



COMMONWEALTH of VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
Office of the Commissioner

S. Duke Storen
Commissioner

July 15, 2021

MEMORANDUM

TO: The Honorable Ralph S. Northam
Governor of Virginia

The Honorable Janet D. Howell, Chair
Senate Finance and Appropriations Committee

The Honorable Luke E. Torian, Chair
House Appropriations Committee

The Honorable Dave W. Marsden, Chair
Virginia Commission on Youth

The Honorable Emily M. Brewer, Vice-Chair
Virginia Commission on Youth

FROM: S. Duke Storen *S. Duke Storen*

SUBJECT: Five-Year Plan to Prevent Child Abuse and Neglect

Pursuant to the 2020 Appropriation Act, Item 354 (U), attached is the five-year plan to prevent child abuse and neglect. Please contact me with any questions.

SDS:kc

cc: Amy M. Atkinson, Executive Director, Virginia Commission on Youth

Attachment

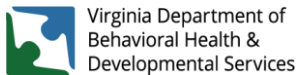
The Virginia Plan to Prevent Child Abuse and Neglect

May 2021



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

In Collaboration With:



Virginia Department of
Behavioral Health &
Developmental Services



VIRGINIA DEPARTMENT OF
EDUCATION



VIRGINIA
DEPARTMENT
OF HEALTH



Family &
Children's
Trust Fund
OF VIRGINIA



Families
Forward
Stronger Virginia Families
Two Generations at a Time



VPLC
Virginia Poverty
Law Center



Voices
For Virginia's
Children

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I. Executive Summary

The Virginia Department of Social Services (VDSS), in partnership with numerous state agencies and organizations throughout the Commonwealth, presents the Virginia Plan to Prevent Child Abuse and Neglect (Prevention Plan) in response to the 2020 Appropriations Act directive to create a comprehensive, coordinated plan to prevent child abuse and neglect. VDSS tracks data on child abuse and neglect in Virginia on an ongoing basis. According to the National Child Abuse and Neglect Data System (NCANDS) Child Welfare Outcomes Report for Virginia¹, in 2018, 26.3 per 1,000 children were part of an investigation for maltreatment and 3.3 per 1,000 children were found to have substantiated maltreatment. Of those maltreated, 3.3% experienced a recurrence of maltreatment within six months. Additionally, 1.6 per 1,000 children entered foster care in 2018 and the median length of stay was 13.1 months before those children were returned to their families, aged out of foster care, or were adopted. Data demonstrates child abuse and neglect is an urgent public health issue and underscores the need for a comprehensive plan to address primary prevention and decrease the incidence of maltreatment and the entrance of children into foster care. At the same time, VDSS recognizes that oftentimes state agencies and organizations unintentionally work in silos, prevention efforts across the spectrum are not well coordinated, and collaboration efforts are minimal. The General Assembly's mandate to develop a prevention plan provided an opportunity for impactful collaboration, coordination, and mobilization of partners across the Commonwealth.

This plan represents a collaborative effort among 50 representatives from 29 different organizations. VDSS and their partners emphasized collaboration, shared accountability, and data-driven decision-making in the planning process and the plan was built using foundations from national prevention models and existing prevention plans in the Commonwealth. The Prevention Plan is intentionally written at a macro level to allow for needed flexibility during implementation at the local level.

The goal of the Prevention Plan is that “All families, youth and children in the Commonwealth are safe, healthy, and nurtured, and have equitable access to resources and opportunities to thrive in their communities.” The plan includes five objectives and 14 strategies to accomplish this goal, all with the contextual and foundational themes of equity, trauma-informed and culturally specific services and the need to incorporate those with lived experience in practice and policy development. The plan includes the following recommendations:

1. The General Assembly should consider establishing a high-level oversight body, such as the Children's Cabinet, who will be charged with the following actions essential for successful implementation of the Prevention Plan. (*Legislative Action Required*)
 - a. Fund key infrastructure positions such as Implementation Project Director, Community Coordinators, Data Analysts, Fiscal Analysts, etc., and establish permanent roles, positions and salaries for those with lived experience.
 - b. Oversee prioritization and coordination of efforts at the state and local level
 - i. Secure long term commitments, cooperation, and leadership participation from numerous sectors needed for successful plan implementation including public health, education, justice, health care, social services, transportation, and business / labor.
 - ii. Recognizing that local practitioners and leaders are in the best position to assess the needs and strengths of their communities and work together to develop approaches that are best suited to their context.

¹ National Child Abuse and Neglect Data System. (2018). Child Welfare Outcomes Report. Retrieved from <https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2018.pdf>

- c. Identify common goals to expand and integrate existing services and programs and develop agreed-upon definitions for key terms such as primary, secondary and tertiary prevention².
 - d. Ensure fidelity to the foundational themes of the Prevention Plan (equity, trauma-informed, culturally specific and incorporating lived-experience).
2. The General Assembly should consider providing resources for implementation of the plan, including evidence based primary prevention programs and demonstration projects. (*Legislative Action Required*)
- a. Invest in evidence based prevention programs, services, activities, and workforce needs in communities.
 - b. Invest in research and evaluation to support establishing evidenced based practices focused on primary prevention, such as the Center for Evidence Based Practices.

Evidence based practices are a growing part of Virginia’s landscape in our child-serving agencies. There is a need for us to work in a coordinated manner, across agencies, to most effectively support these efforts, ensure program fidelity, and conduct necessary evaluations. To that end, several state agencies (DBHDS, OCS, DJJ, DMAS, VDSS, and VDH) have established the Center for Evidence Based Partnerships, a collaboration with institutions of higher education, to take on this important work. The initial partnership is with Virginia Commonwealth University.
 - c. Invest in demonstration projects, in partnership with federal initiatives (e.g. Social Security Act and the Food Nutrition Act) and priorities to implement and expand primary and secondary prevention services.
 - d. Expand home visiting programs as a refundable Medicaid service
 - e. Develop a pilot universal home visiting assessment model, such as Project Connects, for all new births.
 - f. Provide funding for the Department of Juvenile Justice delinquency prevention and youth development programs, as outlined in Virginia Code §§ 66-26 through 66-35, in order to implement local offices on youth to support local prevention programs.

Youth development and delinquency prevention programs, of the Delinquency Prevention and Youth Development Act, have been part of Virginia’s Code for many years; however, have been unfunded. These programs are critical in helping to coordinate services for children and youth in localities to strengthen our prevention services continuum, particularly ensuring that there are services available to reduce youth delinquent behaviors.
 - g. Partner with the Center for Evidence Based Practices, a partnership between state agencies and higher education institutions in Virginia, to support the implementation and sustainability of primary and secondary evidence based practices.
3. The General Assembly should consider the following changes to address poverty and promote economic stability of families which have been shown to reduce child abuse and neglect. (*Legislative Action Required*)
- a. Increase the minimum wage.
 - b. Increase the state Earned Income Tax Credit (EITC) to include a refundable state EITC
 - c. Increase the state child care tax credit and/or state funded child allowances to include refundable state child care tax credits.
 - d. Provide universal school meals, to include breakfast and lunch, for all children in grades K-12.
 - e. Pass legislation creating a living wage and report annually on workforce outcomes.

² Child abuse prevention efforts are generally recognized as a continuum: “primary prevention” is directed at the general population to prevent abuse before it occurs; “secondary prevention” is targeted in areas where there may be a high(er) risk of child abuse; and, “tertiary prevention” is targeted to individuals and families where abuse has already occurred. <https://www.childwelfare.gov/topics/preventing/overview/framework/>

4. The General Assembly should consider revising state laws that lead to sustained systemic racism. (*Legislative Action*)
 - a. Modify the list of “barrier crimes” regarding employment and becoming foster parents or kinship caregivers to align more closely with federal requirements.
 - b. Address laws creating barriers to eligibility for public housing due to past criminal convictions.
5. Establish a data trust on child welfare outcomes using the Commonwealth’s existing infrastructure.
 - a. Monitor and track progress towards achievement of the Prevention Plan’s goals and objectives.
 - b. Partner with the Center for Evidence Based Practices to monitor the fidelity of evidence based programs towards achievement of the Prevention Plan’s goals and objectives.

The Commissioner of VDSS, in partnership with the Department of Behavioral Health and Developmental Services (DBHDS), the Department of Health (VDH), the Department of Education (DOE), and the Family and Children’s Trust Fund (FACT), is pleased to present the following Virginia Plan to Prevent Child Abuse and Neglect to the Governor, the Chairs of the House Appropriations and Senate Finance and Appropriations Committees, and the Commission on Youth.

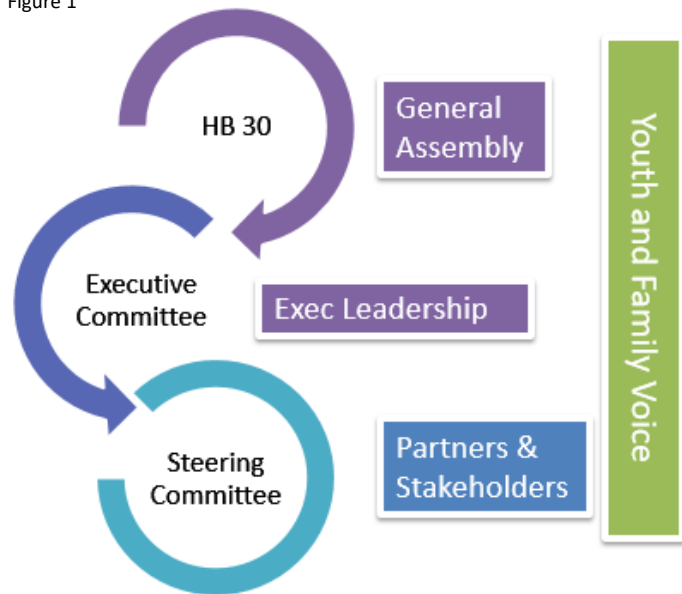
II. Background and Charge

In the 2020 Appropriations Act, the Virginia General Assembly recognized an opportunity to make a bold, unprecedented, and coordinated commitment to prevent child abuse and neglect across the Commonwealth. Knowing the fragmentation and complexity caused by the existing intersections of primary, secondary, and tertiary prevention services in Virginia, the General Assembly directed VDSS, in partnership with numerous state agencies and non-governmental organizations, to establish a five-year child welfare Prevention Plan targeting resources and services to prevent abuse and neglect. This plan was developed in conjunction with the DBHDS, VDH, DOE, FACT, Families Forward Virginia, Voices for Virginia’s Children, and the Virginia Poverty Law Center. By direction of the General Assembly, the plan is to focus on primary prevention and “reference and coordinate with other state plans and programs” connected to child abuse and neglect prevention, such as programs to prevent teen pregnancy, youth substance use, school dropout, domestic violence/family violence, and foster care prevention. Other requirements of the plan include that it be “trauma-informed, include a public health framework on abuse prevention, promote positive youth development and be asset and strength based.” The Appropriation Act language can be found in **Attachment A** in this report.

III. Planning Structure and Participants

In continuing its efforts to achieve the best outcomes for children and families and knowing that working collaboratively will support prevention efforts across the Commonwealth, VDSS created a structure that allows maximum collaboration to develop the statewide comprehensive Prevention Plan (Figure 1). VDSS staff placed a concerted focus on prevention in order to present a unique opportunity to align current initiatives and improvement efforts currently underway and to identify gaps and opportunities in the continuum of prevention services. VDSS also recognizes that gathering support and expertise from key stakeholders and decision-makers across the Commonwealth is critical to the success of the plan. To this end, VDSS established a 10-member Executive

Figure 1



Committee to offer strategic direction, oversight and decision-making, and a 40-member Steering Committee to make recommendations on the development of the goal, objectives, and strategies of the plan. VDSS also assembled a small Planning Committee to help design the Steering and Executive Committee meetings and finalize the work generated by both. This teaming approach among the three planning groups emphasized shared accountability, seamless and consistent feedback loops, and data-driven decision-making throughout the plan development process.

Membership on the Executive Committee included high-level leadership from the VDSS, DBHDS, VDH, DOE, Department of Juvenile Justice (DJJ), Office of Children’s Services (OCS), Department of Medical Assistance Services (DMAS), Families Forward Virginia, and Voices for Virginia’s Children. A full list of Executive Committee members is included as [Attachment B](#). The Steering Committee was comprised of representatives from 12 partner organizations and 11 state agencies across the Commonwealth and included parent and youth representatives. A full list of Steering Committee members is included as [Attachment C](#). VDSS sought additional input from youth by convening and facilitating meetings with Strong Positive Educated Advocates Keen On Understanding the Truth (SPEAKOUT), and the VDSS youth advisory committee, which is comprised of youth currently in foster care or young adults with previous foster care experience. The Planning Committee was comprised of representatives from the partner agencies named in the 2020 Appropriation Act. A full list of Planning Committee members is included as [Attachment D](#).

IV. Planning Approach and Process

The Executive and Steering Committees met in August 2020 for a joint project kickoff meeting. The 50 attendees at the kickoff meeting shared great energy and collective accountability in undertaking their charge to develop a comprehensive statewide Prevention Plan. Representatives from VDSS reviewed the charge from the General Assembly and a timeline for the development and submission of the plan (Figure 2).

Committee members were challenged to think at a macro level, as opposed to thinking at the mezzo, micro or front line levels, in order to create the prevention roadmap for agencies, communities, providers, and workers.

Committee members used the visual metaphor of a waterfall throughout the planning process as a reminder to stay at the macro level – or the top of the waterfall before it crests over the rocks – when creating the plan. While activities at the mezzo and micro levels, such as practice models, are essential pieces in service delivery, the strategic prevention plan was intentionally focused on cross-agency and macro-level components such as funding, legislation and policy. Committee members were also encouraged to remember that while many agencies and organizations provide a range of primary, secondary, and tertiary services, primary prevention is the main purpose of the comprehensive statewide Prevention Plan.

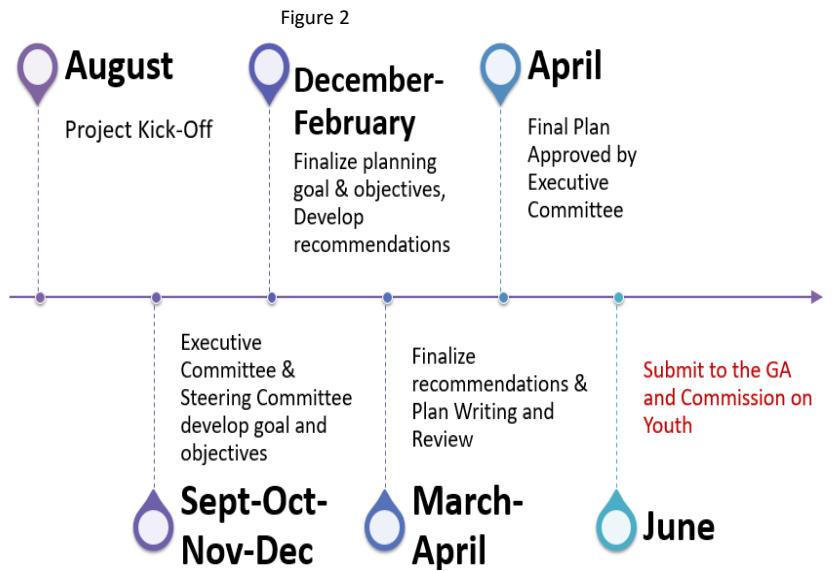
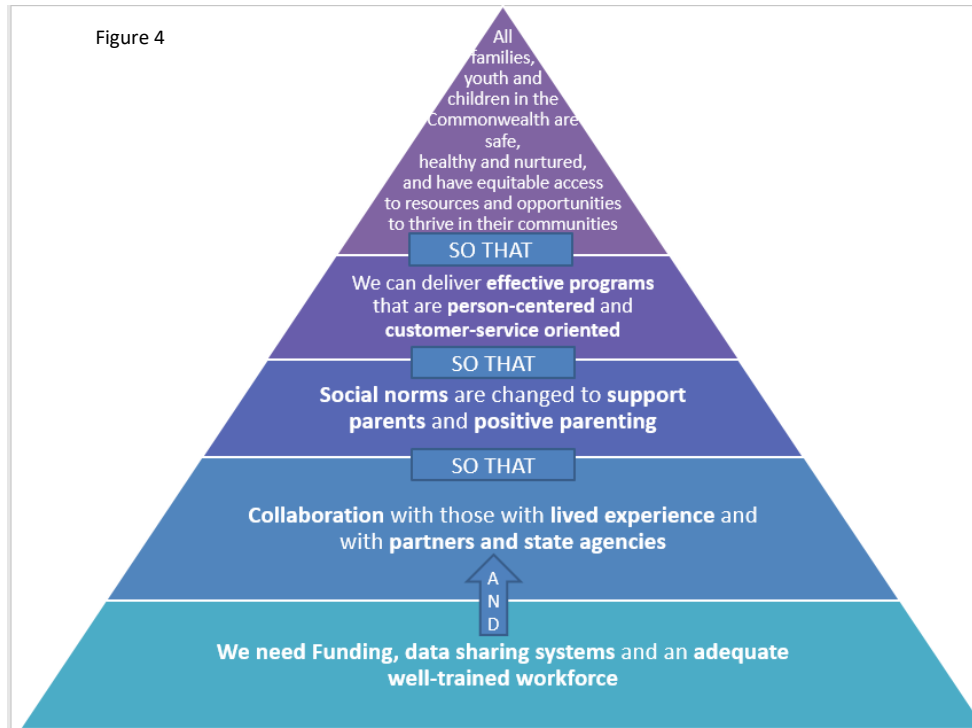


FIGURE 3: STRATEGIC PLANS SUBMITTED FOR CROSS-REFERENCE IN PREVENTION PLAN DEVELOPMENT

- FAMILIES FORWARD VIRGINIA STRATEGIC PLAN
- VIRGINIA BOARD OF EDUCATION COMPREHENSIVE PLAN
- SIDE BY SIDE STRATEGIC PRIORITIES
- VIRGINIA SEXUAL AND INTIMATE PARTNER VIOLENCE STATE PRIMARY PREVENTION PLAN (DRAFT)
- VIRGINIA DEPARTMENT OF HEALTH VIRGINIA PLAN FOR WELL-BEING
- SCAN OF NORTHERN VIRGINIA STRATEGIC PLAN
- VIRGINIA SUBSTANCE ABUSE PREVENTION BLOCK GRANT STRATEGIC PLANNING REPORT
- VIRGINIA'S CHILD AND FAMILY SERVICES STRATEGIC PLAN
- VIRGINIA DEPARTMENT OF SOCIAL SERVICES STRATEGIC FRAMEWORK

Understanding prevention services are an integral part of the full array of all services and supports to children and families, House Bill (HB) 30 guided VDSS and partner agencies to “reference and coordinate” with other existing state plans and programs related to child abuse and prevention. To this end, and to ensure the Prevention Plan built on the good work of existing state plans, the Steering Committee members were asked to share their organizations’ strategic plans related to prevention (Figure 3). While 29 organizations were represented on the Steering Committee, only seven of those organizations submitted existing strategic plans which addressed prevention of child abuse and neglect. This underscored the need for a statewide focus on primary prevention and also revealed the current lack of infrastructure and coordinated efforts toward prevention. In addition to state plans, the Steering Committee also reviewed national models such as the [Centers for Disease Control and Prevention’s Essentials for Childhood framework](#) and the [Prevent Child Abuse America prevention concepts](#).

The Steering Committee used a theory of change in the development of the Prevention Plan. The problem was defined as **Virginia does not have a collaborative approach to providing primary prevention and as a result, children and families do not always have access to the resources they need or the community needs to be safe, healthy and nurtured** (Figure 4). Development of the theory of change provided participants the opportunity to identify and clearly understand the problem, paving the way for the thoughtful and comprehensive thinking needed to develop the objectives and strategies of the prevention plan.



Participants also considered how the objectives and strategies of the Prevention Plan would fit into a primary, secondary, and tertiary framework and whether they affected children/youth, parents/families and/or communities/societies (Figure 5). This exercise helped participants map existing prevention services and programs and identify gaps at each level and in each group.

The Executive and Steering Committees reviewed and finalized the Prevention Plan during March and April for submission to the General Assembly in May 2021. Additionally, as a “Phase 2” of the Prevention Plan process, Families Forward Virginia took the lead on developing the plan one step further with an eye towards implementation. This included leading five workgroups to design activities to support the strategies of each of the five objectives outlined in the Prevention Plan. Their work began in March and is anticipated to be completed in June 2021. The activities designed by the workgroups will be considered an addendum to the Prevention Plan and will ultimately position the plan for implementation.

Figure 5

	Child/Youth	Parent/Family	Community/Society
Primary: Target activities to the general populations with the goal of strengthening families and caretakers			Access to affordable, quality childcare
Secondary: Target activities to a category or a group of families or other caretakers with specific risk factors		Access to affordable, quality childcare	
Tertiary: Target activities to families with children that are at imminent risk of entering foster care	Access to affordable, quality childcare		

V. Prevention Plan

The Prevention Plan is intentionally high-level and provides a guiding framework to help coordinate efforts across the Commonwealth, while also allowing flexibility in how the plan is implemented at the local level. The Prevention Plan includes four components: *goal, foundational themes, objectives, and strategies*.

The Prevention Plan has a singular goal which serves as a “north star” and clear articulation of what the plan hopes to achieve.

The Prevention Plan is grounded in four Contextual and Foundational Themes, explored below. The Prevention Plan also includes objectives and strategies focused on preventing child abuse and neglect from happening in the first place as well as approaches to lessen the immediate and long-term harms of child abuse and neglect. Strategies included in the plan range from a focus on individuals, families, and relationships to broader community, and societal change. This range of strategies is needed in recognition of the connectivity between individual-family behavior and broader neighborhood, community, and cultural contexts.

A. Contextual and Foundational Themes

Four foundational themes emerged throughout the planning process. These themes provide critically important context for the plan and are intended to permeate all aspects of the plan and its implementation.

1. **Equity.** Equity is the central foundational theme for the Prevention Plan and is integrated in the Plan as a practice, not a concept. In order to achieve equity, those working in the system must examine and understand when, why, and how the child welfare system was created, recognize the impact of historical and systemic inequities, and proactively work to dismantle them. The Prevention Plan highlights a commitment to the understanding that needs should be defined by the person (not the system), and the system should then meet families where they are, shifting its behavior to meet identified needs.
2. **Trauma-informed approach.** The Prevention Plan is rooted in a trauma-informed approach that recognizes the impact of trauma on individuals and groups and fully integrates this knowledge into policies, procedures,

All families, youth and children in the Commonwealth are safe, healthy and nurtured, and have equitable access to resources and opportunities to thrive in their communities.

and practices.

3. **Culturally Responsive Process.** This foundational theme reflects the importance of identifying and nurturing the unique cultural strengths, beliefs, and practices of all children, youth, and families and incorporating that knowledge into all interactions, programs, and services.
4. **Prioritizing Perspective of Individuals with Lived Experience.** People with lived experience provide an authentic perspective that contributes to a deeper and richer understanding of needs and service gaps. The success of the Prevention Plan is contingent on including and emphasizing the voice and perspective of children, youth, and families who have lived experience in child abuse prevention programs and/or child welfare services.

The four foundational themes guided the development of the Prevention Plan and should similarly inform implementation of the Prevention Plan.

B. Objectives and Strategies

The objectives and strategies included in the Prevention Plan represent different levels of the social ecological model, with effort across the prevention continuum (primary, secondary, and tertiary) intended to impact the community, as well as individuals and families. The objectives and strategies are intended to work in combination to reinforce each other and prevent child abuse and neglect and are structured to allow flexibility in implementation at the local level.

Prevention Plan Goal:

All families, youth and children in the Commonwealth are safe, healthy and nurtured, and have equitable access to resources and opportunities to thrive in their communities



1. **Well-Being and Economic Stability:** Families will have easy and equitable access to supports and services in the community that promote well-being and strengthen economic stability.



2. **Person and Family Centered Programs:** Establish and deliver effective, trauma-informed programs that are person and family-centered.



3. **Social Norms:** Transform social norms to support parents and positive parenting



4. **Collaboration:** Foster collaboration among those with lived experience, prevention partners and state agencies to better understand needs and work together towards the achievement of common goals



5. **Infrastructure:** Establish infrastructure that targets funding and resources for prevention and promotes data sharing and workforce development



Objective 1: Well-Being and Economic Stability

Families will have easy and equitable access to supports and services in the community that promote well-being and strengthen economic stability.

Key Strategy 1.1: Reduce barriers and enhance collaboration across the system to improve access to supports and services essential to child and family well-being including health services (health care, primary care, health insurance, behavioral health, mental health, substance use disorder) safe and affordable housing, employment and livable wages, food security, transportation, and childcare and early education.

Central to the Prevention Plan is the understanding that addressing social determinants of health is key to child and family well-being. Social determinants are conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes and have a major impact on health, well-being, quality of life, and health disparities and inequities. Strong empirical evidence consistently links living in a low-income household to children's development, academic achievement, and health,³ including exposure to child abuse

³ Cooper, K., & Stewart, K. (2013). Does money affect children's outcomes? A systematic review. York, UK: Joseph Rowntree Foundation. Retrieved from <http://www.jrf.org.uk/publications/does-money-affect-childrens-outcomes>.

and neglect.⁴ Providing resources to improve parents’ ability to satisfy children’s basic needs and strengthen their socioeconomic condition can fundamentally impact health and well-being, increasing the likelihood that children experience safe, stable, and nurturing relationships and environments.

Expected Outcomes for Well Being and Economic Stability:

- ✓ Improvements in children’s health and development
- ✓ Increase in health insurance enrollment
- ✓ Reductions in physical abuse of children
- ✓ Reductions in child neglect
- ✓ Reductions in unintentional or undetermined causes of childhood injury
- ✓ Reductions in maternal depression and parental stress
- ✓ Reductions in adolescent risky health behaviors
- ✓ Reductions in chronic disease among adults and leading causes of death



Objective 2: Person and Family-Centered Programs

Establish and deliver effective, trauma-informed programs that are person and family-centered

Key Strategy 2.1: Establish person-centered programs and supports across the prevention system (primary, secondary, and tertiary) that are evidence-based/evidence-informed

Key Strategy 2.2: Establish and implement an evidence-based/evidence-informed “whole family” approach across the prevention system (primary, secondary, tertiary)

A child’s relationships with others inside and outside the family plays a role in healthy brain development, as well as in the development of physical, emotional, social, behavioral and intellectual capacities. The Prevention Plan recognizes the importance of person-centered programs and supports to address areas where parents are able to get assistance in meeting medical, behavioral health, financial, or other needs to ensure their children have safe, stable, and nurturing relationships and environments. Person-centered programs may also address other areas of life where parents need assistance such as substance use disorder or mental or behavioral health needs. The plan also recognizes the importance of a “whole family” approach that empowers adults and children to strengthen relationships, establish stability, assure well-being and reach their full potential together through the use of tools designed to help families set goals together, create plans, and achieve their goals.

Delivering evidence-based or evidence-informed programs with the highest level of effectiveness based on evaluation or research criteria is key to ensuring the well-being of children, youth and families. These programs are needed across the prevention continuum (primary, secondary, and tertiary) and in addition to being evidence-based / evidence-informed, programs should also be trauma-informed, recognizing the impact of trauma and fully integrating this knowledge into policies, procedures, and practices.

Expected Outcomes for Person and Family Centered Programs:

- ✓ Improved parent-child interactions, parenting behaviors, and family functioning

⁴ Stith, S. M., Liu, T., Davies, L. C., Boykin, E. L., Alder, M. C., Harris, J. M., Som, A., McPherson, M., & Dees, J. E. M. E. G. (2009). Risk factors in child maltreatment: A meta-analytic review of the literature. *Aggression and Violent Behavior, 14*, 13-29.

- ✓ Reductions in parental depression, emotional distress and substance use
- ✓ Improved violence prevention-related knowledge, behaviors and beliefs
- ✓ Reductions in youth substance use and arrests
- ✓ Reductions in short-and-long-term trauma-related symptoms
- ✓ Reduction in risk factors for child abuse and neglect
- ✓ Reductions in child abuse and neglect
- ✓ Decreased number of and time spent in out-of-home placements



Objective 3: Social Norms

Transform social norms to support parents and positive parenting
Key Strategy 3.1: Establish public engagement and education campaigns to grow awareness of prevention and positive parenting and emphasize the community’s role in embracing all families
Key Strategy 3.2: Recognize and reconcile the impact of negative interactions between families and the system when accessing safety net services; work collaboratively to de-stigmatize this access
Key Strategy 3.3: Develop and ensure policies that support healthy children and families
Key Strategy 3.4: Establish legislative approaches that support parents and positive parenting and promote budget inclusion of primary prevention funding

Changing social norms is critically important to the prevention of child abuse and neglect. Social norms range from the cultural norms of large groups, such as an entire state or country, to those of a small sub-population. Social norms related to child and family well-being include topics such as safe sleep, breastfeeding, asking for help, and seeking safety net supports when needed. The Prevention Plan seeks to normalize the concept that *all* parents need help and should be encouraged to utilize needed supports and services which should be easily accessible. The Prevention Plan also highlights the importance of changing the way we think and talk about why child abuse and neglect occurs and emphasizing the responsibility we all have in preventing it. Finally, the Prevention Plan articulates the importance of developing policy and legislative approaches that support healthy children and families and promoting budget inclusion of primary prevention funding.

Expected Outcomes for Social Norms:

- ✓ Increase in beliefs that nurturing children at every age is appropriate
- ✓ Reduction in beliefs that getting help for parenting or accessing “safety net” supports is bad
- ✓ Increase in seeking help for parenting
- ✓ Increase in accessing safety net services
- ✓ Shift in perceived responsibility for children from personal to shared responsibility with society / community
- ✓ Increase in public support for policies supportive of children and families
- ✓ Increase in public awareness of factors that can inhibit or promote healthy child development



Objective 4: Collaboration

Foster collaboration among those with lived experience, prevention partners and state agencies to better understand needs and work together towards the achievement of common goals

Key Strategy 4.1: Identify common goals and outcomes among prevention partners, state and local agencies to expand and integrate existing services and programs

Key Strategy 4.2: Establish collaboration protocols with cross-agency and with non-traditional partners

Key Strategy 4.3: Promote collaborative funding streams and infrastructure for delivery of programs

The issue of child abuse and neglect is larger than any one state agency or sector, but rather systemic and societal in reach. For this reason, the solutions outlined in the Prevention Plan encompass the many sectors that intersect with children, youth, and families including public health, education, local, state and federal government, social services, health services, business/labor, justice, housing, media, faith-based organizations, youth-serving organizations, non-profit, and other non-governmental organizations. Thoughtfully listening to and following the lead of those with lived experience is also critical to ensuring a deeper understanding of needs, service gaps and potential solutions. The collaborative of individuals, groups and organizations key to child and family well-being should identify and align around common goals and outcomes and look for ways to expand and integrate existing programs and services. Collectively these individuals and sectors can make a difference in the prevention of child abuse and neglect by impacting the various circumstances that contribute to and support safe, stable, and nurturing environments for children and youth.

Expected Outcomes for Collaboration:

- ✓ Shared understanding of complex problems
- ✓ Improved communication and coordination among agencies, partners and those with lived experience
- ✓ Development of and/or cross-systems use of effective and innovative solutions
- ✓ Leverage collaborative funding opportunities



Objective 5: Infrastructure

Establish infrastructure that targets funding and resources for prevention and promotes data sharing and workforce development

Key Strategy 5.1: Establish an oversight body, such as the Children’s Cabinet, charged with implementation of the Prevention Plan

Key Strategy 5.2: Utilize a data driven approach to planning, development, implementation and evaluation of prevention programs and services and to assess, benchmark and ultimately improve equity outcomes

Key Strategy 5.3: Recruit and retain diverse, highly qualified workforce

Key Strategy 5.4: Improve operational efficiency and effectiveness by optimizing technology and processes

The success of the Prevention Plan is contingent on the development of infrastructure to oversee decision-making, prioritization of efforts and resources at both the state and local levels, and monitoring of outcomes to

track and adjust strategies as needed. Every aspect of the plan - *reducing barriers to economic supports and services, delivering effective person and family centered programs, transforming social norms and fostering and improving collaboration* – will require a centralized structure to bring the strategies of the plan to life and ensure its success. A centralized body can also ensure that local communities are equal partners in plan implementation, and can recognize that local practitioners and leaders can best assess the needs and strengths of their communities and develop approaches that are best suited to their context.

Expected Outcomes for Infrastructure:

- ✓ Ongoing commitment, cooperation, and leadership participation from numerous child- and family-focused statewide organizations and all child-serving state agencies
- ✓ Identify and secure resources for plan implementation and oversight of resource allocation
- ✓ Ensure fidelity to the foundational themes of the Prevention Plan (equity, trauma-informed, culturally specific and incorporating lived-experience)
- ✓ Support local implementation of the Prevention Plan in alignment with the broader goals of the plan
- ✓ Prioritize strategies and coordination of efforts
- ✓ Monitor and track progress towards achievement of the Prevention Plan goals and objectives and adjusting efforts as needed

VI. Recommendations

The Virginia Plan to Prevent Child Abuse and Neglect is the culmination of eight months of collaborative work from over 50 individuals representing partner organizations, state agencies, parents and youth. These individuals contributed countless hours of their time, leadership, and critical thinking to develop a comprehensive plan to address the significant, but preventable, public health concern of child abuse and neglect. Without continued collaboration, accountability and oversight, resources, local leadership and a sturdy infrastructure for implementation, the Virginia Plan to Prevent Child Abuse and Neglect will not be successful. This Prevention Plan brings forth the following recommendations as a call to action to ensure all families, youth, and children in the Commonwealth are safe, healthy and nurtured, and have equitable access to resources and opportunities to thrive in their communities.

1. The General Assembly should consider establishing a high-level oversight body, such as the Children’s Cabinet, who will be charged with the following actions essential for successful implementation of the Prevention Plan. (*Legislative Action Required*)
 - a. Fund key infrastructure positions such as Implementation Project Director, Community Coordinators, Data Analysts, Fiscal Analysts, etc., and establish permanent roles, positions and salaries for those with lived experience.
 - b. Oversee prioritization and coordination of efforts at the state and local level
 - i. Secure long term commitments, cooperation, and leadership participation from numerous sectors needed for successful plan implementation including public health, education, justice, health care, social services, transportation, and business / labor.
 - ii. Recognizing that local practitioners and leaders are in the best position to assess the needs and strengths of their communities and work together to develop approaches that are best suited to their context.
 - c. Identify common goals to expand and integrate existing services and programs and develop agreed-upon definitions for key terms such as primary, secondary and tertiary prevention.

- d. Ensure fidelity to the foundational themes of the Prevention Plan (equity, trauma-informed, culturally specific and incorporating lived-experience).
2. The General Assembly should consider providing resources for implementation of the plan, including evidence based primary prevention programs and demonstration projects. *(Legislative Action Required)*
 - a. Invest in evidence based prevention programs, services, activities, and workforce needs in communities.
 - b. Invest in research and evaluation to support establishing evidenced based practices focused on primary prevention, such as the Center for Evidence Based Practices.
 - c. Invest in demonstration projects, in partnership with federal initiatives (e.g. Social Security Act and the Food Nutrition Act) and priorities to implement and expand primary and secondary prevention services.
 - d. Expand home visiting programs as a refundable Medicaid service
 - e. Develop a pilot universal home visiting assessment model, such as Project Connects, for all new births.
 - f. Provide funding for delinquency prevention and youth development programs, as outlined in Virginia Code §§ 66-26 through 66-35, in order to implement local offices on youth to support local prevention programs.
 - g. Partner with the Center for Evidence Based Practices, a partnership between state agencies and higher education institutions in Virginia, to support the implementation and sustainability of primary and secondary evidence based practices.
 3. The General Assembly should consider the following changes to address poverty and promote economic stability of families which have been shown to reduce child abuse and neglect. *(Legislative Action Required)*
 - a. Increase the minimum wage.
 - b. Increase the state Earned Income Tax Credit (EITC) to include a refundable state EITC
 - c. Increase the state child care tax credit and/or state funded child allowances to include refundable state child care tax credits.
 - d. Provide universal school meals, to include breakfast and lunch for all children in K-12 schools.
 - e. Pass legislation creating a living wage and report annually on workforce outcomes.
 4. The General Assembly should consider revising state laws that lead to sustained systemic racism. *(Legislative Action)*
 - a. Modify the list of “barrier crimes” regarding employment and becoming foster parents or kinship caregivers to align more closely with federal requirements.
 - b. Address laws creating barriers to eligibility for public housing due to past criminal convictions.
 5. Establish a data trust on child welfare outcomes using the Commonwealth’s existing infrastructure.
 - a. Monitor and track progress towards achievement of the Prevention Plan’s goals and objectives.
 - b. Partner with the Center for Evidence Based Practices to monitor the fidelity of evidence based programs towards achievement of the Prevention Plan’s goals and objectives.

VII. Prevention Plan Grid

Virginia Plan to Prevent Child Abuse & Neglect






GOAL

All families, youth and children in the Commonwealth are safe, healthy, and nurtured and have equitable access to resources and opportunities to thrive in their communities.

CONTEXTUAL AND FOUNDATIONAL THEMES

EQUITY | TRAUMA-INFORMED | CULTURALLY SPECIFIC | INCORPORATING LIVED EXPERIENCE

OBJECTIVES

Well-Being & Economic Stability 	Person and Family-Centered Programs 	Social Norms 	Collaboration 	Infrastructure 
<i>Families will have easy and equitable access to supports and services in the community that promote well-being and strengthen economic stability</i>	<i>Establish and deliver effective, trauma-informed programs that are person and family-centered</i>	<i>Transform social norms to support parents and positive parenting</i>	<i>Foster collaboration among those with lived experience, prevention partners and state agencies to better understand needs and work together towards the achievement of common goals</i>	<i>Establish infrastructure that targets funding and resources for prevention and promotes data sharing and workforce development</i>

STRATEGIES

<p>1.1: Reduce barriers and enhance collaboration across the system to improve access to supports and services essential to child and family well-being including:</p> <ul style="list-style-type: none"> • Health Services (health care, primary care, health insurance, behavioral health, mental health, substance use disorder) • Safe, affordable housing • Employment • Food • Transportation • Childcare/early education 	<p>2.1: Establish person-centered programs and supports across the prevention system (primary, secondary, and tertiary) that are evidence-based/evidence-informed</p> <p>2.2: Establish and implement an evidence-based/evidence-informed “whole family” approach across the prevention system (primary, secondary, tertiary)</p>	<p>3.1: Establish public engagement and education campaigns to grow awareness of prevention and positive parenting and emphasize the community’s role in embracing all families</p> <p>3.2: Recognize and reconcile the impact of negative interactions between families and the system when accessing safety net services; work collaboratively to de-stigmatize this access</p> <p>3.3: Develop and ensure policies that support healthy children and families</p> <p>3.4: Establish legislative approaches that support parents and positive parenting and promote budget inclusion of primary prevention funding</p>	<p>4.1: Identify common goals and measures among prevention partners, state and local agencies to expand and integrate existing services and programs</p> <p>4.2: Establish collaboration protocols with cross-agency and with non-traditional partners</p> <p>4.3: Promote collaborative funding streams and infrastructure for delivery of programs</p>	<p>5.1: Establish an oversight body, such as the Children’s Cabinet, charged with implementation of the Prevention Plan</p> <p>5.2: Utilize a data driven approach to planning, development, implementation and evaluation of prevention programs and services and to assess, benchmark and ultimately improve equity outcomes</p> <p>5.3: Recruit and retain diverse, highly-qualified workforce</p> <p>5.4: Improve operational efficiency and effectiveness by optimizing technology and processes</p>
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VIII. Attachments

A. Legislation

Virginia State Budget

2020 Session Budget Amendments - HB30 (Member Request)

By Member » Item 354 #10h

Chief Patron: Carr

Plan to Prevent Child Abuse & Neglect (language only)

Item 354 #10h

Health and Human Resources - Department of Social Services

Language

Page 360, after line 36, insert:

"Q. The Commissioner shall establish a 5-year plan for the Commonwealth to prevent child abuse and neglect. In developing this plan, the Department shall collaborate with the Department for Behavioral Health & Developmental Services, Department of Health, Department of Education, Family and Children's Trust Fund and other relevant state agencies and stakeholders. This plan shall be focused on primary prevention, be trauma informed, include a public health framework on abuse prevention, promote positive youth development, and be asset and strength based. The plan shall reference and coordinate with any other state plans or programs that deal with issues related to child abuse prevention such as but not limited to teen pregnancy prevention, youth substance use, school dropout, domestic violence/family violence, and foster care prevention. The Commissioner shall convene a work group to assist with developing this plan. The work group shall include, but not limited to, the following stakeholders: Families Forward Virginia, VOICES for Virginia's Children, and the Virginia Poverty Law Center. The Commissioner shall report its work to the Governor and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees, and the Commission on Youth by July 1, 2021."

Explanation

(This amendment adds language requiring the Commissioner of Social Services to develop a 5-year plan to prevent child abuse and neglect working with stakeholders. It requires a report to the Governor, the money committees and the Commission on Youth by July 1, 2021.)

B. Executive Committee Participants

Virginia Department of Social Services

Duke Storen - Commissioner

Gena Berger - Chief Deputy Commissioner

Nannette Bowler - Deputy Commissioner for Human Services

Hari Dulal - Deputy Commissioner for Strategy & Engagement

Department of Behavioral Health and Developmental Services

Alison Land – Commissioner

Department of Health

Heather Board - Acting Director, Office of Family Health Services

Department of Education

Jenna Conway - Chief School Readiness Officer

Department of Juvenile Justice

Valerie Boykin – Director

Office of Children’s Services

Scott Reiner - Executive Director

Department of Medical Assistance Services

Karen Kimsey - Director

Families Forward Virginia

Jeanine Harper – Board of Directors

C. Steering Committee Participants

Virginia Department of Social Services

Kristin Zagar - Director of Family Services
Em Parente - Assistant Director of Policies and Practice
Elizabeth Lee - Assistant Director of Protection and Prevention
Shannon Hartung - CPS Program Manager
Nancy Fowler - Director Office of Family Violence
Ben Mauro - CQI Project Manager
Craig Patterson - Prevention Program Consultant
Barbara Newlin - Director of Child Care and Early Childhood Development
Denise Branscome - Associate Director of Child Care and Early Childhood Development
Toni Washington - Director of Benefit Programs
Stephen Wade - Health Equity Project Manager/Community and Volunteer Services
Jeff Price - Director of Research and Planning

Family and Children's Trust Fund

Nicole Poulin - Executive Director

Department of Behavioral Health and Developmental Services

Lisa Jobe-Shields - Deputy Director, Community Services
Nina Marino - Director, Office of Child and Family Services
Gail Taylor – Director, Office of Behavioral Health Wellness

Department of Health

Sulola Adekoya - Medical Director for Community Health Services

Department of Medical Assistance Services

Laura Reed - (Acting) Behavioral Health Senior Program Advisor Division of Behavioral Health

Department of Education

Maribel Saimre - Director of Student Services
Quyen Duong - Student Services Specialist

Office of Children's Services

Carol Wilson - Program Consultant

Department of Juvenile Justice

Angela Valentine - Chief Deputy Director
Linda McWilliams - Deputy Director

Department of Criminal Justice Services

Betsy Bell - K-12 Mental Health and Suicide Prevention Programs Coordinator
Kristina Vadas - Victim Services Manager

Laurel Marks - Program Manager
Melissa O'Neill – State CASA Program Coordinator, Division of Programs and Services

Department of Housing and Community Development

Taylor Ryan - Housing Program Administrator

Families Forward Virginia

Lisa Specter-Dunaway - Chief Executive Officer
Ali Faruk - Director of Public Policy
Michele Powell – Chief Programs Officer
Donna Guevara – Parent Leader
Devitta Renee Jones – Parent Leader

Early Impact Virginia

Laurel Aparicio - Director

Voices for Virginia's Children

Allison Gilbreath - Policy and Programs Director

Virginia Poverty Law Center

Valerie L'Herrou - Staff Attorney

Virginia League of Social Services Executives

Andrew Crawford - President

SPEAKOUT (Strong Positive Educated Advocates Keen On Understanding the Truth)

Chauncey Strong - Youth Development Specialist

NewFound Families

Stan Phillips - Board of Directors

Generations United/Formed Families Forward

Sarah Smalls - Grand Voices Advocate

SCAN of Northern Virginia

Leah Fraley - Executive Director

Champions for Children: Prevent Child Abuse Hampton Roads

Melynda Ciccotti - Executive Director

Child Care Aware of Virginia

Angela Wirt - Executive Director

CHIP of Virginia

My linda Moore - Director

State Trauma Informed Community Network

Melissa McGinn - Community Programs Coordinator

Side by Side

Ted Lewis - Executive Director

Justice Valentine - Youth Leader

Virginia Interfaith Center for Public Policy (VICPP)

Kim Bobo - Executive Director

Children's Hospital of Richmond at VCU

Dr. Robin Foster - Associate Professor, Director - Child Protection Team

Shamika Byars - Nurse Practitioner

Virginia Sexual and Domestic Violence Action Alliance

Kat Monusky - Community Resilience & Capacity Building Director

University of Richmond School of Law

Fallon Speaker - Professor, Director of Family Law Clinic

Virginia's Kids Belong

Janet Kelly - President

D. Planning Committee Participants

Virginia Department of Social Services

Kristin Zagar - Director of Family Services

Elizabeth Lee - Assistant Director of Protection and Prevention

Craig Patterson - Prevention Program Consultant

Nancy Fowler - Director Office of Family Violence

Family and Children's Trust Fund

Nicole Poulin - Executive Director

Voices for Virginia's Children

Allison Gilbreath - Policy and Programs Director

Virginia Poverty Law Center

Valerie L'Herrou - Staff Attorney

Families Forward Virginia

Lisa Specter-Dunaway - Chief Executive Officer

Michele Powell – Chief Programs Officer

Ali Faruk - Director of Public Policy

E. Steering Committee Charter

Prevention Strategic Plan - Steering Committee Charter	
Steering Committee Leadership	<p>Virginia Department of Social Services (VDSS) with the assistance of the Planning Team: Families Forward Virginia, VDSS + Family and Children's Trust Fund of Virginia (FACT), Voices for Virginia's Children, Virginia Poverty Law Center with technical assistance from Clarus Consulting Group.</p> <p>Leadership is responsible for scheduling meetings, agenda-setting, meeting facilitation, and communicating information to the Steering Committee.</p>
Scope of Work	<p>Per the 2020 Re-Enrolled Budget, Item 354 U: Develop a draft 5-year strategic plan to prevent child abuse and neglect, including clearly articulated goals, objectives, and strategies as informed by family and youth input and the work of diverse state and local stakeholders. Plan to be developed and submitted to the Executive Committee for approval by March 2021 and then submitted to the Virginia General Assembly.</p>
Boundaries and Limitations	<p>Not responsible for final decisions but will make recommendations to the Executive Committee. Must adhere to completing tasks within identified timeframes.</p>
Time Commitments	<p>August 2020 - April 2021: Up to 8 hours per month, including attending meetings (six 3-hour meetings), developing and reviewing materials.</p>
Authority, accountability, reporting requirements	<p>Per the 2020 Re-Enrolled Budget, Item 354 U, the VDSS Commissioner shall establish a 5-year plan for the Commonwealth to prevent child abuse and neglect. The Steering Committee is accountable to the Executive Committee and will provide progress reports on a regular basis.</p>
Communication	<p>Feedback loops will receive information from and provide information to Executive Committee and to Workgroups.</p>
Governance	<p>Consensus. Steering Committee leads will maintain responsibility and authority for approval of all recommendations sent to the Executive Committee.</p>
Membership, roles and functions	<p>Members represent all levels of work. Each member of the Steering Committee is responsible for: attending all meetings, participating in assignments as needed between meetings, and serving as a liaison to internal and external stakeholders by providing updates and receiving feedback.</p>
Resources	<p>Technical assistance is available through VDSS and Casey Family Programs / Clarus Consulting Group.</p>