



## Virginia Case Study: Child Safety and Child Fatality Reduction

The Virginia Department of Social Services (DSS) led several successful three-branch approaches. This case study provides an overview of Virginia's participation in the 2016-17 Three-Branch Institute focused on promoting child safety and reducing child fatalities. The initiative was led by the Virginia DSS and the core team consisted of two representatives from Virginia DSS; a representative of the Virginia Department of Medical Assistance Services (DMAS); the chair of the House committee on Health, Welfare and Institutions; a member of the Senate Committee on Rehabilitation and Social Services; a leader from the Court Improvement Program (CIP); and a Juvenile and Domestic Relations Court judge.

### Using the Three-Branch Approach

Virginia DSS created a project manager position to staff its initiative by reassigning duties from an existing position within Virginia DSS. This project manager was responsible for managing day-to-day operations of the three-branch initiative, including developing meeting agendas, managing communications between branches and following through on action items.

The state formed work groups based on the four strategic goals:


- Increase understanding of risk and protective factors that are predictive of or associated with child maltreatment and child fatalities.
- Assess the effectiveness of existing screening, safety and risk tools, and explore the development of new or expanded policies, practices and protocols.
- Strengthen existing efforts to enhance child safety through primary prevention and family engagement strategies across systems.
- Enhance child welfare recruitment and retention efforts to create and sustain a culture of safety in the workforce.

Those work groups included members of the core and implementation teams, who met frequently to discuss project updates related to their individual work group goal. At core and implementation team meetings,

### Virginia Three-Branch Initiative's Implementation Team

The state recruited diverse stakeholders to participate in its implementation team, including:

- Additional members from the Virginia House of Delegates.
- Additional members from the Virginia Senate.
- Additional Juvenile and Domestic Relations Court judges.
- Guardians ad litem.
- The Virginia Commission on Youth.
- Additional members from the CIP.
- The Office of Health and Human Resources.
- The Virginia Children's Cabinet.
- Additional representatives from Virginia DSS.
- Representatives from the Virginia League of Social Service Executives.
- The Office of Children's Services.
- The Virginia Department of Health.
- The Virginia Board of Social Services.
- The Family and Children's Trust Fund of Virginia.
- DMAS.
- The Virginia Department of Behavioral Health and Developmental Services.
- The Virginia Department of Criminal Justice Services.
- Henrico County Police.
- The Virginia Association of Chiefs of Police.
- The Office of the Attorney General.
- A commonwealth attorney.



representatives from the different work groups would provide status updates from their work groups to the larger team. The team would use these meetings to share lessons learned from work groups and to address challenges to accomplishing their goals.

In developing its strategic plan, the team identified overarching strategies, high-impact strategies, actions, responsible team members and associated timelines to meet each identified goal. An excerpt from the Virginia strategic plan is provided on page 37.

## Outcomes

As a result of its three-branch approach, Virginia launched a Safe Sleep Campaign in partnership with Baby Box Co. The campaign included a Safe Sleep 365 campaign website, billboards, a social media kit and a series of public service announcements. The state also launched a research study with Virginia Commonwealth University to evaluate the effectiveness of safe sleep messaging combined with universal distribution of Baby Boxes. In addition to the Safe Sleep Campaign, Virginia enacted the following legislation:

- 2017 Virginia Acts of the Assembly Chapter 428 (Senate Bill [S.B.] 1086) and 2017 Virginia Acts of the Assembly Chapter 176 (House Bill [H.B.] 1786) require mandated reporters to file a report if a finding is made by a health care provider that a child is (i) born affected by substance abuse or experiencing withdrawal symptoms from in utero drug exposure; (ii) the child has an illness, disease or condition, that is attributed to maternal abuse of a controlled substance during pregnancy; or (iii) a child has a fetal alcohol spectrum disorder attributable to in utero exposure to alcohol. Local departments of social services are to conduct a family assessment and develop a plan of safe care in accordance with federal law.
- 2017 Virginia Acts of the Assembly Chapter 64 (S.B. 868), which requires local DSSs to respond to valid reports and complaints alleging suspected abuse or neglect of a child under the age of two within 24 hours of receiving such report or complaint.
- 2017 Virginia Acts of the Assembly Chapter 197 (H.B. 2162) directs the Virginia secretary of Health and Human Resources to convene a work group to study barriers to treatment of substance-exposed infants in the commonwealth.

The state partially credits its success to having dedicated staff focused on completing the tasks of the three-branch initiative. The team leads also noted that many of the participants in the initiative had prior positive working relationships, which facilitated camaraderie and support within the teams. Virginia is now using the relationships and infrastructure it built through several three-branch initiatives to implement Family First.

Based on its initial three-branch approach, Virginia developed four work groups focused on different aspects of implementing Family First. Each work group met regularly and was chaired by representatives from both the core and extended teams. At core team meetings, representatives from each work group presented updates from their work and strategized to address challenges and road blocks. During the 2019 legislative session, lawmakers enacted House Bill 2014 which aligns the Code of Virginia with the federal Family First Prevention Services Act, and defines Qualified Residential Treatment Program (QRTP), fictive kin, and family and permanency team.



Strategy	High-Impact Strategy	Actions to Implement Strategies	Lead
Strategy 1: Provide education and public awareness focused on the family.	Conduct judicial outreach to at least 50% of the Juvenile Domestic Relations District Court judges on the Virginia Children’s Services Practice Model, implementation of child welfare practice profiles and trauma-informed practice.	Prepare and present information at two judicial conferences.	Judicial: CIP Executive: Virginia DSS
	Convene a joint briefing for members of the Virginia General Assembly on adverse childhood experiences, trauma, child safety and family well-being.	Consider the joint briefing to the Virginia General Assembly on adverse childhood experiences, trauma, child safety and family well-being.	Executive: Virginia DSS Legislative
Strategy 2: Evaluate opportunities to apply Medicaid and other financial resources to support primary prevention strategies.	Explore opportunities to expand home visiting programs through Medicaid and enhance collaboration with managed care organizations (MCOs).	Obtain outcome data on home visiting programs funded by Medicaid and MCOs.	Virginia DMAS
		Obtain quarterly reports from the Pay for Success Council regarding the status of home visiting programs throughout the state.	Public sector: Prevent Child Abuse Virginia
		Plan data briefings for the Virginia General Assembly on the progress of home visiting programs.	Executive: Virginia DSS
		Propose budget amendment to implement the Nurse-Family Partnership model as a Medicaid service.	Legislative
	Explore initiating a safe sleep campaign to educate communities and reduce the risks of unsafe sleep-related fatalities.	Research existing safe sleep campaigns, with a focus on programs that provide sleeping spaces (Baby Boxes, Pack n’ Plays, cribs, etc.).	Executive: Virginia DSS
		Convene a work group of three-branch initiative members and community stakeholders to develop implementation and evaluation proposal for a safe sleep campaign and pilot program.	Executive: Virginia DSS
		Present and finalize a safe sleep campaign and pilot program proposal to the expanded implementation team.	Executive: Virginia DSS
		Analyze data from the pilot program to identify trends and recommend further research, expansion and possible legislative and budget recommendations.	Executive: Virginia DSS