



COMMONWEALTH of VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
Office of the Commissioner

Margaret Ross Schultze
COMMISSIONER

December 1, 2017

MEMORANDUM

TO: The Honorable Terence R. McAuliffe,
Governor of Virginia

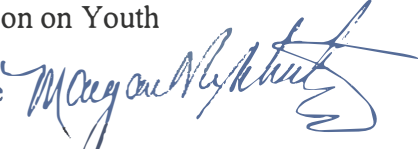
The Honorable S. Chris Jones, Chairman
House Appropriations Committee

The Honorable R. Steven Landes, Vice Chair
House Appropriations Committee

The Honorable Thomas K. Norment, Jr., Co-Chair
Senate Finance Committee

The Honorable Emmett W. Hanger, Jr., Co-Chair
Senate Finance Committee

The Virginia Commission on Youth

FROM: Margaret Ross Schultze 

SUBJECT: Report on Pilot Program – Temporary Placement of Children in Crisis

I am pleased to submit the Department of Social Services' report on the evaluation findings and recommendations of the pilot program implemented in the area encompassing Planning District 11 (Amherst, Appomattox, Bedford, Campbell Counties and the City of Lynchburg) for the temporary placements of children for children and families in crisis. If you have questions or need additional information concerning the report, please contact me.

MRS:cp

Attachment

REPORT ON PILOT PROGRAM - TEMPORARY PLACEMENT OF CHILDREN IN CRISIS

Preface

In the 2016 Legislative Session of the Virginia General Assembly (Acts of Assembly, Chapter 732, Item 339#1c, p.129), the Virginia Department of Social Services (VDSS) was directed to establish a pilot program to partner with Patrick Henry Family Services in Planning District 11 for the temporary placements of children in families in crisis and report its findings and recommendations. The legislation provided the following study guidance:

L.1. The Department of Social Services shall establish a pilot program to partner with Patrick Henry Family Services in Planning District 11 for the temporary placements of children in families in crisis. This pilot program would allow a parent or legal custodian of a minor, with the assistance of Patrick Henry Family Services, to delegate to another person, by a properly executed power of attorney, any powers regarding care, custody, or property of the minor for a temporary placement for a period that is not greater than 90 days. This program would allow for an option of a one-time 90 day extension. Prior to the expiration of the 180 day period, if the child is unable to return to his home, then Patrick Henry Family Services shall contact the local department of social services and request an assessment of the child and an evaluation of services needed and to determine if a petition to assess the care and custody of the child should be filed in the local juvenile and domestic relations court. DSS shall ensure that this pilot program meets the following specific programmatic and safety requirements outlined in Virginia Administrative Code § 22 VAC 40-131 and § 22 VAC 40-191.

2. The Department of Social Services shall ensure that the pilot program organization shall meet the background check requirements described in Virginia Administrative Code § 22 VAC 40-191. The pilot program organization shall develop and implement written policies and procedures for governing active and closed cases, admissions, monitoring the administration of medications, prohibiting corporal punishment, ensuring that children are not subjected to abuse or neglect, investigating allegations of misconduct toward children, implementing the child's back-up emergency care plan, assigning designated casework staff, management of all records, discharge policies, and the use of seclusion and restraint pursuant to Virginia Administrative Code § 22 VAC 40-131-90. In addition, the pilot program organization shall provide pre-service and ongoing training for temporary placement providers and staff pursuant to Virginia Administrative Code § 22 VAC 40-131-210 and § 22 VAC 40-131-150.

3. The Department of Social Services shall evaluate the pilot program and determine if this model of prevention is effective. A report of the evaluation findings and recommendations shall be submitted to the Governor and Chairmen of the House Appropriations and Senate Finance Committees, and Commission on Youth by December 1, 2017. (2016 Virginia Acts of Assembly, Chapter 732, Item 339#1c, p.129)

This study was prepared by VDSS Division of Family Services staff. VDSS extends special appreciation to Patrick Henry Family Services (PHFS) and VDSS Division of Licensing Programs – Child Welfare Unit for their assistance and cooperation with this report.

The definitions and terms used in the study are provided in Appendix B.

**REPORT ON PILOT PROGRAM - TEMPORARY PLACEMENT OF CHILDREN IN
CRISIS**

TABLE OF CONTENTS

Executive Summary	1
Study Activities	3
1. Research and Analysis	3
2. Consultation and Assistance	3
Background and Key Issues	3
Findings and Recommendations	5
Conclusion	16
Appendices	
A. Legislative mandate, 2016 Virginia Acts of Assembly, Chapter 732, Item 339 #1c, p.129	17
B. Power of Attorney	18
C. Edge of Care at Intake	21
D. Edge of Care at Discharge	22
E. Definitions	23

REPORT ON PILOT PROGRAM - TEMPORARY PLACEMENT OF CHILDREN IN CRISIS

Executive Summary

In the 2016 Legislative Session of the General Assembly, VDSS was directed to establish a pilot program in Planning District 11 (Counties of Amherst, Appomattox, Bedford, Campbell Counties and the City of Lynchburg) for the temporary placements of children in families in crisis and report its findings and recommendations by December 1, 2017. This pilot program would allow a parent or legal custodian of a minor, with the assistance of Patrick Henry Family Services (PHFS), to delegate to another person, by a properly executed power of attorney, any powers regarding care, custody, or property of the minor for a temporary placement for a period that is not greater than 90 days. Specifically, this program would allow for an option of a one-time 90 day extension. Prior to the expiration of the 180 day period, if the child is unable to return to his home, then PHFS shall contact the local department of social services (LDSS) and request an assessment of the child and an evaluation of services needed and to determine if a petition to assess the care and custody of the child should be filed in the local juvenile and domestic relations court. VDSS shall ensure that this pilot program meets the following specific programmatic and safety requirements outlined in Virginia Administrative Code § 22 VAC 40-131 and § 22 VAC 40-191.

VDSS shall also ensure that the pilot program organization meets the background check requirements described in § 22 VAC 40-191. The pilot program organization shall develop and implement written policies and procedures for governing active and closed cases, admissions, monitoring the administration of medications, prohibiting corporal punishment, ensuring that children are not subjected to abuse or neglect, investigating allegations of misconduct toward children, implementing the child's back-up emergency care plan, assigning designated casework staff, management of all records, discharge policies, and the use of seclusion and restraint pursuant to § 22 VAC 40-131-90. In addition, the pilot program organization shall provide pre-service and ongoing training for temporary placement providers and staff pursuant to § 22 VAC 40-131-210 and § 22 VAC 40-131-150.

As part of its charge, VDSS will examine the use of a power of attorney to delegate parental authority. Virginia statute already allows for limited use of a power of attorney for kinship care cases. However, many other states go further and follow the Uniform

Guardianship and Protective Proceedings Act (UGPPA)¹, which allows a parent to delegate to another person, for a period (usually between six months and one year), any power regarding care, custody, or property of their child. The pilot program will take a similar approach. To accomplish this task, VDSS Division of Family Services consulted the Division of Licensing Programs in evaluating the effectiveness of the program, articulating findings, and providing recommendations.

VDSS acknowledges the intent of concerted efforts to support vulnerable families in the community without child welfare system involvement. These efforts create a medium for meaningful partnerships with community-based providers to offer temporary care for at-risk children in the community. This alternative can facilitate the support and strengthening of families and perhaps prevent at-risk children from being placed into foster care. The potential success of such efforts comes from the ability to recruit volunteers prepared to support vulnerable families over short periods of time, while being attentive to child safety, well-being, and permanency. Vulnerable families benefit from having access to extended community networks and local resources. In turn, the volunteers benefit from the sense of contributing to their respective communities.

VDSS believes in partnering with others to support child and family success in a child welfare system that is family-focused, child-centered, and community-based.² The purpose of the pilot program is to evaluate a short term model of temporary custody for families in crisis to help prevent family disruption and children being placed into foster care. Thus, VDSS has identified the following programmatic and practice recommendations in providing parents with support and respite while children reside in an alternative environment with the ultimate goal of reunification.

Recommendation 1: A more rigorous evaluation of the Safe Families model’s impact on children and families in crisis is needed to justify broader implementation of the program in other communities.

Recommendation 2: VDSS supports the enhancement of family-driven service models, like Safe Families, as a best practice in prevention. Thus, LDSS and other community-based organizations have the opportunity to work together as partners to strengthen the infrastructure and array of local prevention efforts.

¹ Uniform Law Commission. (2017). Uniform Guardianship and Protective Proceedings Act (1997/1998). Retrieved from http://www.uniformlaws.org/shared/docs/guardianship%20and%20protective%20proceedings/UGPPA_2011_Final%20Act_2014sep9.pdf.

² Virginia Department of Social Services. (2017). Virginia Children’s Services Practice Model. Retrieved from <http://www.dss.virginia.gov/about/practice.cgi>.

Study Activities

The findings and recommendations of the evaluation are based on the following research activities.

A. Research and Analysis

VDSS staff reviewed data, reports, and statutes in order to research community-based volunteer programs and models that serve vulnerable families in crisis. Specifically, staff reviewed data and reports outlining the Safe Families for Children (Safe Families) temporary placements of children model. Staff also analyzed information related to licensure exemption, safety and background checks, training for providers and staff, joint custody, and use of a power of attorney to transfer certain parental rights in Virginia. Furthermore, staff examined states that have implemented the Uniform Guardianship and Protective Proceedings Act, which provides that a parent may delegate to another person any power regarding care, custody, or property of a minor. Lastly, to gain a broad perspective on the use and limitations of delegation of parental authority, staff consulted resources including the Uniform Law Commission (also known as the National Conference of Commissioners on Uniform State Laws) and the Grandfamilies State Law and Policy Resource Center.

B. Consultation and Assistance

VDSS Division of Family Services received consultation and assistance provided by the Division of Licensing Programs – Child Welfare Unit. The Division of Licensing Programs is responsible for overseeing the licensure of organizations that conduct child-placing activities, which includes performing home studies, counseling parents, and assessing a child's service and placement needs.³ Specific to the evaluation of the pilot program; licensing staff was consulted regarding the review of applicable laws and regulations, the observance of programmatic and safety requirements, and the articulation of findings and recommendations. This assistance was provided for the duration of the pilot project.

Background and Key Issues

During the 2015 General Assembly Session, Delegate Kathy J. Byron introduced House Bill 2034, which allows a parent or legal custodian of a minor to delegate to another person by a properly executed power of attorney any powers regarding care, custody,

³ Virginia Administrative Code § 22 VAC 40-131.

or property of the minor for a period not exceeding one year.⁴ As detailed in a report to the Governor and the General Assembly from the Virginia Commission on Youth, “Members of the House Courts of Justice Committee reviewed the bill and determined that further study would be appropriate. The Committee passed the bill by indefinitely and requested that the Commission on Youth study the provisions set forth in the bill.”⁵ In response, the Commission on Youth “designed a study plan to consider the implications of various policy options to improve Virginia’s current process of providing parents with support and respite during difficult times while having children stay in a safe environment with the ultimate goal of reunification.”⁶

Upon receipt of public comment, the Commission on Youth approved the following recommendation: “The Department of Social Services shall evaluate the pilot program and determine if this model of prevention is effective. A report of the evaluation findings and recommendations shall be submitted to the Governor and Chairs of the House Appropriations and Senate Finance Committees as well as the Commission on Youth by December 1, 2017.”⁷ Furthermore, in the 2016 General Assembly Session, VDSS was directed via Budget Amendment, Item 339(s) to evaluate the Safe Families model as an alternative to placement in foster care for children in Planning District 11. Planning District 11 encompasses Amherst County, Appomattox County, Bedford County, Campbell County, City of Bedford, and City of Lynchburg.⁸ As directed, VDSS partnered with Patrick Henry Family Services (PHFS) to implement a pilot program that provides short term custody of minors to families involved with the pilot organization.

- Safe Families

Founded in Chicago in 2003, Safe Families is a volunteer-driven model that seeks to support families in crisis. Parents voluntarily place their children with a screened and approved Host Family, for an average stay of six weeks, while other volunteers provide needed resources and services.⁹ A volunteer Host Family is not compensated; however, they are supported by other community members who provide clothing, furniture, or respite care. Referrals to Safe Families come from a variety of sources, including parents, schools, hospitals, LDSS, churches, and other child serving agencies.

⁴ HB 2034 Parental/legal custodial powers; temporary delegation, exemption from licensure for certain agency. (2015). Retrieved from: <http://lis.virginia.gov/cgi-bin/legp604.exe?151+sum+HB2034>.

⁵ Virginia Commission on Youth. (2016). Temporary Placements of Children. Retrieved from: <http://leg2.state.va.us/DLS/h&sdocs.nsf/5c7ff392dd0ce64d85256ec400674ecb/5f90235c319adc2c85257f3300811d00?OpenDocument>.

⁶ Ibid.

⁷ Ibid.

⁸ Virginia Acts of Assembly - Chapter 732. (2016). Retrieved from: <https://budget.lis.virginia.gov/amendment/2016/1/HB29/Introduced/CR/339/1c/>.

⁹ Safe Families. Frequently Asked Questions. Retrieved from: <https://safe-families.org/about/fag/>.

Throughout the placement, Safe Families staff work directly with the referring organization's staff to coordinate care. Safe Families staff work quickly to match children with a Host Family, often placing children on the same day upon receipt and review of a referral. Placing parents maintain full custody of their children and are encouraged to participate in decisions regarding their care. This affords the parents the opportunity to be an active part of their children's lives while working to address the issues that led to the crisis. Lastly, Safe Families offers a level of aftercare support, as the relationship between the placing parent and the Host Family is encouraged after children are returned home. A Host Family is regarded as "extended family," that could offer ongoing support if future crises arise.¹⁰

Safe Families' desired outcomes are the prevention of child maltreatment, deflection of families at risk of entering the child welfare system, and stabilization of families at time of crisis.¹¹ Additionally, Safe Families' "goal is to reunite children with their biological family or legal guardian in a home that is more stable and healthy...Currently, 93% of all families in need who turn to Safe Families for help eventually reunite with their children..."¹² According to the Commission on Youth, "a few states have passed laws to enable Safe Families to operate with guidelines from their respective state department of social services...Other states including Illinois, where Safe Families was founded, permit the operation of the program under the law but have not passed measures that help facilitate the model."¹³

VDSS is evaluating the effectiveness of Safe Families as a short term model of temporary custody for families in crisis. Data regarding practices and outcomes must be collected to better determine how this model impacts the well-being of children and families over time (e.g., exploratory data, observations, and outcomes begin on page 8). Furthermore, it will provide important information to Safe Families, researchers, practitioners, funders, and policy makers about what works to help prevent family disruption and to improve outcomes for families who are known and not known to the child welfare system.

Findings and Recommendations

PHFS served as the pilot organization and implementer of the Safe Families model in Planning District 11. PHFS is a non-profit, inter-denominational Christian ministry that

¹⁰ Ibid.

¹¹ Safe Families. About Us. Retrieved from: <https://safe-families.org/about/>.

¹² Safe Families. Frequently Asked Questions. Retrieved from: <https://safe-families.org/about/faq/>.

¹³ Virginia Commission on Youth. (2016). Temporary Placements of Children. Retrieved from: <http://leg2.state.va.us/DLS/h&sdocs.nsf/5c7ff392dd0ce64d85256ec400674ecb/5f90235c319adc2c85257f3300811d00?OpenDocument>.

provides community-based and residential care services to children and families. VDSS worked diligently with PHFS to establish comprehensive policies and procedures which provided direction and oversight of the pilot program. The policies and procedures governed the following:

- Use of a power of attorney to delegate parental authority. (Text of the acknowledged power of attorney is provided in Appendix B.)
 - Conducting state and national background checks as prescribed in the budget language and outlined in § 22 VAC 40-191. The authority to conduct the aforementioned checks was identified in the Code of Virginia § 19.2-389.
 - Conducting searches of the Child Abuse and Neglect Central Registry and Virginia Sex Offender Registry.
 - Following programmatic and safety requirements outlined in § 22 VAC 40-131.
 - Completing home studies, to include the completion of a written home assessment.
 - Overseeing intake, emergency admissions, and discharges.
 - Monitoring of active and closed cases.
 - Monitoring the administration of medications.
 - Monitoring the transportation of children.
 - Prohibiting corporal punishment.
 - Ensuring the safe and appropriate storage of weapons and firearms.
 - Ensuring that children are not subjected to abuse or neglect.
 - Investigating allegations of misconduct toward children.
 - Implementing a child's back-up emergency care plan.
 - Monitoring contact with placing parents.
 - Assigning designated casework staff.
 - Managing of all records.
 - Use of seclusion and restraint.
 - Facilitating pre-service and ongoing training for temporary placement providers and staff pursuant to § 22 VAC 40-131-210 and § 22 VAC 40-131-150. Blended learning approach to include in-person and online training.
- Data Collection

A pilot specific data tool was created via Microsoft Excel to collect and disseminate monthly statistics. Data elements included what is entered into the Safe Families - National database and data shared with VDSS. The following data elements were captured throughout the duration of the pilot:

Churches and Volunteers:

- Church.
- Number of Current Volunteers.
- Number of New Volunteers.
- Number of Approved Host Families.
- Number of Prospective Host Families.
- Number of Approved Family Coaches.
- Number of Prospective Family Coaches.
- Number of New Child Hostings.
- Number of Current Child Hostings.

Placement Information:

- Date of Hosting.
- Age.
- Gender.
- Race.
- Disability (Yes/No).
- Length of Stay (7, 30, 60, 90, 120, 150, or 180 days).
- Home Structure (Both Parents, Single Mother, Single Father, or Kinship)
- Reason for Hosting (Parent Incarcerated, Parent in Hospital, Child is Disruptive, Respite, Homelessness, Unstable Home, Welfare Investigation, Lack of Support, Family Conflict, Parental Crisis/Violence, Substance Abuse, or Unstable Caregiver).
- Result of Hosting (Returned Home, Added 30 days, Added 60 days, Further Investigation, Needed, Foster Care, Continuation Requested-Incarcerated, Continuation Requested-In Treatment, Continuation Requested-Homeless, Continuation Requested-Hospitalization, Continuation Requested-Unstable Home, and Continuation Requested-Parental Crisis.
- Edge Of Care at Intake (Level 1 - reflects that there were no apparent or immediate risk for abuse or neglect to the child; Level 2 - reflects minimal, but growing, conditions that the family is destabilizing and the children could potentially be at risk; Level 3 - reflects a high level of concern that conditions for the family and children are unstable and on the edge of care; or Level 4 - reflects the highest level of instability for the children and their families) (Further explanation of Edge of Care at Intake is provided in Appendix C.)
- Edge Of Care at Discharge (Level 1 - reflects the highest level of stability for the child(ren) returning home; Level 2 - reflects minimal concerns for the stability of child(ren) returning home; Level 3 - reflects a concern that the conditions or

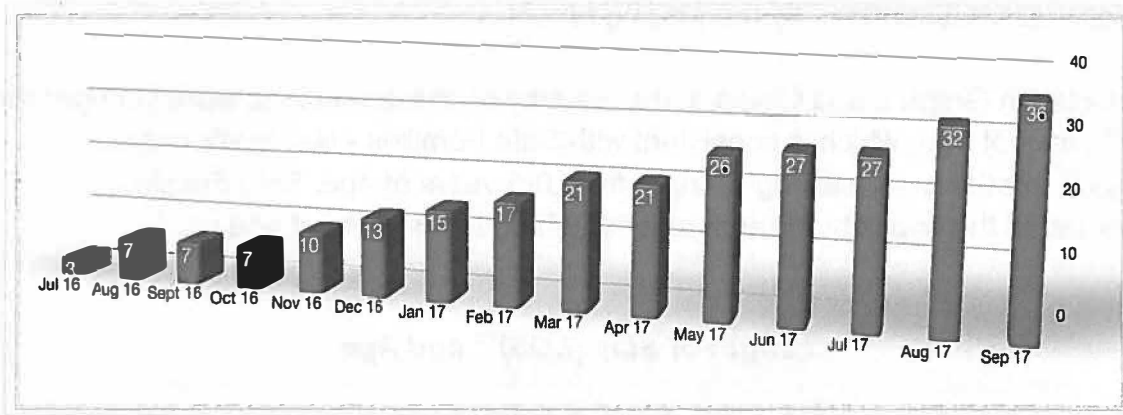
environment the child(ren) are returning to could still be unstable; or Level 4 - reflects the highest level of concern for returning the children home to a safe and stable environment). (Further explanation of Edge of Care at Discharge is provided in Appendix D.)

- Source of Referral (Parent, Counselor, Child Welfare Agency, Relative/Friend, Church, Shelter, Mental Health Service, Hospital, School, or LDSS).

- Summary Data, Observations, and Outcomes

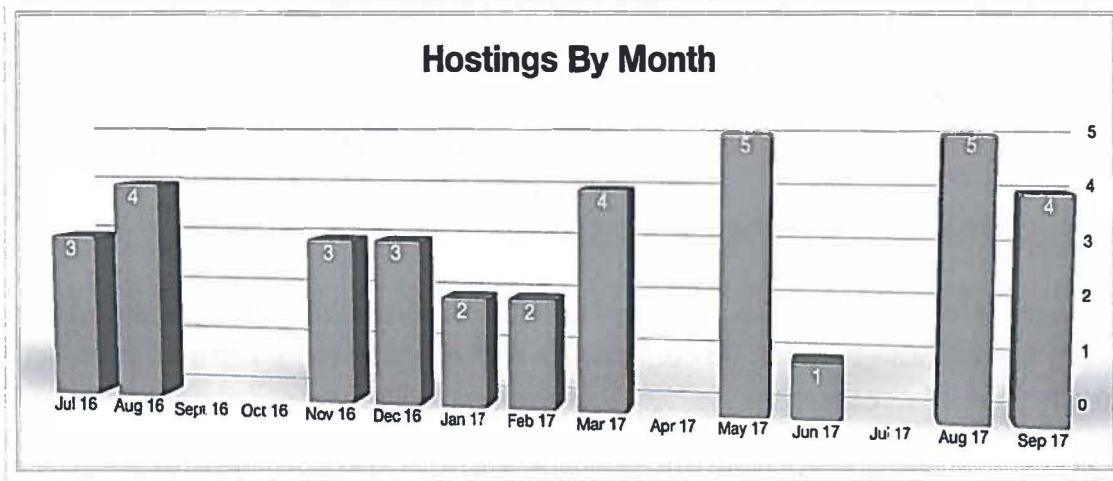
Considering the substantial time dedicated to initial program planning and startup (e.g., identifying the requisite authority to conduct state and national background checks; finalizing the use of a recognized power of attorney; facilitating recruitment and requisite training; and preliminary community outreach and education), the number and scope of observations were limited. Notwithstanding the limitations regarding the data, the evaluation explores the below summary observations and outcomes from July 2016 – September 2017.

Graph 1
Cumulative Hostings



As shown in Graph 1, Safe Families facilitated a cumulative total of 36 hosting arrangements. As expected, and as captured in Graph 2 below, the hosting arrangements increased at a varying pace due to continued program development and ongoing community outreach and education. Nevertheless, Safe Families approved 98 volunteers, of which 16 were approved to serve as a host family. This demonstrated that there were several community members willing to volunteer for supportive roles as Host Families, Family Friends, Resource Friends, or Family Coaches.

Graph 2
Hostings by Month



Below, Graph 3 shows that Safe Families support included the provision of 932 cumulative days of care, with an approximate average Length of Stay (LOS) of 30 days. Three (3) hostings needed the option of a one-time 90 day extension, specifically due to circumstances regarding Child Protective Services (CPS) involvement and homelessness encountered by the placing parent.

As reflected in Graph 3 and Graph 4, the majority of children hosted were younger than five (5) years of age, which is consistent with Safe Families - National's overall findings.¹⁴ In addition to serving children from 0-5 years of age, Safe Families demonstrated the capacity to serve older youth up to 18 years of age.

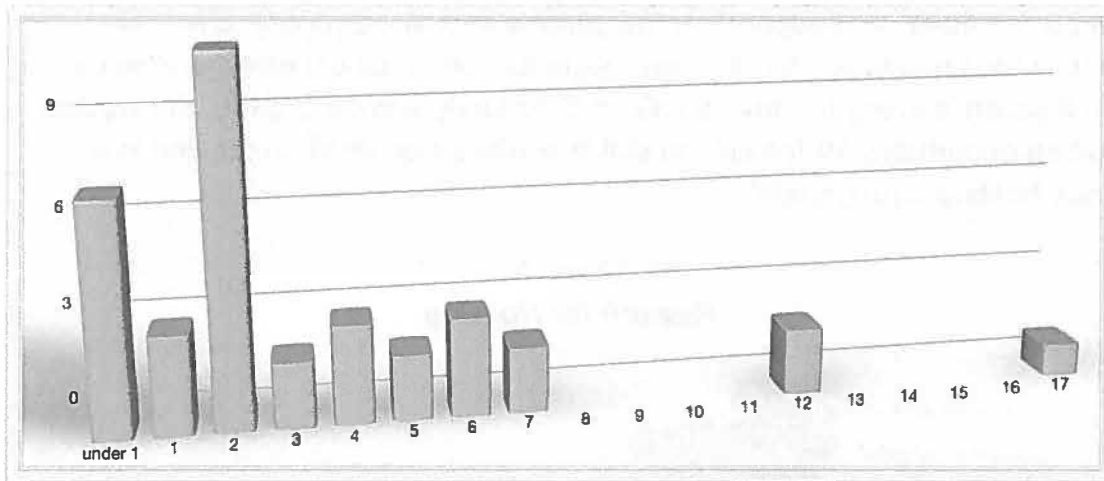
Graph 3
Length of Stay (LOS)¹⁵ and Age

Variable	Days	Mean	Median	SD	Max	Min	N
Length of Stay	932	30.06	12	31.59	132	3	31
Age		3.52	2	3.022	17 years	1 month	36

¹⁴ Safe Families. Our Impact. Retrieved from: <https://safe-families.org/about/impact/>.

¹⁵ Length of Stay (LOS) sample size (N=31), as five (5) children were in active host arrangements upon completion of the report.

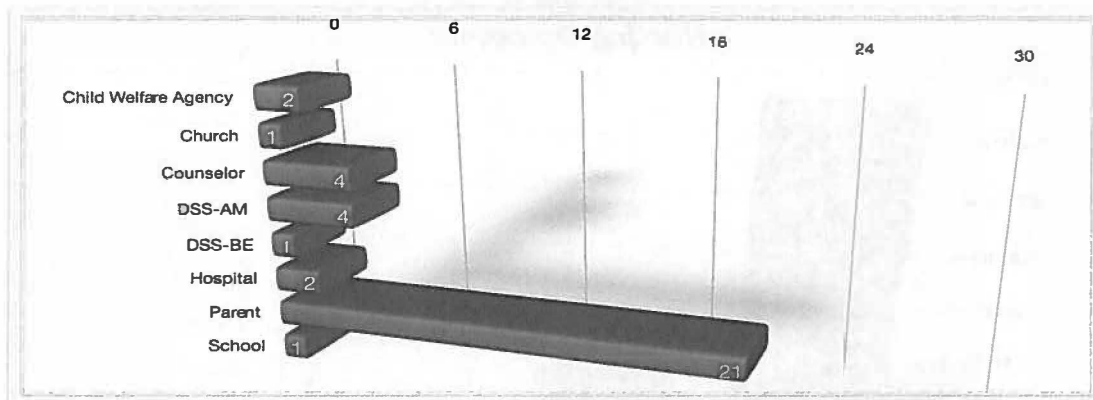
Graph 4
Hosting by Age



Shown in Graph 5, referrals to Safe Families came from a variety of sources, including parents, LDSS, schools, child serving agencies, hospitals, and churches. Extensive community outreach and education efforts were reflected in the broad spectrum of referral sources, which suggests the highly collaborative nature of Safe Families.

Safe Families received a total of 133 intake calls, with 182 children not hosted due to the following reasons: placing parent declined services, placing parent resided outside of the service area, or the child /youth did not meet program criteria (e.g., behavior or medical needs exceeded scope of the program). Capturing this information proved useful in directing placing parents to appropriate supports while also identifying critical service gaps in the community.

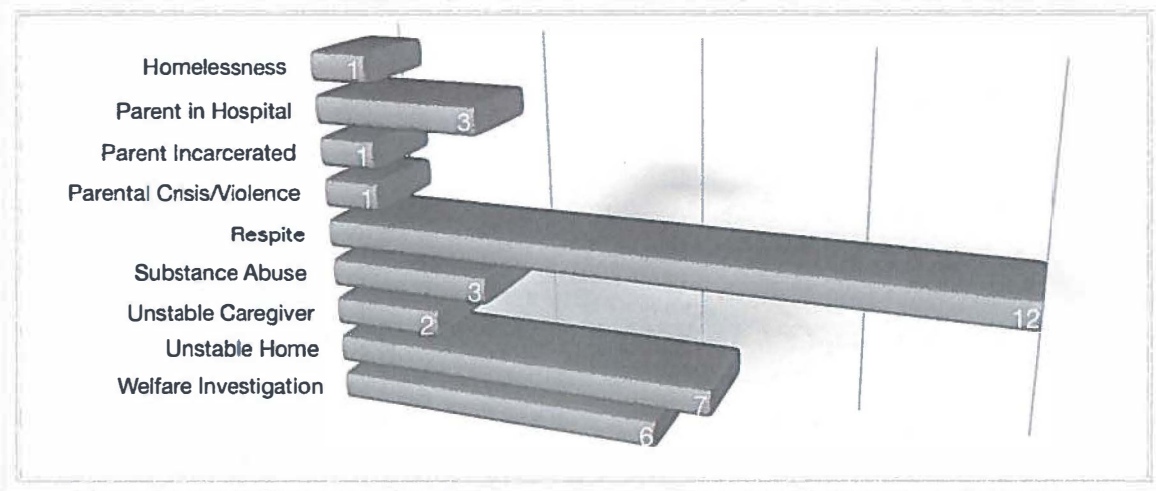
Graph 5
Source of Referral¹⁶



¹⁶ Amherst Department of Social Services (DSS-AM) and Bedford Department of Social Services (DSS-BE).

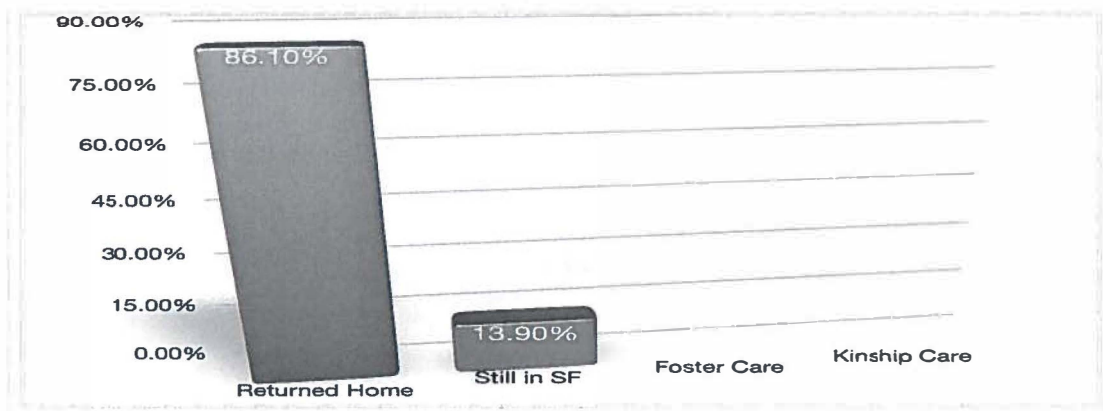
Support from Safe Families was sought for a variety of reasons, including respite, instability in the home, CPS involvement (e.g., investigation or family assessment), substance abuse, parent hospitalization, etc. In the form of respite, Safe Families provided a “breather” and support for the parents in crisis. Similarly, crises like substance use, homelessness, domestic violence, and medical emergencies can weaken a parent’s ability to provide safe and nurturing care; therefore, the support provided an opportunity for families to stabilize while their children resided in a temporary hosting arrangement.

Graph 6
Reason for Hosting



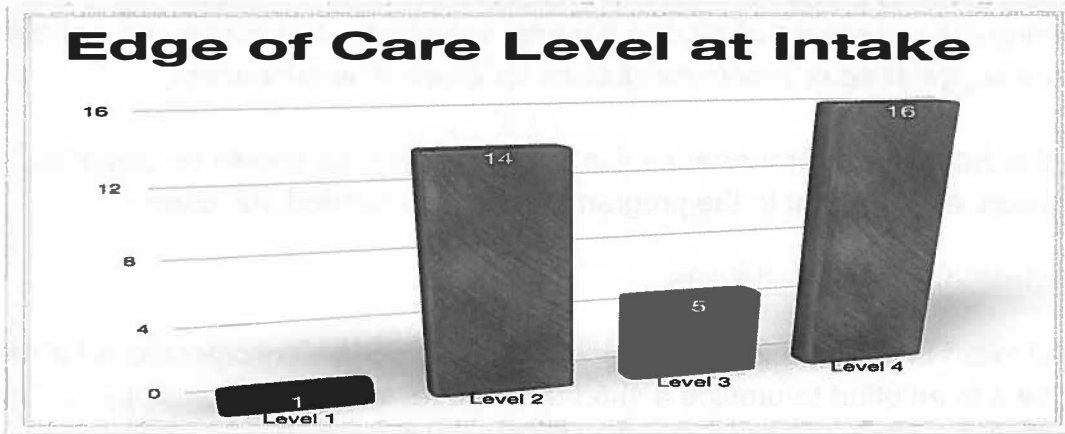
As evidenced in Graph 7 below, no children entered foster care during the pilot, suggesting that Safe Families has the potential to divert children away from child welfare system involvement. However, a greater number of observations are needed to support that this finding is solely attributed to the Safe Families intervention.

Graph 7
Hosting Outcomes



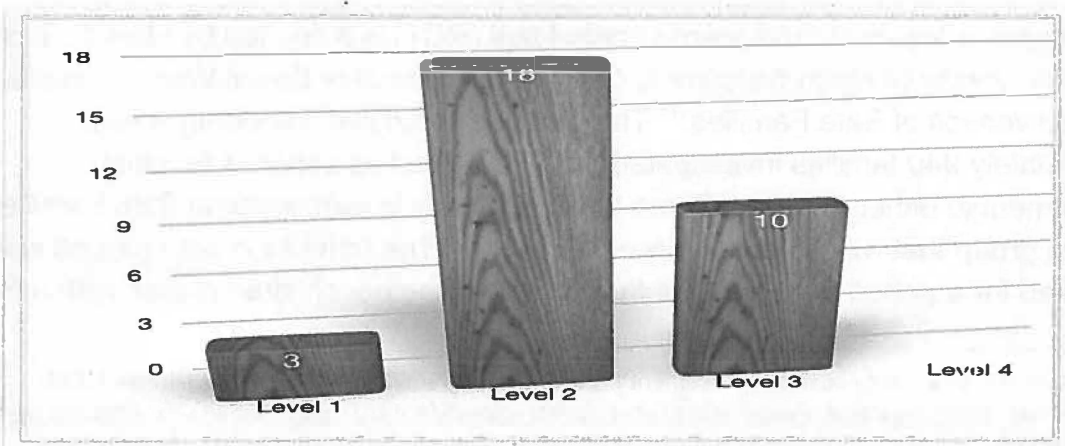
Graph 8 captures the Edge of Care Level at Intake, with a majority of the children encountering the highest level (Level 4) of instability (e.g., active CPS investigation, court referral, etc.) at the point of intake. Additionally, a significant number of families encountered were assessed at Level 2, reflecting minimal, but growing, conditions that the family was destabilizing and the children could potentially be at risk (e.g., homelessness, loss of employment, need for respite, etc.).

Graph 8
Edge of Care Level – Intake



Graph 9 below, suggests that Safe Families can provide suitable support to children, while offering an opportunity for families to stabilize. For those children who were discharged, none of their families were assessed at the highest level of concern (Level 4). Further, a majority of the children at the point of discharge returned with minimal concerns for the stability of the home, potentially without the need for an additional hosting arrangement.

Graph 9
Edge of Care Level – Discharge



Continued refinement of the data elements considered above would increase the likelihood of yielding clear and informative results for further program implementation. Additionally, VDSS staff found that attention should be given to the following qualitative elements:

- Assessing the impact on child safety, well-being, and permanence (e.g., instances and nature of child welfare system involvement; mental health or behavioral functioning; re-referrals to Safe Families, etc.).
- Examining sibling group dynamics (e.g., placement coordination and visitation).
- Exploring the experience of placing parents, volunteers, and community partners to capture suggestions or recommendations for program improvement.

Overall, the data criteria for further evaluation of the program should be objective, unambiguous, and relevant to the program's goals and desired outcomes.

- Considerations for Stakeholders

Although limited in scope, this evaluation highlights important considerations for several stakeholders in an effort to provide a short term model of temporary custody for families in crisis. Based on the evaluation results, VDSS recommends the following:

Recommendation 1: A more rigorous evaluation of the Safe Families model's impact on children and families in crisis is needed to justify broader implementation of the program in other communities.

Data regarding practices and outcomes must continue to be collected to determine how to better support child and families in crisis. Moreover, meaningful evaluation often requires substantial time to observe a program's impact on the target population. This time is essential in collecting a greater number of observations, which will likely yield clear and meaningful results.

For example, a low-cost randomized control trial (RCT) is being led by Mark F. Testa, Ph.D., (University of North Carolina at Chapel Hill, School of Social Work) to evaluate the effectiveness of Safe Families.¹⁷ The proposed study will randomly assign approximately 940 families investigated by child protective services for child maltreatment to either a group offered the opportunity to participate in Safe Families or a control group that will receive services as usual.¹⁸ The families in both groups would be tracked for a period of 12 months to determine whether children placed with a Host

¹⁷ A Low-Cost RCT of a Child Abuse and Placement Prevention Program: Safe Families for Children. (2014). Retrieved from: <http://coalition4evidence.org/wp-content/uploads/2014/07/Safe-Families-for-Children-Summary-July-2014.pdf>.

¹⁸ *ibid.*

Family are less likely to enter foster care or experience subsequent abuse/neglect episodes, compared to children who are served through child protective services.¹⁹ Given the evaluative structure of this approach, with an emphasis on statistical reliability, it may determine whether the observed outcomes are a product of the Safe Families model, rather than provide indications of potential program outcomes. Overall, a more rigorous evaluation of the model's impact is needed to justify broader implementation of Safe Families in other communities.

The sustainability of Safe Families will likely depend on its capacity to support more children who otherwise would have been served by the public child welfare system – primarily LDSS. With an opportunity to serve more families in the existing service area (e.g., Planning District 11), efforts could be directed toward enhancing program capacity, rather than extending its geographical reach. Furthermore, the effectiveness of this model, like any innovative approach to children and families in crisis, will depend on the congruence of support offered to families and their identified needs. Safe Families could further analyze its effectiveness in serving older youth or broadening its approach to volunteer recruitment. As observed, Safe Families demonstrates that there are many community members willing to volunteer for supportive roles; thus, any existing efforts to apply valuable insights or strategies about volunteer recruitment to the broader community could be explored. Lastly, the confidence of Safe Families' to effectively support children and families in crisis will also depend on deliberate attention given to staffing and supervision and continued program assessment and development.

Recommendation 2: VDSS supports the enhancement of family-driven service models, like Safe Families, as a best practice in prevention. Thus, LDSS and other community-based organizations have the opportunity to work together as partners to strengthen the infrastructure and array of local prevention efforts.

Safe Families can function as a valuable support for families whose children are not at risk of being placed into foster care, providing what child serving agencies deem preventive services. Equally, a significant benefit of the model comes from its viability as an alternative for children who may be placed into foster care. This viability exists in the potential benefits to children and families by offering family autonomy, greater community support, and less child welfare system involvement. In addition, incorporation of the model as an alternative support may lessen the reliance on frequently used public funding resources made available through Virginia's Children's Services Act (CSA)²⁰ and the Promoting Safe and Stable Families (PSSF) Program.²¹

¹⁹ Ibid.

²⁰ Code of Virginia § 2.2-5200 et. seq.

²¹ PSSF is authorized under Title IV-B, Subpart II of the Social Security Act, as amended and is codified at SEC.430 through 435 [42 U.S. C. 629a through 629e]. The PSSF program was initially created in 1993 as the Family Preservation and Support Services Program, geared toward community-based family preservation and support. In

Meanwhile, Safe Families could leverage support through individual donors, faith communities, businesses, and family and community foundations.

While PSSF and other funding sources attempt to resolve crises in the home before they arise to the occurrence of maltreatment or foster care placement, many children and families remain in need of services or are unable to utilize available services to mitigate those crises without child welfare system involvement.²² Recently, increased LDSS involvement has been greatly attributed to an escalation in parental substance abuse, with opioid use increasing considerably among parents. In response, VDSS has strongly encouraged family participation in case planning and the involvement of extended family in the care and protection of children. VDSS recognizes and values the importance of developing best practice strategies to prevent or eliminate the need for foster care placement by engaging identified kin and/or fictive kin who can provide short term or long term care for children and youth to prevent abuse and neglect or entry into foster care.

Foster care diversion in Virginia is defined as: “a strategy to prevent foster care placement by engaging caregivers in a process to identify relatives who can provide short term care for their children.”²³ While LDSS have embraced the use of foster care diversion, practice varies widely from community to community. LDSS have different approaches to safety assessments of a kin caregiver’s home, the types and duration of services provided to the family, post-diversion supervision and case management, the transfer of legal custody, and other interventions. Furthermore, VDSS has become increasingly concerned about problematic practice and barriers to good practice in foster care diversion that have come to VDSS’ attention through constituent complaints, department reviews, and advocacy group communications.

Accordingly, VDSS seeks to develop clear and consistent best practice guidance to LDSS concerning diversion.²⁴ Without a comprehensive approach to the enhancement of guidance and practice in this area, VDSS cannot adequately determine the impact on

1997, the program was reauthorized under the Adoption and Safe Families Act (ASFA) and renamed the PSSF Program.

²² Virginia Commission on Youth. (2016). Temporary Placements of Children. Retrieved from: <http://leg2.state.va.us/DLS/h&sdocs.nsf/5c7ff392dd0ce64d85256ec400674ecb/5f90235c319adc2c85257f3300811d00?OpenDocument>.

²³ Virginia Department of Social Services. (2012). Child and Family Services Manual – Overview of Prevention for Practice and Administration. Retrieved from http://www.dss.virginia.gov/files/division/dfs/ca_fc_prevention/early_prevention/manual/section_01.pdf.

²⁴ Virginia Department of Social Services. (2016). Review of Current Policies Governing Facilitation of Placement of Children in Kinship Care to Avoid Foster Care Placements in the Commonwealth and the Recommendations for Regulations Governing Kinship Care Placements. Retrieved from: <http://leg2.state.va.us/DLS/h&sdocs.nsf/5c7ff392dd0ce64d85256ec400674ecb/4fb41c2db6d6ae7685257cc200596c6e?OpenDocument&Highlight=0,kinship>.

important goals and benchmarks relating to child safety, permanence, and well-being. Similarly, this guidance will consider the expressed need from LDSS and other child serving agencies to develop protocols, best practices, and backing of innovative models to support preventive efforts and to enhance public-private collaboration at the local level. Through this collaboration, LDSS and community-based organizations have the opportunity to work together as partners to strengthen the infrastructure for local prevention efforts, while meeting the ongoing needs of children and families within their communities.

Conclusion

Safe Families attempts to address a fundamental challenge for public child welfare systems, as promising and effective models become worthy of greater consideration in supporting children and families in crisis. With increased attention in Virginia on safety, well-being, and permanency needs of all children, greater emphasis is appropriately placed on improving access and delivery of prevention services. Similarly, “families need support in all areas of their lives...education, housing, employment, and nutrition. Families also need support in making connections with neighbors and others in the community...This requires that prevention partners work together to ‘connect the dots’ and ease access, reduce duplication, and link families to high quality resources and support.”²⁵ In response, public and community stakeholders can build strategic partnerships to advance prevention efforts.

This evaluation of a short term model of temporary custody intends to assist Virginia policy makers as they consider how best to offer innovative supports and services to children and families in crisis. As implementation of evidenced-informed models becomes more prevalent in the prevention realm, data regarding outcomes must be collected to better determine how these models impact the well-being of children and families over time. Likewise, “outcomes are clearly important for determining the effectiveness of programs, for understanding ‘what works’, for ensuring the quality of services...”²⁶ With this comprehensive approach to enhancing the array of prevention interventions and supports, attention should also be given to establishing an oversight structure for monitoring, training, and assessment to ensure child safety, well-being, and permanence. All in all, there is more to explore and learn about the benefits and challenges of sustaining and replicating this innovative approach to supporting children and families in crisis.

²⁵ New Jersey Task Force on Child Abuse and Neglect. (2017). Supporting Strong Families and Communities in New Jersey: Preventing Child Abuse & Neglect, 2014-2017. Retrieved from: <http://www.nj.gov/dcf/news/reportsnewsletters/taskforce/SupportingStrongFamiliesandCommunitiesinNew%20Jersey.pdf>.

²⁶ Ibid.

Appendix A:

VIRGINIA ACTS OF ASSEMBLY -- 2016 SESSION CHAPTER 732

Pilot Project - Temporary Placement of Children Crisis (language only)

Item 339 #1c

Health and Human Resources

Department of Social Services

Language

Page 129, after line 36, insert:

"L.1. The Department of Social Services shall establish a pilot program to partner with Patrick Henry Family Services in Planning District 11 for the temporary placements of children in families in crisis. This pilot program would allow a parent or legal custodian of a minor, with the assistance of Patrick Henry Family Services, to delegate to another person, by a properly executed power of attorney, any powers regarding care, custody, or property of the minor for a temporary placement for a period that is not greater than 90 days. This program would allow for an option of a one-time 90 day extension. Prior to the expiration of the 180 day period, if the child is unable to return to his home, then Patrick Henry Family Services shall contact the local department of social services and request an assessment of the child and an evaluation of services needed and to determine if a petition to assess the care and custody of the child should be filed in the local juvenile and domestic relations court. DSS shall ensure that this pilot program meets the following specific programmatic and safety requirements outlined in Virginia Administrative Code § 22 VAC 40-131 and § 22 VAC 40-191.

2. The Department of Social Services shall ensure that the pilot program organization shall meet the background check requirements described in Virginia Administrative Code § 22 VAC 40-191. The pilot program organization shall develop and implement written policies and procedures for governing active and closed cases, admissions, monitoring the administration of medications, prohibiting corporal punishment, ensuring that children are not subjected to abuse or neglect, investigating allegations of misconduct toward children, implementing the child's back-up emergency care plan, assigning designated casework staff, management of all records, discharge policies, and the use of seclusion and restraint pursuant to Virginia Administrative Code § 22 VAC 40-131-90. In addition, the pilot program organization shall provide pre-service and ongoing training for temporary placement providers and staff pursuant to Virginia Administrative Code § 22 VAC 40-131-210 and § 22 VAC 40-131-150.

3. The Department of Social Services shall evaluate the pilot program and determine if this model of prevention is effective. A report of the evaluation findings and recommendations shall be submitted to the Governor and Chairmen of the House Appropriations and Senate Finance Committees, and Commission on Youth by December 1, 2017."

Appendix B: Power of Attorney

Safe Families for Children

The Power of Attorney for the Temporary Placement and Delegating of Parental or Legal Custodial Powers of a Minor.

1. I certify that I am the parent or legal custodian of:

2. I designate _____
(Insert full name, and phone number of designated attorney-in-fact) as the temporary attorney-in-fact of each child listed above.

3. With this agreement, I give you permission to:

- a. Administer prescription and non-prescription medication as medically required. _____ (initial)
- b. Seek emergency and nonemergency medical care for my child on my behalf (be the power of attorney for health care). This includes routine medical visits, diagnostic evaluations, inpatient and outpatient hospitalizations, etc. My child's insurance information is _____ (insurer), _____ (ID#). A copy of my insurance information is provided. I agree to be responsible for any medical costs that are not covered by my insurance.
- c. Discipline my child in a firm and consistent manner, utilizing individual talks, removal of privileges, or any other non-physical punishment appropriate for his/her development level. Spanking or any other forms of physical punishment are not allowed.
- d. You may take a picture of my child for publication purposes. _____ (initials)
- e. You may take my child out of state for a trip or a vacation with notification when this happens. _____ (initials)
- f. I authorize Patrick Henry Family Services/Safe Families staff to communicate (receive and exchange information) with (Safe Family parent(s) named above) and any service providers I am involved with confidential information for the purpose of coordinating and optimizing the services provided to me and my child(ren). _____ (initials)
- g. I delegate to the attorney-in-fact all my power and authority regarding the care, custody, and property of each minor child named above, including the right to enroll the child in school, the right to inspect and obtain copies of education records and other records concerning the child, the right to attend school activities and other functions concerning the child, and the right to give or withhold any consent or waiver with respect to school activities, medical and dental treatment, and any other activity, function, or treatment that may concern the child. This delegation shall not include the power or authority to consent to marriage or adoption of the child, the performance or inducement of an abortion on or for the child, or termination of parental rights to the child. _____ (initials)

4. I do not delegate responsibility to sign for special education evaluations nor the implementation of individualized education plans (IEP's) or section 504 Plans.

5. I understand that plans to visit my child while he/she is with a host family will be arranged through my Family Coach, or through my direct communication with the host family. I understand that I have the right to and am encouraged to visit my child frequently, but that visits should be arranged at least forty-eight hours (48) in

advance. I also understand that I am free, and encouraged, to have regular contact with my child through telephone calls and/or emails.

6. I agree to try and give forty-eight (48) hours advance notice of any request for my child to be returned to me for preparation and arrangements of his/her return to my care. I will have an approved car seat (if applicable to my child's (ren's) age) in which to transport my child (ren) by car. I will share with my Family Coach my plan for my child's (ren's) care upon his/her return to my care.

7. I acknowledge that you are offering this service to me out of a spirit of charity, generosity and compassion as a volunteer of _____ (the church) in coordination with Patrick Henry Boys and Girls Plantation, Inc., which are both charitable organizations, and that you are not being paid for this act of kindness. I acknowledge that my child (ren) and I are beneficiaries of these charitable organizations. Because I know that accidents happen, I agree on behalf of myself, my children, and the rest of my family, that none of us will hold the host family, Patrick Henry Boys and Girls Plantation, Inc. (PHFS), Safe Families for Children (SFFC), or _____ (the church) responsible for any accidental injury or losses of any kind that we (my child(ren) and/or myself) may suffer or incur as a result of our family's participation or involvement in the Safe Family program or the stay in your home. I further agree to indemnify and hold harmless the attorney(s)-in-fact named herein, PHFS, SFFC, and _____ (the church) for any damages, claims, causes of action, choice of action, right of action and/or any liability whatsoever incurred as a result of this Power of Attorney. I understand that you cannot guarantee the safety of my child and I further agree to assume any risks with my child while staying in your home. _____ (initials)

8. This power of attorney is effective for a period not to exceed one hundred eighty days (180), beginning _____ (insert date) and ending _____ (insert date). I reserve the right to revoke this authority at any time. _____ (initials)

(Signature of parent/legal custodian) _____ (Date) _____

(Signature of parent/legal custodian) _____ (Date) _____

9. I hereby accept temporary custody and the terms and limits of this agreement outlined above.

(Signature of attorney-in-fact) _____ (Date) _____

**CITY OF LYNCHBURG
COMMONWEALTH OF VIRGINIA**

The foregoing Affidavit was acknowledged before me this ____ day of _____, 2017, by _____, the parent or legal custodian of _____, _____, _____.

NOTARY PUBLIC

Notary Registration Number: _____

My Commission Expires: _____

**CITY OF LYNCHBURG
COMMONWEALTH OF VIRGINIA**

The foregoing Affidavit was acknowledged before me this ____ day of _____, 2017, by

_____, the attorney-in-fact.

NOTARY PUBLIC

Notary Registration Number: _____

My Commission Expires: _____

Revised March 2017

Appendix C: Edge of Care at Intake

Edge of Care - Intake

Level 1:	Level one reflects that there were no apparent or immediate risks for abuse or neglect to the child. Parent or Guardian appears to be stable and shows no concern for future instability. The hosting was a result of circumstances that were non-threatening to the safety and support of the child and family. Examples could include, but are not limited to: military deployment; illness; short term hospitalization
Level 2:	Level two reflects minimal, but growing, conditions that the family is destabilizing and the children could potentially be at risk. At this level the parents or guardians are unable to control the adverse factors affecting their lives and the lives of their children. Many of these families would be on the edge of crisis and would lack the ability or resources needed to correct it. Examples could include, but are not limited to: homelessness; job loss; stress; depression; prolonged illness; need for respite
Level 3:	Level three reflects a high level of concern that conditions for the family and children are unstable and on the edge of care. The parents or guardians either can't provide an environment that is both safe and secure for the family. It is in these situations that outside intervention must take place to protect the children and stabilize the family. Examples could include, but are not limited to: incarceration; drug rehabilitation; poor living arrangements
Level 4:	Level four reflects the highest level of instability for the children and their families. Parents or guardians have made repeated choices that could potentially endanger the safety and well-being of their children and themselves. At this level it is obvious that immediate intervention needs to take place in order to provide a safe and protective environment for the children and their family. Examples could include, but are not limited to: open CPS investigation; Court/Judge referral; counselor referral

Appendix D: Edge of Care at Discharge

Edge of Care - Discharge

Level 1:	Level 1 reflects the highest level of stability for the child(ren) returning home. Parents or guardians have accomplished all goals implemented for hosting and appear to show no concerns for future instability. Relationships between the caregiver and the support network have been established. Caregiver is aware of and utilizing the five protective factors.
Level 2:	Level 2 reflects minimal concerns for the stability of child(ren) returning home. The reasons for the hosting have been accomplished or steps necessary to keep the family stable have been implemented with full cooperation of caregiver. Caregiver welcomes the support of SFFC if needed and is working on the development of the five protective factors. It is unlikely that an additional hosting will be necessary.
Level 3:	Level 3 reflects a concern that the conditions or environment the child(ren) are returning to could still be unstable. The parents or guardians have only shown minimal cooperation or willingness to follow the plan created by SFFC. One or more of the five protective factors are missing, therefore, raising concern. Although this level does not warrant a call to CPS, further monitoring will take place to ensure the safety of the children. It is likely that a future hosting will be needed to keep the family stable.
Level 4:	Level 4 reflects the highest level of concern for returning the children home to a safe and stable environment. The parent's life and home setting raise a question to the potential safety and wellbeing of the child. These concerns would warrant a CPS report before allowing the return of the child(ren).

Appendix E: Definitions

For the purposes of this report, the below definitions and terms have the following meanings, unless the context clearly indicates otherwise:

<u>Term</u>	<u>Definition</u>
Birth Parent	The child's biological parent and, for purposes of adoptive placement, means parent(s) by previous adoption. (Code of Virginia § 63.2-100)
Caretaker	Any individual having the responsibility of providing care for a child and includes the following: (i) parent or other person legally responsible for the child's care; (ii) any other person who has assumed caretaking responsibility by virtue of an agreement with the legally responsible person; (iii) persons responsible by virtue of their positions of conferred authority; and (iv) adult persons residing in the home with the child. (Virginia Administrative Code 22 VAC 40-705-10)
Child Well-being	Child well-being can be conceptualized as social and emotional function of a child that promotes healthy development, resiliency, relational competency, and protective factors. (VDSS Prevention Guidance, Section 1 (1.8))
Child Protective Services (CPS)	Means the identification, receipt and immediate response to complaints and reports of alleged child abuse or neglect for children under 18 years of age. It also includes assessment, and arranging for and providing necessary protective and rehabilitative services for a child and his family when the child has been found to have been abused or neglected or is at risk of being abused or neglected. (Code of Virginia § 63.2-100)
Children's Services Act (CSA)	The legislation that created a collaborative system of services and funding that is child-centered, family-focused, and community-based to address the strengths and needs of troubled and at-risk youth and their families in the Commonwealth. (Code of Virginia § 2.2-5200 et. seq.)
Diversion Family	Related or non-related family (kin or fictive kin), identified by a caregiver, who provides short term care for a child not in foster care, and who is not serving as an agency approved foster family for this particular child. (VDSS Prevention Guidance, Section 1 (1.8))

Family Coaches	They are trained to provide resources and casework-like services to Families in Crisis. They also ensure that kids are well cared for in Host Family homes. (Safe Families for Children: https://safe-families.org/about/)
Family Engagement	A relationship focused approach that provides structure for decision making and that empowers both the family and the community in the decision-making process. (VDSS Prevention Guidance, Section 1 (1.8))
Family Friends	They provide support to Families in Crisis (e.g., mentoring and transportation) and Host Families (e.g., babysitting and providing meals). (Safe Families for Children: https://safe-families.org/about/)
Fictive Kin	Persons who are not related to a child by blood or adoption but have an established relationship with the child and/or the family system. (VDSS Prevention Guidance, Section 1 (1.8))
Foster Care	Twenty-four-hour substitute care for children placed away from their parents or guardians and for whom the local board has placement and care responsibility. Placements may be made in foster family homes, foster homes of relatives, pre-adoptive homes, group homes, emergency shelters, residential facilities, and child care institutions. Foster care also includes children under the placement and care of the local board who have not been removed from their home. (VDSS Foster Care Guidance, Section 1 (1.2))
Foster Care Diversion	A strategy to prevent foster care placement by engaging caregivers in a process to identify relatives and non-relatives who can provide short term care for their children. (VDSS Prevention Guidance, Section I (1.8))
Foster Care Prevention Services	A full range of casework, treatment and community services, for a planned period of time to a child who is abused or neglected as defined in § 63.2-100 or in need of services as defined in § 16.1-228 and his family when a child has been identified as needing services to prevent or eliminate the need for foster care placement. (Prevention Guidance, Section 1 (1.8))

Full Disclosure	Respecting parents by providing them with complete information about their rights, responsibilities, expectations, the importance of staying connected to their children, and the consequences of not following through on the service plan. It is a process that facilitates open and honest communication among the service worker, the biological parents, and extended family members, caregivers, and the court. (VDSS Foster Care Guidance, Section 1 (1.2))
Guardianship	<p>Caregivers can assume legal guardianship of a child in out-of-home care without termination of parental rights, as is required for an adoption. Legal guardianship is more durable but more complex than transfer of custody to caregivers. Guardianship is most frequently used by relative caregivers who wish to provide a permanent home for the child and maintain relationships with extended family members. (Child Welfare Information Gateway: https://www.childwelfare.gov/permanency/guardianship.cfm)</p> <p>Virginia does not have a guardianship option for children at this time.</p>
Host Families	Screened and approved by Safe Families, Host Families take in children for short periods of time. (Safe Families for Children: https://safe-families.org/about/)
Kinship Care	<p>The full-time care, nurturing, and protection of a child by relatives. (Code of Virginia § 63.2-100)</p> <p>Formal: All living arrangements in which children are cared for by relatives of the children's parents who have been approved as foster parents.</p> <p>Informal: Living arrangements in which parents, or whoever is the primary caretaker for a child, have placed children with relatives who are not approved as foster parents for these children. These substitute caregivers are providing voluntary informal care for the original caregivers.</p>

Kinship Foster Care

Refers to living arrangements in which children are cared for by relatives of the children's parents who have been approved as foster parents. In kinship foster care, the LDSS retains the legal custody of the child and is in control of the placement decisions. The relative will receive foster care payments and services, but does not have the right to retain the placement without the consent of the LDSS.

Pursuant to § 63.2-900.1, the LDSS shall first seek out kinship care options to keep children out of foster care and as a placement option for those children in foster care and shall determine whether the child has a relative who is eligible to become a kinship foster parent.

(Child Welfare Information Gateway:
https://www.childwelfare.gov/pubpdfs/f_kinshi.pdf and Code of Virginia § 63.2-900.1)

Legal Custody

(i) a legal status created by court order which vests in a custodian the right to have physical custody of the child, to determine and redetermine where and with whom he shall live, the right and duty to protect, train and discipline him and to provide him with food, shelter, education and ordinary medical care, all subject to any residual parental rights and responsibilities or (ii) the legal status created by court order of joint custody as defined in Section 20-107.2. (Code of Virginia § 16.1-228)

Permanency

Permanency for children means establishing family connections and placement options for children in order to provide a lifetime of commitment, continuity of care, a sense of belonging, and a legal and social status that goes beyond the child's temporary foster care placement. (VDSS Foster Care Guidance, Section 1 (1.2))

Prevention

Services provided to any caregiver and child to strengthen families and enhance child well-being, to prevent child abuse/neglect from ever occurring or reoccurring and to eliminate the need for out of home care. (VDSS Prevention Guidance, Section 1 (1.8))

Promoting Safe and Stable Families (PSSF)	PSSF is authorized under Title IV-B, Subpart II of the Social Security Act, as amended and is codified at SEC.430 through 435 [42 U.S. C. 629a through 629e]. The PSSF program was initially created in 1993 as the Family Preservation and Support Services Program, geared toward community-based family preservation and support. In 1997, the program was reauthorized under the Adoption and Safe Families Act (ASFA) and renamed the PSSF Program.
Resource Friends	They provide various types of resources to Placing Families to help parents get back on their feet. (Safe Families for Children: https://safe-families.org/about/)
Safe Families Churches	These are spiritual communities that support Safe Families as a ministry of their church. There are three church levels: Participating Church, Lead Church, and Community Lead Church. (Safe Families for Children: https://safe-families.org/about/)
State Pool Funds	The pooled federal, state and local funds established by the Children's Services Act and used to pay for services authorized by the Community Policy and Management Team, including foster care services. (VDSS Foster Care Guidance, Section 1 (1.2))
Trauma	An event or situation that causes short term and long term distress and/or family disruption and can create substantial damage to a child's physical, emotional, and psychological well-being. (VDSS Prevention Guidance, Section 1 (1.8))