

Breakout Room Notes:

Breakout Room: Services that assess the strengths and needs of children and families and determine other service needs

1. What are the services available in Virginia in this breakout room category?

- Parental psychological evaluations are completed on all parents to tailor services to the needs of parents. These are used for in-home and family preservation. Attachment evaluations can also be completed. (Richmond area) One concern expressed is that the psychological evaluations used by many LDSS do very poor parenting evaluations, very cookie-cutter, often by the same provider, and sometimes cut-and-paste jobs. I spoke to a psychologist who does good evals, and he said he even reported some of these evaluators for not doing the kinds of assessments that should be done. The good evaluators insist upon seeing the parent multiple times, and seeing the parent with the child. These are expensive, which is why I'm guessing these evaluators are not used more often.
- Children also have psychological evaluations sometimes. Trauma evaluation are also available but very lengthy and multi-visit process. Can take months to get results.
- Efforts are made to gather prior evaluations to limit duplication of efforts. Use to have more providers to do psychological evaluations. Sometimes its helpful to have a youth in counseling services first and then complete an evaluation. (Charlottesville)

2. What are the differences in service availability and accessibility for populations across localities, particularly for those within the state that experience poorer outcomes?

- Central Virginia may have some advantages with more services compared to rural areas in Virginia. Charlottesville may also be resource rich, but after COVID providers have longer waitlists. Still struggling in the area of assessment and service provision.

3. Are there waitlists for these services?

- Absolutely have waitlists for psychological evaluations. Even though there are resources, have instances waiting up to six months for evaluations. Since COVID, waitlists have been longer and business has picked up. Waitlists often several months long.
The impact of waitlists on service provisions. If there's already a known diagnosis or substance abuse issue, can still go ahead and connect to relevant services. The Parenting psychological can be informative to hone in on areas of need. It does slow things down waiting on evaluations and recommendations. Focus on obvious next step while waiting on further information.
For Charlottesville, waitlists can be 1-2 months for some services, but

substance abuse services can sometimes be quicker. It can delay service planning and progressing towards goals and increase length of stay in foster care.

4. Are there any gaps in these services?

- Having more opportunities for trauma assessments would be helpful. Important to understand impact of prior traumas. One of the groups that has been important for clients but not available is DBT (Dialectical Behavioral Therapy- helps people manage emotions and navigate relationships/parenting) groups for Borderline Personality Disorder. Delays have impacted timeline on case. (Henrico)
- Might have different areas of gaps-have psychological assessments available but not specific parenting assessments. DBT not available in Charlottesville.

5. Thinking about the last three years, what are some areas we've seen improvement in services in this area?

- Improvement in Evidence Based Providers. But only have one EBT option in Charlottesville area-one provider for MST (Multi Systemic Therapy-for older youth).
- More in Richmond area than maybe in Charlottesville, but not many EB services. Might depend on MCO to find providers. Family First Prevention Act-PCIT, FFT (Richmond)
- MST, Family Check Up (Children's Home Society)-Charlottesville
- When QRTP was implemented, funding was approved for staff in residential to be trained in IV-E reimbursable services. Suggested to ask for funds in Governors Budget to ask for training funding for providers.
- Prevention program is working on EBT providers to present on services in regional roundtables. Eastern region has an array of opportunities. The challenge is reaching areas without any services.

Topic: Services that address the needs of families and individual children to create a safe home environment –

1. What are the services available in Virginia in this breakout room category?

- example of fixing locks on doors, providing cleaning services
- In-home services
- Parenting classes/services
- Substance use services
- Mental Health Services
 - Counseling
- Support for relatives outside of foster care
 - Keeping children with extended family members
- Supports that agency's are putting in place. (Asked by Jen)
 - No answer
- Heating and Cooling Assistance

- Post Adoption Services

2. What are the differences in service availability and accessibility for populations across localities, particularly for those within the state that experience poorer outcomes?

- Housing and food support
 - Refugee populations may have less access to affordable housing along with other potential populations
- Transportation
 - Unmet needs that led to children and families not being able to participate in services
- Funding and Staffing
 - Funding is different from agency to agency
- Language
 - Can create barriers in accessing services and/or the timeliness of services
 - Impacts the effectiveness of the service delivery if the child/family has to wait a substantial length of time
- FAPT
 - FAPT times do not meet as frequently in certain localities
- Telehealth, Internet
 - Rural areas internet is spotty or not available at all

3. Are there waitlists for these services? How long are waitlists? Do waitlists vary by area or region?

- Waitlist Length
 - There are areas in which waitlist are much longer than others
 - 6-10 months wait to provide a youth with counseling services
 - It could be a month before FAPT is able to meet and another 6-10 months for the service to being
 - Shortage of doctors and long waitlist for medical/health care
- Court Waitlist
 - Concerns of having to wait for protective order or other pertinent hearing to take place

4. Are there any gaps in these services?

- **Where are the areas of opportunity?**
 - Housing
 - Medical Care
 - Shortage of doctors
 - Extended waits for appointments
 - Lack of resources and supports in community
 - Leading to children entering care
 - Clinical evaluations

- Then the implementation of follow up services
- School challenges
 - Children being homebound
 - Leads to safety issues within the home with increased aggression
 - Additional financial stressors if the parent must stay at home
 - Parents may not know how to access services
- Limited utilization of Evidence Based Practices/Services
 - Ensuring that workers are knowledgeable about what Evidence Based Practices/Services
- Workforce turnover
 - Often causes gaps in services and the types of services use
- VDSS Looking to expand to provide Post KinGap Services
- Post Adoption Services
 - Do families know how to access these services when needed

5. Thinking about the last three years, what are some areas we've seen improvement in services in this area?

- Providing services/funding to kin/relatives
 - Increase in funding allocation
- Family First Funding
 - Could led to possible reduction of youth coming into care
- Parental Child Safety Placement Program
- Kinship Navigators
- Use of Family Check Up (Evidenced Based Practices/Services)
- More availability of Evidence Based Practices/Services
 - More service providers
 - Available in more areas
- A shift in child welfare culture
 - Kinship
 - Services offered to children and families

Break out session: Services that help children in foster and adoptive placements achieve permanency

1. What are the services that are available in Virginia to help support permanency?

Support for family of origin, parent support partner or parent aide, parent coach, mental health skill builder, parental capacity, third provider help with family time, supervised visitation, family therapy

Relatives getting custody: Kinship navigators, TFC agencies, respite with relatives, funding programs, VDSS contract programs, family therapy services

Adoptions: ATPC contractors and resource directory, TFC providers, special services payments, if they meet criteria, family Therapies, recruitments, placement, post adoptions needs, post adoption specific services

2. **What are the availabilities for services across localities?** Transportation is a large area of need, one locality: CSB is in south end of county with no public transportation, families knowledge of what is available. Trust factor didn't like the initial report, so leery to disclose further. Even with new providers and vendors and sticking to it. Rural areas, no choice of array of services, quality is not there, or large wait lists. Different languages: can be limited in services, even more bi-lingual workers could be beneficial. Transcription services, helping with the LDSS money for that service. Competition of services with close localities in regard to services. Limited programs depending on diagnosis and access. Having quality trauma, multicultural and LGBTQ informed providers. Providers not knowing how to deal with behaviors and more information in de-escalation. Mileage, population, incarcerated individuals and access to services, parents outside of the state.
3. **Waitlist for these services?** Qualified psychotropic medications are hard to find psychiatrist to prescribe, so PCP are prescribing, sometimes this leads to over prescription. Someone who knows how to navigate this process. Quality, who can give children what they need, help with reunification, therapy, court. High needs, consistency of providers with reports. Even in big cities, wait list is long too. Insurance some providers don't take their MCO. Medicaid MCO needs to be uniform, which now they will be! Displaced kids, High Acuity kids, emergency shelters are non- existence, A and D are not likely to take our kids and very limited respite.
4. **Are there any gaps in these services?** Gap survey, that can inform the community at large, where are the holes in services. Jurisdictions can be more informed about this. Opportunities? What services are needed; can we bring these here. Needs assessment for the community, one step at a times. Similar to how Anthem is partnering with VDSS. How could we partner up, what does the data say? Social determinacy of health, to fully serve the community. Care managers are always willing to help support to find those in network providers. List of providers that Anthem can use. So, Anthem can get a service list. How do credential these providers? We always try to make sure, check the Dept. of Health to make sure you are getting the best provider possible.
5. **Thinking about the last three years, what are some areas we've seen improvement in services in this area?** Where an agency sits, rural, urban, could vesiculate and change, more services geared towards older your, quality, fostering futures since 2016, Mental health access providers, acute unit. VCU children's hospital, only foster care patients. Mental health needs met. Parent coaching

services have increased, visitation increases, supporting reunification efforts. Post adoption services: maintained. Mental health assessments are more accessible. Project Bravo, 2021 new evidence-based services partial hospitalizations, community, Family Functional Therapy, Mobile crisis, community stabilizing.

Individualization of services:

How are services individualized to meet the unique needs of children and families served by the agency?

Services are tailored through a comprehensive assessment process that evaluates each family's strengths, challenges, cultural background, and goals. Caseworkers develop individualized service plans in collaboration with families, ensuring support is responsive to their specific needs — whether that's access to mental health care, housing assistance, parenting classes, or trauma-informed care. Flexibility and client voice are central to our approach.

2. What are the unique needs of our populations?

Our populations include families facing poverty, housing instability, substance use issues, domestic violence, and intergenerational trauma. We also serve a growing number of non-English speaking families, kinship caregivers, and children with emotional or behavioral health needs. Recognizing these dynamics, we focus on culturally competent and trauma-informed practices to better support them.

3. are the services in Virginia/your community responsive to disability or special needs of children and families?

Virginia DSS collaborates with schools, early intervention services (like Part C), and local Community Services Boards (CSBs) to support children and families with disabilities. We offer case management that includes connections to occupational therapy, speech therapy, or in-home supports. Caseworkers receive training on the IDEA Act and the rights of individuals with disabilities to ensure services align with federal and state guidelines.

4. How are services in Virginia/your community responsive to these unique needs?

Our community works to address these needs through partnerships — with local nonprofits, health departments, faith-based organizations, and mental health providers. We prioritize wraparound services and a family-centered approach, and we utilize flexible funding sources to address immediate needs like food, housing, and transportation. Language access services and culturally responsive programming help ensure equity in service delivery.

5. How are services individualized for families of diverse populations?

Diversity is respected through intentional practices: translation and interpretation services are available for non-English speakers; staff receive regular training on cultural humility; and we involve cultural liaisons when possible. We also tailor family support plans to respect different family structures, values, and traditions. For example, we work closely with kinship families and ensure services reflect their unique caregiving roles.