VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Quality Service Review Annual Report

July 1, 2013 through June 30, 2014

Report issued September 2014

Conducted by:

Continuous Quality Improvement Unit
Quality Assurance & Accountability
Division of Family Services
VA Department of Social Services

QSR Reviewers – Quality Service Review is conducted by trained professionals from local departments of social services and the state Department of Social Services. The contributions of these professionals are significant to the success of QSR and building the internal capacity for quality in child welfare in Virginia. We express our gratitude for their contributions.

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Agencies Reviewed –the following local departments of social services participated in a Quality Service Review and the results are represented in this report.

- Charlottesville Department of Social Services
- Danville Division of Social Services
- Lynchburg Department of Human Services
- Petersburg Department of Social Services
- Portsmouth Department of Social Services
- Pulaski County Department of Social Services
- Stafford County Department of Social Services

Continuous Quality Improvement Unit – the Division of Family Services is responsible for the implementation of Quality Service Review.

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I. Executive Summary

The Virginia Department of Social Services (VDSS) utilizes the Quality Service Review (QSR) as a system improvement tool for aligning the quality of service delivery with the Virginia Children's Service Practice Model to promote better outcomes in child welfare. This report provides a summary of the Quality Service Reviews conducted from July 2013 through June 2014. During this period, seven local departments of social services (LDSS) participated in a Quality Service Review.

With the support of Casey Family Programs, two organizations assisted in the development of the QSR protocol and process, Human System and Outcomes, Inc. and the Child Welfare Policy and Practice Group. The QSR protocol is Virginia specific and developed to operationalize the Virginia Children's Services Practice Model. (**Appendix A**)**.** The Practice Model principles represented in the protocol include:

- Belief that all children and youth deserve a safe environment
- Belief in family, child and youth-driven practice
- Belief that children do best when raised in families
- Belief that all children and youth need and deserve a permanent family
- Belief in partnering with others to support child and family success in a system that is family–focused, child-centered, and community based

The Continuous Quality Improvement Unit (CQI), in Family Services, was tasked to manage the QSR process in October 2010. The QSR utilizes local child welfare professionals as reviewers who are trained and mentored on the indicators in the QSR Protocol. The CQI unit provides training for local reviewers and mentors to establish a strong professional peer review system.

QSR OVERVIEW

The QSR is an action-oriented learning process that provides a way of recognizing what is working or not working in case practice for children and families receiving services. The protocol tool guides the professional appraisal of the status of a focus child receiving services, status of the parent/caretaker, and adequacy of performance of key service system practices for the focus child and family. The protocol uses an in-depth case review method to identify how children and their families are benefiting from services received and how well locally coordinated services are working for them.

The Virginia QSR Protocol assesses practice in two domains: Child and Family Status and Practice Performance. The overall well-being and functioning of the child and family is evaluated in the Child and Family Status domain. The core practice functions are appraised in the Practice Performance domain. The indicators for each domain include:

Child and Family Status

- Safety & Risk
- Stability
- Living Arrangement
- Permanency
- Physical Health
- Emotional Well-Being
- Learning & Development
- Pathway to Independence
- Parent and Caretaker Functioning

Practice Performance

- Engagement and Voice & Choice
- Teaming
- Cultural Awareness & Responsiveness
- Assessment & Understanding
- Long-Term View for Safe Case Closure
- Planning for Safe Case Closure
- Transitions & Life Adjustments
- Resource Availability
- Intervention Adequacy
- Maintaining Quality Connections
- Tracking & Adjustment

The central purpose of the QSR process is to encourage and support a successful change process leading to sustained daily functioning, safety, well-being and permanency. The practice should be strength-based, outcome-focused and results-driven.

METHODOLOGY

The QSR review involves the selection of a random sample of ongoing cases from Child Protective Services (CPS) and Foster Care in a local department of social services; accounting for various ages, case type and permanency goals. The sample is then sorted by each Family Service Specialist (FSS) to ensure no more than one case per FSS is selected.

The primary source of information for the review is detailed interviews conducted by trained teams of reviewers, who are Virginia professionals with a working knowledge of Virginia's Children Services Practice Model and QSR protocol. The QSR review team conducts a series of interviews with the focus child, the parents, the FSS as well as key case contributors who are involved with the family. These may include relatives, foster parents, Guardians ad Litem, attorneys, therapeutic supports, school personnel, service providers and other persons associated with helping the family.

After conducting all of the interviews, the reviewers rate each of the Child and Parent/Caretaker Status and System Practice Performance indicators. Feedback after a QSR is provided in three ways. First, the review teams provide case specific feedback to the family service specialist and supervisor. Second, the reviewer pairs meet to present their case and to determine common trends across case findings as well as conduct second level reviews on scoring for inter-rater reliability. Third, on the last day of the QSR, an agency meeting is held to present the results of the QSR and this meeting is open to all of the local staff as well as community stakeholders. After the review, a written report is prepared and provided to the local department and they will, in turn, develop a System Improvement Plan to address the results of the QSR and improve outcomes for children and families.

II. Demographics for QSR Sample

This report covers a random sample of 56 cases; which includes 18 CPS Ongoing Cases and 38 Permanency cases. While sample cases for a QSR are selected from CPS Ongoing and Permanency cases, additional sampling methodology includes a variance of permanency goals. This report reflects information gathered from a total of 380 interviews with an average of 6.8 interviews per case and a range of 3 to 12 interviews per case across the sample.

Race and Ethnicity of Children		
Race/Ethnicity	**Number of Cases**	**Percent**
Black/African-American	27	48%
White/Caucasian	20	36%
Bi-racial (African-American/Caucasian)	8	14%
Asian	1	1%
Hispanic Ethnicity	1	1%
Total	56	100%

Figure 1. Race and Ethnicity of Children

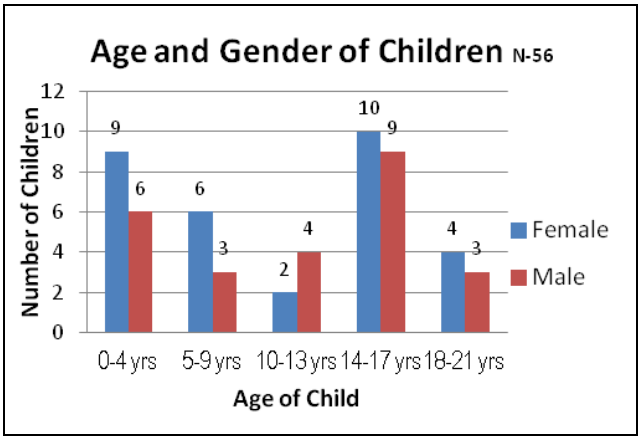

Figure 2. Age and Gender of Children

The races of the children in the sample were 48% African-American, 36% Caucasian, 14% Bi-racial, 1% Asian, and 1% Latino/Hispanic ethnicity (see Figure 1). Figure 2 shows the sample cases included gender and five categories for age; the two largest age groups were 0-4 years old (27%) and 14-17 years old (34%). Out of 56 of the cases, 55% were females and 45% were males.

Reason for Case Opening

Reason for case opening *Family Issues*	Number of cases	Percent
Substance Abuse	24	43%
Neglect	20	36%
Mental Health Issues	17	30%
Domestic Violence	14	25%
Failure to Protect	13	23%
Arrest/Incarceration of Parent	11	20%
Housing	9	16%
Absent Parent	7	13%
Court Imposed Services	4	7%
Other Issues	3	5%

Figure 3. Reason for Case Opening - Family Issues

Reason for case opening *Focus Child Issues*	Number of cases	Percent
Neglect	25	45%
Physical Abuse	16	29%
Delinquency/CHINS	7	13%
Sexual Abuse	5	9%
Voluntary Custody/Entrustment	5	9%
Drug Exposed Infant	5	9%
Physical or Mental Health Issues	4	7%
Truancy	3	5%
Abandonment	2	4%
Medically Fragile	2	4%

Figure 4. Reason for Case Opening – Focus Child Issues

The largest categories for case opening and agency involvement for family issues related to substance abuse, neglect, mental health issues, and domestic violence (see Figure 3). The "other" family issues identified for reasons for case opening were the parent's inability to meet the needs of the child, limited cognitive abilities of the parents, and/or because of a parent's voluntary entrustment or relinquishment of custody. Figure 4 lists the Children's issues related to case opening included neglect, physical abuse of the child, delinquency and Child in Need of Services (CHINS) cases. In many cases, there were multiple reasons for case opening regarding child and family Issues, thus totals do not equal 100%.

Family of Origin Challenges

Family of Origin Challenges	Number of Cases	Percent
Substance abuse impairment/ serious addiction with frequent relapses	25	45%
Serious mental illness	25	45%
Adverse effects of poverty	21	38%
Unlawful behavior or incarceration	20	36%
Domestic Violence	19	34%
Limited cognitive abilities	12	21%
Recent life disruption/homelessness	10	18%
Serious physical illness or disabling physical condition	8	14%
Extraordinary care burdens	7	13%
Is/was a teen parent	3	5%
Other	2	4%

Figure 5. Family of Origin Challenges

The two largest categories for challenges from family of origin included substance abuse and serious mental illness (see Figure 5). Additional challenges included poverty, unlawful behavior or incarceration and domestic violence. In many cases, there were multiple challenges faced by the family of origin, thus totals do not equal 100%.

Current Placement Type

Current Placement Types	Number of Cases	Percent
Birth Home	14	25%
Treatment Foster Care	11	20%
Foster Family Home (Non-Relative)	11	20%
Kinship Care Home	6	11%
Adoptive Home	5	9%
Independent Living	3	5%
Group Home/Congregate Care	3	5%
Residential Care/Treatment Center	2	4%
Jail	1	2%
Total	56	100%*

Figure 6. Current Placement Types

In Figure 6, there were 9 placement types identified in the 56 cases reviewed. There were 14 children living at home with their birth parent(s) and 5 children in an adoptive home placement. In 28 of the cases, 51% of the children were in family-based placements, which included foster homes that were either treatment, non-relative or relative placements. In 5 cases, children were placed in a congregate and/or in a residential care facility. There were three youth living independently in an arranged independent living placement and one youth was charged as an adult and detained in jail.

*Percentage may not sum to 100 percent due to rounding.

Case Permanency Goals and Length of Time in Care

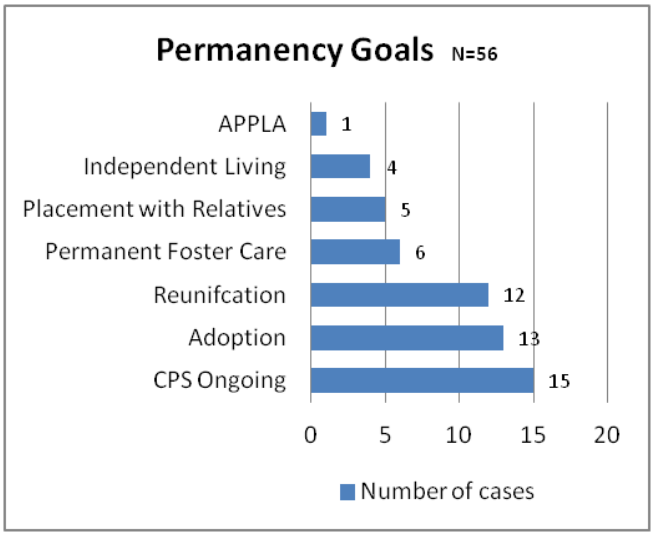

Figure 7. Permanency Goals

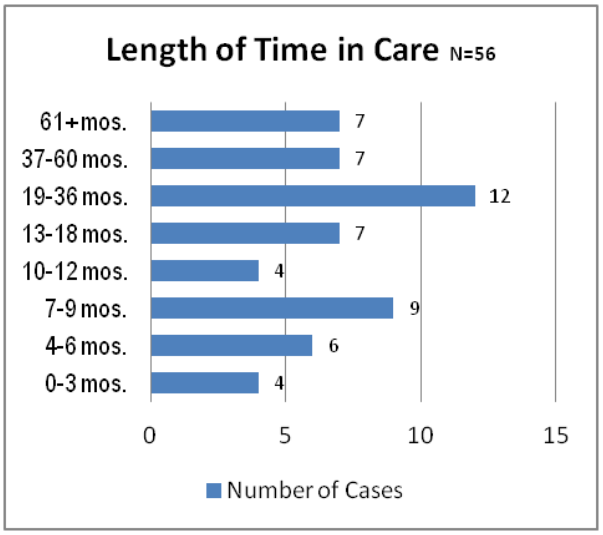

Figure 8. Length of Time in Care

There were seven permanency goals identified in the case sample (see Figure 7). In the cases sampled, 27% of the cases were CPS Ongoing cases with the goal of the child remaining in the home. For out-of- home placements, 21% of the cases had the goal of reunification, 23% of the cases had the goal of Adoption. The remaining cases had goals of Placement with Relatives, Another Planned Permanent Living Arrangement, Independent Living, and Permanent Foster Care. Of the applicable 38 foster care cases, nine had concurrent goals which included Placement with Relatives, Adoption and Reunification.

Figure 8 lists the length of time the cases were open. In the cases sampled, 41% of the cases were open 0 to 12 months; 34% of the cases were open from 1 to 3 years; 13% of the cases were open over 3 years and 13% of the cases were open over 5 years.

Agencies Involved

Agencies Involved with Children and Families	Number	Percent
Mental Health/Therapeutic Services	37	66%
Special Education/School Support (Social Worker)	15	27%
GAL/CASA	13	23%
Substance Abuse	8	14%
Infant Toddler Connection/CHIPS	7	13%
Department of Corrections, Adult Probation/Parole	7	13%
Residential treatment	6	11%
State Court & JDR	6	11%
Juvenile Justice	6	11%
Other – Hospital, ICPC, IL & Parent Coach, Mentor	5	9%
TFC Services & Case Management	4	7%
Developmental Disabilities	4	7%

Figure 9. Agencies Involved with Children and Families

Figure 9 lists the agencies and the percent of cases, in the sample, that were involved with the family. In many cases, there were multiple agencies that were involved with a family, thus totals do not equal 100%. The "other" category involved hospitals, Interstate Compact on the Placement of Children as well as agencies that provided parental coaching, independent living skills services and mentor services.

III. Overview of Results

The QSR results are reported in two domains, Child and Family Status Indicators and Practice Performance Indicators. The results for the twenty indicators of the QSR Protocol are organized according to the areas in which there are strengths in practice and areas in which there are opportunities to improve practice. Definitions and details on each of the QSR protocol indicators, listed below, can be found in the Detailed Results section of this report beginning on page 13.

Areas of Strength – Child and Family Status Indicators

- Safety – Exposure to Threats of Harm
- Safety – Risk to Self/ Risk to Others
- Stability in the Home & School
- Living Arrangement in the parental and substitute home
- Physical Health
- Learning/Academic Status
- Pathways to Independence
- Caretaker Functioning of Substitute Caretakers

Areas of Strength – Practice Performance Indicators

- Engagement of Child & Substitute Caretakers
- Voice and Choice of Child & Substitute Caretakers
- Cultural Awareness and Responsiveness for Child, Mother and Caretaker
- Assessment and Understanding of Substitute Caretakers
- Resource Availability

Opportunities for Growth – Child and Family Status Indicators

- Permanency
- Emotional Well-being
- Parent and Caretaker Functioning of Mothers, Fathers and other relatives

Opportunities for Growth – Practice Performance Indicators

- Engagement & Voice and Choice for Mothers, Fathers and Family Members
- Teaming – Formation and Functioning
- Cultural Awareness and Responsiveness to Fathers
- Assessment and Understanding for Children, Mothers, and Fathers
- Long Term View, Planning for Safe Case Closure and Transitions & Life Adjustments
- Intervention Adequacy
- Maintaining Quality Connections
- Tracking and Adjustment

Results indicate that local practice is strong in almost all Child and Family status indicators. The QSR findings indicate that children are safe in their home, school and community. Children were in stable school settings, in good living arrangements in the parental home and in the home of substitute caretakers who had good parental functioning. Children were healthy, performing well in school, commensurate with age and ability, as well as making progress in gaining independent living skills that will support them into adulthood. There are opportunities to improve stability in the home and permanency for children.

Results in the category of Practice Performance indicate that children and substitute caretakers are engaged and have an active role and voice in their service planning and delivery. The child and family's cultural beliefs and customs are understood and used to shape treatment planning and delivery. A good and substantial array of supports and services are available to children and families in order for them to reach favorable levels of functioning necessary for them to make progress toward service plan goals and outcomes.

Opportunities for improved practice exist when working with mothers and fathers in the areas of engagement, voice and choice, and assessment and understanding. Other opportunities noted includes the areas of team formation and functioning, long-term view and planning for safe case closure, intervention adequacy, assessment and understanding of children and maintaining quality connections for the foster child with siblings, mothers, fathers and extended family.

SYSTEM IMPROVEMENT PLANS

A System Improvement Plan (SIP) is developed by the local department of social services after a QSR and is comprised of a series of action plans to improve practice and outcomes for children and families. SIPs have a dual purpose, first, to outline how the LDSS will adjust their services or practice in response to the QSR results and Critical Outcome Measures and second, to provide a mechanism for VDSS to report on the progress made on both the local and states levels and identify systemic issues to improve outcomes for children and families.

Each plan is unique to the locality and provides detailed strategies to implement improvement in two or three areas to improve outcomes. The CQI unit, along with the Regional Consultants, serves as a support to the locality as they develop specific goals and measureable action steps to improve practice performance. Localities report, on a biannual basis the status of their SIP to include the success and completion of the action steps chosen. Resources developed by local departments are posted to the SPARK website of VDSS, under the Division of Family Services (DFS)/CQI, so that other localities can learn from the quality improvement practices being implemented statewide.

System Improvement Plan Reporting

Currently, there are 31 local departments of social services that have formal SIPs and are reporting semi-annually on their progress. There are four agencies that have completed their SIP goals. In response to the trends identified in the practice performance indicators in the QSRs, all of the SIPs are addressing issues relating to teaming and family engagement. Some of the SIPs address Assessment and Understanding, specifically training on trauma informed practice and the utilization of assessment tools to better understand the underlying needs of families.

Many of the SIPs have identified Critical Outcome Measures to monitor for impact as a result of the plans (**Appendix C**). Some of these measures are to: increase percentage of discharge to permanency; decrease percentage of children in foster care for more than 24 months; increase percentage of kinship placements; decrease percentage of youth in congregate care placements; and decrease percentage of youth entering foster care. Each locality submits biannual progress reports to their regional consultants and the CQI Unit in order to document steps taken to address their identified issue and to update their progress of improvement in practice and outcomes. A summary of issues identified and proposed action steps are noted in the Figure 10.

Cumulative System Improvement Plan Contents	
Identified Issue	**Identified Action Steps**
Assessment & Understanding	• Staff training on trauma informed practice • Develop assessment training on functioning of caretakers • Ensure all staff are trained using Structured Decision Making (SDM) Tools • Develop and utilize social history templates for children and parents • Identify Independent Living Services per the needs of the child • Utilize supervision notes templates when staffing cases • Complete Genogram for each family • Create system for documenting and using family assessment tools

Cumulative System Improvement Plan Contents (continued)	
Enhance Family Engagement	• Develop a birth parent support group • Develop outreach to families to include development of diligent search form • Engage families in the permanency planning process • Create/refine agency internal best practices as well as policy and procedures • Educate community (private providers, schools, etc.) on family engagement • Family engagement training for staff and community • Utilize diligent search form and family contact letter • Improve meaningful monthly family contacts • Develop visitation tool and face-to-face contact sheet
Fatherhood Initiatives	• Identify and increase father and paternal relative case participation • Develop fatherhood engagement initiatives • Increase fatherhood case involvement • Increase documentation of daily contacts with father • Conduct staff training on fatherhood involvement • Implement fatherhood initiative – Innovators For Success
Improving Team Formation & Functioning by Establishing Effective Family Team Meetings	• Increase number of Family Partnership Meetings for CHINS court cases • Develop outreach to families and community partners • Develop and implement Family Partnership Meeting policy and performance plan • Implement Family Partnership Meetings • Training for staff on how to conduct effective team meetings • Increase Family Partnership Meetings & trained facilitators • Conduct quarterly family team staffing • Educate community (private providers, schools, courts, etc.) on Family Partnership Meetings • Develop & utilize tools for team meeting attendance & information

Figure 10. Cumulative System Improvement Plan Contents

CONTINUOUS QUALITY IMPROVEMENT – Feedback Loop

The VDSS is interested in the strategies that agencies are implementing to improve child and family outcomes. Resources developed by local departments have been provided on the VDSS SPARK page under the Division of Family Services (DFS)/CQI. Examples of practice improvement are available which include, tools and templates for ongoing family teaming, work processes, and other resources to improve outcomes for children and families.

Two initiatives at the state level in the past year have been identified to support the work being done by local departments. The first initiative is a QSR Supervisory Tool that introduces the indicators and the Virginia Practice Model at the point of casework practice. The second initiative is the development of an E-learning course in the Knowledge Center to explain the QSR indicators.

QSR Supervisory Tool – Field Test

The QSR process, as currently designed, will take some time to reach all 120 LDSS in the Commonwealth. Quality Service Reviews began in 2010 and over the last four years, responses have been generally favorable to the information obtained in the assessment of casework practice. A new QSR instrument has been developed for use in the QSR Protocol. This new instrument will increase the number of cases the Commonwealth can review on an annual basis. This instrument is to be used as a supervisory tool and local supervisors will be trained to assess casework practice for this quality standard. This is a next step utilized by many states that have successfully used QSR for more years than Virginia.

A work group began in July 2013 to gather documents and processes used in other states with a goal of adapting an instrument to be Virginia specific to our protocol. The unique Virginia tool will be for use by local departments of social services in the CPS ongoing and permanency program areas. The design would be for supervisors to review one case per quarter and thus four cases per year for each FSS using the QSR tool and protocol. Analysis of the results will lead to steps and processes for system improvement on a local and state level, thus leading to improved outcomes for children and families.
The goals for the use of a QSR Supervisory Tool are:

- Increase utilization of continuous quality improvement in child welfare practice
- Increase the number of cases reviewed utilizing the QSR protocol
- Use results to improve outcomes for children and families
- Develop and standardize LDSS supervisor skills for assessing quality in case practice

Beginning in September 2014 and concluding in November 2014, there will be a field test of the supervisory tool instrument and the process. Seventeen local departments of social services are participating which will include 41 supervisors with a goal to review approximately 170 cases. Training was conducted in July and August for these supervisors and ongoing technical assistance will be provided by Quality Analysts in the CQI Unit. Evaluation of the results from the field test will occur in December 2014 and January 2015, which will be the basis for future planning and full implementation. The proposed outcome will be a statewide systemic review of the quality of child welfare practice in Virginia.

Introduction to QSR – E-Learning Training

The CQI Team, in collaboration with the DFS Training Unit, has implemented a training opportunity to understand the Quality Service Review protocol and indicators. The 30 minute E-learning class is available statewide in the Knowledge Center (Quality Service Review - CWSE1010). The class looks at case practice from two categories of indicators, first, the child and family status as to safety, permanency and well being and second, adequacy of performance of key service system practice for the child and family. This E-learning course supports the training of QSR Reviewers, refresher for Reviewers and the work of the Supervisory Tool Field Test.

IV. Detailed Results

QSR PROTOCOL 6-POINT RATING SCALE

Each Child and Family Status indicator and Practice Performance indicator is scored using the 6 point scale listed in Figure 11. This chart and scoring is used in two ways to report the results of a QSR.

First, on the left of the chart are three zones for action and improvement. Each case is scored using the 1 to 6 scale. The maintenance zone for scores of 5 and 6 indicates that practice is where it should be for the indicator and efforts should be maintained. The refinement zone for scores of 3 and 4 indicates that practice has strengths and also opportunities for improvement. The improvement zone for scores of 1 and 2 indicates that practice is inadequate and concerted action should be taken to improve practice for the child and family.

Second, on the right of the chart is an overall rating of acceptable which includes scores of 4, 5, and 6 and unacceptable range with scores of 1, 2, and 3. This report presents the findings in the zones presented in the two categories from the right side of this chart, acceptable range of scores and often identified as strengths are between 4 and 6 and unacceptable often described as an opportunity for improvement are in the range of scores between 1 and 3.

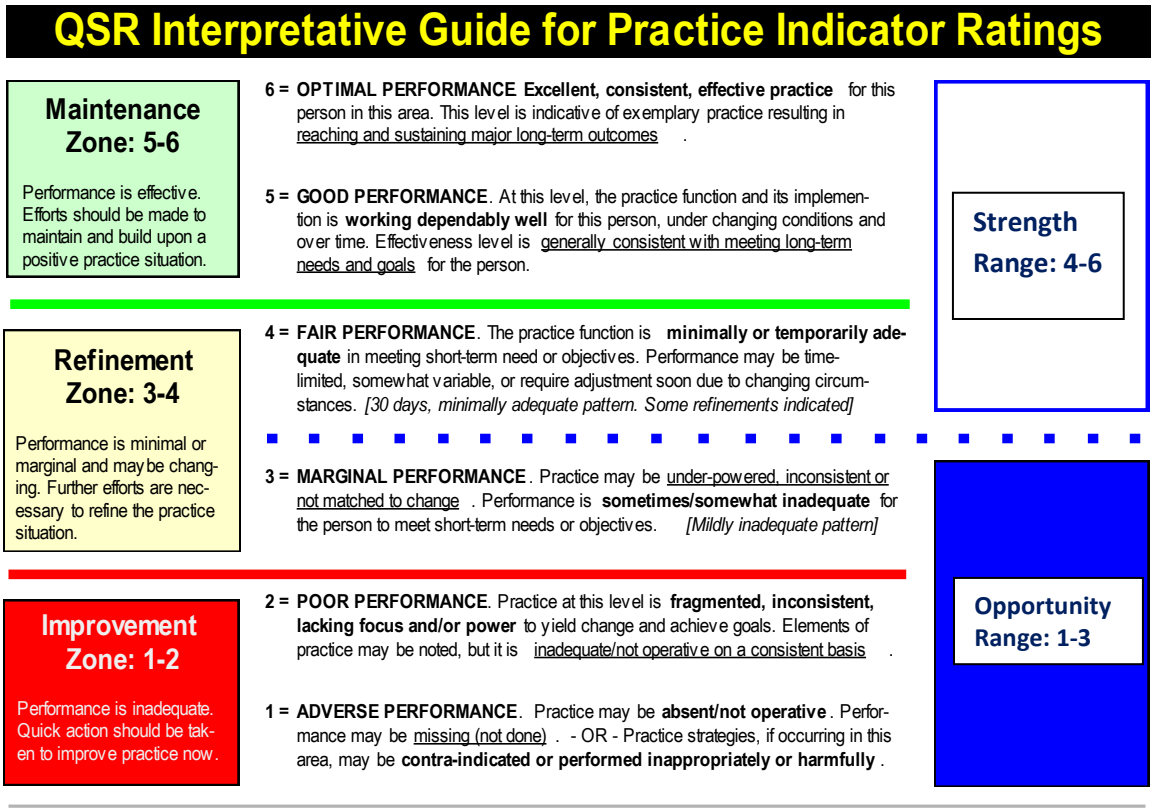

Figure 11. QSR interpretative Guide for Practice Indicator Ratings

After conducting all of the interviews, the reviewers rate each of the Child and Parent/Caretaker Status and System Practice Performance Indicators. Ratings in the protocol are made on a scale from 1-6 with Not Applicable as a choice in some indicators. Indicators scoring a 4, 5 or 6 are designated as areas where the system needs to refine or maintain their current level of performance; these are acceptable status. Indicators scoring a 1, 2 or 3 are designated as areas where concerted action is needed to improve the system's performance. The expectation is for all the indicators to be rated between a 4 and 6 in the refine and maintain zone of the QSR protocol.

CHILD AND FAMILY INDICATORS

This set of indicators measure the extent to which certain desired conditions are present in the life of the child, parents and/or substitute caretakers. Status indicators measure constructs related to well-being including safety, stability, health and academic status, and caretaker functioning. The bold font below identifies and defines the indicator which is followed by an explanation of the graphs and the results of the reviews. In each chart, the applicable number of cases is shown next to the indicator and the strength of the practice is shown as the percentage.

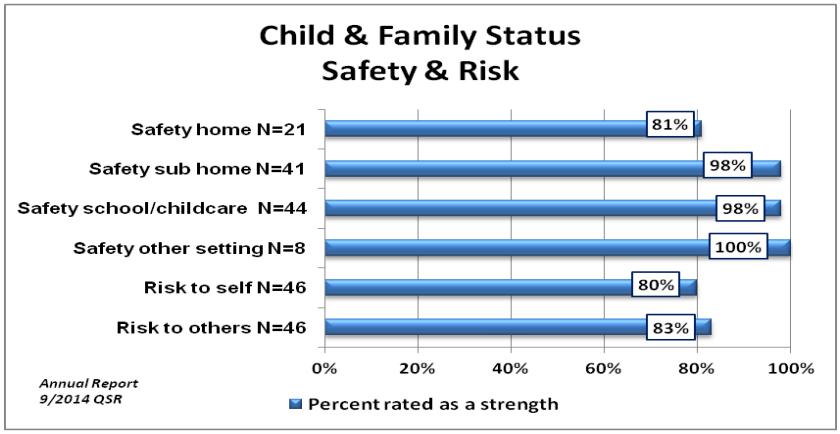

Figure 12. Safety & Risk

1. a. Safety - Exposure to Threats of Harm: the degree to which the child is free from abuse, neglect, and exploitation by others in his/her place of residence, school and other daily settings. The child's parents and/or caretakers provide the attention, actions, and supports necessary to protect the child from known threats of harm in the home.

Results indicate that, overall, 81% of the children are safe in their homes. Safety is rated at or above 98% for children in substitute homes, community settings, and in school settings. Common patterns found for cases that scored as strengths included the child's parents or substitute caretakers providing the necessary level of care and supervision relative to the child's age and special needs. Caretakers as well as school personnel also utilized planned protective strategies which included safety plans or therapeutic strategies to ensure the safety of the child from any known exposure to risk or threat of harm. Daily living and school environments were observed to be a safe, structured, and nurturing environment that closely monitors children. When environments were considered questionable, youth were taught safety precautions to ensure their personal safety.

The characteristics of cases with opportunities for improvement include a lack of caretaker supervision of the child in the home, parental inability to protect child, parental substance abuse, and inadequate parenting skills of biological parents due to limited cognitive abilities or serious mental illness.

1. b. Safety - Risk to Self/Others: The degree to which the child is avoiding self endangerment and or refraining from using behaviors that may put others at risk of harm.

In cases reviewed for risk to self, 80% were identified as strengths. Practice strengths in these cases included children who were avoiding risky behaviors and potentially harmful activities. Some children's behavior was being managed with a safety plan and a one-on-one aide to avoid risk of self harm. Children demonstrated the ability to appropriately manage their behaviors in the home and school by means of safety contracts. Some children were able to use therapeutic strategies to manage their behaviors.

For risk to others, 83% of cases reviewed were identified as strengths. Children in these cases did not put others at risk of harm and there were other children who were able to demonstrate the ability to de-escalate their behavior and aggression toward others. Some patterns present in the cases presenting opportunities for improvement included children with mental health issues, runaway behaviors; behaviors of bullying and intimidating classmates. In one case, a youth was involved in criminal activity which resulted in him being charged as an adult and detained in jail.

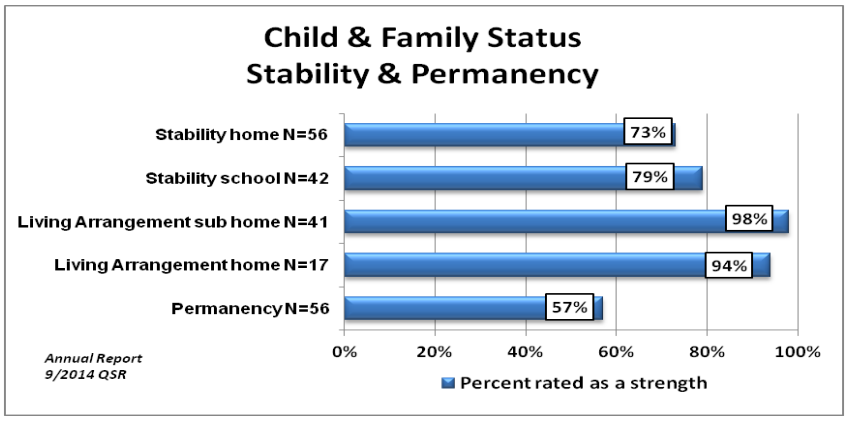

Figure 13. Stability, Living Arrangements and Permanency

2. Stability: the degree to which the child's daily living, learning, and work arrangements are stable and free from risk of disruption. The child's daily settings, routines, and relationships are consistent over recent times. Known risks are being managed to achieve stability and reduce the probability of future disruptions. (*Timeframe: past 12 months and next 6 months)*

For stability in the child's home setting, 73% of the cases were rated as strengths. Practice patterns identified for these cases included children with no changes in the home setting within the past 12 months and if changes occurred they were a planned change with little probability that their current placement will disrupt. These children are living in stabile homes. Children were getting appropriate services to ensure stability in their current placement. Youths living in Independent Living apartments are doing well with no risk of disruption. Patterns in cases that were opportunities included parents or caretakers filing for relief of custody which resulted in a placement change as well as the child's complex behavioral issues that resulted in multiple disruptions in placements.

Of the total sample of cases, 21% of the children had no placement change in the past 12 months and 66% of children had either one or two placement changes. Over the life of the sample cases, 68% of the children had two or fewer placement changes.

For stability in schools, 79% of the cases were rated as strengths. Frequently, when a home placement change occurs, this will also change the school placement; however, in these cases efforts were often made and successful so that the school placement can remain the same. Practice patterns identified as strengths for these cases included children with no changes or if a change occurred in a school placement then it was a planned age related transitions from one grade to the next. Strengths were identified for children receiving educational supportive services in order to maintain the stability of the school placement. Cases that presented as opportunities included school changes as a result of the child's problematic behaviors, run away behaviors, multiple school suspensions, children chronically truant, and CHINS petitions. Of the applicable sample of cases in the past twelve months, 7% of the children had 3-5 school placement changes and 4% of the children had 6-9 school placement changes.

3. Living Arrangement: the degree to which the child, consistent with age and ability, is living in the most appropriate/least restrictive living arrangement, consistent with needs of the child for family relationships, assistance with any special needs, social connections, education, and positive peer group affiliation. If the child is in temporary out-of-home care, the living arrangement meets the child's needs to be connected to his/her language and culture, community, faith, extended family, tribe, social activities, and peer group.

For cases rated for the child's living arrangement in the home, 94% were rated as strengths and for living arrangements in the substitute caretaker homes, 98% were rated as strengths. Examples of practice strengths included children being placed in least restrictive family-based settings. In these cases, relative caregivers and foster parents were able to support the ongoing relationships between the child and their birth family to include sibling and fictive kin. Children were able to remain connected to their culture, faith based practices and community. The majority of these placements met the child's daily living needs for care and nurturing. For youth living in independent living arrangements, the youth expressed that they were able to remain in their community, meet their daily living needs with support, and have ongoing contact with their family members.

4. Permanency: the degree to which the confidence level of those involved (child, parents, caretakers, others) believe that the child is living with parents or caretakers who will sustain in this role until the child reaches adulthood; and will continue onward to provide enduring family connections and supports in adulthood.

Permanency is rated as strengths in 57% of the cases reviewed. Practice strengths include: children residing in their birth home with plans to remain in the home; legal permanence achieved for children through reunification, relative custody, and adoption. For older youth, ages 18-21, that are living in their own apartments in independent living settings, they continue to attend college and work in order to support themselves and/or their children. They have maintained healthy connections with supportive family members, previous foster families and informal supports that appear to be committed to serving as lifetime supports to the youth.

Some patterns identified for cases with opportunities regarding permanency included: placement uncertainty due to parental instability and parent's limited cognitive ability impacting their capability to provide safety and protection for the child. There were some cases with no progress with the current permanency plan because permanency plans were unclear or the goal selected was unrealistic or unachievable. Uncertainty that legal permanency would be achieved in some of the cases was due to unresolved legal issues, multiple placement disruptions, and incompletion of required services. In several cases, visitation duration, frequency, and structures between family members were not fully promoting the permanency goals.

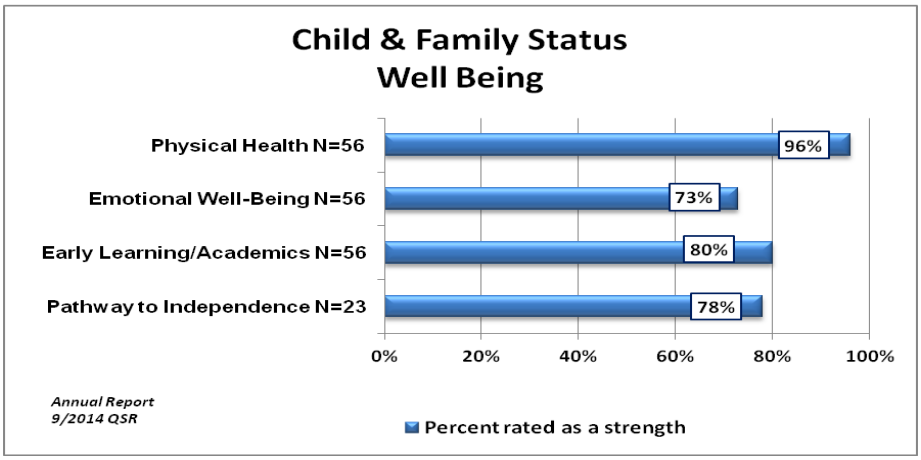

Figure 14: Physical Health, Emotional Well-Being, Learning & Development, Pathway to Independence

5. Physical Health: The degree to which the child is achieving and maintaining positive health status. If the child has a serious or chronic physical illness, the child is achieving his/her best attainable health status, given the disease diagnosis and prognosis.

Attention to the Physical Health and medical needs of children is a strength in 96% of cases reviewed. In these cases, children were demonstrating good health and were current on their annual physical, dental examinations, and immunizations. In most cases, the child's growth and weight appeared within age appropriate expectations. In some cases, children, despite having several chronic medical conditions, were being adequately managed by both local and out-of-state health professionals.

6. Emotional Well-Being: The degree to which consistent with age and ability, the child is displaying an adequate pattern of attachment and positive social relationships, coping and adapting skills, and appropriate self-management of emotions and behaviors.

Emotional Well-Being results indicate that 73% of the cases scored as strengths. In these cases, children are exhibiting age appropriate behaviors and have positive interactions with parents, teachers, caretakers and their peers. They were using appropriate adapting skills and avoiding negative behaviors by recognizing triggers and self-regulating behaviors accordingly. Children were demonstrating good emotional heath as their needs were being addressed through therapy and/or medication management and in several cases addressing their trauma thus, resulting in improved emotional stability.

Examples of cases that scored as opportunities included children who had not formed positive attachments or social relationships, cannot self-regulate emotions, exhibit temper tantrums, have emotional outbursts, and regressive behaviors and/or not being responsive to therapeutic interventions. Some children in these cases have not had an adequate assessment to include trauma informed assessments with appropriate service delivery to address their emotional and mental health needs.

7. Learning & Development: The age of the child determines if this indicator is scored as "Early Learner", under the age of 5, or as "Academic Status", age 5 and older. The early learning indicator measures the degree to which the child's developmental status is commensurate with age and developmental capacities by assessing whether the child's developmental status in key domains is consistent with age- and ability- appropriate expectations.

The academic status indicator assesses the degree to which the child (according to age and ability) is regularly attending school; placed in a grade level consistent with age or developmental level; actively engaged in instructional activities; reading at grade level or IEP expectation level; and meeting requirements for annual promotion and course completion leading to a high school diploma or equivalent.

For Learning and Development, 80% of the cases scored as strengths. Strengths for children five years and younger (27% of the sample) indicated that they are developing appropriate to their age and abilities and meeting developmental milestones. In several cases, a one-to-one assistant was assigned to children in day care, because of their aggressive behavior, to ensure they benefited from instructional activities. Some children in this age group were attending either daycare and/or pre-kindergarten.

For academic status of school age children, many of the children are meeting their academic performance expectations for their grade based on their age or developmental capacity. Children are receiving academic services and supports necessary to meet grade and/or graduation requirements. In the sample, 27% of the children were receiving special education services and had a current Individualized Education Plan (IEP); they are progressing and meeting all expectations of their IEP. While some children were unable to be in a traditional academic setting, they were able to benefit from alternative educational placements which include a teen parent program, residential treatment program and homebound. Additionally there were four youth in the sample that were attending community college.

Common patterns for cases that are opportunities include children with developmental delays as well as significant trauma issues that are impacting their learning opportunities. In several cases there were additional needs to update IEPs and child studies. Other contributing factors to low academic performance include: multiple school placements of the youth, chronic absences or truancy, expulsion from school or incarceration of the youth.

8. Pathways to Independence (14 or older and in foster care): The degree to which, according to age and ability, the youth is gaining skills, education, work experience, connections, relationships, income, housing, and necessary capacities for living safely and functioning successfully independent of agency services. It also assesses whether the youth is developing long-term connections and informal supports that will support him/her into adulthood.

In the reviews, there were 23 children that were 14 and older which was 46% of the sample, and 78% of these cases scored as a strength for Pathways to Independence. In these cases, transitional living plans were completed for children with goals for them to learn daily living skills such as household chores, budgeting, social skills, and job-skills training to obtain employment. Some of these youth were able to gain part-time employment. Youth with developmental delays were obtaining skills to live independently from the agency, from vocational training programs, school based programs and in one case, the Special Olympics. There were four youth with the goal of Independent Living (IL), that were attending community college and three of those youth are living in independent living placements.

For cases that scored as an opportunity, case practice indicates that formal IL services are needed for youth for skill development and to prepare them for realistic life expectations. In a few cases, the youth had not received any IL services or developed skills due to frequent placement changes. Several youth did not have clear lifelong connections or informal supports as they planned to exit care.

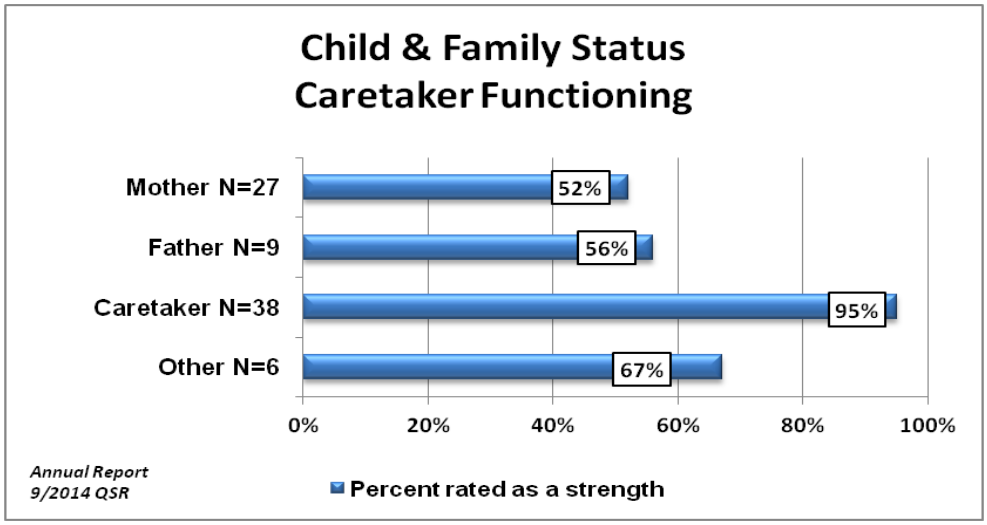

Figure 15: Parent and Caretaker Functioning

9. Parent & Caretaker Functioning: The degree to which the parent or caretaker with whom the child is currently residing and/or has a goal of permanency is/are willing and able to provide the child with the assistance, protection, supervision, and support necessary for daily living. If added supports are required in the home to meet the needs of the child and assist the parent or caretaker, the added supports are meeting the needs.

For Parent and Caretaker Functioning, 52% of mothers, 56% of fathers, 95% of substitute caretakers and 67% of relative caretakers rated as strengths. Some patterns found for these cases include mothers and fathers that are demonstrating appropriate emotional connections and parenting skills as well as responding to interventions and services offered. There are boyfriends and/or husbands that have taken on the father-role and have been able to demonstrate good parenting capacities for the child with guidance, support and daily living needs. Foster parents are providing good homes that meet the needs of the child and in several cases have been strong advocates in arranging therapeutic services for both the children and parents. Grandparents and extended family have been able to meet the needs of the children and serve as role models and informal supports for mothers and fathers.

The characteristics of cases that scored as opportunities include: mothers and fathers with substance abuse issues, serious mental illness, limited cognitive abilities, domestic violence, unlawful behavior and effects of poverty including homelessness. The review indicated that one father and eight mothers were previously in foster care as youth.

When mothers and fathers receive comprehensive assessments to determine their underlying needs then they can be provided the needed supports, services and community resources that will result in their improved parental functioning.

Summary of Child and Family Status Indicators and Six Point Analysis

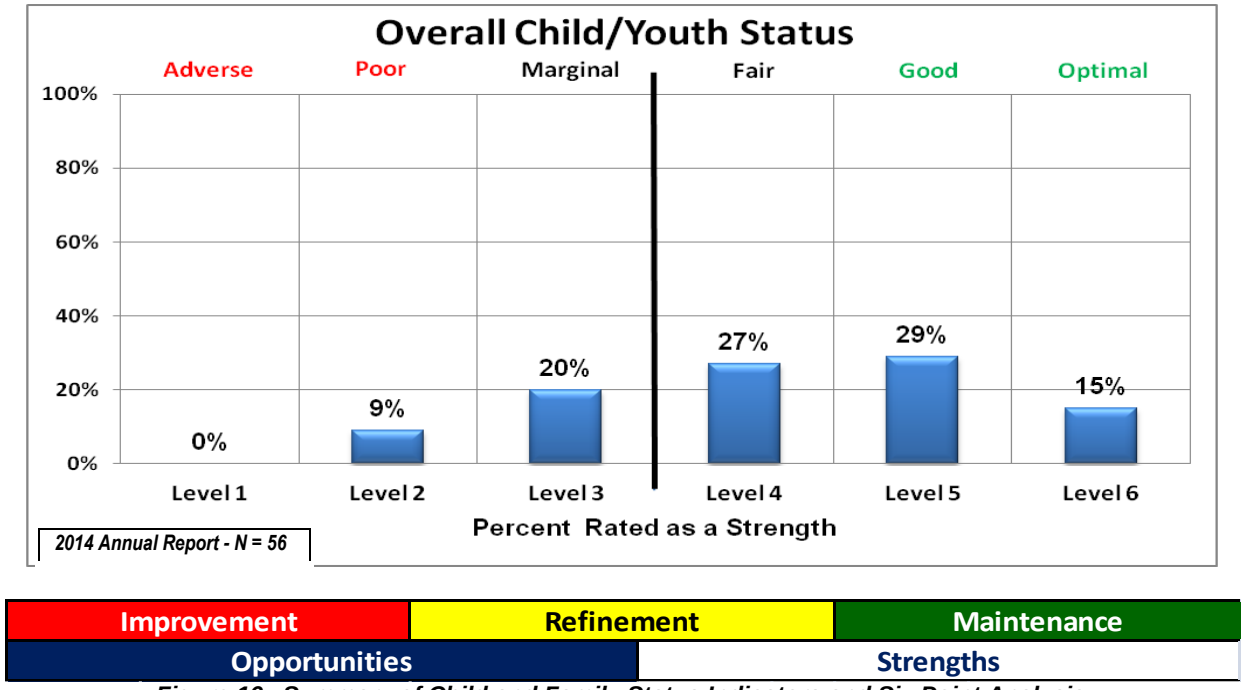

Figure 16. Summary of Child and Family Status Indicators and Six Point Analysis

Figure 16 above is a composite view of each of the nine indicators that make up the child and family status. This chart gives a visual of the three zones of scoring, Improvement, Refinement and Maintenance. The level ratings of 1 to 6 are used when scoring the case to determine if the case practice needs to be improved, refined, or maintained. Overall, child and family status indicators are strong with 71% of the cases scoring in the acceptable range as strengths. Some practice refinement for the cases scoring in the level 3 would result in a significant impact to the overall Child and Family Status scores to 91% and improve child and family outcomes.

Children are free from threat of harm and safe from abuse, neglect, and exploitation by others in their home, substitute homes, schools and other daily settings and they attempt to avoid using behaviors that may put themselves or others at risk. Children are relatively stable in their home, out-of-home and school settings. Their living arrangements are in the least restrictive settings that meet the child's needs. The children reviewed in the sample are achieving and maintaining positive health status. The children are participating in developmental, educational and/or vocational programs and are meeting educational expectations, consistent with their age and abilities. Youth are gaining the independent living skills necessary and building lifelong connections that will help them transition successfully into adulthood. Caretakers are able to provide children with the nurturance, protection and supervision necessary to meet the child's daily living needs.

Opportunities exist in the areas of Emotional Wellbeing, Parental Functioning for mothers, fathers and other relatives and Permanency. When the emotional needs of children are assessed, identified and met in a consistent and timely manner, children are able to successfully attach to caretakers, establish positive interpersonal relationships, self regulate emotions and increase ability to recover from setbacks. Caretaker functioning is an opportunity for mothers and fathers with complex issues of substance abuse, serious mental illness, domestic violence and poverty. Services to address these complex issues will assist them in building acceptable parenting capacities so that they can do what is required to meet the needs of their child and demonstrate an adequate pattern of parent functioning. Permanency can be impacted by effective engagement, teaming, assessment and long term view with planning for safe case closure; enhancements in these areas will help establish attainable permanency goals and improve permanency outcomes.

PRACTICE PERFORMANCE INDICATORS

The Practice Performance Indicators measure the extent to which core practice functions are applied acceptably by practitioners and other service providers who serve as members of the child and family team. The bold font below identifies and defines the indicator which is followed by an explanation of the graphs and the results of the reviews. In each chart, the applicable number of cases is shown next to the indicator and the strength of the practice is shown as the percentage.

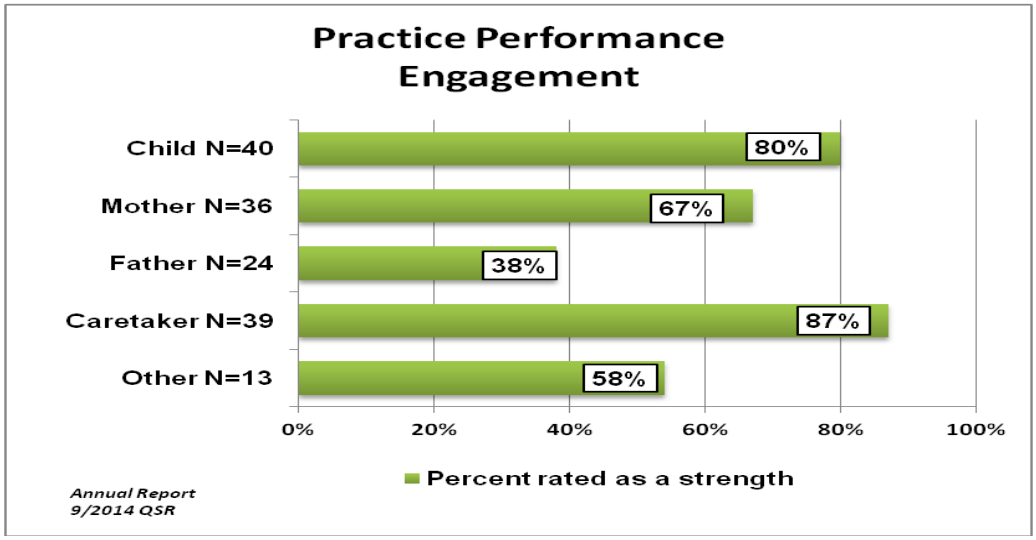

Figure 17. Engagement Efforts

1.a. Engagement Efforts: The degree to which those working with the child and family (parents and other caretakers) are finding family members who can provide support and permanency for the child; developing and maintaining a culturally competent, mutually beneficial trust-based working relationship with the child and family; focusing on the child's and family's strengths and needs; being receptive, dynamic, and willing to make adjustments in scheduling and meeting locations to accommodate family participation in the service process, including case planning; and offering transportation and childcare supports, where necessary, to increase family participation in planning and support efforts.

Ratings for Engagement Efforts indicate strengths for 80% of children, 87% of substitute caretakers, 67% of mothers, 38% of fathers and 58% of others which includes grandparents and extended family. Family Services Specialists and service providers engaged the child and the substitute caretaker through face-to-face home visits, court hearings, telephone contact and various meetings that involved the family (i.e. Family Assessment and Planning Team, treatment team meetings, family partnership meetings, etc.). Efforts were made by the agency and members of the team to form a trust-based working relationship with the substitute caretakers and the child, focusing on the child's strengths and needs.

There are practice opportunities for improving the engagement of mothers, fathers, and relatives especially for the initial case discussion and consideration as placement options as well as case planning, case delivery and case plan development. In some cases, mothers and fathers are just beginning to address service plan goals. In some cases, biological parents and children were invited to family partnership meetings; however, they didn't feel fully engaged in the process. There were some cases where step-fathers, paramours, and extended family members were engaged minimally or not at all. Information obtained from the reviews indicates that some efforts were made to find parents, relative and fictive kin. Diligent efforts were made to search for fathers in 78% of the cases and for paternal relatives in 66% of the cases. For mothers, diligent efforts were made in 89% of the cases and for maternal relatives in 81% of the cases. Efforts to search for fictive kin were made in 56% of the cases.

Engagement is a core concept of the Virginia Practice Model. When diligence is shown by those working with the family to actively find, engage and then build rapport with the family, this often results in families involved in their service planning, family status outcomes improved and cases moving closer to permanency and safe case closure.

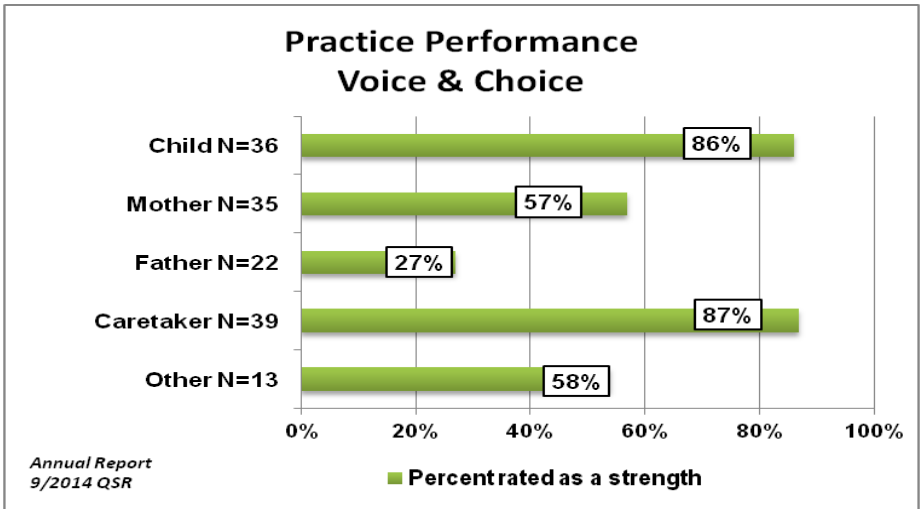

Figure 18. Voice and Choice

1. b. Voice & Choice: The degree to which the child, parents, family members, and caretakers are active ongoing participants (e.g., having a significant role, voice, choice, and influence) in shaping decisions made about child and family strengths and needs, goals, supports, and services.

For Voice and Choice, 86% of children, 87% substitute caretakers, 57% of mothers and 27% of fathers in the case sample were rated as strengths. The "others" in these cases include grandparents and extended family and 58% of the cases reviewed were rated as strengths.

Patterns of practice strengths indicate that children were actively engaged in their case planning and decision making. This was demonstrated by children attending meetings and having opportunities to voice their opinions regarding their services and permanency planning. Some parents felt they had a voice in their service planning, felt part of the team, and trusted those providing services to their child and family. Substitute caretakers felt supported by the agency and participated in the planning for the child in their care.

Themes present for cases that scored as opportunities included children that were not participants in team meetings or were not involved in the planning and decision making process. In some cases, parents were either not contacted in order to participate in service planning or they had no voice in case planning because the case plan was developed without their input and presented to them before court. Several grandparents and relative caretakers indicated that they had minimal to no voice regarding case decisions and their input in the cases was not sought by the family service specialist. Concerted effort is needed to include fathers in service planning. There is an opportunity to include extended family members to give them a voice and some involvement in the case and to build ongoing family supports for the child.

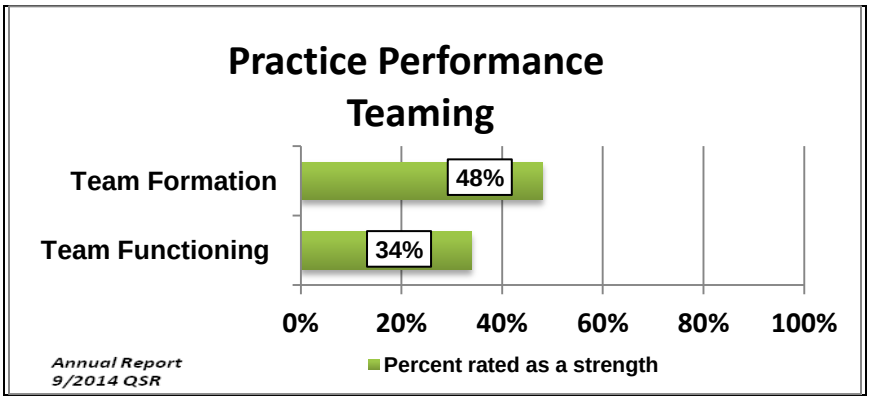

Figure 19. Team formation and Functioning

2. Teaming: The degree to which appropriate family team members have been identified and formed into a working team that shares a common "big picture" understanding and long-term view of the child and family. This indicator also assesses whether team members have sufficient craft knowledge, skills, and cultural awareness to work effectively with the child and family. Members of the family team have a pattern of working effectively together to share information, plan, provide, and evaluate services for the child and family. There is no fixed formula for team size or composition. The team should have the authority to act and ability to assemble supports and resources on behalf of the child and family.

Team Formation:
Results for Team Formation indicate that 48% of the cases reviewed were found to be strengths. In these cases, team members were identified; teams included children, biological parents and their spouses or paramours, relatives, service providers and other informal supports. Many of the members of the team had good skills, ability, and family knowledge necessary to arrange effective services for the child and family. There were over 23 different agencies that were identified as active participants at many of the family team meetings. Practice strengths in these cases included all individuals that were serving the family were identified and working together on the case towards the same goal. These service providers had a good understanding of the family and their needs and were able to voice their professional opinions as active participants regarding the case.

In most of the cases that scored as opportunities, teams did not exist or teams did not have all service providers and family supports present to provide supports for the child and family. Missing potential team members could include extended family members, biological parent, foster parents, service providers, schools and GALs.

Team Functioning:
Results for Team Functioning indicate that 34% of the cases reviewed were found to be a strength. In these cases, team members reported being kept informed of the case and met on a regular basis throughout the life of the case to work toward a common goal for the child and family. In these cases, the service providers that were working with the families shared the same understanding of what was needed and worked towards safe case closure. Families and service providers stayed in communication regarding the cases on an ongoing basis.

There is an opportunity to improve team functioning. In many cases, there was no team in place for case information to be shared and for service providers to work together with unity of effort for a common permanency goal. However, in some cases there was a team in place but they did not have a shared and unified understanding of the child's long-term plan and some team members that did not have sufficient knowledge about the families.

Family Partnership Meetings have been utilized in 46% (26 of 56) cases reviewed for this QSR. These meetings 27% were used at key decision points such as when the case was determined to be high or very high risk, 27% after the removal from the home, and 15% prior to change in placement, 23% prior to change in the goal and 31% at the request of a parent, case worker or youth.

When the family team is formed and work effectively together by sharing information then they are able to develop goals, strategies and interventions in support of a realistic permanency outcome. The Teaming indicator links to the other indicators relating to Assessment and Understanding, Long Term View, Planning for Safe Case Closure and Permanency.

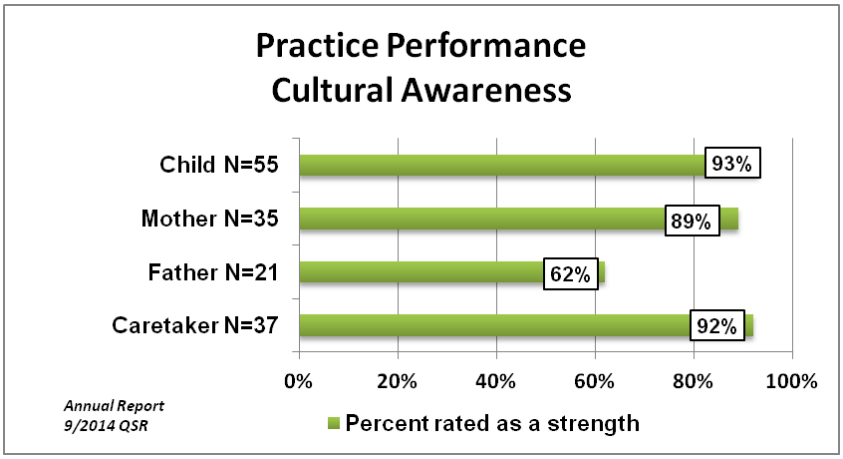

Figure 20. Cultural Awareness

3. Cultural Awareness & Responsiveness: The degree to which any significant cultural issues, family beliefs, and customs of the child and family have been identified and addressed in practice (e.g., culture or poverty, urban and rural dynamics, faith and spirituality, child culture, etc.) and, if necessary, whether the natural, cultural, or community supports appropriate for this child and family are being provided. Necessary supports and services provided are being made culturally appropriate via special accommodations in the engagement, assessment, planning, and service delivery processes being used with this child and family. This indicator is applied to all families.

Results indicate that cultural issues were addressed and were rated as strengths for children (93%), substitute caretakers (92%), mothers (89%) and fathers (62%). Strengths in practice indicate that children were receiving culturally sensitive and appropriate services to meet their needs. In cases involving mothers, cultural supportive services were appropriately provided in their service delivery. Children were living with family members that allowed them to maintain their familial bonds and customs. Foster parents also supported cultural, spiritual and biological family connections for the child. Service providers were found to be culturally appropriate and responsive to the cultural needs of the families and children when they provided services or supports.

There are opportunities to improve training and support for foster parents caring for children of a different culture. In some cases, there was no evidence of any attempts to address cultural issues or the dynamics of the children and to recognize the cultural heritage of the child. For some fathers they had not been involved and/or had not been contacted by the agency to assess their cultural traditions, customs or concerns during service delivery. There were a few cases where fathers with limited cognitive and/or physical limitations were not offered accommodations to provide them with information and content of the service plan in a manner that they could understand. Further opportunities exist to recognize and respect the family's cultural identity, values, and beliefs for the purpose of planning and the provision of services.

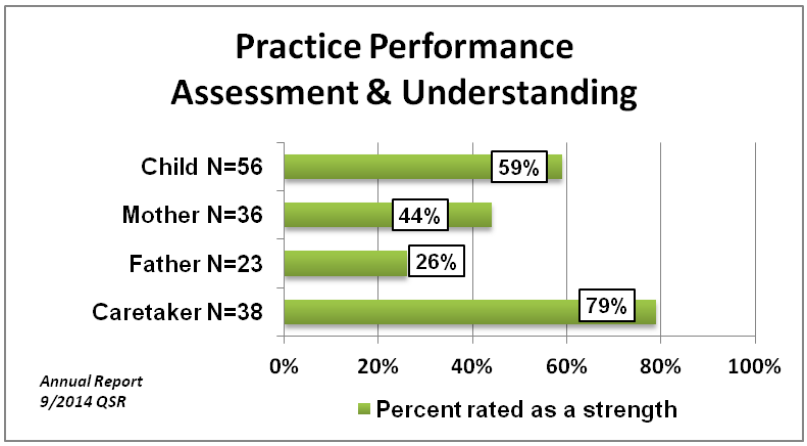

Figure 21. Assessment & Understanding

4. Assessment & Understanding: The degree to which those involved with the child and family understand: (1) their strengths, needs, preferences and underlying issues; (2) what must change for the child to function effectively in daily settings and activities and for the family to support and protect the child effectively; (3) has developed an understanding of what things must change in order for the child and family to achieve timely permanence, and improve the child/family's well-being and functioning; (4) the "big picture" situation and dynamic factors impacting the child and family sufficiently to guide intervention; (5) the outcomes desired by the child and family from their involvement with the system; and (6) the path and place by which permanency will be achieved for a child who is not living nor returning to the family of origin.

For Assessment and Understanding, 79% of the cases for substitute caretakers and 59% of the cases for children rated as a strength. In these cases, strengths in practice indicate that children received both formal and informal assessments and their underlying needs were fully understood by members of the team. Also, children's assessments were continuously updated and the children received therapeutic intervention to address their identified service needs in order to move the case forward. Assessment of foster parent functioning and their strengths and needs were assessed in order to provide necessary interventions or supports for them to meet the needs of the child.

Some opportunities exist to strengthen practice included having a clear comprehensive assessment of the child's underlying needs to include past trauma and/or current needs. Results indicate that information obtained from assessments needed to be shared with the appropriate individuals involved in the case in order to address and support the child's needs, services, and permanency goal.

Assessment and understanding for mothers and fathers is an opportunity. Results indicate that for 44% of cases involving mothers and 26% involving fathers were rated as strengths. The practice of these cases indicate that there have been some informal assessments of parents made through letters, telephone contacts and service provider information or home visits. However, in many cases there have been minimal to no formal assessments completed to understand parent's level of functioning, parental capacities, strengths, risks, and underlying needs requiring interventions or supports. Trauma informed assessments were needed for some parents as well as the delivery of trauma informed practice and services. Stronger assessments and understanding of the needs of parents will lead to better interventions and services, thus affecting caretaker functioning and ultimately impacting permanency outcomes.

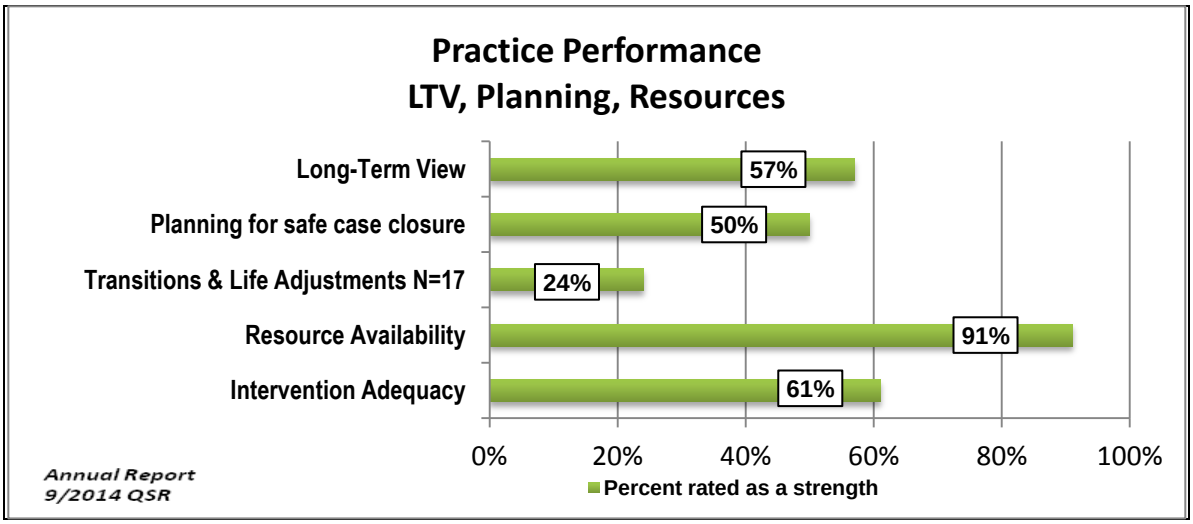

Figure 22. Long-Term View, Planning for Safe Case Closure, Transitions, Resource Availability, Intervention Adequacy

5. Long-Term View: For the child and family the degree to which there is stated, shared and understood safety, well being, and permanency outcomes and functional life goals. These outcomes and goals specify required protective capacities, desired behavior changes, sustainable supports, and other accomplishments necessary for the child and family to achieve and sustain adequate daily functioning and greater self sufficiency necessary for safe case closure.

In 57% of cases, the Long-Term View indicator scored as strengths. In these cases, service providers and professionals shared a big picture understanding of the child's permanency plan and the progress towards safe case closure. Some cases had a long term vision for adequate and sustainable functioning and well-being for the child and family which include desired outcomes and goals to achieve stability, permanency and adequate functioning for safe case closure.

Some themes present in cases with opportunities included conflicts in a unified vision and lack of communication among service providers resulting in different views and disagreement of permanency goals for the child and family. In some cases, there was no clear definition of the goals and outcomes needed for the child and family resulting in a lack of services. This impacts the level of functioning to be sustained in order to achieve independence from the agency for safe case closure.

6. Planning for Safe Case Closure: The degree to which the planning process is individualized and matched to the child and family's present situation, preferences, near-term needs, and long-term view for safe case closure. It provides a combination and sequence of strategies, interventions, and supports that are organized into a holistic and coherent service process providing a mix of services that fits the child's and family's evolving situation so as to maximize potential results and minimize conflicts and inconveniences.

Of the cases reviewed, 50% of the cases scored as strengths regarding planning for safe closure. In these cases, there were specific outcomes and goals to achieve in order to guide interventions and change processes. The planning is matched to the long term view to achieve family independence and sustainability for safe case closure. In these cases, agencies have connected the family to resources and supports in the community for them to utilize after the case is closed. A current service plan was in place in 91% of the cases reviewed.

Some opportunities for practice improvement relate to limited or nonexistent plans to achieve safe case closure. In some cases, there was a need for a working team to impact the ability to plan and address underlying needs of the child and family. There was a need to clearly define and make known to the family and service providers the goals of the case, the strategies, resources supports and services towards safe case closure.

7. Planning for Transitions & Life Adjustments: the degree to which the current or next life change transition for the child and family is being planned, staged, and implemented to assure a timely, smooth, and successful adjustment for the child and family after the change occurs. Plans and arrangements are being made to assure a successful transition and life adjustment in daily settings. There are well-planned follow-along supports provided during the adjustment period occurring after a major change is made in a child's life to ensure success in the home or school situation.

Results indicate that in 24% of cases, Planning for Transitions and Life Adjustments are identified as strengths. In these cases, planning occurred when there was a change in the case, a change in the worker assigned to the case or when there was a placement change to facilitate a smooth transition.

Practice opportunities existed to prepare children when facing transitions in placements and schools. There were some cases where there were major transitions for children to enroll in a new school environment; however, there was no plan for behavioral aides or other supportive services in the classroom to help control the child behaviors. Also, in some cases, children being reunited or moving into another placement did not have arrangements or supports and services in place to assist the child and family during and after the move. In order for transitions to be successful, transition plans and arrangements should be well coordinated efforts to assist the child to prevent breakdowns in services and prevent any adverse effects on the child and/or family.

8. Resource Availability: the degree to which supports, services, and resources (both informal and formal) necessary to implement change strategies are available when needed for/by the child and family. Any flexible supports and unique service arrangements (both formal and informal) necessary to meet individual needs in the child's plan are available for use by the child and family on a timely, adequate, and convenient local basis. Any unit-based and placement-based resources necessary to meet goals in the child's plans are available for sure by the child and family on a timely and adequate basis.

Results indicate that 91% of the cases had sufficient resources available to meet the child's and family's needs. Strengths in practice indicate that informal and formal supports are being utilized to assist the child and family in reaching acceptable levels of functioning. There were competent community service providers that were culturally responsive and appropriately matched to the needs of the child and family. Resources utilized included counselors, play therapist, parental coaches, transportation assistance, tutoring, Independent Living, substance abuse treatment, medication management, and therapeutic services and support.

Results identified the unavailability of needed services in some localities and there were some resources that were limited or not culturally matched to meet the needs of some families in the community. Some of the resources not available in some localities included trauma informed treatment and formal Independent Living services, and child counselors that accept Medicaid, transportation, and providers that could do comprehensive assessments.

9. Intervention Adequacy: the degree to which planned and accessible intervention strategies, services, and supports being provided to the child and family have sufficient power (precision, intensity, duration, fidelity, and consistency) and beneficial effect to produce results necessary to meet near-term needs and achieve outcomes that fulfill the long-term view for safe case closure.

Cases reviewed for Intervention Adequacy indicate that 61% are considered strengths. There was good combination and power of current interventions that were helping the children and families to make progress and improve functioning sufficient to meet their planned outcomes. Services were also appropriately matched for the child and family. Interventions included parent coaching, individual counseling, substance abuse treatment, mentoring, therapy, parenting classes, occupational therapy, medical services, medication management, and individual and family counseling.

An opportunity for improvement in practice was the ability to appropriately assess the needs of the family so that interventions are adequately matched to underlying needs of the family. For the most effective interventions, these should be coordinated to ensure that there is not a duplication of services by multiple providers. In some cases, interventions were somewhat underpowered because the underlying needs and the expected outcomes were not clear.

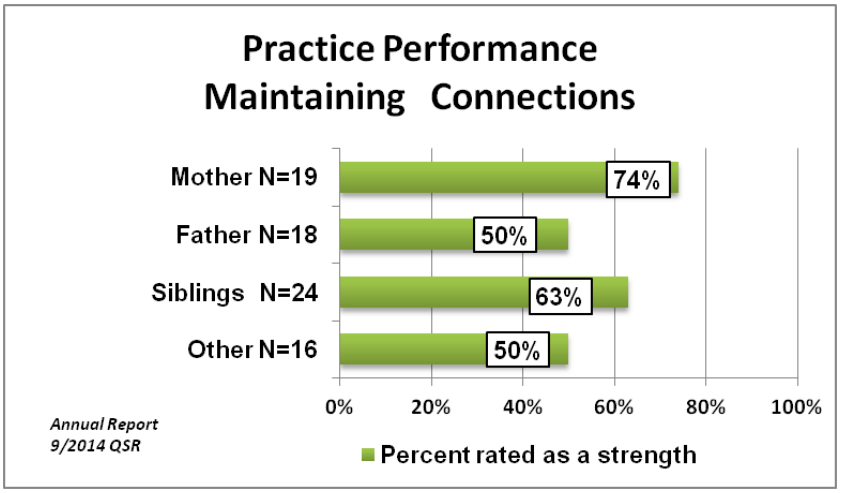

Figure 23. Maintaining Connections

10. **Maintaining Connections: The degree to which interventions are creatively building and maintaining positive interactions and providing emotional support between the child and his/her parents, siblings, relatives, and other important people in the child's life, when the child and family members are temporarily away from each other.**

For maintaining connections, mothers (74%), siblings (63%), fathers (50%), and others (50%), were rated as strengths. The "others" included grandparents, relatives and extended family. In the sample of children in foster care, 79% entered care with no siblings. However, 14% of the children with siblings were able to be placed together, and 7% of the children were placed with some of their siblings. In these cases, visits were scheduled and occurring between children and their siblings, mothers, fathers and extended family. Ongoing contact and communication was also able to be maintained with family members.

There is an opportunity for practice improvement in maintaining connections between the child and their siblings, mothers, fathers, and other relatives to include extended family or fictive kin. In these cases, siblings were placed in separate homes and had minimal to no contact with their siblings, parents or extended family. In cases when placement with a relative was not possible, visitation was impacted between the child, their siblings and family members. In a few cases, parents received little to no information from the agency regarding the child.

For cases with siblings placed separately, 22% of the children were able to visit siblings at least monthly or more while, in 18% of the cases, sibling visits occurred less than monthly. Of the applicable cases for visits with mothers, 32% of the children were able to visit their mother at least monthly or more while 11% of the children visits occurred less than monthly. For visits with fathers, 19% of the children visited their father at least monthly or more while 18% of children visited less than monthly with their father.

When children are living away from their parents and/or siblings, it is important to provide opportunities for frequent and appropriate contact with one another and with other important people in their life. When this occurs, it promotes lifelong connections for the child, the preservation of the family and successful reunification of the child with their parents.

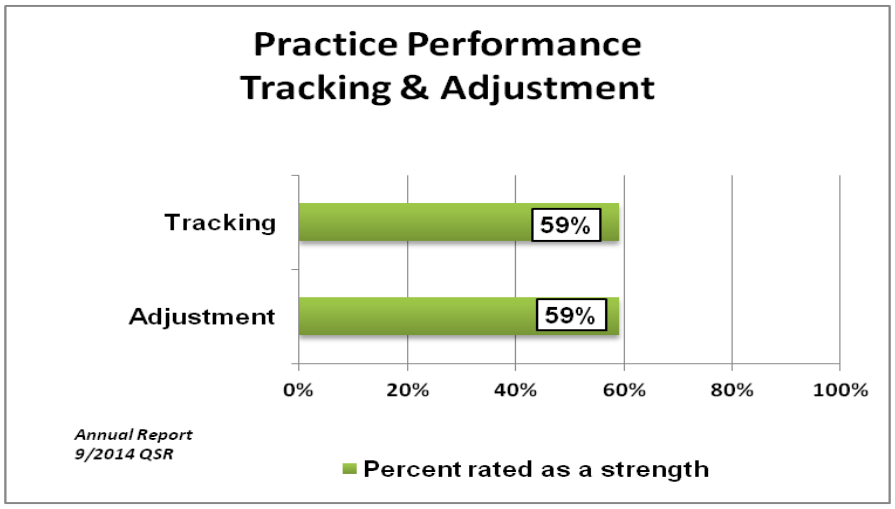

Figure 24. Tracking and Adjustment

11. Tracking & Adjustment: the degree to which the team routinely monitors the child's and family's status and progress, interventions, results and makes necessary adjustments. Strategies and services are evaluated and modified to respond to changing needs of the child and family. Constant efforts are made to gather and assess information and apply knowledge gained to update planned strategies to create a self-correcting service process that leads to finding what works for the child and family.

Results from cases reviewed for Tracking and Adjustment, indicate that 59% of the cases rated as strengths. In these cases, those working with the family were tracking the progress of the child and family and identifying strengths and emergent needs Information about the family progress with services was frequently shared among service providers. Strong family teams were found to be knowledgeable about family issues and adjustments were made to make interventions responsive to the family needs in order to meet the requirements necessary for safe case closure.

Some opportunities for practice improvement include effective case planning based on the recommendations of assessments or service providers. In some cases, services were not available or did not begin in a timely manner as well as cases that were open for several years with minimal progress or where progress is hindered due to legal systemic issues. There were needs identified in these cases such as an identified family team, improved communication between service providers, approval of Medicaid funding and stability of placement. Addressing these issues would enable those involved in the family team to monitor and then make the necessary changes for the needs of the children and families in a timely manner.

Summary of Practice Performance Indicators and Six Point Analysis

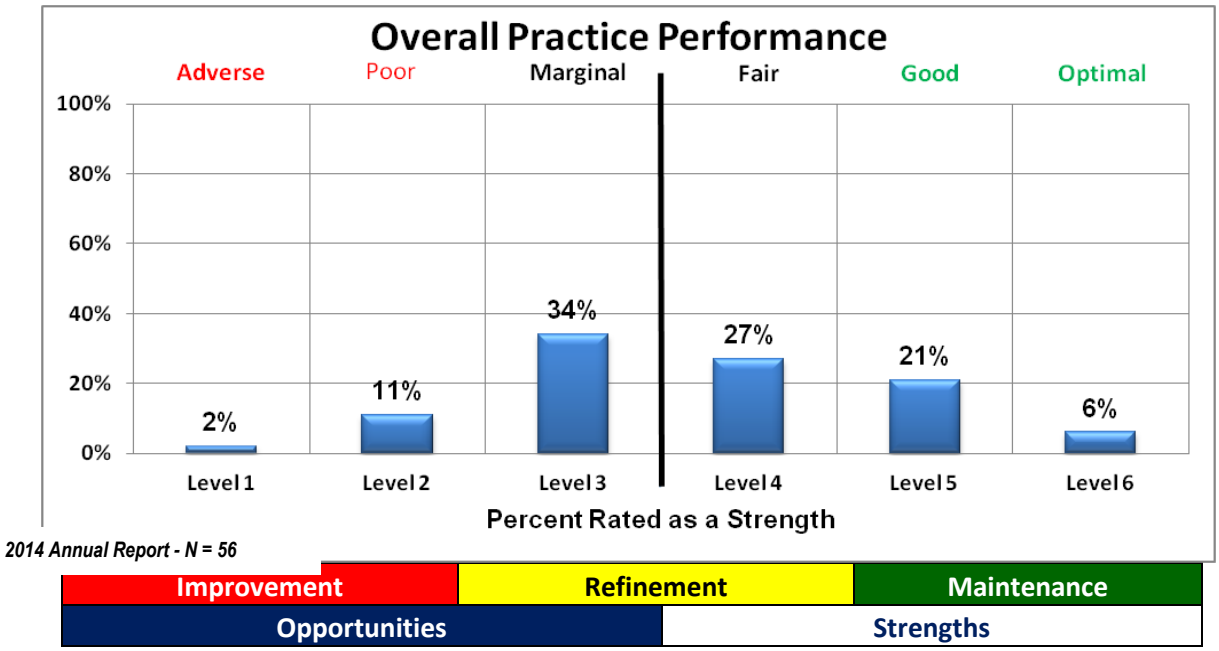

Figure 25. Summary of Practice Performance Indicators and Six Point Analysis

Figure 25 is a composite view on two levels of the rating of the eleven Practice Performance Indicators. The level ratings of 1 to 6 are used when scoring the case to determine if the case practice needs to be improved, refined, or maintained. Overall, practice performance for 54% of the cases was rated within the acceptable range. With some practice reforms, 34% of the cases at level 3, marginal, could move to the acceptable range to increase an overall practice performance rating of 88%

Overall, good work is being done by agencies in their efforts to engage children and substitute caretakers which have allowed them to have a voice in the decisions being made in the case and service planning. Families are being recognized as having unique cultural beliefs and value systems; those working with the family have assessed and respected their culture by accommodating and providing services that meet the diverse needs of the child and family. Available resources in the community are helping children and families to access services that they need to affect change and move the case forward to permanency and safe case closure.

There is an opportunity in practice to fully engage mothers and fathers, including step-fathers, in multiple practice indicators such as Engagement, Voice and Choice, Teaming, Assessment and Understand, and Maintaining Quality Connections. The importance of the presence of mothers and fathers is vital in the formation of the family team and adequate assessment of their underlying needs can impact outcomes.

Cases in this review often had a permanency goal or an identified long term view of the case; however, the cases often stalled because of a lack of a well crafted, clear plan and method to track and adjust as necessary so that the child and the family can be sustained to function independently from the agency for successful case closure.

Finally, improvement can be made to maintain quality connections between children and their siblings, parents and other significant family members. Maintaining these connections and emotional bonds is important for progress to permanency as well as maintaining family ties and relationships that will last for a child into adulthood.

APPENDIX A
VIRGINIA CHILDREN'S SERVICES PRACTICE MODEL
Comparison to
Quality Service Review Protocol

We believe that all children and youth deserve a safe environment.	Quality Service Review Protocol Elements
1. Child safety comes first. Every child has the right to live in a safe home. Ensuring safety requires a collaborative effort among family, agency staff, and the community.	▪ **Child & Family Status Indicators** ○ **1a -** Exposure of Threats to Harm ○ **1b -** Risk to Self/Others ▪ **Practice Performance Indicators** ○ **1a -** Engagement ○ **1b -** Role and Voice ○ **2 -** Teaming ○ **4** - Assessment and Understanding ○ **5 -** Long-Term View for Safe Case Closure ○ **6** - Planning for Safe Case Closure
2. We value family strengths, perspectives, goals, and plans as central to creating and maintaining child safety.	
3. In our response to safety and risk concerns, we reach factually supported conclusions in a timely and thorough manner.	
4. Participation of parents, children, extended family, and community stakeholders is a necessary component in assuring safety.	
5. We separate caregivers who present a threat to safety from children in need of protection. When court action is necessary to make a child safe, we use our authority with respect and sensitivity.	
We believe in family, child, and youth-driven practice.	**Quality Service Review Protocol Elements**
1. Children and families have the right to have a say in what happens to them and will be treated with dignity and respect. The voices of children, youth and parents are heard, valued, and considered in the decision-making regarding safety, permanency, and well-being.	• **Child & Family Status Indicators** ○ **1a -** Engagement ○ **1b -** Role and Voice ○ **2 -** Teaming ○ **3** Cultural Awareness and Responsiveness • **Practice Performance Indicators** ○ **10 -** Maintaining Quality Connections
2. Each individual's right to self-determination will be respected.	
3. We recognize that family members are the experts about their own families. It is our responsibility to understand children, youth, and families within the context of their own family rules, traditions, history, and culture.	
4. Children have a right to connections with their biological family and other caring adults with whom they have developed emotional ties.	
5. We engage families in a deliberate manner. Through collaboration with families, we develop and implement creative, individual solutions that build on their strengths to meet their needs. Engagement is the primary door through which we help families make positive changes.	
We believe that children do best when raised in families.	**Quality Service Review Protocol Elements**
1. Children should be reared by their families whenever possible.	▪**Child & Family Status Indicators** ○ **2 -** Stability ○ **3 -** Living Arrangement ○ **4 -** Permanency ○ **8 -** Pathway to Independence
2. Keeping children and families together and preventing entry into foster care is the best possible use of resources.	

3. Children are best served when we provide their families with the supports necessary to raise them safely. Services to preserve the family unit and prevent family disruption are family-focused, child- centered, and community-based.	o **9 -** Parent and Caretaker Functioning ▪ **Practice Performance Indicators** o **1a -** Engagement o **1b-** Role and Voice o **2 -** Teaming o **3 -** Cultural Awareness and Responsiveness o **4** - Assessment and Understanding o **7** - Planning for Transitions and Life Adjustments o **8** - Resource Availability o **10** - Maintaining Quality Connections
4. People can and do make positive changes. The past does not necessarily limit their potential.	
5. When children cannot live safely with their families, the first consideration for placement will be with kinship connections capable of providing a safe and nurturing home. We value the resources within extended family networks and are committed to seeking them out.	
6. When placement outside the extended family is necessary, we encourage healthy social development by supporting placements that promote family, sibling and community connections.	
7. Children's needs are best served in a family that is committed to the child.	
8. Placements in non-family settings should be temporary, should focus on individual children's needs, and should prepare them for return to family and community life.	
We believe that all children and youth need and deserve a permanent family.	**Quality Service Review Protocol Elements**
1. Lifelong family connections are crucial for children and adults. It is our responsibility to promote and preserve kinship, sibling and community connections for each child. We value past, present, and future relationships that consider the child's hopes and wishes.	▪**Child & Family Status Indicators** o **2-** Stability o **3 -** Living Arrangement o **4 –** Permanency ▪ **Practice Performance Indicators** o **1a -** Engagement o **4 -** Assessment and Understanding o **5 -** Long-Term View for Safe Case Closure o **6** - Planning for Safe Case Closure o **7 -** Planning for Transitions and Life Adjustments o **11** - Tracking and Adjustment
2. Permanency is best achieved through a legal relationship such as parental custody, adoption, kinship care or guardianship. Placement stability is not permanency.	
3. All planning for children is focused on the goal of preserving their family, reunifying their family, or achieving permanency with another family.	
4. Permanency planning for children begins at the first contact with the children's services system. We proceed with a sense of urgency until permanency is achieved. We support families after permanency to ensure that family connections are stable.	
We believe in partnering with others to support child and family success in a system that is family- focused, child-centered, and community-based.	**Quality Service Review Protocol Elements**
1. We are committed to aligning our system with what is best for children, youth, and families.	▪**Child & Family Status Indicators** o **5 -** Physical Health o **6 -** Emotional Well-Being o **7a or 7b -** Early Learning Status/Academic Status
2. Our organization, consistent with this *practice model*, is focused on providing supports to families in raising children. The *practice model* should guide all of the work that we do. In addition to practice alignment, infrastructure and resources must be aligned with the model. For example, training, policy, technical assistance and other supports must reinforce the model.	

3. We take responsibility for open communication, accountability, and transparency at all levels of our system. We share success stories and best practices to promote learning within and across communities and share challenges and lessons learned to make better decisions.	▪ **Practice Performance Indicators** ○ **1a** - Engagement ○ **2 -** Teaming ○ **8 -** Resource Availability ○ **9 –** Intervention Adequacy ○ **11 -** Tracking and Adjusting
4. Community support is crucial for families in raising children.	
5. We are committed to working across agencies, stakeholder groups, and communities to improve outcomes for the children, youth, and families we serve.	
6. Services to families must be delivered as part of a total system with cooperation, coordination, and collaboration occurring among families, service providers and community stakeholders.	
7. All stakeholders share responsibility for child safety, permanence and well-being. As a system, we will identify and engage stakeholders and community members around our *practice model* to improve services and supports.	
8. We will communicate clearly and often with stakeholders and community members. Our communication must reinforce the belief that children and youth belong in family and community settings and that system resources must be allocated in a manner consistent with that belief.	
We believe that how we do our work is as Important as the work we do.	
1. The people who do this work are our most important asset. Children and families deserve trained, skillful professionals to engage and assist them. We strive to build a workforce that works in alignment with our *practice model*. They are supported in this effort through open dialogue, clear policy, excellent training and supervision, formal and informal performance evaluation and appropriate resource allocation.	▪ **Practice Performance Indicators** ○ **1b** - Role and Voice ○ **4** – Teaming ○ **8** – Resource Availability
2. As with families, we look for strengths in our organization. We are responsible for creating and maintaining a supportive working and learning environment and for open, respectful communication, collaboration, and accountability at all levels.	
3. Our organization is focused on providing high quality, timely, efficient, and effective services.	
4. Relationships and communication among staff, children, families, foster parents, and community providers are conducted with genuineness, empathy, and respect.	
5. The practice of collecting and sharing data and information is a non-negotiable part of how we continually learn and improve. We will use data to inform management, improve practice, measure effectiveness and guide policy decisions.	
6. As we work with children, families, and their teams, we clearly share with them our purpose, role, concerns, decisions, and responsibility.	

APPENDIX B

CRITICAL OUTCOMES AND QSR CROSSWALK

COR Category	COR Measure	Quality Service Review Indicators	
		Child & Family Status	Practice Performance
Transformation Outcomes	% of discharges to permanency	4. Permanency	2. Teaming 5. Long Term View 6. Planning Process
	% congregate care placements	1. Safety 3. Living Arrangements	7. Planning for Transitions & Life Adjustments 8. Resource availability
	% family-based placements	2. Stability 3. Living Arrangement 4. Permanency 9. Parent & Caretaker Functioning	1. Engagement 2. Teaming 3. Cultural Awareness & Responsiveness 5. Long Term View 6. Planning Process 10. Maintaining Quality connections
	% kinship placements		
	% of foster care worker visits	1. Safety 4. Permanency	4. Assessment and Understanding 9. Intervention Adequacy 11 Tracking and Adjustment
CFSR Outcomes	% of reunifications within 12 months	1. Safety 2. Stability 3. Living Arrangement 4. Permanency 9. Parent & Caretaker Functioning	1. Engagement 2. Teaming 3. Cultural Awareness & Responsiveness 4. Assessment and Understanding 5. Long Term View 6. Planning Process 7. Planning for Transitions & Life Adjustments 8. Resource availability 9. Intervention Adequacy 10. Maintaining Quality connections 11. Tracking and Adjustment
	% re-entered within 12 months of reunification		
	% of adoptions within 24 months[3]		
	% of children in care 24+ months discharged to permanency		
	% of children in care < 12 months with 2 or fewer placements		
Safety Outcomes	% of children with founded complaints with no recurrence	1. Safety 9. Parent & Caretaker Functioning	4. Assessment and Understanding 8. Resource availability 9. Intervention Adequacy 11.Tracking and Adjustment
	% of CPS Ongoing contacts made	1. Safety	4. Assessment and Understanding 9. Intervention Adequacy 11.Tracking and Adjustment
	% of attempted/completed contacts made within response priority	1. Safety	1. Engagement