

CAPTA 2025 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 2025 General Assembly session, there are two changes to the Code of Virginia that impact the delivery and provision of child protective services (CPS) in Virginia. The first change is the result of House Bill 1856 which amends and reenacts § 46.2-1025 of the Code of Virginia to allow local departments of social services (LDSS) to display amber warning lights on their agency vehicles when responding to a request for assistance from law enforcement. The second change, a result of House Bill 2613, amends §§ 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, House Bill 2613 amends and reenacts §§ 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. It should be noted Senate Bill 115/House Bill 833 from the 2024 General Assembly session made the same changes to the Code of Virginia as HB 2613 but were ultimately vetoed by the Governor.

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;
- Targeted technical assistance to LDSS on Initial Timeliness of Safety Assessment for CFSR Item 3;
- Targeted technical assistance to at-risk LDSS on the development of Corrective Action Plans;
- Targeted data analysis and qualitative case review of referral validity for at-risk LDSS;
- Collaboration with the National Partnership for Child Safety to support child fatality prevention activities, investigations, and review processes to include the restructuring of our five regional Child Fatality Review Teams (CFRTs);
- Continued partnering with the National Safe Haven Alliance to purchase 24-7 Safe Haven hotline services; and,
- Development of a new resource "Substance Screening: Guidelines and Recommendations" for all child welfare programs to utilize when developing or revising drug screening guidelines as required by the Virginia Administrative Code (VAC) [22 VAC 40-705-90 D](#). The resource was developed through a collaboration between the Protection and Prevention Policy Advisory

Committee and all child welfare programs at VDSS. A webinar was held for the LDSS on the new resource and is available on the agency intranet for all LDSS.

- Continued participation in the statewide Multi-Disciplinary Team (MDT) Stakeholders group, facilitated by the Children's Justice Act Coordinator, to enhance multi-disciplinary investigations of cases of child abuse and neglect.
- Replaced the State Child Fatality Review Team as a Citizen Review Panel with a newly formed Safety Citizen Review Panel, which is comprised of members from various disciplines, and will focus on intake at the state and local levels this coming year.
- Development and installation of the Kin First Now practice elements (the Out of Home Staffing, the Permanency Assessment Tool, and the Family Partnership Meeting) for the LDSS which focuses on family-driven decision making when children are at risk for being placed out of their home.
- Development and implementation of the Parental Child Safety Placement Program, which is utilized when it has been determined that a child cannot remain safely in the home and the parent/guardian desires to temporarily place the child with an alternate caregiver.
- Creation of a tracking and monitoring protocol for all out-of-family (OOF) investigations for LDSS;
- Enhanced technical assistance to the LDSS on the OOF investigation protocol;
- Enhanced technical assistance to LDSS for all dispositions involving OOF investigations of public school employees;
- Developed and implemented a KinFirstNow (KFN) Data Dashboard. The KinFirstNow (KFN) Dashboard is a tool, containing live data, that is used to inform and support kinship work in Virginia. The KFN Dashboard includes a variety of metrics across all Family Service program areas (Protection, Prevention, and Permanency) including the percentage of kinship placements, the number of children first placed with kinship caregivers, discharge outcomes, and more. Data can be viewed at the state, region, LDSS, and individual record level. Virginia is utilizing this dashboard at the state and local level to identify trends and areas for improvement.
- Continued collaboration with Public Affairs on messaging to use throughout the year on agency websites and various social media platforms around national awareness months and safety topics such as safe sleep, hot vehicle dangers, water safety and gun safety.
- Developed and deployed a survey through Public Affairs, to send to hospitals and fire/rescue squads throughout the Commonwealth to increase the public's awareness and accessibility of designated Safe Haven locations.

[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 2024 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 2024:

VDSS utilizes Temporary Assistance for Needy Families (TANF) (\$2,136,500.00), General Funds (\$405,500.00), and Victims of Crime Act (VOCA) funds (\$3,912,256.00) from the Department of Criminal Justice Services (DCJS) to support Child Advocacy Centers (CAC's) across the state.

The total awarded to CACs for SFY2024 is \$6,454,256.00. 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, (VOCA funding will be reduced in FY25 and not available in FY26) and CACs have been encouraged to designate funds toward sustainability efforts as subsequent annual awards beginning in SFY 2025 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 2025: TANF: \$2,136,500.00; GF: \$1,970,402.00; VOCA: \$1,500,000.00. VDSS appropriated \$1,912,256.00 in FY25 for CACs. Total awarded to CACs in FY25 (with no VOCA funding for VDSS administrative position; this position is covered by VDSS) = \$7,519,158.00

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.

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. The tour has not been reopened since it closed early in March 2024. VRT has expressed interest in the possibility of resuming the play in the future.

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 2024, 109 individuals completed ChildFirst training; of this total, 55 were VDSS employees.

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. Additionally, this position is responsible for organizing and facilitating Virginia's five Regional Child Fatality Review Teams. 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.

VDSS renewed the contract with the National Safe Haven Alliance (NSHA) to provide the toll free, 24-hour crisis hotline utilizing CAPTA funds. Additionally, the Protection Program, in collaboration with Public Affairs, created a survey to send to hospitals and fire/rescue squads throughout the Commonwealth. This project aimed at increasing the public's awareness and accessibility of Safe Haven locations in Virginia by providing Safe Haven signage and/or decals to those entities that meet Virginia's legal definition as designated Safe Haven locations. The primary goal was to help Virginians identify institutions that serve as sites where a parent can voluntarily surrender their unharmed infant (who is 30 days old or younger) to a staff member. This identification is key to ensuring the safety of infants and

avoids the practice of infants being abandoned in unattended spaces. The survey was sent to the communications contacts for hospitals and the county fire safety division contacts for fire departments. In total, the survey was sent to 87 hospitals and approximately 600 fire/rescue squads in Virginia. Twenty-two responses were received, which resulted in a request for 16 signs and 32 decals. The requested signs and decals will be shipped to the designated Safe Haven locations through utilization of CAPTA funding.

VDSS partnered with the Virginia Department of Fire Programs (VDFFP) to share information about Virginia Safe Haven laws and resources in their weekly newsletter and at upcoming in-person events, conferences, seminars, etc. VDFFP shared this same information with their stakeholder group, to reach firefighters in another way. Additionally, VDFFP provided VDSS with contacts at the Office of Emergency Medical Services through the Virginia Department of Health, to reach the EMS community and the Virginia Association of Counties, to reach County Administrators. VDSS and VDFFP continue to communicate around ways to further their collaboration.

[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.
- VDSS e-Learning Course (CWSE6010)
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.
- VDSS e-learning course (CWSE5501)
This established course is a four-part training that offers an introduction to substance use and its impact on families. It covers national trends related to the prevalence, causes and treatment of substance use, as well as drug categories, drug schedules and drug effects. The course also reviews specific issues related to women and substance use. This course is now in the process of being updated. The revision entails updating the content to be reflective of the current understanding, language, interventions and resources regarding substance use.
- 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 Authority (OAA) grant to support our work with kinship in this area. In FY 24, 205,500 of OAA funding was utilized to provide additional funding for the five, state managed Kinship Navigator programs. VDSS has received \$411,000 in OAA funding for FY25 to conduct a community needs assessment across the state to provide a comprehensive evaluation of kinship care needs and resources across the Commonwealth, aligning with the Washington model (Title IV-E approved Evidence-Based Program on the Federal Clearinghouse) and ensuring the long-term sustainability of statewide navigator services. The assessment will help achieve the following:
 - a. The identification of service gaps and opportunities for kinship navigation expansion,
 - b. Integration of local substance use (SU) data with child welfare data to better understand risk factors affecting kinship care placements,

- c. Inclusion of stakeholder input, particularly from kin caregivers, families, and community partners to ensure the findings are actionable and reflect lived experiences, and
- d. The offering of data-driven recommendations for prioritizing regions and strategies for service delivery, tailored to align with Title IV-E funding criteria.

- 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.

- Screening Guide

VDSS developed a new resource entitled “Substance Screening: Guidelines and Recommendations” for the LDSS to utilize when creating or revising their local screening guidelines. Virginia law requires LDSS to develop guidelines for substance use screening. Parental substance use affects many families who come to the attention of the child welfare system. This resource was developed through a cross-programmatic collaboration between staff from our LDSS and home office and is recommended for all child welfare programs. It includes information on legal basis; screening versus testing; family engagement; importance of language; testing considerations; funding; confidentiality; and documentation. A statewide webinar explaining the new resource was held in December to over 200 participants.

[Provide information on any changes made to implementation and/or lessons learned from implementation.](#)

The number of substance-exposed infants reported to LDSS remained consistent between 2023 and 2024.

Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Number of SEI Reported	1071	1099	1334	1543	1957	1577	1294	1320	1094	854	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. The number of substance-exposed infants reported to LDSS remained consistent between 2023 and 2024.

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 pandemic created some delays, but Pathways to Coordinated Care resumed their statewide work in October 2024 and the sub-groups resumed meeting in December 2024. Currently, VDSS participates in the screening, coordination, and education sub-groups. Future action regarding this workgroup and its progress will be forthcoming. Furthermore, VDSS continues to provide 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. Since January 2020, there have been approximately 1600 participants who have completed CWSE 6010: Working with Families of Substance Exposed Infants training.
- **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 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 pandemic created some delays, but Pathways to Coordinated Care resumed their statewide work in October 2024 and the sub-groups resumed meeting in December 2024. Currently, VDSS participates in the screening, coordination, and education sub-groups. Future action regarding this workgroup and its progress will be forthcoming. Furthermore, VDSS continues to provide 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.

- **Maternal Mental Health:** VDSS served 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.

[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) to 31 % (2024). VDSS recognizes there is still room for more improvement.

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 Authority (OAA) grant to support our work with kinship in this area. In FY 24, 205,500 of OAA funding was utilized to provide additional funding for the five, state managed Kinship Navigator programs. VDSS has received \$411,000 in OAA funding for FY25 to conduct a community needs assessment across the state to provide a comprehensive evaluation of kinship care needs and resources across the Commonwealth, aligning with the Washington model (Title IV-E approved Evidence-Based

Program on the Federal Clearinghouse) and ensuring the long-term sustainability of statewide navigator services. The assessment will help achieve the following:

- a. The identification of service gaps and opportunities for kinship navigation expansion,
- b. Integration of local substance use (SU) data with child welfare data to better understand risk factors affecting kinship care placements,
- c. Inclusion of stakeholder input, particularly from kin caregivers, families, and community partners to ensure the findings are actionable and reflect lived experiences, and
- d. The offering of data-driven recommendations for prioritizing regions and strategies for service delivery, tailored to align with Title IV-E funding criteria.

[Describe any technical assistance the state needs to improve practice and implementation in these areas.](#)

As part of our commitment to enhancing primary and secondary prevention efforts, VDSS is focused on strengthening family support systems and increasing community involvement in preventing child abuse and neglect. The goal is to develop a strategic framework that integrates evidence-based prevention strategies, mobilizes cross-sector collaboration, and fosters sustainable community engagement in child and family well-being initiatives. A key focus is the identification and implementation of best practices in primary and secondary prevention. Ensuring families have access to coordinated resources, such as home visiting programs, parenting education, and economic support services, is essential for building protective factors and reducing risk. Additionally, developing impact metrics will help assess program effectiveness and identify service gaps to inform ongoing improvements. Another critical area of focus is community mobilization and public engagement. To promote a shared responsibility for child well-being, strategies will be developed to enhance community outreach, public awareness campaigns, and sustainable partnerships with faith-based organizations, schools, businesses, and civic groups. Establishing a framework for local leadership and participation in prevention efforts will ensure that community stakeholders play an active role in supporting families. Finally, cross-sector collaboration and policy alignment will be strengthened to sustain prevention efforts at the local and state levels. This includes enhancing multi-agency coordination between child welfare, public health, education, and community-based organizations, as well as identifying funding strategies to support long-term investment in prevention programs. These efforts will help enhance family stability, reduce child maltreatment risks, and build a more resilient network of community support.

VDSS has requested technical assistance to support child fatality prevention efforts, specifically prevention efforts to assist families with children who are currently involved in the child welfare system. Data suggests that one of the largest risk factors involved in a child fatality investigation is the family's prior involvement with Child Protective Services (CPS). In State Fiscal Year 2023, 27 families (71%) involved in a founded child fatality investigation had prior or active child welfare involvement. VDSS would like assistance in engaging other states to identify successful prevention initiatives to reduce recidivism rates in child welfare and to prevent child maltreatment deaths.

[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	125	8.07%
Associate Degree	20	1.29%
Bachelor Degree	1036	66.88%
Masters Degree	335	21.63%
PhD	3	0.19%
Not Available	30	1.94%
Grand Total	1,549	100.00%

General Field of Study Among CPS-Assigned Staff

	#	%
Behavioral Science	44	2.84%
Counseling	47	3.03%
Criminal Justice	131	8.46%
Education - Counseling Psychology	9	0.58%
Education - Early Childhood	12	0.77%
Education - Guidance & Counseling	8	0.52%
Family Relations / Child Development	6	0.39%
Human Relations	49	3.16%
Other	263	16.98%
Psychology	187	12.07%
Public Administration	17	1.10%
Social Work	520	33.57%
Sociology	81	5.23%
Not Available	175	11.30%

	Bachelor Degree	Bachelor Degree %	Masters Degree	Masters Degree %	Grand Total
Behavioral Science	40	91%	4	9%	44
Counseling	17	38%	28	62%	45
Criminal Justice	117	89%	14	11%	131
Education - Counseling Psychology	3	33%	6	67%	9
Education - Early Childhood	7	58%	5	42%	12
Education - Guidance & Counseling	2	25%	6	75%	8
Family Relations / Child Development	6	100%	0	0%	6
Human Relations	42	86%	7	14%	49
Other	208	79%	55	21%	263
Psychology	161	87%	25	13%	186
Public Administration	4	24%	13	76%	17
Social Work	355	68%	165	32%	520
Sociology	74	91%	7	9%	81
Grand Total	1036	76%	335	24%	1371

There are no caseload standards for Child Protective Services at this time. VDSS has recently embarked on a caseload/workload study with Evident Change for both CPS and In-Home Services cases.

SFY 2024 CPS Workers and Supervisors Caseloads

- Workers:
 - The average number of referrals per worker per month active was 6.
 - The maximum number of referrals per worker per month active was 49.
 - Statistically speaking, this value is considered an outlier, as the next highest value was 23.
- Supervisors
 - The average number of workers per supervisor was 4.
 - The maximum was 15.

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 2024, 12 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 SFY24, VDSS awarded a total of 137 Education and Training Vouchers. VDSS estimates that 120 will be awarded for the 2024-2025 school year.

c. Inter-Country Adoptions: In State Fiscal Year (SFY) 2024, a total of 25 intercountry adoptions were finalized in Virginia—representing a 72% decrease from the previous fiscal year. This significant decline reflects a broader national trend, as the United States has experienced a 93% decrease in international adoptions from 2004 to 2022. As with families adopting from the child welfare system, families with children adopted from other countries have equal access to post-adoption services. Services are funded using adoption savings funds, supplemented with additional financial support provided by Virginia.

In State Fiscal Year (SFY) 2024, no children adopted from other countries entered Virginia's foster care system. This represents a 100% decrease compared to SFY 2023, when six internationally adopted children entered care.

VDSS will continue to track international adoptions over the next five years to identify additional resources to provide supportive services to children adopted from other countries. VDSS continues to work on updating the public-facing website with informative language regarding post-adoption services for families who adopt children internationally.

d. Monthly Caseworker Visit Data: For the reporting period of October 1, 2023, to September 30, 2024, the face-to-face monthly visit rate for children under 18 was 96.05% and the in-residence visit rate was 74.93%.

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.