

CWAC minutes March 18, 2011

Members present: Victoria Kavanaugh, Deborah Eves, Janine Tondrowski, BJ Zarris, Allison Lowery, Nanette Bowler, Lori Battin, Suzanne Fountain, John Freeman, Rita Katzman, Elizabeth Hutchens, Phyllis Grooms Gordon, Kathy Sauter, Dorothy Hollahan, Denise Dickerson, Brady Nemeyer, Catherine Hancock, Christie Marra, Mary Dunne Stewart, Nelson Durden, Matt Wade, Paul McWhinney, Melanie Galloway, Denise Gallop, Mattie Satterfield

Paul McWhinney welcomed those in attendance and members provided introductions. After a review of the agenda, Matt Wade, program manager for the Outcome Based Reporting and Analysis unit (OBRA), provided a walk through of the DFS Critical Outcomes Report (COR). For those with VDSS internal access, this report can be located from the SPARK page. Select the Division of Family Services and then the Reporting and Analysis page. The Reporting and Analysis has all manner of reports and data analysis for all of the division, including Adult Services. If you do not have access to SPARK, you may email Matt Wade and he will get you a copy of the COR. (matthew.wade@dss.virginia.gov) The COR was a creation of the Managing by Data (MBD) work group and was created to provide one report that shows all the indicators for child welfare. The report is comprised of 14 critical outcomes in three areas of focus: Transformation outcomes, CFSR outcomes, and Safety outcomes. From those three areas, the work group determined what was the most useful and informative measures and they are now captured in the report. The MBD workgroup set performance standards for some measures and made the decision to use national standards for other measures. The report uses rolling year averages because it is more statistically significant than a monthly snapshot. Additionally, there are some totals that do not add up to exactly 100%. That is usually because children that are on AWOL status or are in a supervised IL setting are not counted. SafeMeasures is a tool that anyone with access can use to view what is being entered into OASIS and to check accuracy of data entry.

Mr. Wade highlighted several areas under the Safety section of the report. The first two outcomes are the CFSR Safety outcomes. CPS ongoing case contact is also part of this section. There is an understanding that there are CPS data issues, specifically around the use of search and merge that affect both the CFSR and monthly contact numbers. There is a need for a data clean up, similar to what took place with the foster care data before we are able to be more confident in the information presented in the reports. There are several local departments that are utilizing SafeMeasures to view what is being entered into OASIS. Those departments have shown a great increase in meeting the monthly standards for case contacts.

The COR allows for OBRA to rank the local departments based on performance. Until recently, local departments were scored on all 14 outcomes, even if they did not have any activity in a goal. For example, if there are no children with the goal of adoption then the local department would have received a "0" for the outcome of adoption within 24 months. There has been a change in the ranking, and now if a local department does not qualify for a certain outcome, there is a NA indication. Rankings are determined by dividing the total amount of outcomes that exceed the standard by the total applicable measures. Mr. Wade and staff from the OBRA unit are willing to travel to any locality and walk through the report and help staff become more comfortable using SafeMeasures.

Mr. Wade has shared with local departments the LDSS Scorecard. This scorecard was adapted from a similar scorecard that Fairfax DSS has created. The scorecard is comprised of the measures, performance standard, and statewide total (for comparison). When the appropriate files are saved, with the exact name, the name of the locality can be changed and that locality's information will populate the scorecard. The Campbell County score card is below.

LDSS Scorecard - Critical Outcomes Summary - March 2011

COR Category	COR Measure	Campbell	Performance Standard	Statewide Totals
Transformation Outcomes	% of discharges to permanency[1]	84.21%	86%	72.45%
	% congregate care placements ¹	25.00%	16%	15.52%
	% family-based placements ¹	75.00%	80%	82.11%
	% kinship placements ¹	4.17%	24%	5.86%
	% of foster care worker visits[2]	100.00%	90%	89.65%
CFSR Outcomes	% of reunifications within 12 months[3]	83.33%	75.20%	60.50%
	% re-entered within 12 months of reunification ³	33.33%	9.90%	3.69%
	% of adoptions within 24 months ³	62.50%	36.60%	22.70%
	% of children in care 24+ months discharged to permanency ³	25.00%	29.10%	22.31%
	% of children in care < 12 months with 2 or fewer placements ³	78.95%	86%	86.72%
Safety Outcomes	% of children with founded complaints with no recurrence ³	100.00%	94.60%	0.00%
	% of CPS Ongoing contacts made ²	100.00%	90%	0.00%
	% of attempted/completed contacts made within response priority ²	87.50%	90%	48.89%

Green Meeting or exceeding baseline
 Yellow Within 3 percentage points of meeting baseline
 Red More than 3 percentage points from meeting baseline

The group provided several suggestions for the report. One suggestion was to add in trending and another was to provide a narrative on each measure that can be added to the documentation guide for the COR.

Mr. Wade shifted gears and gave the group an overview of performance based contracting for DFS. Within the division, there are 224 contracts that are worth approximately 14 million federal and state dollars. A large part of those are CPS contracts. Upon initial review, it is apparent that there has been inconsistent evaluation of these contracts. There are examples of very good monitoring and evaluation; i.e. the Healthy Families contracts, but not all of the contract are monitored in the same way. There is now a full time position dedicated to reviewing these contracts, inventorying them and will begin the process of adding process and outcome measures as appropriate. Performance will eventually influence the RFP process. This will require that the RFPs reflect the expectation of performance driven work. There is a need to meet with General Services to begin discussions around contract requirements as well as milestone payments. Mr. Wade would like to create a web based central repository for contractors to enter information that would be capture in quarterly or other reports. Eventually, he would like to see a scorecard for providers similar to the one for local departments.

BJ Zarris spoke to the group about Accurint. (For more information look for Broadcast 6780 and 6787) Recently, the Department began negotiating a contract with LexisNexis to provide Accurint to all local departments in the Commonwealth. This search tool is designed to help find family members and other interested adults as a resource to children/youths involved in the child welfare system, to find information for adult adoptees, and probably other uses as the staff become familiar with its capabilities. LDSS are being required to conduct such searches within required timeframes due to the Fostering Connections to Success and Increasing Adoptions Act of 2008. The Department is also required by *Code of Virginia §§ 63.2-1246 and 63.2-1247* to maintain and release information from closed adoption records.

Some local departments are already using Accurint, but if this product is new to you, the following information may be helpful. Accurint is a web-based search program utilizing data-linking technology. Accurint securely and intelligently analyzes billions of partial and complete records and provides a report based on the relevance in a matter of seconds. The tools provide people searches, address searches and phone number searches and will:

- Provide the Commonwealth's Case Workers with a real-time, comprehensive view of public records not previously available.
- Instantly view an individual's associations and relatives to the sixth degree to help identify, locate and screen sought-after individuals.
- Assist the localities in the Commonwealth in connecting foster children with living relatives or other potential caregivers or mentors.
- Help LDSS improve workflow efficiency and reduce the time necessary to resolve cases, freeing up critical resources.
- Support the Fostering Connections Act by fulfilling due diligence requirements.

Accurint use has had positive outcomes when used in other states including, but not limited to:

- Significantly improving permanency rates, up to as much as 20%

- Decreasing the time children spend in the foster care system by locating family members and relatives, leveraging LexisNexis public record information
- Helping Case Workers locate and authenticate adoptive parents
- Providing reports on death records for minors
- Identifying best address for children between 18-21 years of age
- Increasing Case Worker productivity by reducing time spent on people searches

The roll-out plan includes assigning one user in small departments, 2 in medium and 3 in large departments. If you currently subscribe to Accurint through LexisNexis, you may continue your contract or modify it by contacting Jennifer Parker at 704-364-7777. There has been a “hiccup” in the deployment of Accurint due to security issues with VITA. If you have completed the application for access, that application is currently being held. If you have not yet completed an application, advice is to wait until the final approval has come through.

Ms. Zarris led the group in a discussion around implementation of the Practice Model. (see www.vafamilyconnections.com to view Virginia Children’s Services Practice Model) Ms. Zarris recently participated in a conference call sponsored by the National Resource Center for Organizational Improvement around Practice Models. The call focused on creation and implementation of practice models by states. Ms. Zarris was able to share that Virginia has created a practice model. Ms. Zarris is interested in gathering information on how Virginia is implementing the Practice Model across the state. She indicated that she will try to pull together a short term work group to brainstorm statewide implementation practice and tools. Local departments and other group members shared what they are currently doing with the practice model when working with families and in the community. At Norfolk DHS, the practice model is posted in the department in many places and all child welfare workers have been given cards to carry with them with the practice model on it. Norfolk has provided workers training on the practice model as well. The practice model is brought to each case staffing, is shared with vendors, and is included on minutes and agendas. Hampton DSS reinforces the practice model with each family contact and is also posted throughout the department. FACES has shared the practice model with resource families and Paul McWhinney has been invited to their upcoming conference to speak about the practice model. Several CSA offices have attached the practice model to contracts and have asked vendors to sign acknowledging the model. VISSTA classrooms have the practice model posted and the supervisor competencies that are being created have incorporated the practice model. Foster care and CPS guidance have also incorporated the practice model language. The Quality Service Review’s (QSR) protocol operationalizes the practice model. The practice model can be an additional agenda item for an upcoming CWAC.

Dorothy Hollahan wrapped up the meeting with a discussion about the Quality Services Review (QSR). Ms. Hollahan reviewed the key elements of the QSR with the group. There is a standardized protocol based on best practice that has been tailored to the Virginia Children’s Services Practice Model. There is a qualitative case review process that utilizes the protocol and trained reviewers that work in pairs to interview all those involved in a case, including family members, the child, the caseworker, service providers, etc. There is a concluding interview with the social worker and supervisor to share and update information and findings. Finally, there is an outcome meeting for the local department and stakeholder to report strengths and

opportunities for improvement. The pilot was held in Chesterfield County the week of November 15, 2010 and the first review was held in Norfolk the week of February 7, 2011. The next two reviews will be Richmond City, the week of April 4, 2011 and Roanoke City the week of May 16, 2011. Ms. Hollahan anticipates scheduling two more reviews this fall; one in the western region and one in the northern region. Ms. Hollahan synthesized the process of preparing for the review as well as some of the lessons learned from the first two reviews. Ms. Hollahan then reviewed some of the findings from the Chesterfield pilot and Norfolk review. There are strengths evident in both localities and also areas needing additional focus. All localities that participate in the review will be asked to create a System Improvement Plan that the regional permanency consultants will monitor and provide technical assistance for. There is a need for more QSR reviewers and the next training will be held June 20 – 21, 2011. There is a desire to have at least one person from each local department trained as a reviewer. If you are interested in becoming a QSR reviewer, please go to www.vafamilyconnections.com and download a reviewer application. Those applications are being process by Judy Fogleman (judy.fogleman@dss.virginia.gov).

Ms. Hollahan has completed a comparison between the Children’s Services Practice Model and the Virginia Quality Service Review Protocol. Additionally, she has completed a Critical Outcomes summary and crosswalk with the Quality Service Review indicators. Those documents follow these minutes.

The meeting was adjourned at 1:00 pm. The April meeting is scheduled for Friday, April 15th from 10:00 – 1:00 pm. If there are agenda topics you would like to see added, please contact Deborah Eves (Deborah.eves@dss.virginia.gov).

**VIRGINIA CHILDREN’S SERVICES PRACTICE MODEL
Comparison to
Virginia’s 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.	<ul style="list-style-type: none"> ▪ Child & Family Status Indicators <ul style="list-style-type: none"> ○ 1a - Exposure of Threats to Harm ○ 1b - Risk to Self/Others ▪ Practice Performance Indicators <ul style="list-style-type: none"> ○ 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
<p>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.</p>	<p>■ Practice Performance Indicators</p> <ul style="list-style-type: none"> ○ 1a - Engagement ○ 1b - Role and Voice ○ 2 - Teaming ○ 3 Cultural Awareness and Responsiveness ○ 10 - Maintaining Quality Connections
<p>2. Each individual's right to self-determination will be respected.</p>	
<p>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.</p>	
<p>4. Children have a right to connections with their biological family and other caring adults with whom they have developed emotional ties.</p>	
<p>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.</p>	
We believe that children do best when raised in families.	Quality Service Review Protocol Elements
<p>1. Children should be reared by their families whenever possible.</p>	<p>■ Child & Family Status Indicators</p> <ul style="list-style-type: none"> ○ 2 - Stability ○ 3 - Living Arrangement ○ 4 - Permanency ○ 8 - Pathway to Independence ○ 9 - Parent and Caretaker Functioning <p>■ Practice Performance Indicators</p> <ul style="list-style-type: none"> ○ 1a - Engagement ○ 1b - Role and Voice ○ 2 - Teaming ○ 3 - Cultural Awareness and Responsiveness ○ 4 - Assessment and Understanding ○ 7 - Planning for Transitions and Life Adjustments ○ 8 - Resource Availability ○ 10 - Maintaining Quality Connections
<p>2. Keeping children and families together and preventing entry into foster care is the best possible use of resources.</p>	
<p>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.</p>	
<p>4. People can and do make positive changes. The past does not necessarily limit their potential.</p>	
<p>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.</p>	
<p>6. When placement outside the extended family is necessary, we encourage healthy social development by supporting placements that promote family, sibling and community connections.</p>	
<p>7. Children's needs are best served in a family that is committed to the child.</p>	
<p>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.</p>	

<p>We believe that all children and youth need and deserve a permanent family.</p>	<p>Quality Service Review Protocol Elements</p>
<p>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.</p>	<p>▪ Child & Family Status Indicators</p> <ul style="list-style-type: none"> ○ 2- Stability ○ 3 - Living Arrangement ○ 4 – Permanency
<p>2. Permanency is best achieved through a legal relationship such as parental custody, adoption, kinship care or guardianship. Placement stability is not permanency.</p>	<p>▪ Practice Performance Indicators</p>
<p>3. All planning for children is focused on the goal of preserving their family, reunifying their family, or achieving permanency with another family.</p>	<ul style="list-style-type: none"> ○ 1a - Engagement ○ 4 - Assessment and Understanding ○ 5 - Long-Term View for Safe Case Closure
<p>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.</p>	<ul style="list-style-type: none"> ○ 6 - Planning for Safe Case Closure ○ 7 - Planning for Transitions and Life Adjustments ○ 11 - Tracking and Adjustment
<p>We believe in partnering with others to support child and family success in a system that is family- focused, child-centered, and community-based.</p>	<p>Quality Service Review Protocol Elements</p>
<p>1. We are committed to aligning our system with what is best for children, youth, and families.</p>	
<p>2. Our organization, consistent with this <i>practice model</i>, is focused on providing supports to families in raising children. The <i>practice model</i> 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.</p>	<p>▪ Child & Family Status Indicators</p> <ul style="list-style-type: none"> ○ 5 - Physical Health ○ 6 - Emotional Well-Being ○ 7a or 7b - Early Learning Status/Academic Status
<p>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.</p>	
<p>4. Community support is crucial for families in raising children.</p>	<p>▪ Practice Performance Indicators</p>
<p>5. We are committed to working across agencies, stakeholder groups, and communities to improve outcomes for the children, youth, and families we serve.</p>	<ul style="list-style-type: none"> ○ 1a - Engagement ○ 2 - Teaming ○ 8 - Resource Availability
<p>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.</p>	<ul style="list-style-type: none"> ○ 9 – Intervention Adequacy ○ 11 - Tracking and Adjusting
<p>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 <i>practice model</i> to improve services and supports.</p>	

<p>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.</p>	
<p style="text-align: center;">We believe that how we do our work is as important as the work we do.</p>	
<p>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 <i>practice model</i>. They are supported in this effort through open dialogue, clear policy, excellent training and supervision, formal and informal performance evaluation and appropriate resource allocation.</p>	<p style="text-align: center;">Practice Performance Indicators</p> <ul style="list-style-type: none"> ○ 1b - Role and Voice ○ 4 – Teaming ○ 8 – Resource Availability
<p>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.</p>	
<p>3. Our organization is focused on providing high quality, timely, efficient, and effective services.</p>	
<p>4. Relationships and communication among staff, children, families, foster parents, and community providers are conducted with genuineness, empathy, and respect.</p>	
<p>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.</p>	
<p>6. As we work with children, families, and their teams, we clearly share with them our purpose, role, concerns, decisions, and responsibility.</p>	

Critical Outcomes Summary and Crosswalk with Quality Service Review Indicators

Draft - March 2011

COR Category	COR Measure	Quality Service Review Indicators	
		Child & Family Status	System Performance
Transformation Outcomes	% of discharges to permanency	4. Permanency	2. Teaming 5. Long Term View 6. Planning Process
	% congregate care placements	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	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	
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