

CWAC minutes October 15, 2010

Members present: Dorothy Hollahan, Deborah Eves, Denise Dickerson, Nannette Bowler, Allison Lowery, Kathy Froyd, Paul McWhinney, Charlotte McNulty, Lori Battin, Betty McCrary, Christie Marra, Elizabeth Popp, Therese Wolf, Lisa Linthicum, Sharon Harris, Kathy McElroy, Heather Jones, Suzanne Fountain, Phyllis Grooms Gordon, Martha Kurgans, Vernon Simmons, Mattie Satterfield

Paul McWhinney welcomed the group, provided a brief review of the agenda, and the group provided individual introductions. Mr. McWhinney updated the group on the status of Custody Assistance. The Commissioner of VDSS who had a few questions such as whether DSS could means test people and if DSS could implement Custody Assistance as a pilot. In consultation with the federal regional office, it was determined that means testing can be used for Custody Assistance and Virginia is able to implement this initiative as a pilot program. The pilot would provide an opportunity to watch the data over a 24 month time period and could be ended any time during that two year time frame. Approximately 306 children would initially be eligible for Custody Assistance through this pilot, with new children being added as appropriate. If the pilot does not continue, those children who had a custody transfer to a relative and receive Custody Assistance will continue to receive that assistance until they are 18 years old. It is expected a briefing will be given to the Secretary before this program moves forward.

Deborah Eves informed the group that the Program Improvement Plan (PIP) was formally accepted and the official PIP period began October 1, 2010. The measurement portion of the PIP is not finalized yet but is under consideration in the federal regional office. The measurement will be set before the end of the first quarter. The PIP is posted at:
<http://www.dss.virginia.gov/geninfo/reports/children/cfsr.cgi>.

Vernon Simmons presented an update to the group about the activities of the Family Services Training Steering Committee. New supervisor competencies are being trained in a 12 session pilot program. The training is broken into 6 two day sessions. The sessions that have occurred already have provided useful feedback. Mr. Simmons had one copy of the supervisory competencies and has offered to email them to the group after the meeting. Feedback from the group is welcomed; please email comments to Vernon.simmons@dss.virginia.gov or Hayley.Brooks@dss.virginia.gov.

Mr. Simmons reviewed the different types of competencies with the group. One competency is a Core Competency. This type is comprised of knowledge and skills needed by every child welfare supervisor and manager. These competencies give all supervisors and managers in Virginia a common philosophy and approach to services. A second type is "Specialized" Competency. Specialized training addresses specific areas of child welfare supervision, or special populations: supervising adoptions and foster care or supervising legal interventions. The third type of competencies is "Related" Competency. Competencies from related disciplines are ones that child welfare supervisors and managers must master to do their jobs effectively. For example, training on managing conflict would fall under this competency. There is going to be a shift away from full time trainers to subject matter experts. These experts are not trainers by trade, but they are currently active in the field in which they are being asked to train

on. There will continue to be some standardized classes as needed. The new worker policy training is currently being reviewed for revisions. Supervisors will be involved in the new worker training. Currently, new worker trainings are scheduled and workers attend as they can. The recommendation for this training will be for pre-work to be completed at the local office either through activities managed by the supervisor or through online training. Instructor led training should be available to help integrate the training with practice, but only for those parts of policy, such as understanding CPS definitions, that need an instructor led experience. The classroom training will not be as long as it has been in the past. In addition, there will be post training work completed under supervision to help foster transfer of learning. There is not currently a recommendation on how to train on our information systems, OASIS and ASAPS.

There is a new role for the Area Training Centers (ATC) in this revision of training delivery. The ATC's are regionally based and are currently providing training in innovative ways. This change will allow for greater authority and responsibility to scheduled trainings according to assessed need. ATCs will help facilitate individual, agency, and regional needs assessments. Each ATC is charged with developing a training related contract with each LDSS and will be a resource of information concerning subject matter experts.

Matt Wade and the Outcomes Based Reporting and Analysis (OBRA) unit have been working on an analysis of Treatment Foster Care (TFC) in Virginia. In November 2009, OBRA conducted a placement cost analysis of TFC homes and found that, on average, TFC placements were approximately \$25,000 more per year than a publicly run foster placement. During an analysis of children with alternative goals (independent living, permanent foster care, APPLA) it was noticed that many of these children are placed in a TFC home. This analysis led to the question: do children experience different outcomes in publicly versus privately run foster homes?

In SFY 2010, looking at point in time data, there were 8,530 children in foster care. 6,768 of those children were being served in a family based home. 63.9% of those children were served in a LDSS home and 36.1% were in TFC homes. The analysis found that LDSS run foster homes have higher permanency rates. Children placed in LDSS run foster homes are more than 20% more likely to achieve permanency than those in TFC placements. 2,887 children were discharged from foster care during this time period. 54.2% were discharged from LDSS homes and 21.7% were discharged from TFC homes. Of the children discharged from LDSS homes, 1382 (88.3%) achieved permanency while 418 (66.8%) discharged from TFC homes achieved permanency. The analysis also found that LDSS run foster homes have shorter lengths of stay than TFC placements. The average length of stay for a child in a privately administered family based home is 2.84 years versus 2.06 in publicly administered family based homes.

The analysis found that TFC placements are more expensive than LDSS run foster homes. An estimated 59.73% of total TFC expenditures stay in the private sector. The costs examined here do not include services, only administrative fees.

Total TFC Placements	2169
Total Cost	\$107,755,920.00

Monthly Maintenance	\$1,667.00
Annual Maintenance	\$20,004.00
Percent Maintenance	40.27%
Monthly Admin	\$2,473.00
Annual Admin	\$29,676.00
	59.73%
Average Annual Cost	\$49,680.00
Total Maintenance	\$43,388,676.00
Total Admin	\$64,367,244.00

There are several unanswered questions from this analysis. There may be an argument that TFC homes treat “tougher” children than LDSS foster homes are equip to work with. The history of this type of placement comes out of a desire to have a “step down” home for children coming out of a residential setting before moving to a regular foster home or back home to family. Anecdotally, there are cases where TFC homes are used because there is not a regular foster home to place a child. There is also strong evidence that TFC homes provide services to children who need the extra level of care. The VEMAT should be fully automated by November 1, 2010 and will allow for a comparison of LDSS and TFC children. OBRA is committed to looking at the data longitudinally and completing further analysis. One area that will be explored is variance in performance by TFC provider. Chapin Hall and the state of Tennessee have conducted a similar study that Virginia may attempt to replicate. The Managing by Data workgroup is currently looking into some of these issues. All of these data sources and others are accessible by visiting the OBRA SPARK page at <http://spark.dss.virginia.gov/divisions/dfs/obra/index.cgi>.

Dorothy Hollahan updated the group on progress that is being made with the creation of the Quality Service Review (QSR). There was a protocol design meeting at the end of September that had representation from local departments of social services directors, supervisors, family partnership coordinator; also representatives from mental health, CSA, court improvement, and several private providers. The protocol is designed for use in an in-depth case based quality review process focused on child welfare practices. The protocol examines recent results for children in CPS cases and foster care cases and their caregivers as well as the contribution made by local service providers and the system of care in producing those results. The draft protocol that was developed at this meeting is 74 pages long. The first 16 of those pages are background and the Virginia Children’s Services Practice Model. The protocol goes in depth into the Child and Caregiver Status Indicators and the Practice Indicators. There are nine Child and Family Indicators with both Safety and Education having two factors associated. There are 11 Practice Indicators with Engagement having two factors associated. There are three areas of scoring: Maintenance 6 -5, Refinement 4-3, and Improvement 2-1. The acceptable ranges are 4-6 and the unacceptable or needs improvement are 1-3.

The draft protocol will be tested in Chesterfield County in November through a pilot QSR conducted the week of November 15 – 19, 2010. Suzanne Fountain, Assistant Director of Chesterfield/Colonial Heights Dept of Social Services, provided her input on the process to date. Ms. Fountain and the local department were praised by Paul McWhinney for their willingness to participate in the pilot. Ms. Fountain shared three things with the group that surprised and or concerned her about the pilot and the process. First, she said that it was her belief that the QSR was solely for the local department, but the reality is that this review encompasses community partners and system performance. She stated she needed to reframe the discussions with community partners and make sure they were truly on board with the review. The second concern is around the use of the protocol with CPS cases. Specifically, the concern is the level of detail in the protocol may be too stringent for some CPS cases. Dorothy Hollahan responded to that concern by reminding the group that the pilot should help us see how the protocol will be used for these cases. After the pilot is completed, the protocol will be revised based on feedback from those involved in the review. The third concern she expressed is the expectation of not passing this review. During the protocol design meeting, one of the facilitators stated that the score on the review will be low and recognized that the QSR sets the bar above the current level of work. There is a need for departments that are going to participate in the review to make it known that the expectation should not be that this review is like a compliance review that could be passed or failed. This review is a review of practice and there will always be room for improvement. A QSR review will also provide an opportunity to recognize strengths, promising practices and effective practice in a local department.

The information gathered will help determine trends around performance that can be shared across the state. OBRA and the quality assurance unit are working together to link the indicators to already existing reports so there will be a way to monitor improvement. There are System Improvement Plans completed by some local departments based on feedback from the Child Welfare Quality Reviews. There is a recognized need for these reports to be more timely and there needs to be more technical assistance and follow up. The System Improvement Plans will be strengthened and incorporated into the QSR process as well. Suzanne Fountain stated that she feels like there is something missing from the QSR because all information is gained from case practice and not informed by community partners and stakeholders as to how the system is currently working. That information would inform the results of the reviews and show how well systems work together. Dorothy Hollahan noted that other states use focus groups during the QSR onsite reviews to gather information about system functioning. Using focus groups will be considered in upcoming reviews, once the process is more firmly established. There was a suggestion from the group to tap into CPMTs and best practice courts because they are ready made groups with representation from across the spectrum.

The first training for QSR reviewers is scheduled for January 19 -20 2011. Currently, there are about 40 people interested in becoming a reviewer. If anyone is interested in finding out more information about becoming a reviewer, they can go to www.vafamilyconnections.com and look under building blocks for QSR. Norfolk DHS will be the first full QSR review. That review will take place in February 2011.

The meeting was adjourned at 12:30 pm. The November meeting is cancelled. The December meeting will be held on December 17 from 10:00 – 1:00, location to be determined. If there are

agenda topics you would like to see added, please contact Deborah Eves
(Deborah.eves@dss.virginia.gov).