would participate in these initial sessions; however, we are pleased to share that 20 programs have registered to attend. Additionally, several other programs have expressed interest in participating at a later date.

The Training Committee continues to advance the implementation of the 2026 CASA College training plan. Three sessions were held in Fall 2025. Two workshops focused on emerging substance use trends in Virginia and the impact of prenatal substance exposure on child and family well-being. A third session provided CASA program staff with information on the newly launched health benefits program for youth and children in foster care.

Upcoming sessions will provide training on best practices for educational advocacy within special education systems, as well as trauma-informed strategies for engaging families and effective communication techniques for interacting with children who have experienced trauma.

B. Data Committee

The Data Committee convened during this reporting period and continued the development of a judicial survey for local programs. The survey template will be utilized by local programs to gain feedback and assess judicial satisfaction with CASA program operations, as perceived by the judges served by each program.

The CASA Manager User Group (CMUG) met once during the reporting period. DCJS continues to monitor technical support requests from local programs regarding CASA Manager.

CASA Manager's new owner, Ryan O'Donnell, contacted DCJS to schedule a meeting to learn more about Virginia's use of the database and explore how the company can support Virginia users. DCJS invited the chair of the CASA Manager User Group, Rebecca Kalman-Winston, and the CASA Network representative to the Developer's Assistance Team, Holly Abbott, to join the meeting along with DCJS staff. The meeting was held in Richmond.

C. Marketing Committee

The CASA program directors have elected to suspend the activities of the Marketing Committee for the foreseeable future. In the absence of a dedicated funding source to support statewide marketing initiatives, the directors concluded that it is prudent to pause the committee's work at this time.

D. Legislative Committee

The Legislative Committee is chaired by a local CASA program director and meets monthly. The committee monitors state and federal legislation of impact to the CASA programs.

II. Network Support Meetings

DCJS facilitated two CASA Network Support meetings and three New Director Support calls using virtual technology during this reporting period. These meetings assist local programs with navigating program operations and management concerns.

III. Funding Formula Focus Groups

One of the primary recommendations from the CASA Expansion Study was to conduct a review of the current CASA funding formula. In response, DCJS undertook a comprehensive evaluation of the existing formula and performed a comparative analysis of funding models utilized in other states, as well as other state-administered grant programs. To further incorporate stakeholder perspectives, DCJS convened a series of virtual focus groups with

local CASA programs in October, organized by program size and type. The findings from these discussions have been compiled into a detailed report to be shared with the Advisory Committee and State Leadership Team.

IV. CASA Regulatory Revision

The approved draft of the proposed changes to the CASA regulations is pending review by the Attorney General's office.

CASA/CJA Advisory Committee Citizen Review Panel 2025 Recommendations

CASA/CJA Advisory Committee Citizen Review Panel Overview

The Virginia Department of Social Services has the responsibility to identify three Citizen Review Panels to comply with the requirements of the Reauthorization of the Child Abuse and Prevention Treatment Act (CAPTA) of 2023, Title 42, U.S.C.§.§. 5106(c)(1)(A)(i) and (ii). The CASA/CJA Advisory Committee serves as one of three Citizen Review Panels (CRP) in Virginia.

CAPTA directs each panel established as a CRP to examine the policies, procedures and practices of state and local departments of social services and, where appropriate, review specific cases to evaluate the extent to which the state is fulfilling its child protection responsibilities in accordance with its CAPTA State plan. A panel may also examine other criteria it considers important to ensure the protection of children including the extent to which the state and local child protective services (CPS) system is coordinated with the Title IV-E foster care and adoption assistance programs of the Social Security Act. CRPs are also authorized to review child fatalities and near fatalities in the state.

1. Child Abuse Prevention

The Virginia Department of Social Services (VDSS) should continue to focus timely prevention efforts that ensure the safety and well-being of children and support families in ways that provide support and enhance timely permanency. This includes providing services to prevent removal, and services to support adoptive and kinship families.

a. Family First Prevention Services Act (FFPSA)

VDSS should continue implementation of the Family First Prevention Services Act (FFPSA) and build capacity for, and awareness of, evidence-based practices and holistic, family-centered services. Primary and secondary prevention efforts should focus on avoiding further social services engagement and continued need for tertiary services. Available services should include respite for all members of the family, including siblings in the home. VDSS should consider including the development and integration of best practices of the Science of Hope framework in working with children and families. Education stability should be included as a prevention strategy.

b. Parental Child Safety Placement Program Implementation

The Virginia Parental Child Safety Placement Program (PCSPP) intends to prevent unnecessary foster care entry by supporting temporary, time limited placements with relatives or fictive kin when a child's safety is at risk. The program requires accountability for such pre-court placements. Legislation was passed in 2024, and the goal of the program is to provide services to the family while assessing safety for the child.

The Advisory Committee seeks updates on the implementation of the PCSPP. Information should include reports on the number of cases served, length of time cases are served, interventions and services provided, the outcomes of those efforts, and the number of court actions subsequentially initiated.

c. Child Abuse Prevention Services Model

The VDSS should develop mechanisms for reporting on its prevention services model. This would include establishing criteria and definitions of the various levels of prevention interventions. Consideration should include reports on the number of prevention (pre-court intervention) cases served, length of time cases are served in prevention, outcomes of prevention efforts, interventions and services provided, how many prevention cases required additional DSS intervention, and what types of intervention took place.

2. System Improvement

a. Workforce Support and Development

VDSS continues to focus on family engagement practices as a cornerstone of the child welfare system. To implement family engagement practices effectively, more trained workers are needed. Efforts should be expended to explore interagency collaboration regarding delivery of case management services and implementation of lived experience navigator services to guide parents. VDSS has experienced the impacts of a reduced workforce due to the lingering effects of the pandemic, fiscal constraints, and vicarious trauma. Retention of workers is important to maintain uniformity and strengthen the workforce.

b. Cross System Collaboration

VDSS should encourage local departments of social services (LDSS) to improve communication and collaboration across jurisdictions when investigating child abuse and neglect and participate on a local multidisciplinary team (MDT), if available. Per *Code of Virginia* § 15.2-1627.5, LDSS-Child Protective Services Unit representation is a required member on a local MDT.

VDSS should encourage LDSS agencies to improve cross systems collaboration to support thorough investigations of child abuse and neglect. This should include cross systems joint training opportunities. Upon commencement of dependency proceedings, VDSS should encourage inclusion of attorneys, relatives and other actors in service planning (i.e., family partnership meetings and team meetings).

c. Data Collection and Evaluation

The Advisory Committee makes several data collection and evaluation recommendations. The pandemic presented numerous challenges, especially for frontline workers. The VDSS should continue to examine the preparedness for the COVID19 pandemic and begin planning for the next pandemic that will inevitably strike.

Included in this planning should be helping teachers and other mandated reporters to identify child abuse and neglect in a virtual environment.

VDSS should continue to study trends in the reductions of the number of child abuse and neglect complaints and determine if the reduction in complaints actually represents a reduction in harm to children.

VDSS aligned in-home services, CPS ongoing practice, prevention services, and the implementation of the FFPSA. The Advisory Committee requests continued collection of data and evaluation of this alignment.

The Advisory Committee requests data and information around the efforts to implement more Evidence-based programs (EBP) under the FFPSA along with progress in securing providers that are properly certified and authorized to provide EBPs. The Advisory Committee recommends the Virginia Department of Social Services continues collaboration with the Center for Evidence-Based Practices-Virginia to support localities' efforts to build service array capacity.

The Advisory Committee requests data and information on the PCSPP to include the number of cases served, length of time cases are served, outcomes of efforts, interventions and services provided, how many cases were non-compliant, and what steps VDSS took when cases were non-compliant.

The Advisory Committee requests data on the number of Relief of Custody cases served by VDSS, including the interventions and services provided.

As VDSS builds the new Child Welfare Information System (CWIS), the Committee requests updates and asks VDSS to seek stakeholder input into the development of data points for the system.

COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

October 6, 2025

Sent Electronically

Melissa O'Neill

CASA/CJA Citizen Review Panel Coordinator

Virginia Department of Criminal Justice Services

1100 Bank Street, Richmond, VA 23219

Dear Ms. O'Neill:

The Virginia Department of Social Services (VDSS) commends the Court Appointed Special Advocate Program and Children's Justice Act Committee for their work as a active 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 the Parental Child Safety Placement program (PCSPP), and strengthen and support the child protection labor force.

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

1. Child Abuse Prevention

a. Family First Prevention Services Act (FFPSA)

VDSS is continuing implementation of FFPSA and expanding the availability of evidence-based services across the state. VDSS is focused on building community pathways over the next couple years which will focus on primary and secondary prevention efforts and connecting families to evidence-based services “upstream” to prevent child welfare engagement. There are several workgroups focused on this effort to include community partners from the schools, service providers, LDSS, lived experience, other government and advocacy groups. VDSS is looking at engaging schools more and they are part of the community pathway work. Community pathways will also assist in providing concrete supports to eligible families. Unfortunately, FFPSA does not include respite services for the family unless it is part of the evidence-based service model. VDSS has discussed the integration of aspects of the Science of Hope framework in relation to FFPSA.

b. Parental Child Safety Placement Program Implementation

In 2024, the Virginia General Assembly, through House Bill 27 and Senate Bill 39, established the Parental Child Safety Placement Program (PCSPP). This statutory framework allows a parent, guardian, or legal custodian to voluntarily arrange for a short-term placement of their child with relatives or fictive kin when the local department of social services (LDSS) determines the child cannot safely remain in their home.

The PCSPP is a structured, time-limited intervention that prioritizes kinship care and is designed to protect children while parents engage in intensive services aimed at reunification within 90 days. One of the key tenets of the PCSPP is the establishment of a Parental Child Safety Placement Agreement, which provides the guardrails needed to:

- Protect children while preserving parental rights
- Promote family-driven decision-making
- Establish consistency in practice across LDSS
- Strengthen the delivery of In-Home Services

Implementation of the PCSPP has required close collaboration across all child welfare program areas, Child Protective Services, In-Home Services, Foster Care, and Resource Family, while also fostering stronger relationships between caregivers, children, and LDSS. VDSS has supported this transition through revisions to practice guidance, regulatory actions, training, change management, and updates to the child welfare information system.

As the program approaches its one-year milestone, utilization continues to grow statewide. Between July 2024 and June 2025, 631 agreements were established, of which 306 have closed. Among these closed agreements:

- 106 ended in reunification with the parent or guardian (the most common outcome).
- 23 resulted in foster care entry, reflecting cases with ongoing safety concerns.
- Nearly 20% of agreements were extended beyond the initial 90 days, underscoring the need for continued support for some families.

While reunification remains the program's primary outcome, the rate has fluctuated over time. For example, cumulative reunification declined from 37.6% in February 2025 to 33.2% in April 2025, then increased slightly, reaching 35.1% in June 2025. These shifts reflect the complexity of cases and the evolving needs of families, rather than a change in the program's effectiveness.

Overall, early results indicate that the PCSPP is achieving its primary goal: supporting safe, timely reunification while minimizing unnecessary foster care entry. The program has also highlighted the importance of kin-first solutions and family-centered decision-making.

VDSS will continue to strengthen practice by:

- Implementing consistent statewide guidance for Parental Child Safety Placements

• Conducting both quantitative and qualitative case reviews
• Using data to inform recommendations and guide continuous improvement
• Examining safety assessments, caregiver engagement, service delivery, and long-term permanency outcomes

These efforts will provide deeper insight into the circumstances leading to placements, the support offered, and how the PCSPP is shaping child and family well-being across Virginia.

c. Child Abuse Prevention Services Model

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. The following data highlights offer an overview of the population served and related indicators of practice-oriented areas of focus in In-Home Services cases.

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:

o 62.8% - White

o 24.8% - Black/African American

o 5.9% - Two or more races

o 11.9% - Hispanic (any race)

o <2% - AIAN, Asian, Multi-Race and NHPI

o Race was unknown in 5.4% of children and ethnicity was unknown in 7.7% of children

2**. System Improvement**

a. Workforce Support and Development

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.

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 Trauma Resource Institute, creators of the Community Resiliency Model© page 4 with nearly 20 participants. A full six-session workshop series, already at capacity with waitlists, is scheduled to begin in August 2025.

b. Cross System Collaboration

Multi-Disciplinary Teams

VDSS remains a key partner in the Virginia Mult-Disciplinary Team (MDT) Stakeholder Group. The Virginia MDT Stakeholder Group is a collaborative partnership between Virginia Dept Criminal Justice Services; Children's Advocacy Centers of Virginia, Virginia Department of Social Services; and Commonwealth Attorney Services Council. The Virginia MDT Stakeholder Group is committed to strengthening and sustaining MDTs throughout the state. They believe that training, resources, and support targeted at MDTs at key points along their developmental pathway have the greatest potential to cultivate

effective teams who are best equipped to help children and families impacted by abuse.

The Virginia MDT Stakeholder Group developed two MDT trainings for local child abuse and neglect multi-disciplinary teams—MDT 101 and Good to Great. The trainings are hosted around the Commonwealth several times per year.

MDT 101 - Building a Strong Foundation for MDT Success
This training is designed to provide a comprehensive introduction to the Multidisciplinary Team model to leaders from new and developing MDTs. Participants will learn about the benefits of collaborative community response to child abuse allegations.
Good To Great - Enhancing MDT Effectiveness and Functioning
This training is intended to support MDTs who have been operating in their current composition for 3-5 years. It is often at this point that we begin to see MDTs experience growing pains and encountering challenges around collaboration, engagement, and commitment to the model. This training seeks to empower teams to take responsibility for their own effective functioning and offers tools and approaches that support healthy collaboration. This training is designed to be attended by groups of team members from the same MDT.

Family Partnership Meetings

VDSS is working diligently to continue to increase LDSS implementation of Family Partnership Meetings (FPMs) at mandated critical decision points. FPMs are one of the key practice elements discussed at Kin First Now meetings. Additionally, a planning team of VDSS home office, regional staff and LDSS partners host the Commonwealth Facilitator's Forum (CF3) every other month as an opportunity for facilitators to discuss the unique needs that facilitators experience, while providing a platform to discuss improving practice, share resources, and continue honing skills. The Kinship Policy Specialist and Kinship Practice Specialist are also currently gathering information from events like CF3

and the Permanency Advisory Committee (PAC) in order to propose the creation of two new training courses-- one focused on training non-facilitators on FPMs, and the other as a refresher course for approved facilitators. The intent of these courses will be to ensure that programs across the child welfare continuum are working together toward family engagement and holding FPMs at all mandated critical decision points.

Kin First Now has worked to strengthen efforts to enhance Family Partnership Meeting (FPM) practices by targeted and intentional collaboration between VDSS Home Office, Regional Office, and Local Departments of Social Services (LDSS). Kin First Now has helped LDSS increase engagement and participation of both paternal and maternal relatives in FPMs, ensuring that extended family networks are actively involved in decision-making. It has guided LDSS in preparing families more effectively, clarifying the purpose of FPMs, setting expectations, and fostering trust so families arrive informed and empowered. Kin First Now also supports LDSS in clearly presenting placement options to family during meetings, enabling families to drive decisions that reflect their values and strengths. Additionally, it has contributed to expanding the pool of trained facilitators and ensuring FPMs are consistently conducted around all five critical decision points. Kin First Now has helped LDSS brainstorm across program areas to determine areas of strength as well as opportunities to improve kin-centered outcomes for children and families.

c. Data Collection and Evaluation

VDSS has renewed contracts with the Center for Evidence-Based Partnerships (CEP-Va) to continue to build capacity of evidence-based providers across Virginia. A lot of outreach has been done over the past year to grow EPB providers. CEP-Va receives a little over 1 million each year to train providers in EBPs. CEP-Va has already allotted the training funds for this year due to the high level of interest in providers being trained in EBPs. This year’s funding is allotted to train or provide ongoing support to the following number of teams. This

number below does not include the total number of teams, but those teams that CEP-Va is providing funding for training or support this year.

EBP Model	Number of Teams Trained
High Fidelity Wrap Around (HFW)	4 teams
Family Check Up (FCU)	3 teams
Homebuilders (HB)	4 teams
Functional Family Therapy (FFT)	5 teams
Multisystemic Therapy (MST)	3 teams
Brief Strategic Family Therapy (BSFT)	9 teams
Parent Child Interaction Therapy (PCIT)	10 teams

CEP-Va and VDSS will review data from providers to ensure the fidelity of the service and to monitor service outcomes.

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