Partial List of the Duties of a DSS Foster Care Worker

- Develop individual service plans
- Assess needs of child/family
- Locate potential relative placements for children
- Coordinate services for child/family
- Create Transitional Living Plans and complete Independent Living Assessments for youth ages 14+
- Complete required paperwork and make presentations to Family Assessment and Planning Team (FAPT) to request funding for services
- Document all contacts and required information into State OASIS data system
- Complete adoption home study investigations
- Facilitate visitations between child and family
- Connect families with community resources
- Attend treatment team meetings with child’s service providers
- Attend and participate in school IEP meetings
- Attend and participate in Family Engagement meetings
- Maintain ongoing contact with therapists, school personnel, attorneys and all other service providers
- Return all calls, emails and requests for information in a timely manner
- Maintain oversight of adoption subsidy cases and facilitate annual re-certifications
- Provide support to adoptive families having problems/concerns
- Process requests from adoptive parents for additional services/funding on adoption subsidy cases
- Facilitate productive working relationships between child, biological family, foster family, relatives service providers
- Locate and implement placements for children
- Service in capacity of “problem solver” for children and biological family
- Provide assistance to Therapeutic Foster Care Case Manager in crisis situations
- Provide transportation for biological parents, as necessary and able
- Conduct monthly face-to-face contact with foster children
- Coordinate and participate in Best Determination Meetings for foster children
- Register children for school and attend all school meetings on behalf of child
- Complete and submit paperwork to start/stop/change payments on child’s case
- Conduct custody home study investigations ordered by the Juvenile Court
- Complete step-parent and parental placement adoption home studies ordered by the Circuit Court
- Complete Court-Ordered investigation reports on Relief of Custody Petitions
- Attend regular foster care court hearings for each foster child
- Attend court hearings for foster children who incur criminal charges
- Attend court hearings for child support
- Provide testimony to the Juvenile and Circuit Courts
- Attend and participate in regular agency case staffing
- Maintain physical case file on each child
- Finalize adoptions of foster children
- Complete all case opening/case closing paperwork
- Develop and maintain effective working relationships with child, biological family, foster family, attorneys, Court Services personnel, school personnel, therapists, family educators, CASA volunteer case managers and all other treatment providers
- Provide written Service Plan Reviews/ Updates to the Court on the status of each child’s case
- Complete initial Medicaid referral packet and annual re-assessment paperwork for each child
- Maintain contact with providers serving biological family to determine progress/barriers
- Re-assess status/needs of the child and the biological family throughout the life of the case
- Refer child/biological family to services as needed and maintain effective contact with providers
- Provide assistance to coworkers to facilitate teamwork and ensure timely response to clients
- Make placement/ monitoring referrals to the office of the Interstate Compact on the Placement of Children (ICPC)
- Monitor ICPC cases from other states
- Enter all case information and changes in status into the OASIS system, in compliance with State requirements
- Work effectively with Child Protective Services and Prevention staff for the benefit of clients
- Provide all involved persons updated, accurate information and notifications regarding changes with child and biological family
- Participate in Family Educator meetings to review status of services to biological families
- Attend Division of Child Support Enforcement (DCSE) meetings, as required
- Attend and participate in intake appointments to begin services for foster children, as needed
- Serve as On-Call Worker for County on a rotating basis
- Serve as Child Protective Services/ Adult Services/ Child Care Intake Worker on a rotating basis
PLACEMENT WITH RELATIVES: The Department will select this goal when it appears that the parents will not be able to have the children returned to their care. This goal has a 12 month timeframe. A relative does not need to be identified prior to choosing this goal; however, it is possible for a relative to have already filed for custody when this goal is chosen.

ADOPTION: This goal is chosen when a return home is not possible and there are no viable relatives for placement. State policy requires the Department to file for adoption when the child has been in care for any of the last 22 months; however, there are exceptions that are evaluated on a case-by-case basis. The Department will usually file a plan for Adoption and Petitions for Termination of Parental Rights at the same time. The Department has the burden of proof to demonstrate that this is in the child's best interest and that no other options are available. Once parental rights are terminated, the parents and all extended family members lose rights and privileges to the child, including visitation.

PERMANENT FOSTER CARE: This goal is only available to children age 13 and older or a child under that age and an older sibling being placed in Permanent Foster Care. Permanent Foster Care is chosen when a child cannot return home, does not want to be adopted and cannot be placed with relatives. In this situation, the foster parents and DSS enter into an agreement where the foster parents agree to parent the child until they leave foster care. In return, they are given additional rights not granted to foster parents, such as the right to consent to military enrollment, surgery and marriage.

ANOTHER PLANNED PERMANENT LIVING ARRANGEMENT (APPLA): This goal is used for children of any age require group home or residential treatment due to behavioral, emotional or physical needs. This goal must be reviewed in Court every 6 months.

INDEPENDENT LIVING: (REMOVED AS A NEW GOAL EFFECTIVE 7/1/2011) This goal is only available to children age 16 and older who have previously had a goal of Independent Living approved by the courts. A child with the goal of Independent Living will have a service plan that outlines what services are necessary to assist the child with achieving independence once they are no longer in foster care.

FAMILY PARTNERSHIP MEETINGS (FPMs): This is a program where a facilitator conducts a meeting for all parties in case to make a decision regarding the child. The idea is that families know what is best for their own and should not be left out of the decision making process in their case. In addition to the professionals involved in the case (DSS social worker, attorneys for the child, counselors), families can invite anyone they feel is a support for them. Sometime, parents are also involved in the meeting. FPMs will eventually be held at several key decision-making points such as removing a child, changing a foster care goal, changing placement, etc.

Types of Foster Care Placements:

REGULAR FOSTER CARE (Rappahannock Area Foster Family Team [RAFFT] homes): This is a foster home trained by general, these homes are usually not equipped to handle children with high behavioral or medical needs and are usually local.

THERAPEUTIC FOSTER CARE (TFC): This is foster care with a specially trained family that receives additional support funding. Spotsylvania DSS does not have trained therapeutic homes but uses a program through the Rappahannock Community Services Board that enables regular foster homes to receive therapeutic services (an in-home counselor). DSS also uses private therapeutic agencies such as United Methodist Family Services. These homes may be of the area.
-VIRGINIA ENHANCED MAINTENANCE ASSESSMENT TOOL (VEMAT): VEMAT is a program designed to assist higher-need children in maintaining a level of care in the community by staying in a TFC home. When a child enters a TFC home through a private agency or through the Community Services Board, a set VEMAT rate is automatically initiated for the first 60 days until a VEMAT meeting can be held. VEMAT rates are determined the foster parents’ need to provide additional supervision to the child based on the child’s emotional, behavior and physical impairment. Once the level of need is established, it equates to a set monthly financial stipend which is then provided to the foster parent to reimburse for additional time and expenses.

EMERGENCY SHELTER: These are short-term facilities with several bedrooms used when children are in transition between placements. This is usually used when an appropriate placement has not yet been located and a child could remain in their current situation. An example is the Youth Emergency Shelter in Richmond.

GROUP HOME: These are usually converted homes with several bedrooms designed to house between 1 and 15 children. They are staffed 24 hours a day with “awake” staff and used when children’s behavioral or emotional needs are too for a therapeutic foster home. An average length of stay in a group home is 6-12 months, but can exceed a year or based on progress. Spotsylvania DSS uses programs such as Intercept Youth Services and The Journey House. Most group homes used by this Department are located in Richmond or Charlottesville.

RESIDENTIAL FACILITY: These are usually locked or gated facilities with between 15 and 100 beds for children with level behavioral, emotional or physical needs that cannot be met in a lower level of care. Most residential facilities an on-site school and in-house therapists and psychiatrists and are meant for placements of 12-18 months. Examples include Poplar West, St. Mary’s Home for Disabled Children, North Springs Behavioral Healthcare and Hallmark Youthcare. These facilities are scattered around Virginia in Norfolk, Richmond, Leesburg, Petersburg, Staunton and Charlottesville.

ACUTE PSYCHIATRIC HOSPITAL: In general, this is the highest level of restriction and is used only when a child is in a mental health crisis (suicidal or homicidal). The children are closely monitored 24-hours a day in a locked therapeutic setting. These are short-term placements that usually last only a week or so until the crisis can be handled in a less level of care.

ASSESSMENT AND DIAGNOSTIC FACILITY: These placements are used in rare circumstances where the mental health functioning of a child needs to be determined by an intensive evaluation process. Placements usually last 60-90 de

Services for Foster Children:

OUTPATIENT COUNSELING: This is individual or group therapy provided by a licensed counselor through a local the office, such as the Rappahannock Area Community Services Board. Therapy for foster children generally starts at a weekly.

MEDICATION MANAGEMENT: When children are believed to require psychiatric medication to assist with a mental or behavioral concern, they are required to see a psychiatrist for medication management. These appointments c in frequency depending on the type of medication prescribed. Providers can be psychiatrists at the Rappahannock Community Services Board, private psychiatrists or in some cases, pediatricians.

INTENSIVE IN-HOME COUNSELING: This service is provided when a child’s emotional or behavioral needs cannot with a weekly outpatient counseling session. In-Home is provided by a specially trained therapist who visits the home to meet with the child. Therapy sessions can happen several times per week and are focused on the child’s
ACRONYM LIST

FAPT  Family Assessment and Planning Team
CMPT  Community Policy and Management Team
RACSB  Rappahannock Area Community Services Board
RAFFT  Rappahannock Area Foster Families Team
CASA  Court Appointed Special Advocate
CSA  Comprehensive Services Act
JDR  Juvenile and Domestic Relations Court
CDC  Child Development Center
CPS  Child Protective Services
APS  Adult Protective Services
VIEW  Virginia Initiative for Employment not Welfare
CANS  Child and Adolescent Needs and Strengths
VEMAT  Virginia Enhanced Maintenance Assessment Tool
FPM  Family Partnership Meeting
DSS  Department of Social Services
VDSS  Virginia Department of Social Services
DJJ  Department of Juvenile Justice
CSU  Court Services Unit
TFC  Therapeutic Foster Care
CPA  Child Placing Agency
GAL  Guardian ad Litem
TPR  Termination of Parental Rights
CHINS  Child In Need of Services/Supervision
IEP  Individual Education Plan
APR  Adoption Progress Report
DCSE  Division of Child Support Enforcement
ICPC  Interstate Compact on the Placement of Children
Duties of a Guardian Ad Litem

In fulfilling the duties of a Guardian ad litem (GAL), an attorney shall:

1. **Meet face to face and interview the child.**
   "Such interviews are best conducted on a date prior to the first court appearance and at a location other than the courthouse."

2. **Conduct an independent investigation in order to ascertain the facts of the case.**
   Besides interviewing the child, the GAL should interview other people involved in the child’s life, such as the child’s parents, current caretaker including foster parents, an assigned Court-Appointed Special Advocate (CASA) worker, social worker, child care provider, clergy, neighbors, relatives, school personnel, and health and mental health providers.

3. **Advise the child, in terms the child can understand, of the nature of all proceedings, the child’s rights, the role and responsibilities of the GAL, the court process and the possible consequences of the legal action.**
   "The GAL should keep the child apprised of any developments in the case and actions of the court or parties involved. The GAL shall maintain meaningful contact with the child throughout the term of the case to monitor the child's welfare and the parties' compliance with court orders."

4. **Participate, as appropriate, in pre-trial conferences, mediation and negotiations.**
   "The GAL’s role in such meetings is to represent and advocate for the best interests of the child."

5. **Ensure the child’s attendance at all proceedings where the child’s attendance would be appropriate and/or mandated.**

6. **Appear in Court on the dates and times scheduled for hearings prepared to fully and vigorously represent the child’s interests.**

7. **Prepare the child to testify, when necessary and appropriate, in accord with the child’s interest and welfare.**

8. **Communicate, coordinate and maintain a professional working relationship in so far as possible with all parties without sacrificing independence.**
   This includes meetings of the Family Assessment and Planning Team (FAPT), Individualized Education Plan (IEP) meetings, school disciplinary or other educational meetings, and foster care placement and review meetings.

9. **File appropriate petitions, motions, pleadings, briefs, and appeals on behalf of the child and ensure the child is represented by a GAL in any appeal involving the case.**

10. **Advise the child, in terms the child can understand, of the court’s decision and its consequences for the child and others in the child’s life.**

Excerpted from the Supreme Court of Virginia website:
http://www.courts.state.va.us/gal/gal_standards_children_060403.html

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