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Hello, my name is Pete Tucker. I am here representing Volunteer Families, formerly VEFC. My wife, daughters and I have been volunteers providing short term foster care and respite with the agency for 6 years, having cared for approximately 15 children.

After nearly 32 years of service to over 17,000 of Virginia's at-risk children and youth, Volunteer Families has a great deal of evidence to support that short-term care we provide meets a significant need in Virginia. Recently our agency became licensed in an effort to make this valuable service available to an even greater number. Short-term care and respite are a key piece of our state's safety net for children, and can actually work to help keep families intact and children out of long term foster care. My family has seen how this works first hand. Most of our placements unfortunately do not fit this mold. In all but one case, the situation had deteriorated to the point of removal.

That is why one placement is so memorable. A young mother with an eight month old boy was reported to Social Services. Her husband, an active duty soldier was deployed in Iraq. The social worker told us that the mom was just overwhelmed and depressed. She said that their house was filthy beyond her

ability to explain, and the baby (although appearing healthy) was dirty and was suffering from a bad case of diaper rash. The mom was offered respite care for the baby allowing her time to get some help. According to the social worker, it was a miraculous turn around. The mom got the help she needed from friends to clean the house, and help from social services in parenting skills. My wife and daughters loved, nurtured, and helped to heal that little eight month old boy, and we all shed tears when he left. We received a call from the mom two weeks later thanking us for what we did. This is exactly how the system is supposed to work.

Volunteer Families, is pleased that a distinction has been made for short-term foster care in the new standards before the Board at this time. Several highly appropriate exceptions have been made which remove barriers to families like mine who are willing to undergo extensive home studies in order to volunteer their time. Some other exceptions have been made which also make short-term care and respite more readily accessible to families in crisis, before a child has to be removed from their home by social services.

However, on behalf of Volunteer Families, I would like to suggest that the Board can take a few more small steps to eliminate unnecessary barriers to Volunteer Families like mine, licensed child placing agencies, and the at-risk children and

families they serve. To that end, the staff and Board of Volunteer Families has provided a detailed position paper via the town hall website and to Joni Baldwin. We also have copies of that document available here today. We hope that you will review the very detailed recommendations for how to revise the proposed new standards in a way that helps enhance the state's safety net for children, and the integral role that short-term care and respite can play in it. Thank you for your time.



Position Paper
Proposed Chapter 131
Standards For Licensed Child-Placing Agencies

Support for Revisions to Licensed Child Placing Agency Minimum Standards:

Volunteer Families, a Virginia Licensed Child Placing Agency (License #co-339-10), is pleased with the effort to revise minimum standards for licensure. As the only agency in the Commonwealth whose expressed mission is to provide a maximum of 21 days of emergency shelter and respite, Volunteer Families especially supports the distinction made in the new standards related to SHORT-TERM FOSTER CARE. After nearly 32 years of service to over 17,000 of Virginia's at-risk children and youth, we have a great deal of evidence to support that short-term care meets a significant need. We also believe the services that we are able to provide as a licensed agency are in clear congruence with the Virginia Department of Social Services' new practice model and the National child welfare movement to increase permanency for foster youth. Offering emergency shelter and ongoing respite to at-risk families, before an incidence of abuse or neglect occurs, will help keep families intact in the long run, while immediately serving the best interests and safety of children. However, the previous standards adopted in 1989, set up significant barriers for agencies like ours to meet requirements and conduct our work efficiently and effectively.

Primary Concerns Regarding Revisions:

While we support the short-term foster care distinction, there are several areas in which we believe the recent revisions do not go far enough in removing barriers to quality service provision. The following are Volunteer Families' suggestions for rewording specific sections of the standards:

PROPOSED SECTION 22 VAC 40-131-29 Medical, dental, and psychiatric examinations and care

"Each child shall have a medical examination conducted by or under the direction of a licensed physician no earlier than 90 days prior to placement, except in the following situations."

1. "An emergency-placed child shall have up to 60 days following placement to receive a medical examination if a written medical examination no earlier than 90 days prior to placement is not available."
2. VOLUNTEER FAMILIES SUGGESTED ADDITION: *"In the case of temporary parental entrustment of a child into short-term care or respite, the licensed agency will identify obtaining medical care for the child as a primary service plan goal, and assist the parent and child with meeting that goal in no less than 60 days following placement, if a written medical examination no earlier than 90 days prior to placement is not available."*

REASONING: Frequently, the families seeking short-term care and respite through parental entrustment are by definition in crisis. While agencies like Volunteer Families prioritize the physical health of children, we do not want to restrict families from receiving the emergency help that they seek. This is especially true if the very nature of the situation which has brought them to our door step has also limited their ability to obtain medical care in the last 90 days. As a part of their service plan, we can help these families connect to appropriate medical services, but once their temporary entrustment end, we have no authority to force parents to take their children to a doctor. Since placements with our agency last no longer than 21 days, that places a more stringent burden on our agency to arrange

appointments and provide transportation than is placed on other licensed child placing agencies (60 days, as listed in exception #1 above). We also recommend making the above exception applicable to dental exam requirements.

PROPOSED SECTION 22VAC40-131-230 Monitoring and Re-evaluation of the Host Home

F. "The licensee shall document the following for each re-evaluation conducted:

2. The results of an evaluation of the providers' performance to include his:

d. Ability to establish and maintain a consistent and stable environment for each child and including in this evaluation, the identification and resolution of problems or significant changes that occurred in the family since the last evaluation"

VOLUNTEER FAMILIES SUGGESTED ADDITION: "Exception - For re-evaluations of providers of short-term foster care only, instead of addressing the provider's consistency and stability for each child placed since the last evaluation, the licensee should conduct an overall evaluation of the providers ability to assist the children in their home with transitioning to and from care."

REASONING: Since the primary goal for short-term care is to provide safe and nurturing shelter during a transitional period in the life of a child, it is of greater importance that the providers understand how to help children successfully transition between home settings, than to provide long-term stability. In addition, because short-term providers typically care for more children over a 36 month period than long-term providers, it is more practical to conduct an overall assessment of the provider's performance in this area than to look at each child's case at the time of re-evaluation when they provides does short-term care only.

PROPOSED SECTION 22VAC40-131-250 Intake, Acceptance, and Placement

H. 3. A (2). VOLUNTEER FAMILIES SUGGESTED ADDITION: *Except in the case of parental placement in short-term foster care or respite*, for a child under one year old the admission examination shall consist of a hospital summary and a physician signed report of interim care no older than 30 days that documents the absence of abnormalities or if abnormalities are present the report shall contain an explanation of abnormalities observed.

REASONING: While it is important for the licensee to capture as much medical information as possible at the point of intake, in the case of parental placement, there may be no to suspect that there are any abnormalities in the child's development or that the child has been hospitalized since birth. Parental placements are often made without any reported allegations of abuse or neglect by the parent.

N. VOLUNTEER FAMILIES SUGGESTED ADDITION: Except when the placement of the child is an emergency placement *or placement intended to last no longer than 30 days*, the licensee shall prepare the child for placement and arrange a pre placement visit for the child in the prospective home. If a pre placement visit did not take place prior to the child's placement, the reasons why it did not occur shall be documented in the child's file.

REASONING: The intent of pre-placement visit is to help ensure that a child and a foster family are well-matched for long-term placement. While the licensee can and should use a variety of tools to match children and families prior to placement, a pre-placement visit may not be necessary prior to intended to last longer than 30 days.

PROPOSED SECTION 22VAC40-131-260 Social History

B. The social history shall be documented in the record of each child and shall include the following:

8. Education and occupation of the child's parents, siblings, aunts, uncles, and grandparents;

VOLUNTEER FAMILIES SUGGESTED ADDITION: a. Exception – in the case of emergency or short-term placement, education and occupation information for the parents and siblings ONLY are required.

9. Medical and psychiatric history of the child's parents, siblings, aunts, uncles, and grandparents as it relates to the suitability of the child for placement;

VOLUNTEER FAMILIES SUGGESTED ADDITION: a. Exception – in the case of emergency or short-term placement, medical and psychiatric information for the parents and siblings ONLY are required.

REASONING: This level of detail on the history of extended family members may not be available, nor pertinent, to the child's short-term care.

Request for Official Clarification:

PROPOSED SECTION 22VAC40—131-250 Intake Acceptance and Placement

C. Prior to any placement of a child in an independent living arrangement, the licensee shall secure written authority to make the placement. The written authority to place includes one of the following:

1. A court order, issued by any court of competent jurisdiction, that commits the child to the care of the licensee;
2. A permanent entrustment by the parent or parents or other person having legal custody of the child;
3. A temporary entrustment by the parent or parents or other person having legal custody of the child;
4. A placement agreement from an child-placing agency or person having legal custody of the child; or
5. A placement agreement signed by the local department of social services having jurisdiction when a noncustodial agreement has been signed between a parent or legal guardian and the local department or another public agency.

VOLUNTEER FAMILIES QUESTIONS:

Under these standards, can a parent (legal guardian) enter into a "placement agreement" directly with Volunteer Families (LCPA) without the involvement of a local department of social services or the court? How does a placement agreement with a parent differ from a temporary entrustment? What should be contained in a placement agreement made directly between an LCPA and a legal parent?

PROPOSED SECTION 22VAC40-131-370

O. If services are provided to the child's birth family, the licensee shall maintain a file on each child's birth parents. The file may be separate from the child's file or combined and maintained in the child's file. The file shall include:

1. An up-to-date face sheet documenting:
 - a. Names, addresses, telephone numbers, and marital status of each parent;
 - b. Names of known members of the birth family;
 - c. Current whereabouts, addresses, and telephone numbers, when available, of each known member of the birth family; and
 - d. A cross reference to the file of the child unless the birth family's information is maintained in the child's file.

VOLUNTEER FAMILIES QUESTIONS:

Does case management (linking to services) offered to the family as a part of the service plan for the child constitute "services provided to the birth family?"

PROPOSED SECTION 22VAC40-131-410

Article 2

Short-term Foster Care

22VAC40-131-410. Applicability.

In addition to applicability requirements specified by 22VAC40-131-20, programs licensed to provide short-term foster care services shall also comply with the requirements of this article.

22VAC40-131-420

22VAC40-131-420. Children placed in short-term foster care.

- A. The licensee shall allow foster parents access to alternate planned and crisis foster care for their foster children.
- B. Foster children in need of alternate planned or crisis foster care services shall only be placed in a home that has:
 - 1. Been approved by a Virginia child-placing agency as a provider for the receiving of placed children; and
 - 2. Received training as required by this chapter.
- C. The licensee shall inform the provider of the child's treatment and service plan at the time of placement of the child.
- D. The licensee shall oversee and provide support and supervision as necessary to the provider in the home provider's implementation of the child's treatment and service plan.

VOLUNTEER FAMILIES QUESTIONS:

What is the intended purpose of the above section? How does this section apply, or not apply, to agencies which ONLY provide short-term foster care?

Margaret Duke

Licensing applicant and psychotherapist

Recommending two therapeutic foster children in a home is a concern. She feels there should be a special provision for the exception.

Ms. Duke shared a concern that a particular local agency was not following DSS standards. She called to report this but nothing was done about the irregularities. She has many concerns that this agency isn't being consistent in following standards as other localities are.

Ms Duke shared an example of a therapeutic foster care home where the family was planning to adopt a child. The child had reservations about the adoption. The child was removed from the foster care home after voicing reservation about the adoption.

Rebecca Ricardo

Executive Director Coordinator 2

Commented on Pets (page 49T- ensure that pets are safe. Need to add a statement on how to do this and to ensure there is proper documentation.

Page 54-Capacity for the number of children in foster care home and therapeutic foster care but no mention of capacity of adopted homes...should we have a statement that says "no capacity:?"

Page 48 There is a typo- The word "that" should be "than"

Public Hearing adjourned at 11:22 a.m.