

Virginia Department of Social Services

people helping people

Roundtable with Virginia's Tribes

March 31, 2021



Present:

Chief Walt “Red Hawk” Brown – Cheroenhaka (Nottoway) Tribe

Susann Brown - Chickahominy Indian Tribe, Director of Child Care Program

Lindsey Johnson - Chickahominy Indian Tribe

Chief Steve Adkins – Chickahominy Indian Tribe

Doris Ann Austin – Chickahominy Eastern Division Tribe

Cassandra (Cassie) Johnson- Monacan Indian Nation

Sally Latimer – Monacan Indian Nation

Pam Thompson - Monacan Indian Nation

Yvonne Epps-Giddings – Nottoway Indian Tribe

Chief Lynette Allston – Nottoway Indian Tribe

Chief Robert Gray - Pamunkey Tribe

Tiffany Gardner – Family First Project Manager/Quality Assurance & Accountability Program Manager

Em Parente – Assistant Director

Kimberly Murphy – Child Welfare Program Specialist, Children’s Bureau

Jewel Wynn – Tribal Liaison

Garrett Jones – Resource Family and Family Engagement Program Manager

Eric Reynolds – Court Improvement Program

Deborah Eves – Federal Liaison

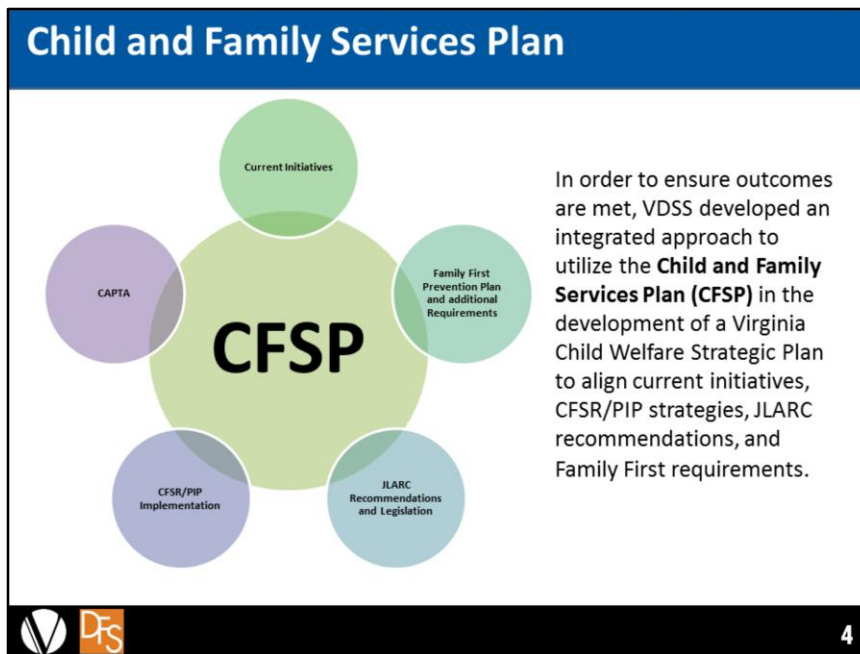
Brenda Sampe – Project Manager

AGENDA

- Annual Progress and Services Report (APSR)
- Evidence-Based Programs and Cultural Adaptations
- Updates from Our Tribes
- Next Roundtable
- Plus/Delta



Brenda noted that you may hear evidence-based programs (EBP) and evidence-based services (EBS) terms used interchangeably – they mean the same thing.



Deborah Eves went over the CFSP sets forth the vision and goals to be accomplished to strengthen Virginia's child welfare system. We aligned all of our current initiatives and state and federal requirements into the CFSP.

The CFSP includes the Child and Family Services Review (CFSR) statewide self assessment. Part of the CFSR self assessment includes any Performance Improvement Plan (PIP) activities we have since we are on a PIP because we didn't pass the CFSR. With this CFSP, there was a concerted effort to make our strategic plan align with our PIP activities. We know those are the area we need to improve on so it makes sense to have them as part of our strategic plan.

Annual Progress and Services Report (APSR)

APSR due each Federal Fiscal Year

- Report summarizes
 - Progress made toward outcomes;
 - Identifies technical assistance needed for the upcoming year; and,
 - Details Federal funding spending and QAA Reviews.



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The APSR is due June 30th to our federal partners.

Report summarizes

- Progress made toward outcomes;
- Identifies technical assistance needed for the upcoming year; and,
- Details Federal funding spending and QAA Reviews.

Annual Progress and Services Report (APSR)

Update:

- **Indian Status – documenting**
- **National ICWA Conference**



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Brenda explained that in the tribes section of our APSR we are going to seek technical assistance on how other state supervised, locally administered states are managing this outcome of front-line staff identifying if children and youth in foster care could be American Indian/Alaskan Native. In our child welfare information system this is documented as “Indian Status”. We are currently at around 71% of these contacts are being made and we want it to be 100%. Chief Gray points out that Indian Status is not the same as being enrolled and a member of the tribe. Brenda Sampe confirmed Chief Gray’s statement. The Indian Status is the first step to initiate the process to get confirmation from the tribe if the child is a member, and act in accordance with ICWA.

In addition, we included that we are aware of 3 tribes sending representative to the National ICWA Conference April 11-14. We hope to share take-aways and resources from the conference at our next roundtable discussion.

APSR:
Data for Calendar Year 2020: American Indian/Alaskan Native

CPS Founded Investigation:
 average 12 children per year

Foster Care: 7 children
 4 were ages 0-3 years
 2 were ages 4-10 years
 1 was age 11-14 years



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Brenda went over some data that will be included in our APSR: for calendar year 2020: there were an average of 12 children identified as American Indian/Alaskan Native out of 5,236 total children identified in a Founded Child Protective Services (CPS) Investigation. Brenda gave a brief overview of what a Founded Investigation meant: once a CPS report is accepted by an agency, it will enter one of two tracts based on severity of the allegation: a family assessment tract or an investigation tract. If it's an investigation, it means the allegations were more severe. If there is a preponderance of evidence that child abuse/neglect did occur, then the investigation is founded. Chief Brown stated that if those children with a founded investigation are removed from their home, Cheroenhaka Child Welfare act indicates that those children should be placed in a native home. Em stated that not all children in a founded CPS investigation may necessarily be removed from their home, some remain with a safe caretaker, the other parent, or family. If a child does have to remove from their home, we make every effort to place the child with a relative.

Brenda noted that in calendar year 2020, 7 children in foster care were identified to be American Indian/Alaskan native out of a total of 7631. The majority of those children were placed with relatives either in state or out of state.

CFSP and APSR Online

CFSP page:

https://www.dss.virginia.gov/family/cfs_plan.cgi

- ✓ Click the title of the plan to access
- ✓ Includes annual reports on the plan after they are approved



This is where you can find the most recent APSR. Brenda will let the tribes know when the newest APSR is added.

The **vision** for Family First is to **keep children safe, strengthen families** and **reduce the need for foster care** whenever it is safe to do so.



Tiffany briefly explained what Family First was: a comprehensive bill that updates how we states can access/use Title IV_E funding. The Family First Prevention Services Act creates a new IV-E funded prevention program providing quality evidence-based services, promote family-based placements and reduce congregate care placements. The vision of Family First, which is to **keep children safe, strengthen families** and **reduce the need for foster care** whenever it is safe to do so.

What is In-Home Services?

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Families, youth and child(ren) receiving support so child(ren) can live safely in his/her own home or with relatives(kin) in his/her community, by:

- Families, youth, child(ren) and their support systems identifying what they need, jointly identifying safety and risk concerns, and having regular engagement with their workers
- Families, youth and child(ren) having access to easily accessible, equitable, individualized services to reduce the reoccurrence of child maltreatment and increase protective factors

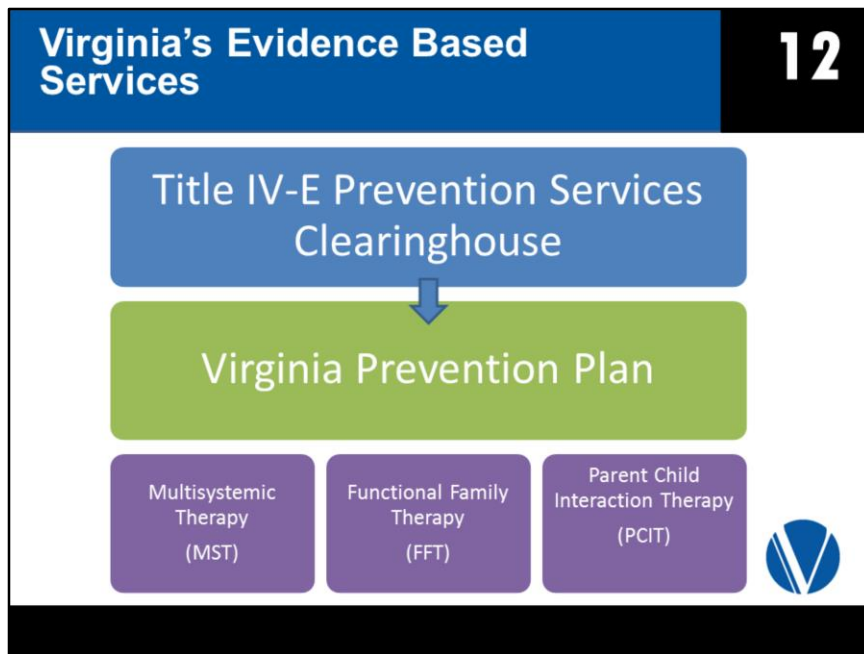
So that youth and child(ren) are safe and have what they need

Through current practices we have been providing services for high risk cases. With the implementation of Family First we will be making a concerted effort for these cases to receive an Evidence Based Service. These cases are known as In-Home Services which is where Families, youth and child(ren) receiving support so child(ren) can live safely in his/her own home or with relatives(kin) in their community.



Tiffany provided a brief description of what evidence based services are and why we should refer families to utilize these services.

Evidence based services are specific interventions and models that have been researched and rigorously evaluated. These services have a history of positive outcomes and are viewed as a quality approach. We want families to have access to services that will help to meet their needs and decrease the risk of removal.



EBS have to be selected from the federal approved Title IV-E Prevention Clearinghouse. Virginia is focused on implementing three evidence based service models throughout the state as a component of the Family First. These models have proven outcomes and will help to meet the needs of our families in their homes and community. They are: Multisystemic Therapy (MST), Functional Family Therapy (FFT) and Parent Child Interaction Therapy (PCIT). We partnered with University to offer trainings for five Multisystemic Therapy (MST) team, 5 Functional Family Therapy (FFT) teams, and 16 Parent-Child Interaction Therapy (PCIT) clinicians. These trainings have been completed. Teams/Clinicians that have received and completed their training are able to serve children and families now. We are committed to continue to establish more evidence based services throughout the Commonwealth and will approve more models in the future.



Brenda asked group about the documents that were emailed out last week. Any questions or feedback? Yvonne indicated that the term “therapy” may sound like someone needs to be changed and/or fixed and doesn’t lend itself to this being a collaborative process. Chief Brown says that the language needs to be inclusive to include both parent and child’s involvement – could be a matter of semantics. Cassie noted that perhaps replacing the word therapy with therapeutic could be helpful. Doris associates therapy with getting help and it does not have any negative response from her. Brenda will share this feedback with the purveyors of the EBPs.




Yvonne said that the connection between health disparity within native communities needs to be addressed; there is a office of Indian Health Services in Richmond. About 10 years there was a report that established health centers that served communities experiencing disparity in health services – something to think about bringing up again and addressing. Chief Brown says there is a great void between state and federally recognized tribes when it comes to health services. He would like to share with DFS the Cheroenhaka Child Welfare Act, that is around 8-10 pages and asked that we review it. Kimberly asked if she could receive it as well. Brenda indicated she would email Chief Brown after the meeting so he had her email; Brenda will share report to Kimberly. Yvonne is looking forward to the NICWA conference.

Plus/Delta

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Plus: interactive nature, appreciated DFS hosting, great meeting

Delta: should consider extending length of time of meeting to give time for the discussion



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

DFS Division of
Family Services