



# COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

January 16, 2014

## MEMORANDUM

**TO:** Honorable Terry McAuliffe  
Governor of Virginia

Honorable Walter A. Stosch  
Chairman, Senate Finance

Honorable S. Chris Jones  
Chairman, House Appropriations

Daniel Timberlake  
Director Department of Planning and Budget

**FROM:** Margaret Ross Schultz  
Commissioner

A handwritten signature in blue ink, appearing to read "Margaret Ross Schultz".

**SUBJECT:** Report on Item 341 of the 2013 Appropriation Act – Adoption of Children in Foster Care

I am pleased to submit the Department of Social Services' second quarter report pursuant to Item 341 G (1) and (2) of the 2013 Appropriation Act. Item 341 G (1) provided \$ 828,734 in State Fiscal Year 2014 and \$ 1,500,000 in State Fiscal Year 2015 to implement pilot programs that increase the number of foster care children adopted. Item 341 G (2) requires the Department of Social Services to report quarterly to the Governor, Chairmen of House Appropriations and Senate Finance Committees and Director of the Department of Planning and Budget on the use and effectiveness of this funding, including the number of additional children adopted from foster care and the types of ongoing supportive services provided as a result of the expenditure of these funds. If you have any questions or need additional information concerning this report, please contact me.

MRS: kc

Attachments

## **Report on Adoption of Children in Foster Care January 2014**

### **Report Mandate and Background**

Item 341 (G) (1) and (2) of the 2013 Appropriation Act provides:

*(1) "Out of this appropriation, \$828,734 the first year from federal funds and \$1,500,000 the second year from the general funds shall be provided to implement pilot programs that increase the number of foster care children adopted."*

*(2) "Beginning October 1, 2013, the department shall provide a quarterly report, within 30 days of quarter end, on the use and effectiveness of this funding including, but not limited to, the additional number of special needs children adopted from foster care as a result of this effort and the types of ongoing supportive services provided to the Governor, Chairmen of House Appropriations and Senate Finance Committees, and the Director, Department of Planning and Budget."*

This is the second report provided by the Department of Social Services (Department) and details activities for the second quarter of FY2014. At the end of 2013, 1,031 children had been matched to their adoptive families, a testament to the successes of the VAdopts Campaign.

The bulk of the new adoption appropriation from the 2013 General Assembly has been allocated to funding three new initiatives that meet the intent of the appropriation. All three RFP's were awarded to agencies that developed innovative approaches to encourage more families to adopt Virginia's waiting youth and to support those families who have adopted children from foster care.

### **Request for Proposals (RFP)**

#### *Targeted Recruitment (RFP#1)*

The first RFP, addressing the targeted recruitment of adoptive families, was awarded to two agencies, United Methodist Family Services and coordinators<sup>2</sup>. Since the last report, recruiters from both agencies have been working to locate family members for 24 of Virginia's "100 Longest Waiting" youth. Incorporating weekly team meetings, internet searches and a private detective, the first successful match was made recently when over 20 family members previously unknown to the system were located for a particular child. One of these relatives is going to adopt the child and the rest will provide support.

#### *Recruitment & Market Segmentation (RFP#2)*

As reported last quarter, the second RFP was awarded to Bethany Christian Services to create a state-wide general recruitment campaign. This contract incorporates the use of Market Segmentation to target potential families using the training and technical assistance of the National Resource Center on Diligent Recruitment.

#### *Post Adoption Support (RFP#3)*

Since the last quarterly report, the third RFP was awarded to two agencies in underserved regions of the state. The Center for Adoption Support Education (C.A.S.E.) in the Piedmont region was



awarded \$300,000 and Frontier Health in southwest Virginia was awarded \$192,967. Both agencies will focus on post-adoption services for adoptive families. The RFP was written in collaboration with the Department of Behavioral Health and Developmental Services to address gaps in the continuum of care in Virginia. These two agencies will provide services to help families stabilize during crisis and are also intended to prevent dissolution of the adoption.

### **Focus Groups**

The Department hired a contractor to facilitate several focus groups with the intent of identifying barriers to adoption and timely permanency in Virginia. Three focus groups were held and included stakeholders from local departments of social services, private adoption agencies and parents who have adopted children from foster care.

Out of these focus groups, several best practices and barriers were identified. Things that work in the current system include the dual approval of foster and adoptive families to reduce duplicative paperwork and training requirements as well as the practice of “concurrent planning.” Concurrent planning is a national best practice and is the pursuit of the primary goal of reunification with birth parents while also pursuing an alternative plan, such as adoption, should reunification efforts fail.

Some of the identified barriers were cross-jurisdictional issues, lack of access to support and training, and court system delays. There were many ideas provided by participants to improve the system and these included building a cross-system collaborative culture, increasing funding and access to services, and improvements to the adoption services contracts. The full report is available as Attachment #1 of this update.

### **Adoption Awareness Month & Other Events**

On November 9, 2013, over 500 adoptive parents and children attended an Adoption Month celebration hosted by Governor McDonnell at the Science Museum of Virginia. The Governor publically recognized the caring spirit of these families and reaffirmed his commitment to supporting families both before and after adoption.

On December 5, 2013, Governor McDonnell hosted an event honoring the adoption workers and agencies who have contributed to the success of the VAdopts Campaign. Governor-Elect McAuliffe was in attendance and spoke about continuing the work of the VAdopts Campaign. He issued a challenge that Virginia would work to surpass the success of the previous year by doubling the number of adoption matches. Also present was former First Lady Anne Holton, adding to the significance of this event recognizing the importance of adoption and timely permanency.



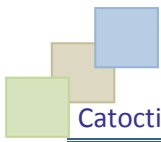
# Report of Stakeholder Focus Groups Regarding Foster Care Adoption in Virginia

Focus Group Dates: October 18 and 28, 2013

Facilitated by:

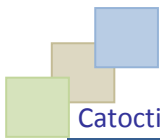
Becky Roberts, CPF, CMC, PMP  
Catocin Consulting, LLC

Final Report Date: December 4, 2013



## ***Preface***

*This Report of Stakeholder Focus Groups Regarding Foster Care Adoption in Virginia summarizes the discussion in focus groups conducted by Catoclin Consulting, LLC in October 2013 for Virginia Department of Social Services and the Secretary of the Commonwealth. Focus group participants were asked to explore barriers and problems with the foster care adoption system in the State. As a result, much of the discussion focused on negative aspects of the current system and how to take action to improve those areas. If the tone of this report reflects this, it should in no way be construed as a negative reflection on the State. The fact that people took time to participate and share their thoughts, feelings, and ideas is a testament to their commitment to foster care adoption and their desire to contribute to its further success and improvement.*



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## Executive Summary

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### Introduction

The Commonwealth of Virginia has embarked on a campaign to increase the rate of adoption in the state and reduce the number of children that age out of foster care without being adopted. As part of the improvement process, focus groups were conducted in October 2013 with adoption services contractors, local Departments of Social Services (LDSS, used to refer to both the singular and the plural) and foster/adoptive parents to document the barriers to adoption and collect ideas for improvement from key stakeholders. To ensure independence and to provide a safe space for participants to discuss issues, the focus groups were facilitated by Becky Roberts, a Certified Professional Facilitator with Catocin Consulting, LLC. This report is the result of the facilitator's analysis of the focus group results.

The purpose of the focus groups was to solicit input and participant perspectives on:

1. What works today in the foster care adoption process/system
2. What does not work today in the foster care adoption process/system
3. The potential barriers to foster care adoption
4. Ideas on how to improve the system

### Things that Work in the Current System

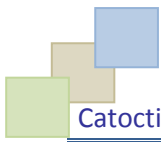
Participants identified many things that work in the current foster care adoption system. Best practices that can be highly effective include:

- Collaboration and alignment of goals across the various participants in the process
- Parallel general recruitment of adoptive parents and child-specific recruitment of parents for a particular child
- Dual approval of foster and adoptive parents to create a pool of families with home studies
- Concurrent planning for return to home and adoption for a child

### Barriers and Things that Do Not Work in the Current System

Participants had many ideas on the barriers and things that do not work in the current foster care adoption system, which were grouped into the following categories:

- Delays and lack of common goals in the court system
- Lack of common goals and collaboration with Child Protective Services
- Issues with access to and support for adoptive parents
- Insufficient access to quality information
- Lack of common goals or cooperation and a team approach
- Lack of consistency and transparency in the process
- Rules that make little sense or do not serve the best interest of the child
- Obstacles and changed circumstances that arise due to delays in the process
- Jurisdiction and school issues
- Issues with adoption subsidies and services
- Insufficient resources and training
- Limitations in the structure and administration of the adoption service contract



- Perceptions of the 1,000 Children Campaign
- Issues when boundaries extend beyond the State

### **Ideas for Improvement**

Participants had many ideas for improvement to the foster care adoption system and related systems, which were grouped into the following categories:

- Change culture to cross-system collaboration
- Reverse existing regulations to expand the pool of potential adoptive parents
- Streamline and modernize processes, forms and data
- Increase funding and access to services
- Improve the adoption services contract
- Explore best practices and new ways of looking at adoption
- Provide additional resources and support for workers
- Educate partners
- Facilitate changes to other systems
- Improve public awareness and access to information
- Improve information technology

### **Facilitator Observations and Recommendations**

The concluding section presents the facilitator's view on the results of the focus groups, including observations about the process, and synthesis of the ideas for improvement into a set of recommendations. Note that the recommendations have not been informed by research and in-depth analysis of the issues; they are simply the facilitator's view based on knowledge derived from the input provided by the focus group participants.



# 1 Introduction

The Commonwealth of Virginia, under the leadership of Governor Bob McDonnell, the Secretary of the Commonwealth Janet Kelly, and the Virginia Department of Social Services (VDSS), has embarked on a campaign to increase the rate of adoption in the state and reduce the number of children that age out of foster care without being adopted. As part of the improvement process, focus groups were conducted in October 2013 to document the barriers to adoption and collect ideas for improvement from key stakeholders.

## 1.1 Objective

The purpose of the focus groups was to solicit input and participant perspectives on:

1. What works today in the foster care adoption process/system
2. What does not work today in the foster care adoption process/system
3. The potential barriers to foster care adoption
4. Ideas on how to improve the system

The goal of the focus groups was identify the issues and ideas, not to reach consensus.

## 1.2 Focus Group Segmentation

As shown in the table below, three focus groups were conducted in Richmond, Virginia. Participants were invited from across the state.

Segment	Number of Participants	Date	Duration
Adoption Services Contractors <sup>1</sup>	8 in person, 2 via phone, representing a total of 6 of the 13 contractors	October 18, 2013	2.5 hours
Local Departments of Social Services (LDSS)	10 in person, 2 additional provided email input, representing a total of 12 LDSS	October 28, 2013	4 hours
Foster/Adoptive Parents	8, including 1 couple, representing a broad range of adoption experiences	October 28, 2013	2+ hours

Consideration was given to conducting a focus group with children. Children who have been in foster care and have personal experience with the adoption process were viewed as a critical stakeholder group. Due to logistical difficulties of bringing children to a central location for a focus group on short notice, the decision was made to plan a separate process at a later date to obtain this valuable input.

<sup>1</sup> There are 13 adoption services contractors including 10 private agencies and 3 LDSS. The focus group participants sometimes referred to these contracts as grants, presumably because they are partially funded through block grants. Likewise, the entities holding the contracts were often referred to as private agencies or contract agencies.

## 1.3 Focus Questions

Participants were asked the following questions in each of the focus groups:

1. What works well today in the Virginia foster care adoption process/system? What aspects of the system should be retained?
2. What are the potential barriers to foster care adoption within the current system?
3. What does not work well today in the Virginia foster care adoption process/system? What aspects of the system should be changed?
4. Thinking just about the foster care adoption system, what ideas do you have on how to improve the system? What changes do you recommend be made to improve foster care adoption in Virginia?
5. What changes should be made to other systems or processes to support improvements to foster care adoption in Virginia?
6. What are the most important areas to focus on? What areas have the largest impact?

## 1.4 Focus Group Methodology

In each focus group, the facilitator managed time and recorded the responses to the first five focus questions: things that work, barriers, things that don't work, ideas for improvement to the system, and suggested changes to other systems. Each idea was recorded on a separate sheet of paper and posted on a sticky wall in the meeting room.

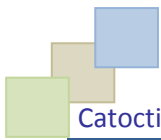
The adoption contractor and LDSS groups did affinity grouping and prioritization. Treating the input on barriers and things that didn't work in the current system as a single set of input, both groups rearranged the ideas into logical categories. The LDSS group did a dot poll to prioritize the categories and identify individual ideas that were particularly important.

Both the adoption services contractor and LDSS groups did a similar exercise with the ideas for improvement to the current system and suggested changes to other systems. Treating the two topics as a single set of ideas, they rearranged the ideas into logical categories. The adoption services contractor group had a discussion that resulted in consensus on prioritization of the categories. This approach was indicative of their view that changes were needed across the system rather than there being one or two priority areas that need attention. The LDSS group did a dot poll to both prioritize the categories and identify individual ideas that were particularly important to individual participants.

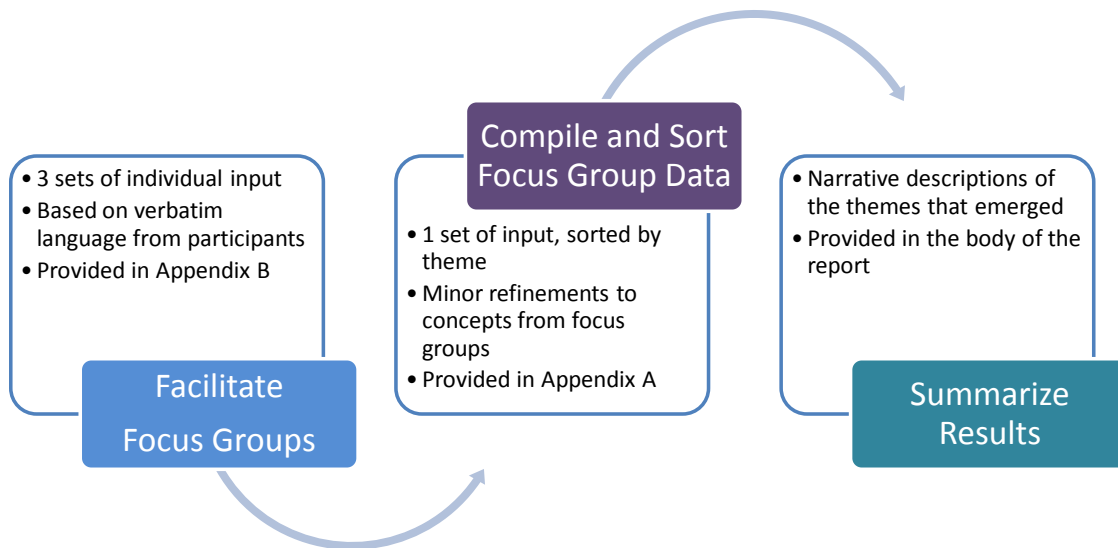
The foster/adoptive parent group did not do a prioritization activity. The group felt that all of the items identified were important.

## 1.5 Analysis Process and Structure of Report

Following the focus groups, the results were analyzed by the facilitator. The primary goal of the focus groups was to develop an understanding of the barriers to adoption and approaches to improving adoption, not to understand the differences in the perceptions of the three stakeholder groups.



Therefore, as shown in the diagram, the input from the three focus groups was combined and analyzed for themes, which are described in this report.



**Figure 1, Focus Group Process**

Due to the richness of the discussion in the focus groups and possible opportunities to further mine the data, individual ideas and the interim analytical work have been retained and are presented in a separate volume of appendices (dated November 21, 2013). The raw input from the focus groups is provided in Appendix A. The result of compiling and organizing the raw input into themes is provided in Appendix B.

## 1.6 Facilitator

To ensure independence and to provide a safe space for participants to discuss barriers and problems in the current foster care adoption system, an outside professional facilitator was used. The focus groups were facilitated by Becky Roberts, a Certified Professional Facilitator with Catocin Consulting, LLC. This report is the result of the facilitator's analysis of the focus group results.

## 2 Focus Group Results

Focus group results are reported below in three groupings:

1. Things that work well today in the Virginia foster care adoption process/system
2. Barriers to foster care adoption and things that do not work well today
3. Ideas for improvements to the Virginia foster care adoption process/system and related systems

## 2.1 Things that Work in the Current System

Participants were asked to identify things that work in the current foster care adoption system. They were not asked to categorize or prioritize their input. Several best practices emerged that may not be in universal use, but when used seem to be highly effective:

- Collaboration and alignment of goals across the various participants in the process
- Parallel general recruitment of adoptive parents and child-specific recruitment of parents for a particular child
- Dual approval of foster and adoptive parents to create a pool of families with home studies
- Concurrent planning for return to home and adoption for a child

Many other items were identified that work today and should be retained and possibly expanded. The following items represent the combined input as categorized by the facilitator.

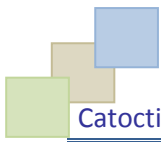
**Collaboration and partnering at the system level.** When contractors and LDSS have an institutional relationship at the system level, they are able to collaborate effectively without reinventing the wheel every time there is a staff change. Although there are few standard approaches so each relationship is different, when a contractor and an LDSS have clearly defined roles regarding how they can work together, they share information and contribute effectively to adoption outcomes. For example, contractors have been very helpful to LDSS in recruiting families. Regular monthly meetings between contractors and LDSS to review status facilitate information sharing, allocation of work, and alignment of goals.

The benefits of collaboration and partnering extend across the system. Some therapeutic foster care (TFC) agencies, although not directly involved in adoption, collaborate with the LDSS to promote the best interest of the child. Foster and adoptive parents find it helpful when contractors, LDSS and VDSS share information and are willing to get involved in an advocacy role. The LDSS find it helpful when foster care alumni get involved as youth advocates to bring the child perspective into the system.

**Team approach for each child.** A team approach facilitates the adoption process for each child. Early contact between birth parents and adoptive parents helps build trust. When the adoptive parents and the LDSS foster care/adoption worker have a good relationship, or when a contractor is involved and has a good relationship with LDSS workers, the process works better.

Regular meetings such as Family Partnership Meetings (FPMs) that include all of the stakeholders reduce surprises and result in better outcomes, such as more Post-Adoption Contact and Communication Agreements (PACCAs). Meetings can be structured to meet the needs of both the participants and the child, for example attorneys can be allowed to take notes; agreements can be captured, photographed and disseminated immediately at the end of the meeting; meetings can be conducted at critical points such as when Child Protective Services (CPS) brings a child in for care or prior to the five day hearing.

**Contractor resources.** Contractors that have a background in adoption and understand the process can be a huge help to LDSS, providing support in requested areas such as recruitment, assessments, home studies, and preparing the child and family for placement and adoption.



**LDSS resources.** Some LDSS have dedicated trained staff that do quality timely work in-house, either without contractor support or augmented with contract support. In some LDSS it is helpful to have someone dedicated to Family and Interstate Compact for Placing Children (ICPS) to manage placement and adoption across state lines.

**Family resources.** Foster parents that adopt children in their care are a great asset. When the family commits early to stay focused on what is best for the child and to work within the system, the process goes more smoothly. The process also goes more smoothly when families select attorneys that work with DSS, know adoption, and understand family engagement.

**Court resources.** The process works better when the judge understands adoption and there is continuity. The one judge, one family system (except finalization) results in a judge that knows the families and understands the situation.

**Education and information dissemination.** Adoption is more effective when the public is aware of the need for foster care and adoption, and prospective adoptive parents understand that the children eligible for adoption generally are not babies and may need significant support.

**Recruitment of parents.** Both child-specific recruitment and general recruitment to create a pool of interested families were cited as effective practices. General recruitment results in the contractor or LDSS having someone that knows the families, which can be a great asset. There was general agreement among contractors that the best strategy is to have the flexibility to focus on both generalized and specialized recruitment to both have a pool of people with home studies and to do child-specific recruitment. One effective recruiting tool is match events with lots of parents.

**Dual approval of foster and adoptive parents.** Dual approval or licensing foster and adoptive parents to create a pool of people with home studies is very helpful. The Parent Resources for Information, Development, and Education, or PRIDE, program<sup>2</sup> has helped prepare parents. PRIDE is a competency-based training program for prospective parents that is based on the belief that foster and adoptive resource families need to have special strengths, knowledge and skills, as well as a community of supports in order to be successful as foster care or adoptive families.

**Concurrent planning.** LDSS find that concurrent planning for return home and supports for placement minimizes delays to permanency. Identifying adoptive families early helps meet the 24 month goal. Reunification on the paternal side can also be an effective strategy for permanence.

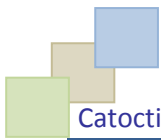
**Subsidies and supports.** Supports including subsidies, services and training were viewed as major contributors to successful outcomes. Parents cited the wealth of training that parents get for therapeutic foster care (TFC) and adoption. Adoption subsidies and benefits for families such as Medicaid, maintenance payments and college support enable many families to adopt. Attachment treatments and service, such as those that used to be provided through the Mary Ainsworth Clinic, were viewed as particularly useful and important.

**Operations.** Data quality has improved and should continue to be a focus. Some offices have implemented locally effective approaches that make some aspects of the current process work well.

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<sup>2</sup> <http://www.cwla.org/programs/trieschman/pride.htm>





Diligence in the family finding/search process can provide diversion and move to permanency quickly. Using checklists for adoption and permanency can ensure that all of the required data is in the file. Being able to process the paperwork without the Adoption Case Number avoids the delay caused by waiting 30 days for the number to be issued. Maintaining a living social history for each child in the system that tracks the child through programs over time can be useful both for the workers and the prospective families.

## 2.2 Barriers and Things that Do Not Work in the Current System

Participants were asked to identify barriers to adoption and things that do not work in the current foster care adoption system and process. The adoption services contractor focus group categorized their ideas into the following categories:

- Family issues
- LDSS process
- Stall to finalization
- LDSS culture
- Grant (contract) administration
- Other

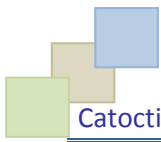
The LDSS focus group was the only group to prioritize the barriers and things that do not work. The results are shown below in priority order with the number of dots each category received in a dot poll:

- Court system, 9 dots
- Process, 8 dots
- Child Protective Service (CPS), 5 dots
- Education and training, 4 dots
- Money and services, 4 dots
- Family and Interstate Compact for Placing Children (ICPS), 1 dot
- Jurisdictional and school issues, 0 dots
- Miscellaneous, 0 dots

The foster/adoptive parents group did not categorize and prioritize their input on barriers and things that do not work. The discussion focused on the following themes:

- Lack of quality information for families
- Lack of a definitive source of current and complete information about children eligible for adoption
- Failure to consider potentially good adoptive parents
- Rules and their interpretation that do not serve the best interest of the children
- Lack of cooperation and communication
- The length of time that the adoption process takes and lack of timeliness

The following items represent the combined input of the three groups, as categorized by the facilitator.



**Delays and lack of common goals in the court system.** Judges often do not understand the adoption process, policies and guidelines, so they may write orders that make it hard to pursue adoption. Judges may not agree on the goals for the child, resulting in them wanting to keep birth parents involved or wanting to keep children in foster care. Attorneys also may not fully understand adoption or share common goals. Concurrent planning can result in claims that return to home was never a serious objective.

The court system is a frequent source of delay and can contribute to Reactive Attachment Disorder (RAD). A second permanency hearing can add six months to the process. On appeal, cases go to Circuit Court. Because Juvenile Court isn't the court of record, the case is retried. The Circuit Court is often slow and it can take considerable time to get a case on the docket, resulting in the potential for changed circumstances that impact the outcome. Individual birth parents and multiple relatives can result in multiple appeals, further delaying the process.

The court tells the foster/adoptive parents to be prepared to send the child home immediately after each hearing. With appeals, there may be numerous hearings. There is no way to shield the child from the uncertainty this causes, thus contributing to RAD.

The courts don't have a process for parents to terminate their own rights. The process must start with a relief of custody. Only the LDSS, not the birth parent, can file for Termination of Parental Rights (TPR), thus resulting in a slow process even when the parties agree.

Other sources of delay include serial rather than parallel paternity testing of multiple named fathers, and family members that petition for custody after TPR.

The State court gives out information like home address and sensitive family data about foster families that can be misused. Foster parents sometimes risk the security of their families by having such information shared with dangerous birth parents.

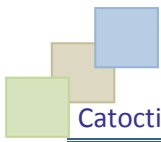
**Lack of common goals and collaboration with Child Protective Services.** CPS doesn't fully understand adoption goals and their potential role in the process. Emergency approval of relatives can be problematic, both because it can take too long and because sometimes relatives are approved who should not have been. Because CPS has 45 days to complete a case and wants the child to be safe, they may not exert as much due diligence as possible to family finding<sup>3</sup> and including extended family and fictive kin. CPS does not do referrals to or participate in FPMs, which makes it hard for the child's team to talk about how the child came into the system.

**Issues with access to and support for adoptive parents.** The pool of adoptive parents is small. There are insufficient families interested in adopting older children with special needs. Some families will not adopt without adoption assistance. Other families give up because the process is so difficult. Some LDSS treat families poorly, seeking ways to eliminate them or making them jump through hurdles.

Potentially good parents are often not considered as prospective parents for a variety of factors including but not limited to race, gender, family size, age, sexual orientation, cohabitation, and divorce. State law allows private agencies to not work with, and hence eliminate from consideration, potential

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<sup>3</sup> Family finding is a relatively recent role for CPS.



parents based on the agency's religious or moral convictions<sup>4</sup>. "Moral character" requirements result in some prospective parents being ineligible to adopt. In some cases, these requirements preclude people who are already successful adoptive parents from adopting additional children. An LDSS is able to turn down a home without talking to the agency that proposed the interested family. There is no transparency for the decision, nor is there a review or appeal process. Some LDSS workers are looking for the perfect family which results in a slow process.

The system does not support multi-directional matching of parents with children. Contractors do not have a way to follow-up with interested parents if they are not interested in a specific child. When the prospective parents have identified a specific child, the parents have little opportunity to sell themselves to the worker that is trying to place a particular child; instead the worker reviews what may be misleading information in the file. Children do not have the opportunity to review and select families.

Foster parents can be an obstacle to adoption. Sometimes they want to keep a child that they do not want to adopt. Some LDSS do not support or encourage TFC parents to adopt because they do not want to lose the family as a TFC resource. Some foster parents do not want troubled children.

One additional point that participants in the LDSS group thought was important is that the system does not provide supports for the birth parents that are available to adoptive parents.

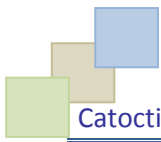
**Insufficient access to quality information.** If a family is looking to adopt, it is hard for them to get good information. There is insufficient clear, good quality information online for families that tells them where to start, how the adoption process works, what to expect during the process, what kinds of issues may arise with the child, etc.

It is hard to determine what children are eligible for adoption. There is no definitive source to learn about children eligible to be adopted. There is no single definitive online register. The AdoptUSKids register has only a small subset of the eligible children and of those that are online, it seems like many don't want to be adopted, already have placements, or are otherwise not eligible for adoption. Some photographs and descriptions are years out of date. Some descriptions are so inadequate that it is unlikely that anyone would express an interest in the child. Sometimes the LDSS has already identified a family for a child prior to posting the child in the registry, resulting in multiple people submitting home studies for the same child through multiple LDSS in other jurisdictions.

A prospective family cannot find out which of the 120 LDSS across the state manages the case for a specific child, so they cannot go to the source to establish a relationship with the worker to learn more

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<sup>4</sup> Under Virginia law only single people, regardless of sexual orientation, and legally married couples are able to adopt; same sex couples are barred from marriage. (A Virginia constitutional amendment in 2006 defined marriage as the union of a man and a woman.) Per the Code of Virginia section [63.2-1709.3](#), relating to child-placing agencies, conscience clause, approved April 9, 2012, "no private child-placing agency shall be required to perform, assist, counsel, recommend, consent to, refer, or participate in any placement of a child for foster care or adoption when the proposed placement would violate the agency's written religious or moral convictions or policies." This allows private adoption agencies to deny placements to parents that conflict with their beliefs regarding age, gender, sexual orientation, disability, religion, political belief and family status.



about the child and be considered as candidate parents. Sometimes the adoptive parents do not get the child's social history at an appropriate point early in the process. Sometimes the parents never get the social history, or they get it after the adoption.

**Lack of common goals or cooperation and team approach.** It is critical that everyone on a child's team support adoption, but the team is so big that there are many opinions and any one person can impede the process. There is no set protocol for dealing with all of the various parties. Partners don't have the same sense of urgency as DSS, of 13 months for a permanency plan. Sometimes contractors brought into the middle of the process want to go back through the entire process, for example to do another home study. Some players, for example Guardians ad Litem (GALs), do not understand and support the role of FPMs in the process, so they do not participate or talk to their clients about them. In some LDSS, attorneys are not allowed to take notes in FPMs, which results in mistrust and lack of understanding by both the attorneys and the LDSS.

It is difficult to engage with the adult correction system for fathers. It is difficult, for example, to share pictures of children, arrange visitation, coordinate services, or coordinate court.

Fear and intimidation are barriers for families. It can be problematic if the family and agency are not working together. The law allows foster parents to petition the court for adoption if they have had continuous placement of the child for at least 18 months and there is TPR. This can be viewed by the LDSS as circumventing their authority, so the LDSS may sabotage the adoption. Some LDSS put families through hoops and make them feel like they have done something wrong. Some families felt they were edged out for participating in a support group or that their ideas were received defensively and rudely.

LDSS agencies from different jurisdictions do not always cooperate or communicate. For example, one county may place the child with a family, and then the home county takes the child away. Agencies do not work together or share information on children who are available. Sometimes there are contentious relationships between the family and LDSS when the family is not from the LDSS jurisdiction; this can be due to territorial issues or because it can cause a travel hardship or overtime for the LDSS worker.

**Lack of consistency and transparency in the process.** Process issues were a major barrier cited by all three focus groups. There is no consistent, standard and transparent process with timelines, so personal opinions and biases come into play. Guidance does not always match the code, for example, when the LDSS makes a decision, yet the code says the court should make the decision. LDSS eligibility workers may not know the rules, for example when an LDSS eligibility worker tells the family that the child is not eligible for adoption assistance when the child is eligible. There are no checks and balances, no third party to go to with issues and disputes.

Each of the approximately 120 different child welfare agencies and private agencies interprets the rules differently. For example, there is no standard process for establishing a child's goals. Some children still have permanent foster care as their goal so they can't seek adoption. Some LDSS do not provide adoption services for children over 18. Contractors have to adjust to the local processes for multiple LDSS. Sometimes contractors want to repeat steps, for example to do another home study, which slows the process.

Lack of transparency causes contractors and families to not understand decisions that are made and to view them negatively. Some LDSS rule families out, not in. The contractors do not know why the families are ruled out, so they can't help them avoid it, resulting in some families giving up.

There is also a lack of consistency at the court level. When the agency is trying to place a child with relatives, the foster parent can petition for custody. Cases are handled on a case by case, locality by locality basis with little standardization.

**Rules that make little sense or do not serve the best interest of the child.** Often the rules or how they are interpreted do not seem to make sense or serve the best interests of the child. The system and forms are not fatherhood friendly; the process doesn't focus on the paternity side. The new adoption assistance paperwork/forms require families to hire an attorney, but many families won't hire an attorney.

Children are not well served when there is a focus on reunification or placement of children without common sense, adequate preparation, or looking at the needs of the children. Agencies split up siblings even though there are prospective families with home studies that want siblings. Disruptive adoptions can result from a variety of situations, such as when a child is moved into an adoptive family without even meeting the family, the LDSS worker pushes for adoption immediately, or LDSS changes the goal from adoption to permanent foster care because the foster family will not adopt. Some children have many placements before they are adopted or age out of the system. Foster/adoptive parent participants told stories of children with 8 to 10 placements, and one child with 21 placements by age 10. Numerous placements result in children with RAD.

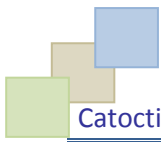
Ongoing efforts to identify kinship families can result in identification very late in the process of a kinship family that has no relationship with the child. This can disrupt the process of the child bonding with the adoptive family with which he or she is placed.

Some rules are antiquated. The adoption form asks if the child is illegitimate. Closed adoption puts the child at odds with the adoptive parents and does not make sense in today's internet technology world which facilitates locating and connecting with people on Facebook, etc. The child may want some contact with their birth parents, resulting in an incentive to go against the adoptive parents' wishes. Even when there is a PACCA, it is only as good as the adoptive parents' implementation of the agreement after adoption. Changing the child's birth certificate to reflect the adoptive parents makes no sense.

**Obstacles and changed circumstances that arise due to delays in the process.** There are many opportunities for delays, and delays can lead to additional obstacles and changed circumstances. It takes time for a relative to get approved, during which time the child is in foster care. Family finding can result in a flurry of activity when the child's goal is changed to adoption. This slows the process down and gets a lot of people with new perspectives involved.

When a family is ready to adopt, the process is lengthy and there is fear at every step that that step could be a show stopper that prevents the adoption. Children can be in care for a long time before TPR and TPR can take a long time. Even when everyone knows the child will not go back to the birth parents, TPR takes two years. After there is a signed adoption agreement, there is sometimes a stall to finalization. When finalizing the adoption, LDSS must wait for 30 days to file for a Virginia Adoption Case Number, which must go on the Report of Investigation.





**Jurisdiction and school issues.** Jurisdiction issues can result in school and transportation problems for the child, families, and LDSS workers. There can be disputes about who pays for day school and which school the child should attend when an adoption crosses jurisdiction lines. If the custodial LDSS was paying for school and the adoptive LDSS will not pay until the adoption is final, then there can be problems when the child moves into the adoptive home prior to the adoption finalization. Either the child must continue to attend the school in the custodial jurisdiction, which can cause major transportation and logistical problems, or the adoptive family must take on the financial burden of paying for school in their area.

Sometimes the school in the custodial jurisdiction advocates for the child not leaving the school. This can result in the pre-adoptive parent that wants to bond with the child being in conflict with the school system. Conversely, some schools in the adoptive jurisdiction use the Best Interest Determination (BID) process to refuse to let a child attend the school. Participants indicated that while this occurs, it is not a legitimate use of BID, and is not in the child's best interest. When a school uses the BID process to keep a child out, the child continues to attend the old school, which may be quite far from the adoptive parents. These situations result in high transportation costs and disruption to the child and the family due to the time involved, logistics, etc.

Similar hardships can arise regarding services. Sometimes an adoptive parent may have to provide transportation to the old psychiatrist (or other service) some distance away because there are no local options. Custodial LDSS workers may have to visit the adoptive home, resulting in a travel hardship.

**Issues with adoption subsidies and services.** The system has an incentive to keep a child in foster care rather than to adopt. The Virginia Enhancement Maintenance Assessment Tool (VEMAT) results in higher payments for foster care than for adoption. For teens age 18-21, more funding and longer funding is available for foster care services than for adoption assistance.

Foster care supports are different from adoption supports. The foster care system expects the TFC agency to provide all services, including 24x7 support and case management, with no option or incentive to contract for other needed services. The adoption system provides a subsidy for licensed providers which does not provide 24x7 support and provides little case management. It is an either/or situation with no ability to draw on both systems.

There are limitations on funding. Comprehensive Services Act for At Risk Youth and Families (CSA) funding is tighter and has less flexibility than it used to. As a result, children may not get the quality of services that they did before. Some jurisdictions have used local-only money to provide needed services, but not all areas have local-only money for foster care.

Inadequate services are available for adoption, particularly for attachment and trauma treatment for teens. Sometimes the wrong issue is treated, so parents get frustrated. It is difficult and sometimes impossible to find quality providers who take Medicaid, for example psychiatrists who are trauma informed, and counselors with expertise in play therapy and attachment and trauma. Attachment treatment and services are not readily available now that the Mary Ainsworth Clinic is closed<sup>5</sup>. Services

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<sup>5</sup> The Mary D. Ainsworth Psychological Clinic was a facility sponsored by the University of Virginia, Department of Psychology's Clinical Training Program. The owners decided to split the practice and go their separate ways. As a

are offered by two doctors that were with the clinic, but VDSS does not have a contract for their services.

Some children cannot get the quality of treatment needed for long term improvement; they are not learning skills or healing so they are not able to attach to adoptive families. They get treatment in a residential or group home, get better, are moved into foster care which results in termination of the services that were helping, get worse, go back to treatment in a residential or group home, and continue to cycle.

From a process perspective it is important to predict the child's need for services very early but the LDSS workers do not want to write those needs on the agreement. Not writing them on the agreement can make it difficult to get the services later when they are needed. An adoptive family cannot advocate for a child if they cannot get needed services for the child, and often pre-adoptive families do not have the power needed to obtain the services. Pushing too hard can damage the relationship with LDSS which could jeopardize the adoption.

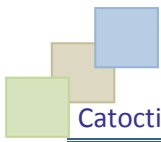
As of October 15, 2013, new subsidy guidance requires that families must disclose their financial resources and negotiate their subsidy. With older children who need a lot of supports, including maintenance, services, health insurance, the cost can be high. Families fear that having to disclose financial resources will result in lower subsidies, which will be a disincentive. The LDSS foster care/adoption worker is supposed to focus on the child, but they also are responsible for negotiating services and the subsidy. VEMAT results in more consistent higher payments than does asking parents what they need, which results in wider variety and generally lower payments. The result is several potential conflicts of interest: the child's need for services versus the state's need to be stretch funding, and the VEMAT rate versus the family's request. Workers are trained in social work, not negotiation, and they are in fairly junior roles. As a result they lack the guidance, skills and power to drive the process.

**Insufficient resources and training.** LDSS workers do not understand the role of the adoption services contractors, so it is difficult to establish a partnering relationship between LDSS and contractors. VDSS has not educated LDSS about how to utilize the contractors, and high turnover among LDSS workers further contributes to the lack of understanding. Small LDSS with insufficient resources to make adoption a priority may not have even heard of the contracts, and often do not take advantage of the contractors. Large LDSS often have difficulty figuring out how an adoption contractor can help.

Some LDSS allocate insufficient resources or management attention to adoption, resulting in the LDSS becoming a bottleneck. Increasing workloads and caseloads limit the time LDSS workers have to devote to adoption. A contractor can send a home study for a child (or batch of home studies) to a worker in a small LDSS who doesn't have the time to do it. The worker never gets to the home study or fails to follow-up, resulting in delays that cause the family to give up and the contractor to lose the family.

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result, VDSS terminated their contract with the clinic. According to focus group participants, the clinic is closed. A search on the internet found the Ainsworth Attachment Clinic which provides evaluation, intervention-planning, and intervention-consultation for children from birth through adolescence who have experienced significant challenges or disruptions to their relationships and/or attachment bonds with their parents or other caregivers. This clinic operates under the direction of Robert Marvin, Ph.D., and does not appear to have any linkage with the University of Virginia. See: <http://theattachmentclinic.org/AboutUs/aboutus.html>.



To exacerbate the problem, some LDSS have high staff turnover. Entry level foster care workers get paid less than entry level CPS workers yet they must interact with many systems, including CSA, the courts, and the schools, resulting in high turnover. As LDSS staff change, the new staff need to be trained. Foster care worker typical longevity is two years. This is too short to complete an adoption or to really learn the complex foster care and adoption system. Contractor turnover also results in workers who lack familiarity with the system and process.

Training is limited. Web based training provided by the State is elementary. LDSS can only get funding for adoption conferences for adoption workers, not for supervisors or CPS. In some jurisdictions, DSS attorneys don't know adoption or understand the DSS point of view, which puts them at a disadvantage when dealing with family attorneys that know adoption.

**Limitations in the structure and administration of the adoption service contract.** The current contract structure makes it difficult to provide full support for adoption or for contractors to collaborate. For example, it is difficult to do general recruitment to create a pool of parents or to work with a child before TPR because the contractor does not get credit for work prior to TPR. This structural problem leads to some LDSS perceiving that contractors have provided few matches, that they do poor work and just "want to check the box."

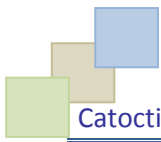
Contractors feel undervalued. A consultant at the State level alienated people, set contractors up in competition with each other, reduced cooperation, and set a negative tone for LDSS. The message that contract agencies are not valuable partners filters from contract administration to the LDSS.

Contract administration and communication with contractors is poor. There have been five contract administrators in six years, each with a different process. The rules change often, sometimes seem capricious and punitive, and are not well communicated. Contractors have concerns about the quality and validity of the data that the administrator is using. The new grants for Adoptive Family Preservation (AFP) and general recruitment are in limbo. They have not been awarded and there is no communication about their status.

Contract holders were not allowed to give input to the new contract cycle because they are potential contractors under the new cycle. The perception was that providing input on how to improve the contract would give current contractors an unfair advantage in the competition for new contracts.

**Perception of the 1,000 Children Campaign.** The 1,000 children campaign was mentioned in the contractor focus group where there were misconceptions and misinformation about the campaign. The view was expressed that there were not 1,000 children ready for adoption when the campaign was initiated and that a sensible definition of a match was not being used. (The definition being used was not common knowledge among the participants.) There was a perception that agencies had to jump through hoops and do misleading reporting to support a political process for publicity.

**Issues when boundaries extend beyond the State.** The Interstate Compact for Placing Children (ICPC) results in delays of eight months or longer when an adoption crosses state lines. The case must go from the local level, to the state level, to the second state level, to the local level in the second state. Virginia requires relatives to go through resource training. This can take a long time given logistics and scheduling of the training. During the delay, a change in circumstance may result in the placement no



longer being in the child's interest. Some states require that the home study be done by a governmental agency rather than a private agency. Having an LDSS redo a study done by a private contractor can result in a delay. The federal ICPC rules lack clarity and are subject to interpretation, which can also cause issues. And if a family moves across state lines during the adoption process, the process may need to start over.

Immigration issues also complicate adoptions. Children cannot be placed with relatives who are not in the country legally. If immigrant parents are deported, the child cannot be adopted if the child is not in the country legally<sup>6</sup>. The LDSS has to hire attorneys with specialized expertise who understand adoption, immigration, and the needs of the children. The legalization process takes so long that the LDSS often must file for extensions of adoption support.

## 2.3 Ideas for Improvement

Participants were asked to identify ways to address the barriers and improve the current foster care adoption process, including changes to both the VDSS system and other related systems.

In prioritizing their ideas for improvement, the adoption services contractor group felt that if the contract administration issues were addressed, that the family issues, delays in finalization, and LDSS culture barriers and problems would take care of themselves. As a result, the categories that they called LDSS Collaboration and Policies and Procedures were viewed as equally high in importance. These ideas addressed:

- Changing the culture and practices throughout the system to collaboration among contractors and LDSS.
- Educating LDSS about the adoption services contract and providing guidance on how to capitalize on contractors' strengths and take advantage of the resources and services available through contractors.
- Changing the structure of the contract to encourage collaboration and provide support prior to TPR.

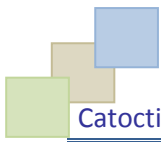
The contractor group's remaining categories were ranked in decreasing priority order as: Best Practices, System Changes (i.e., changes to other systems), and Resources.

The LDSS group categorized and prioritized their ideas for improvement as follows:

- Worker support – 10 dots, which focused on training, workload and resource issues in LDSS
- Services and funding – 6 dots, which addressed access to needed services and parity in subsidies among birth parents, kinship families, foster families, and adoptive parents
- Process/documentation – 5 dots, which focused on streamlining forms and OASIS (the software system used by LDSS) and improving access to social history data
- Looking at adoption in a different way – 5 dots, which included modernizing the process, doing more open adoptions, involving youth, and understanding the motivation of adoptive parents

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<sup>6</sup> Although this may not be accurate, it was the understanding stated by a focus group participant.



- Educate partners – 4 dots, which included communication with and education for partners such as attorneys and judges, and approaches to streamline the court and appeals process
- Miscellaneous – 0 dots, which included several ideas related to the school system

The foster/adoptive parents group did not categorize and prioritize their ideas for improvement. The discussion focused on the following themes:

- Improve the quality and detail of information online about adoption in general.
- Improve the currency, accuracy, and completeness of information available online about individual children eligible for adoption.
- Implement an online registry of parents seeking to adopt for use by adoption workers and children.
- Reverse regulations that enable discrimination against parents and instead take advantage of the differences.
- Streamline the process and provide timely training.
- Improve collaboration and communication, including establishing an adoption ombudsman and a child advocate.

The following items represent the combined input from the three groups as categorized by the facilitator.

**Change culture to cross-system collaboration.** Strengthen the collaborative network and change the culture at the state and local level to collaboration. This requires policy changes, education, and a shift in priorities. From the top down, the message should be strengths-based collaboration, not competition. VDSS should facilitate relationships among contractors, regional specialists and LDSS directors. Treat families and children as part of the team.

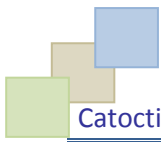
Redefine or clarify the roles of partners in the collaboration process. Educate all of the players on their roles across the system, and how each partner contributes. Shift the focus of CPS to a continuum of care and permanency for each child and encourage their participation in FPMs. Engage the school system and bring them into FPMs before adoptive placement. Define the role and boundaries of the Court Appointed Special Advocate (CASA) and GAL workers. Engage systems on the paternal side including education, forms, and practices.

Conduct regular partnering meetings with contractors and LDSS where they review cases, do referrals, share best practices, and coordinate paperwork. Have one-on-one conversations between the worker placing the child and the prospective family. Encourage LDSS to help each other and utilize contractors for supervisory visits when it makes sense based on geography. Conduct Permanency Driven Roundtables after change of goal to adoption where all key players come together with a neutral facilitator to discuss the barriers to moving forward, make assignments, and provide accountability. Revitalize the Virginia Children's Services System Transformation partnership model that focused on putting the child's needs first and worked from the perspective that the family knows best. Roll it out beyond the original 13 pilot agencies.<sup>7</sup>

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<sup>7</sup> Per VDSS, this initiative was rolled out to all 120 agencies in 2007 and 2008. The perception expressed in the focus group was that it had only been implemented in 13 pilot agencies.





Establish an adoption ombudsman to find answers and facilitate solutions. Establish a child advocate that knows about all of the children, makes sure the information available on each child is up to date, and advocates for the children. Both roles should be state employees empowered to do what needs to be done, with appropriate access and authority.

**Reverse existing regulations to expand the pool of potential adoptive parents.** Reverse the existing regulations that allow private agencies to not work with certain parents and that preclude adoption by cohabitating unmarried couples. Rather than eliminating families, take advantage of the differences to place children.

**Streamline and modernize processes, forms and data.** Implement the following changes in the process:

- Change VDSS policy to support concurrent planning for return home and adoption.
- Give six months to find a kinship family. After six months, put the kinship track on the same footing as foster parents.<sup>8</sup>
- Streamline the process and create a standard protocol that includes how to handle things like arbitration. Clarify the policy regarding Best Interest Determination (BID), and how or if it applies to adoption. Streamline background checks and other steps that take a lot of time. Look at Florida's process of having workers use portable fingerprint machines and doing instant checks. Separate the pre-adoptive placement agreement from the funding issue and assistance agreement. Do not allow workers to tell parents to take custody, because when they take custody it eliminates access to needed services.
- Review and modernize forms and process. Use a single form for all referrals, and implement it in the supporting IT systems (e.g., Harmony). Involve youth in the improvement process as an integral part of the process, not an afterthought.
- Develop a living social history for each child that provides a single place to go to understand the child's situation. Provide prospective adoptive parents with a thorough social history and details after there is interest in the child, well before the adoption, so they understand the child's history and potential issues.
- Encourage open adoptions.

**Increase funding and access to services.** Increase funding and eligibility for post adoption services:

- For foster to adopt with TFC families, provide access to additional treatment outside TFC. Change the Comprehensive Services Act for At Risk Youth and Families (CSA) policy to provide funding for additional services beyond TFC.
- Change the Office of Comprehensive Services (OCS) policy to provide more flexibility to get the right services by quality providers even if they are not Medicaid providers. Support attachment assessment and treatment services that are trauma informed.
- Give birth parents/families the same supports that are available to adoptive parents.
- Utilize kinship subsidy agreements similar to adoption subsidy agreements.

**Improve the adoption services contract.** Change the adoption services contract to support the entire process including recruitment, family finding, and supervisory visits. Provide reimbursement based on every aspect of the case and the difficulty of the case, and make it possible to divide or share credit

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<sup>8</sup> Per VDSS, federal law prohibits putting kinship on the same footing as foster parents. The view was expressed in the focus group that this would reduce delays and contribute to improvements in adoption outcomes.

when contractors collaborate. Draw on best practices from Federal procurement for involving contractors in systems/contract improvement prior to release of the Request for Proposal.

VDSS should provide structure, guidance, and training on the use of contractors. Develop training with input from the contractors. Educate LDSS about the contract and how to take advantage of contract services; set expectations about use of contractors.

**Explore best practices and new ways of looking at adoption.** Learn from other states, particularly those that are locally administered and state supervised. Involve youth in the improvement process as an integral part of the process, not an afterthought. Conduct research to understand what motivates people to adopt internationally and assess whether there is a motivation that the Virginia state system does not address.

Conduct VDSS-sponsored training and share best practices from other states with LDSS and contractors. Provide full or partial reimbursement for out-of-state travel for training to learn from the best.

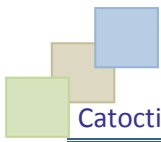
**Provide additional resources and support for workers.** Provide additional support for LDSS workers. Provide additional and timely training. Provide training to support new policies and processes prior to implementation for all LDSS. For example, provide training to LDSS on negotiation skills, VEMAT, and the adoption subsidy. Provide ongoing training for LDSS new hires. Train families and LDSS workers together. Provide training to CPS on a redefined role that focuses on a continuum of care for the child.

VDSS should consider putting foster care and adoption workers on the same level as CPS workers (level 3 rather than level 2). Provide additional resources to address workload issues and provide resources for family finding. Have dedicated LDSS workers who do ICPC and know adoption (to avoid today's attitude of they aren't our children). Consider increasing the number of judges.

**Educate partners.** Conduct a communication initiative with partners that gives the children faces and articulates the roles of the various partners in achieving the goals for each child. Educate attorneys on the policy regarding permanency. As a joint effort between VDSS and the Virginia Court Improvement / Best Practice Courts, provide training and retraining. Provide online training resources such as a FAQ (Frequently Asked Questions) and webinar on negotiation of adoption subsidies.

**Facilitate changes to other systems.** Facilitate changes to related systems. Within the court system, make Juvenile and Domestic Relations Court a court of record. Streamline the appeals process for change of goal and termination of parental rights. Give priority for adoption on the court docket or provide other ways to get on the docket earlier. Limit continuances that cause prolonged delays and educate judges on the impact delays have. Establish a process that enables the LDSS and birth parents to file for TPR jointly.

**Improve public awareness and access to information.** Increase public awareness of the need for foster care and adoption. For parents that might be interested in adoption, provide good quality, detailed information online that tells the truth about adoption, that sets realistic expectations and include information on RAD. Use Oregon's website and the Northwest Adoption Exchange as models/sources of good ideas. Publish metrics, including but not limited to children needing homes, children that want homes, and timeliness.



Improve online information to have a definitive, high quality single source for information on children, families, metrics, and status. Post complete current information on all children. Level the playing field by having good, current photographs and descriptions of all children. In an area accessible to contractors, LDSS workers and children eligible for adoption and seeking families, post complete current information on families with pictures and information on what they have to offer. Turn the system around to enable children to participate by reviewing family profiles and identifying families that interest them.

Implement a mechanism for all stakeholders to send suggestions online and to have the suggestions be considered.

**Improve information technology.** Improve the IT infrastructure to share data, streamline processes, and focus on user feedback and requirements. Improve information online, both for use by the public and more detailed and sensitive information for use by LDSS workers, contractors, families and children seeking families. Use tools such as email lists and web and mobile collaboration tools to enable state-wide collaboration across the system and stakeholders.

Implement improvements in OASIS. CPS demographics should populate into foster care. Use a single form for all referrals, and implement it in the supporting IT systems (e.g., Harmony).

### 3 Facilitator Observations and Recommendations

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This section presents the facilitator's view on the results of the focus groups, including observations about the process, and synthesis of the ideas for improvement into a set of recommendations.

#### 3.1 Observations on the Process

The facilitator enjoyed meeting the participants and hearing their views. People care passionately about foster care adoption in Virginia.

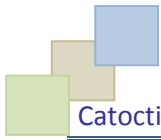
Possible areas for future exploration include:

- **Involve children.** Solicit the views of children who are either in the system currently or have recently exited the system either through adoption or aging out
- **Expand participation.** Provide additional opportunities for input and participation by people who were unable to participate in the focus groups. This could be done via an online survey or targeted facilitated sessions that focus on particular areas of interest.
- **Conduct targeted projects.** Conduct one or more targeted improvement projects that work out the details of selected recommendations. Utilize a facilitated process that involves LDSS workers, contractors, parents, children and other partners and stakeholders as appropriate.

## 3.2 Recommendations for Improvement

The recommendations below represent the facilitator's view based on knowledge derived from the input provided by the focus group participants. They have not been informed by research or in-depth analysis of the issues.

- **Culture of collaboration.** Create a culture of cross-system collaboration and communication that includes education and dialog to develop a common understanding of goals, opportunities to resolve situations in which goals of different partners and stakeholders conflict, and structural incentives to collaborate in the best interest of the child. Align CPS and adoption goals and priorities regarding family finding.
- **Training.** Provide ongoing timely training as needed for all partners and stakeholders. Provide training prior to policy, process and system changes. Capitalize on opportunities to facilitate collaboration and understanding among partners and stakeholders including CPS, judges, GALs and attorneys.
- **Information.** Improve the information available to support adoption, including the public information online about the process and expectations, the child registry, a parent and family registry, living social histories for each child, and focused training modules.
- **Families.** Embrace families and potential adoptive parents throughout the process so they are viewed as valued partners. Capitalize on individual differences to match children with parents that will provide loving homes and permanence.
- **Adoption services contract.** Change the structure of the adoption services contract to support the entire process, provide reimbursement based on the support provided and the difficulty of the case, and facilitate collaboration. Involve contractors in systems/contract improvement prior to release of the Request for Proposal. Train LDSS workers in the scope of the contract and how it can help them achieve goals. Consider expanding the funding and number of contractors to provide additional support for LDSS.
- **Supports and subsidies.** Explore providing supports to birth parents that are available to adoptive parents. Align foster care and adoption supports to remove the inequities and disincentive to adopt. Review subsidies to provide needed services for individual children and equity across the state.
- **Services.** Provide the flexibility needed to obtain the right high quality services to meet the individual needs of each child. Contract for high quality attachment and trauma treatment and services.
- **Subsidy negotiation.** Change the policy to assign negotiating subsidies to someone with negotiating skills and authority, possibly a supervisor with negotiation training, and enable the adoption worker to serve as an advocate for the child in the negotiation.
- **Children's voice.** Involve children throughout the process. Adopt the axiom of the disability community of "nothing about us without us." Review the process from the perspective of the child to minimize fear and uncertainty that contributes to RAD and to increase the child's influence in the process, particularly for older children. Enable children to participate in selecting families.



- **Best practices and modernization.** Research best practices from other states and motivations of adoptive parents. Modernize the process based on learning and input from key stakeholders.
- **Courts.** Streamline the court system and the appeals process. Explore making Juvenile and Domestic Relations Court a court of record. Find ways to get on the docket faster and minimize the uncertainty for the children.
- **Safety.** Protect the identity and security of adoptive families.
- **Open adoption.** Support open adoption when appropriate.
- **LDSS worker.** Review the LDSS foster care/adoption worker job position and make any adjustments in level and pay necessary to ensure parity with CPS and other workers with jobs of similar complexity and requirements.