

Attachment A Children's Bureau Child and Family Services Reviews Program Improvement Plan

States are encouraged to use this PIP standard format to submit their PIP to the Children's Bureau Regional Office. The standard format includes the following sections:

I. PIP General Information

II. PIP Strategy Summary and TA Plan, Matrix Instructions and Quality Assurance Checklist

III. PIP Agreement Form (authorizing signatures)

IV. PIP Matrix

I. PIP General Information

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Background

In December of 2007 under the leadership of then First Lady Anne Holton, Virginia began the process of transforming how services were delivered to at risk youth and their families. Based on the belief that every child deserves a safe, loving and stable life with a family and in the community, the Virginia Children's Services System Transformation (Transformation) is aimed at improving the way we help at risk children and their families to achieve success in life; safety for children and communities; life in the community; family based placements; and life-long family connections. The Transformation process has evolved over the last twenty-six months and now includes all child serving agencies within the Commonwealth¹. At the onset, however, Transformation was focused on those youth served within the child welfare system and had four clearly identified goals:

- To adopt a state-wide philosophy that supports family-focused, child-centered, community-based care with a focus on permanence for all children,
- To establish a state-level practice model focused on family-centered care and permanence that is reinforced by a uniform training program,
- To create and implement a statewide strategy to increase availability and utilization of relative care and non-relative foster and adoptive placements to ensure that children can be placed in the most family-like setting that meets their needs, and
- To create a robust performance monitoring/quality assurance system to identify and measure outcomes, monitor quality of practice, and improve accountability.

The work on these four goals began as a partnership between the state child serving agencies and 13 Virginia localities representing over 40 percent of the Commonwealth's children in foster care. This partnership, the Council on Reform (CORE), developed workgroups to address each of the identified goals. In addition, CORE determined that there were several key components necessary for the development of a fully functioning child serving system at the local level. These components, termed 'building blocks', are built upon the practice model developed by CORE and were intended to help provide structure to the work moving forward.

The first building block, the development of a community-based continuum of care was identified to address the significant developmental, funding and sustaining factors that have to be addressed in order to ensure that, when possible, children receive the services that they need within their own home and community. The second building block, a statewide training system reestablished our commitment to the development of a comprehensive, competency based training system built on the practice model and accessible across Virginia. Resource family recruitment, development and support was identified as the third building block. With a focus on finding, training and supporting resource families to provide permanent connections for youth in foster care, this building block would help to significantly address the goal of ensuring that all children have a chance to be a part of a family. Further developing the involvement of families and other community supports, the fourth building block is the use of a deliberate family engagement model. Engaging families in a deliberate way by giving them a voice in what happens to their family and their children was identified as a vital component of our efforts to ensure lasting permanency, safety and well being for youth in Virginia. Finally, in an attempt to make more informed and data driven decisions by using our desired outcomes to drive practice, managing by data was identified as the fifth building block.

¹ The Transformation partner agencies are Departments of Social Services, Juvenile Justice, Education, Behavioral Health and Developmental Services, and the Office of Comprehensive Services.

The work of the CORE localities quickly spread across the Commonwealth and since the inception of the Transformation in December of 2007 we have seen the number of children in group care has been reduced by 45 percent statewide. This decrease means that there are 865 fewer children in group care than when the Transformation began. CORE localities have reduced their group care population by 50 percent.

The second round of Virginia's Child and Family Services Review (CFSR), conducted during the week of July 13 - 17, 2009, confirmed for Virginia that there was progress being made towards improving our child welfare system but there are still areas needing improvement. Items related to repeat maltreatment, foster care reentry, proximity of children's placements to parents, placement with siblings, and the physical and dental health of children were rated as strengths for the Commonwealth. Virginia met the national standards for the data indicators pertaining to the absence of recurrence of maltreatment within 6 months, the absence of maltreatment of children in foster care by their foster parents or a facility staff member, and the stability of placements for children in foster care. Virginia was found to be in substantial conformity with the systemic factor pertaining to agency responsiveness to the community.

Virginia is not in substantial conformity with seven out of seven outcome areas and six out of seven systemic factors. Themes of the key areas for concern include inadequate assessment of safety and risk for youth as well as a lack of service provision for those youth and their families based on their assessed needs. Virginia also needs significant improvement in our efforts to include parents and family members in every step of a case from case planning to visitation to a viable option for discharges to permanency. Finally, Virginia struggles significantly with moving our children in foster care to permanency and even more so in finding that permanency for youth in a timely manner. The key areas of concern noted in the CFSR final report are in line with what we had identified through our Transformation efforts as well as through the Virginia's Child and Family Services Plan. Operationalizing Virginia's Children's Services practice model and the building blocks of the Transformation will address these key concerns for both the development of our Program Improvement Plan (PIP) and for our ongoing work towards transforming our system. The activities reflected in the PIP are some of the same activities that will be reviewed yearly in our Annual Progress and Statistical Report (APSR).

The Virginia PIP was developed through a highly collaborative process involving a cross-divisional family services workgroup and the Child Welfare Advisory Committee (CWAC), the division of family services' stakeholder group. CWAC has representation from local departments of social services, Court Appointed Special Advocates, the Department of Behavioral Health and Developmental Services, the Court Improvement Program, the Department of Medical Assistance Services, the Medical Examiner's Office, FACES –a resource family group, the Office of Comprehensive Services, and other stakeholder organizations. As a result of the work these groups have done together, Virginia has developed four Primary Strategies to help address the key concerns indicated by the CFSR Final Report. Those Primary Strategies and Goals are as follows.

Virginia's PIP Strategies

Primary Strategy 1: Engage Families across the Continuum of Child Welfare

Goal: Ensure, children, youth and parental input is heard and considered in the decision making processes regarding safety, permanency, well being, and service planning and placement decisions.

The first objective under this strategy is to “Increase the involvement of parents, children, youth and other significant social network members”. Virginia has made a clear and decisive commitment to the principle and reality that families are the experts on what is best for their children through the adoption of our Family Partnership Meetings. These meetings reflect our commitment to having family members at the table, whenever possible, to participate in permanency planning for their child or relative. This practice is driven not only by research that recommends a structured family engagement model, but also by the CFSR that, for the second time, informs us that we do not adequately involve families in the decision-making process. It is also driven by our personal and professional commitment, as reflected in our practice model to do what is best for the children we serve.

Family Partnership Meetings utilize a team approach to making decisions throughout the family’s involvement with the local department. Family Partnership Meetings involve the parents and their identified supports, relatives, the social worker, professionals working with the family and other relevant community partners. These meetings are facilitated by a trained individual who is not the case-carrying social worker for the child or family and the group as a team collaborates on decisions at the following points: determination of high or very high risk; after emergency removal; prior to change of placement; prior to change of goal; at the request of the parent (birth, foster, adoptive, legal guardian), or social worker.

With training and technical assistance provided, the expectation is that by December 31, 2010, each locality will have implemented Family Partnership Meetings in at least one of the above decision points. The Child Welfare Regional Consultants are available to assist localities with problem-solving to address challenges related to the implementation of Family Partnership Meetings, including consultation with individual localities. They can assist with day-to-day implementation concerns and may be helpful in determining the decision point(s) at which to begin having Family Partnership Meetings or the most appropriate facilitator option for each locality. Related trainings will also be offered around diligent family searches as well as how to engage those family members that are located in the search process.

The second objective for this strategy is to “Increase timeliness and discharges to permanency”. There are several strategies that fall under this objective. The first is a targeted approach to increasing adoptions across the state by utilizing existing adoption contracts. VDSS funds sixteen adoption contracts. Thirteen are being revised to improve both timeliness to adoption and the quality of the work that is done to move a child towards that adoption outcome. Those contracts will be renegotiated effective July 1, 2010 and, through targeting specific children, will help to ensure that our timeliness to permanency numbers substantially improve. A second strategy is to convene a cross divisional (Family Services) team to develop targeted strategies to help move those children at risk of aging out of foster care to permanency. These children include those with TPR and the goal of adoption who are not covered by the existing adoption contracts, children with long term foster care goals, and children in congregate care for more than 180 days. This team will also examine ways to increase the use of Virginia’s permanency goals and ensure appropriate use of the goals of Permanent Foster Care, Independent Living, and APPLA.

The next strategy for increasing discharges to permanency is to implement subsidized custody in Virginia. A workgroup was formed to examine the issue and recommended implementing subsidized custody as a permanency option for children in foster care who cannot be reunified with the family from which they were removed and when adoption has been ruled out. Subsidized custody will be open for those children in the appropriate placement regardless of their funding source [i.e., federal Title IV-E or Comprehensive Service Act (CSA) state and local

funds]. It was determined by the DFS policy team in consultation with the Office of the Attorney General that legislation is not required, since subsidized custody is not a foster care goal or a new program. It is a way to assist (subsidize) the placement with a relative foster parent who qualifies to take custody of the foster child.

The work group concluded that the subsidized custody option has the potential to achieve the following outcomes statewide: increase the number of children who exit foster care and enter permanent placement arrangements; decrease the number of children who age out of foster care without connections to a permanent family; protect children from subsequent abuse or neglect.

The next three strategies highlight the partnership with the Court Improvement Project (CIP). Virginia's CIP has been an active partner during this review process and throughout the Transformation. In addition to highlighting Transformation initiatives at the Best Practice Court Conferences and trainings, CIP is willing to partner on trainings that emphasize the need to provide notice of hearings to caregivers and that will highlight the importance of providing caregivers the opportunity to be heard in court hearings. In addition, there is a third strategy that will utilize the adoption progress report in collaboration with CIP to increase the timeliness to adoption. The adoption progress report is filed by the local department with the courts until an adoption is finalized and should reflect any progress made. The partnership with CIP will reinforce the need for judges to critically examine these reports and hold local departments accountable for progress made.

Primary Strategy 2: Improve Assessment and Service Delivery

Goal: Appropriately assess safety, risk, and the needs of children and families in order to provide high quality, timely, efficient, and effective services.

Primary Strategy 2 focuses on assessment of initial safety and risk, improving local department staffs' abilities to conduct service needs assessments and improve service planning across the child welfare continuum. The objectives for this primary strategy specifically reflect the key concerns noted in the 2009 Child and Family Services Review with regard to on-going risk and safety assessments of children and the lack of adequate assessment of and services provided to meet the needs of families in both CPS in-home and Foster Care placement cases.

The first objective is to "Improve local department staffs' abilities to assess initial safety and risk." Strategies to accomplish this goal include revising CPS guidance Manual to include tools for more accurately and consistently assessing initial child safety and risk addressing factors such as domestic violence, mental health issues, and substance abuse. After the first round of the CFSR, Virginia piloted Structured Decision Making (SDM) in 30 agencies. The focus was on policies and tools related to the acceptance, prioritization, and response time of reports of maltreatment. SDM has not been implemented statewide due to resource issues. However, by implementing specific safety and risk assessment tools for this PIP and incorporating those tools into the CPS guidance Manual, we will be able to facilitate a uniform statewide procedure for assessing initial safety and risk. The use of standard tools should bring a greater degree of consistency, objectivity, and validity to child welfare decisions and help CPS units focus their limited resources on cases at the highest level of risk and need. Training will be offered and the Quality Service Review Team will determine the extent to which initial safety and risk assessments are being completed correctly and within the required timeframes. In addition, there is a strategy to identify and implement tools for local staff to use in assessing safety, domestic violence, substance abuse, and mental health issues present in relative and other caregiver families.

The second objective for this primary strategy is to “Improve local department staffs’ abilities to conduct service needs assessments and develop relevant service plans.” There are four strategies for meeting this objective. Strategy one is to determine the feasibility of implementing a tool(s) for assessing child and family needs for all children involved in the child welfare system. Virginia does not use a consistent tool for assessing strengths and needs of the child, the family and the providers (resource parents). For those children in care with a goal of reunification, an additional strategy consists of identifying and implementing a tool to assess the risk in reunifying the child with the previous caretaker. As with service need assessment, no standardized tool is currently used to enable local agencies to more accurately identify and address issues related to the risk of reunification. Once the needs assessment tool and the risk assessment tool are identified, a third strategy, revising both the CPS and Foster Care guidance Manual, will occur to support local agencies in using these tools to understand and reassess the unique needs and strengths of children and families throughout the life of the case. Such on-going assessments will also inform service planning and increase local department staff’s ability to develop service plans that coincide with the identified needs. The final strategy requires the Department to develop requirements for a redesign of the service assessment and service planning screens in Online Automated Services Information System (OASIS). These system updates will improve local department staff’s ability to develop service plans that are responsive to a comprehensive assessment of children’s, families’, and providers’ needs.

Primary Strategy 3: Reengineer Competency Based Training System

Goal: Establish a locally responsive training infrastructure that includes timely initial training and appropriate ongoing training for child welfare staff and pre-service and in-service training for resource parents.

Child welfare training is being delivered across the state through a collaboration between the Virginia Institute for Social Services Training Activities at Virginia Commonwealth University (VCU-VISSTA), the five Area Training Centers (ATCs) and the Virginia Department of Social Services (VDSS). During the early years of VCU-VISSTA, successful efforts were made to develop and maintain a process for the deliberate engagement of local agencies through the ATCs and other representative stakeholders on a statewide steering committee. Over time, however, as staff, priorities and resources changed, VISSTA evolved into a system that was neither inclusive of the necessary level of local department engagement nor responsiveness to evolving training needs. In an attempt to reengineer a competency based training system, the work over the next two years will make training more effective and responsive to individual, local, and statewide needs and will ensure that training sets the practice standards by aligning with the Virginia Children’s Services Practice Model.

In an attempt to reestablish a locally-responsive training infrastructure, a steering committee has been established as the mechanism to drive change. The Virginia Child Welfare Training Steering Committee meets on a monthly basis and is made up of representatives from VDSS, VCU-VISSA, ATCs, and the Virginia League of Social Service Executives. The Steering Committee works to coordinate and manage the activities and developmental aspects of the training system. With the ATCs representing local agencies, along with a representative of the Virginia League of Social Services Executives, decisions about training system management will be informed by the needs of local workers. In addition, the role of the ATCs will change in order to give them greater ability to engage, train, and evaluate their training constituents. The Steering Committee is primarily responsible for:

- Setting priorities for child welfare training including the establishment of training requirements for front-line and supervisory staff;
- Establishing core competencies and core curricula, aligned with Virginia's Children's Services Practice Model, for all targeted job functions that will support assessed needs as well as broaden the base of knowledge and skills for all child welfare staff;
- Ensuring ongoing training opportunities for experienced staff and supervisors in an effort to promote the development of managerial skills in the work force and to facilitate transfer of learning;
- Establishing a process and standards for identification of subject matter experts to develop and deliver workshops for in-service trainings based on regionally assessed needs;
- Assessing and evaluating the training system in order to address both individual and system needs including the establishment of an Individual Training Needs Assessment for front-line staff and supervisors;
- Ensuring the delivery of pre-service and in-service training for resource parents.

The objectives for this primary strategy are focused on the stages of reengineering the training system. The first objective is to establish training requirements. The second objective is to ensure ongoing training. The third objective is to assess and evaluate the training system in order to continue to refine it as needed. The fourth objective is focused on training of foster, adoptive, and resource parents. Significant changes have begun with resource family training. In September 2009 a mandate for training went into effect, requiring both pre- and in-service for foster, adoptive, respite, and resource families. The infrastructure of family training includes locality-based work to create capacity and assess need; direct training for families, particularly in those areas where resources for training are lacking; and an integration of key social work practices, such as engaging families, honoring children's connections, working as a member of the child welfare team, and Virginia's Children's Services Practice Model.

While the training system will not be completely reengineered within the PIP timeframes, it will have a strong foundation established for workers and resource families.

Primary Strategy 4: Managing by Data and Quality Assurance

Goal: Create a performance management system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions.

Using the right data to manage performance is a key driver of the Transformation as well as this PIP. The Outcomes Based Reporting and Analysis Unit (OBRA) has developed a consistent process for capturing and using data to support decision-making, improve the quality of practice, and promote accountability. The first objective for this primary strategy is to “Increase use of data driven decision making in Virginia’s child welfare system.” The division has created TOP, or Translating Outcomes to Practice, to routinely examine data to determine both best practices and opportunities for improvement across program areas at the state level.

State and local DSS workers currently have access to two reporting tools: SafeMeasures and the Virginia Child Welfare Outcomes Reporting Utility (VCWOR). SafeMeasures is a web service that takes data extracts from OASIS twice each week and arranges the data into reports that highlight Children’s Services Transformation outcomes and other measures that are important to improving practice at the local level. SafeMeasures is a response to long-standing LDSS requests for greater access to the data that they record in OASIS. The VCWOR is a utility that provides reporting ability for Foster Care and Adoption. The majority of the reports are drawn from the

AFCARS Federal Fiscal Year files. This utility can produce Federal Permanency Profiles, CFSR composite measures, Transformation outcomes, and other reports. The PIP strategy utilizing these tools is focusing on making sure workers and supervisors understand and use SafeMeasures and the VCWOR as part of their own efforts to improve quality and performance.

The third strategy under this objective is to “Improve programmatic performance by monitoring process and outcome data.” The first two areas that will be addressed are concerning safety issues. One report to be created will be generated by locality on face to face contact with victims consistent with response priority. The second action step will develop a method to track recurrence in Family Assessment Track cases and evaluate the extent to which reports on the same family are assigned to the Family Assessment Track. The next two action steps are related to other areas of the PIP. The “at risk” report is related to Primary Strategy 1, Objective 2 and the Family Partnership report is related to Primary Strategy 1, Objective 1. The last report is focused on worker visits with the child, siblings, parents, and foster parents, and is in direct response to the key findings from the review.

One of the key findings related to the Statewide Information Systemic Factor is related to concerns regarding the accuracy of the data in OASIS at any given time, particularly data pertaining to the location of children’s placements. Virginia has recently updated policy that allowed a 30-day period for entering or updating information in OASIS. There is now a five day period to update information on the Placement Screen in OASIS that will take effect on March 1, 2010.

The second objective for primary strategy four is to “Develop a comprehensive quality assurance system that measures child status and system performance indicators.” Virginia is transitioning towards use of the Quality Service Review (QSR) as a system improvement tool for aligning the quality of service delivery with the Virginia Children’s Services Practice Model to promote better outcomes in child welfare. Virginia has been utilizing the CFSR instrument over the past few years to measure the quality of compliance with the CFSR outcome standards. The QSR instrument to be developed will operationalize the Virginia Children’s Services Practice Model to measure outcomes of the initiatives implemented.

Development and implementation of the QSR instrument will begin in the first quarter of the PIP. This process will be assisted and supported through a contract with Child Welfare Policy and Practice Group (CWPPG) and Human Systems and Outcomes. An instrument will be developed specific to the Virginia Children’s Services Practice Model also addressing safety, permanency, and well-being. A group of Virginia Department of Social Services staff, local staff, community partners and stakeholders will be included in a 2.5 day meeting to develop the instrument. The instrument will address child and family status issues and system performance issues in various categories. The instrument will then be piloted in one local department of social services and then reviewed and revised by the stakeholder group.

Training for Virginia professionals in the use of this instrument for local QSR will begin in January 2011. Professionals from CWPPG will be paired with Virginia professionals in review teams after the training for the initial rounds of reviews. In this way we will develop a cadre of Virginia professionals to conduct reviews. An additional benefit to this process of training peer reviewers is often the development of quality practice and standards in the local departments from which we will draw the peer reviewers. This results in an additional internal capacity for evaluating quality practice standards.

Implementation and Measurement

The PIP is designed to be implemented over a two-year period. The primary strategies were developed to address the key concerns identified through the state self-assessment process and the on-site review. Work on many of the strategies in this PIP has already begun and may be finished within the PIP timeframe. Other initiatives will begin during the timeframe and not reach a conclusion during the two year period.

The data and measurement plan will be developed in conjunction with the Children's Bureau Regional Office during the negotiation phase for the PIP. The development of the QSR instrument for Virginia will address measurement standards in various sections of the PIP. QSR will determine the extent to which service plans are addressing individualized needs of the families by including the elements of the Family Strengths and Needs Assessment in the QSR instrument. The QSR instrument will also include elements of the safety and risk assessments to determine if they are being completed correctly and within the required timeframes.

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Primary Strategies	Key Concerns	Technical Assistance Resources
<p>1. Engage Families Across the Continuum of Child Welfare</p> <p>Goal: Ensure children, youth and parental input is heard and considered in the decision-making processes regarding safety, permanency, well-being, and service planning and placement decisions.</p> <p><u>Objectives:</u></p> <p>1. Increase the involvement of parents, children, youth and other significant social network members</p> <p>2. Increase timeliness and discharges to permanency</p>	<ul style="list-style-type: none"> • The child’s permanency goal was either not appropriate or not established in a timely manner. • There was a lack of concerted effort to achieve reunification with parents or relatives in a timely manner. • There were agency delays in achieving adoptions in a timely manner as well as seeking TPR in accordance with the requirements of ASFA • The frequency and quality of visitation between children in foster care and their parents and siblings were insufficient to meet the needs of the children and families. • The agency had not made concerted efforts to search for either maternal or paternal relatives as potential placement resources. • The agency had not made concerted efforts to support the child’s relationship with the mother or father while the child was in foster care. • The agency did not make concerted efforts to involve children, mothers, and fathers in case planning in both the foster care and in-home services cases. • The frequency and quality of caseworker visits with children, particularly children in the in-home services cases, were not sufficient to ensure the child’s safety and well-being. • The frequency and quality of caseworker visits with parents were not sufficient to monitor the safety and well-being of the child or promote attainment of case goals. • Parents are not consistently involved in the development of case plans. • Notifying caregivers about hearings and reviews involving the children in their care is not occurring consistently across the State, and caregivers are not consistently given opportunities to be heard in these reviews and hearings. 	<ul style="list-style-type: none"> • NRC Youth Development • NRC Organizational Improvement • NRC Resource Family Recruitment and Retention • TA – Casey/Denise Goodman • NRC Family Centered Practice and Permanency Planning

Primary Strategies	Key Concerns	Technical Assistance Resources
	<ul style="list-style-type: none"> Although the State has a policy requiring that reviews of the status of all children in foster care be held at least every 6 months, State policy does not require that the initial review be held less than 6 months from the date of the child’s entry into foster care, even when “date of entry” is considered to be 60 days from the time of the child’s removal from home. 	
<p>2. Improve Assessment and Service Delivery</p> <p>Goal: Appropriately assess safety, risk, and the needs of children and families in order to provide high quality, timely, efficient, and effective services.</p> <p><u>Objectives:</u></p> <p>1. Improve local department staffs’ abilities to assess initial and ongoing safety and risk assessments</p> <p>2. Improve local department staffs’ abilities to conduct service needs assessments</p>	<ul style="list-style-type: none"> Not consistent in initiating a response to a maltreatment report within the timeframes established by State policy, even when the reports were prioritized as high risk Lack of State time requirements for establishing face-to-face contact with the children reported as the alleged victims of maltreatment Children remaining in their own homes continued to be at risk either because services were not provided, or the services that were provided did not target the key safety concerns. There was a lack of initial and ongoing safety and risk assessments. The agency did not make concerted efforts to assess and address the service needs of mothers and/or fathers in both the foster care and in-home services cases. For in-home services cases, educational and mental health needs were not assessed or addressed There is a scarcity of key services, such as mental health and substance abuse treatment services 	<ul style="list-style-type: none"> NRC – Child Abuse and Neglect NRC – Permanency Planning Children’s Research Center NRC – In Home Services
<p>3. Reengineer Competency Based Training System</p> <p>Goal: Improve training and supervision in order to serve children and families through high quality, timely, efficient, and effective services</p>	<ul style="list-style-type: none"> The State’s training requirements are not consistently and fully implemented, and there is no process in place for determining whether all staff has been trained or whether training results in gains in knowledge or skills. The State’s training requirements for new caseworkers include courses that are critical to effective functioning, yet the caseworkers have 1 year to complete the required courses. 	<ul style="list-style-type: none"> Institute for Human Services

Primary Strategies	Key Concerns	Technical Assistance Resources
<p><u>Objectives:</u></p> <ol style="list-style-type: none"> 1. Establish training requirements for front-line and supervisory staff that align with child welfare competencies 2. Ensure ongoing training opportunities for experienced staff 3. Assess and evaluate training system in order to address both individual and system needs 4. Ensure delivery of state-approved pre-service and in-service training for resource, foster, and adoptive parents 	<ul style="list-style-type: none"> • The State has no requirements for ongoing training for caseworkers and supervisors, and opportunities for ongoing training are not consistently available across the State. • Although the State mandates training for staff of licensed child care facilities, at the time of the 2009 CFSR there was no mandated pre-service or ongoing training for foster and adoptive parents. • At the time of the Onsite Review, the standards for approval of foster family homes did not include essential requirements such as foster parent training. 	
<p>4. Managing by Data and Quality Assurance</p> <p>Goal: Create a performance management system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions</p> <p><u>Objectives:</u></p> <ol style="list-style-type: none"> 1. Increase use of data driven decision making in Virginia’s child welfare system. 2. Develop a comprehensive quality assurance system that measures child status and system performance indicators. 	<ul style="list-style-type: none"> • Concerns regarding the accuracy of the data in OASIS at any given time, particularly data pertaining to the location of children’s placements (policy that allows a 30-day period for entering or updating information in OASIS) • Although the State has piloted a QA process, it is not yet operating a fully functioning QA system that evaluates the quality of services and program improvement measures that have been implemented. 	<ul style="list-style-type: none"> • Child Welfare Policy and Practice Group (CWPPG) • Human Systems and Outcomes • Children’s Research Center

Primary Strategy 1: Engage Families Across the Continuum of Child Welfare					
Goal: Ensure children, youth and parental input is heard and considered in the decision-making processes regarding safety, permanency, well-being, and service planning and placement decisions.					
Objective	Strategy	Evidence of Completion	Deadline	Responsible Person	Status
1. Increase the involvement of parents, children, youth and other significant social network members	1.1 Develop Family Partnership resources and tool kit for service providers, relevant family service contractors, and LDSS to share with families	1.1 Provide website and links for information	1.1 Q 2	Tamara Temoney	
	1.2 Increase the number of parents, children, youth, and others that participate in family partnership meetings	1.2 Family Partnership report	1.2 Q 2		
	1.3 Train LDSS and State staff, Resource Families, J&DR Court Judges, and community partners on Virginia’s Family Engagement Model including Family Partnership meetings, Diligent Family Search and Engagement.	1.3 Training curriculum Number attending trainings Evaluation of training sessions	1.3 Q 5	Tamara Temoney Susan Taylor CRAFFT contract	
	1.4. Revise CPS and Foster Care guidance manuals to support family engagement philosophy and partnership meetings.	1.4 Dissemination of guidance manuals	1.4 Q 1	Mary Wilson Kim McGaughey	
2. Increase timeliness	2.1. Target 250 children who			Pamela Cooper	

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and discharges to permanency	<p>have the goal of adoption, with TPR under 24 months, and who are not in adoptive placements to achieve permanence.</p> <p>a. Renegotiate existing VDSS adoption contracts to target a portion of these children.</p> <p>b. Issue RFP's for new adoption contracts that will continue to target these children.</p>	<p>2.1 a Renegotiated contacts</p> <p>2.1 b RFP</p>	<p>2.1 a Q 1</p> <p>2.1 b Q 3</p>		
	<p>2.2 Convene a cross divisional (DFS) team to develop strategies that target children at risk of aging out of foster care: to include children with the goal of adoption and TPR who are not covered by the existing adoption contracts, children with long term foster care goals, and children in congregate care for more than 180 days.</p> <p>a. Increase the use of the permanency goals: Reunification, Adoption, and</p>	<p>2.2 Identified strategies in work plan</p>	<p>2.2 Q 4</p>	<p>Paul McWhinney BJ Zarris</p>	

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Objective	Strategy	Evidence of Completion	Deadline	Responsible Person	Status
	Transfer of Custody to Relative b. Ensure the appropriate use of PFC, IL, and APPLA				
	2.3 Implement Subsidized Custody as a permanency option for children in foster care.	2.3 Subsidized custody in place and approved in IV-E plan.	2.3 Q 3	Therese Wolf Lyndell Lewis Kim McGaughey	
	2.4 Effectively utilize the Adoption Progress Report in collaboration with CIP to increase the timeliness to adoption	2.4 Identified trainings for foster care, adoption workers, and judges	2.4 Q 4	Pam Cooper Therese Wolf	
	2.5 Collaborate with CIP staff on training opportunities to highlight to new Judges and new Clerk's Office staff the law and court forms regarding notice of court hearings to caregivers.	2.5 Training agendas and materials highlighting/discussing notice of court hearings to caregivers .	2.5 Q 4	Therese Wolf Kim McGaughey	
	2.6 Collaborate with CIP staff on training opportunities to highlight to Judges, Guardians ad litem, counsel for parents,	2.6 Training agendas and materials highlighting/	2.6 Q 4	Therese Wolf Kim McGaughey	

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Objective	Strategy	Evidence of Completion	Deadline	Responsible Person	Status
	and counsel for LDSS the importance of providing caregivers the opportunity to be heard in court hearings.	discussing the caregiver's opportunity to be heard.			

Primary Strategy 2: Improve Assessment and Service Planning					
Goal: Appropriately assess safety, risk, and the needs of children and families in order to provide high quality, timely, efficient, and effective services.					
Objective	Strategy	Evidence of Completion	Deadline	Person Responsible	Status
1. Improve local department staffs' abilities to assess initial safety and risk	1.1 Revise CPS guidance manual to include tools on how to more accurately and consistently assess initial child safety and risk including factors such as domestic violence, mental health issues, and substance abuse.	1.1 Safety and Risk assessment tools will be incorporated into CPS guidance manual and distributed to all CPS staff	1.1 Q 3	Rita Katzman Mary Wilson Nancy Fowler	
	1.2 Develop and implement statewide training for CPS supervisors and workers on initial safety and risk.	1.2 Copy of training curricula; # of workers and supervisors trained	1.2 Q 4	Mary Wilson CPS Regional Consultants	
		1.3 New screens for consistent and	1.3 Q 4	Matt Wade	

Primary Strategy 2: Improve Assessment and Service Planning					
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Objective	Strategy	Evidence of Completion	Deadline	Person Responsible	Status
	<p>1.3 Develop OASIS screens to reflect new CPS safety and risk assessments.</p> <p>1.4 Quality Service Review will determine the extent to which initial safety and risk assessments are being completed correctly and within the required timeframes.</p> <p>1.5 Identify and implement tools for local staff to use in assessing safety, domestic violence, substance abuse, and mental health issues present in relative and other caregiver families.</p>	<p>accurate documentation</p> <p>1.4 Results of Quality Review</p> <p>1.5 Resource family assessment courses</p> <p>1.5 Published tools for conducting family assessments</p>	<p>1.4 Q 7</p> <p>1.5 Q 6</p> <p>1.5 Q 4</p>	<p>Dorothy Hollahan</p> <p>Susan Taylor</p>	
2. Improve local department staffs' abilities to conduct service needs assessments and develop relevant service plans.	<p>2.1 Assess the feasibility of implementing a tool(s) for assessing child and family needs for all children involved in the child welfare system.</p> <p>2.2 Revise CPS and Foster Care Guidance Manuals as</p>	<p>2.1 Report outlining recommendations for assessment tool(s)</p> <p>2.2 Disseminate revised CPS and Foster</p>	<p>2.1 Q 5</p> <p>2.2 Q 7</p>	<p>Therese Wolf Kim McGaughey Rita Katzman Mary Wilson</p> <p>Kim McGaughey Mary Wilson</p>	

Primary Strategy 2: Improve Assessment and Service Planning					
Goal: Appropriately assess safety, risk, and the needs of children and families in order to provide high quality, timely, efficient, and effective services.					
Objective	Strategy	Evidence of Completion	Deadline	Person Responsible	Status
	<p>appropriate to provide tools to support on-going assessment of children and families' service needs throughout the life of the case</p> <p>2.3 Select and implement use of the tool for risk reassessment prior to reunification</p> <p>2.4 Create requirements for OASIS screens to reflect new CPS and Foster Care service needs assessment and service plans</p>	<p>Care Manuals</p> <p>2.3 Risk reassessment tool</p> <p>2.4 Documentation of requirements complete</p>	<p>2.3 Q 8</p> <p>2.4 Q 8</p>	<p>Therese Wolf</p> <p>Matt Wade Rita Katzman Therese Wolf Mary Wilson</p>	

Primary Strategy 3: Reengineer Competency Based Training System					
Goal 1: Establish a locally-responsive training infrastructure that includes timely initial training and appropriate on-going training for child welfare staff and pre-service and in-service training for resource parents.					
Objectives	Strategies	Evidence of Completion	Deadline	Responsible Person	Status
1. Establish training requirements for front-line and supervisory staff that align with child welfare competencies	1.1. Revise child welfare competencies that operationalizes the Virginia Children’s Services Practice Model	1.1 Finalized set of child welfare competencies	1.1. Q3	Vernon Simmons Steering Committee	
		1.2 Finalized set of core competencies			
	1.2. Establish sets of core competencies for all child welfare supervisors and front-line workers	1.3 Revised courses that reflect core competencies	1.2. Q3		
	1.3. Develop new and revise existing curricula to reflect core competencies.	1.4 – 1.6 Recommendations for revised guidance regarding requirements and timeliness of completion	1.3. Q5		
	1.4. Reexamine initial in-service training requirements for child welfare workers and supervisors to reflect core competencies.		1.4. Q5		
	1.5. Reexamine timeliness of completion for initial in-service training		1.5. Q5		
	1.6. Establish annual in-		1.6. Q5		

Primary Strategy 3: Reengineer Competency Based Training System					
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Objectives	Strategies	Evidence of Completion	Deadline	Responsible Person	Status
	service training requirements for child welfare supervisors and front-line workers				
2. Ensure ongoing training opportunities for experienced staff	<p>2.1. Identify existing opportunities for ongoing training for LDSS staff</p> <p>2.2. Develop VCU-VISSTA and ATC capacity to engage, develop, and evaluate subject matter experts as both trainers and workshop curriculum developers</p> <p>2.3. Establish process to provide ongoing training that is responsive to staff and supervisors' assessed needs</p>	<p>2.1. List of identified opportunities for ongoing training statewide</p> <p>2.2. Assessment and Development Plan established for both ATC managers and staff at VCU-VISSTA</p> <p>2.3. Provision of workshops developed by subject matter experts based on assessed needs</p>	<p>2.1. Q3</p> <p>2.2. Q4</p> <p>2.3. Q4</p>	Vernon Simmons Steering Committee	
3. Assess and evaluate training system	<p>3.1. Reestablish participant evaluation tool</p> <p>3.2. Develop evaluation process for trainers</p> <p>3.3. Develop evaluation</p>	<p>3.1 Formalized evaluation process</p> <p>3.2 – 3.3 Evaluation tools</p> <p>3.4 Recommended monitoring strategies</p>	<p>3.1. Q6</p> <p>3.2. Q6</p>	Vernon Simmons Steering Committee	

Primary Strategy 3: Reengineer Competency Based Training System					
Goal 1: Establish a locally-responsive training infrastructure that includes timely initial training and appropriate on-going training for child welfare staff and pre-service and in-service training for resource parents.					
Objectives	Strategies	Evidence of Completion	Deadline	Responsible Person	Status
	<p>process for existing curricula</p> <p>3.4. Explore development of monitoring strategies through the Knowledge Center and other available IT resources</p> <p>3.5. Establish a Individual Training Needs Assessment (ITNA) process to inform training system development and management</p> <p>a. Develop Individual Training Needs Assessment</p> <p>b. Develop learning management system functionality to support ITNA information management</p> <p>c. Develop ATC capacity to support ITNA completion and analysis</p> <p>3.6 Establish a process to promote transfer of learning for training participants.</p>	<p>3.5 Data from ITNAs</p> <p>3.6. Course-specific tool for supervisors</p>	<p>3.3. Q6</p> <p>3.4. Q6</p> <p>3.5. Q6</p> <p>3.6 Q 5</p>		
4. Ensure delivery of	4.1 Align pre-service and in-	4.1. Finalized pre-service	4.1 Q4	Susan Taylor	

Primary Strategy 3: Reengineer Competency Based Training System					
Goal 1: Establish a locally-responsive training infrastructure that includes timely initial training and appropriate on-going training for child welfare staff and pre-service and in-service training for resource parents.					
Objectives	Strategies	Evidence of Completion	Deadline	Responsible Person	Status
state-approved pre-service and in-service training for resource, foster, and adoptive parents	service training with 22VAC40-211 Resource, Foster, and Adoptive Home Approval Standards and the Virginia Children’s Services Practice Model	and in-service training requirements		Community Resource and Foster Family Training (CRAFFT) Coordinators	
	4.2. Conduct annual needs assessment of current pre-service and in-service training needs	4.2. Agency self-assessment and annual needs assessment	4.2 Q3		
	4.3. Create regional pre-service and in-service training plans for resource families based on needs assessment data	4.3. Revised CRAFFT contracts	4.3 Q6		

Primary Strategy 4: Managing by Data and Quality Assurance					
Goal: Create a performance management system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions.					
Objectives	Strategies	Evidence of Completion	Deadline	Responsible Person	Status
1. Increase use of data driven decision	1.1 Conduct Translating Outcomes to Practice (TOP)			Matt Wade	

Primary Strategy 4: Managing by Data and Quality Assurance					
Goal: Create a performance management system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions.					
Objectives	Strategies	Evidence of Completion	Deadline	Responsible Person	Status
making in Virginia's child welfare system	meetings quarterly. a. Routinely examine data to determine both best practices and opportunities for improvement across program areas. b. Provide data to program staff/process improvement teams as they develop and implement process improvement plans. c. Monitor outcomes to determine if process improvement plans are moving the outcomes.	1.1 a. Process Improvement Plan Work plans. 1.1 b. and c. TOP minutes and analysis	1.1.a quarterly 1.1 b. and c. quarterly		
	1.2 Utilize available reporting tools in all 120 LDSS, regional offices, and the VDSS home office. a. Train and monitor the use of SafeMeasures (pending funding) b. Expand the use and awareness of the Virginia Child Welfare Outcomes Reporting Utility (VCWOR)	1.2 a. Regional trainings 1.2 a. Monitor performance and usage reports to target localities in need of technical assistance 1.2 b. Regional trainings	Trainings will be ongoing		Matt Wade

Primary Strategy 4: Managing by Data and Quality Assurance					
Goal: Create a performance management system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions.					
Objectives	Strategies	Evidence of Completion	Deadline	Responsible Person	Status
	<p>1.3 Improve programmatic performance by monitoring process and outcome data.</p> <p>a. Evaluate current local agency response times to CPS reports using OASIS data to include face to face contact with victims.</p> <p>b. Develop a method to track recurrence in Family Assessment Track cases, evaluate the extent to which reports on the same family are assigned to the Family Assessment Track, and develop a plan to address the problem.</p> <p>c. Develop a method of tracking children at risk of aging out of foster care that will focus on children with long term permanency goals, TPR without placement in pre adoptive homes, and children in congregate settings for more than 180 days.</p>	<p>1.3.a Develop a new report by locality on face to face contact with victims consistent with response priority to be disseminated on a monthly basis to state CPS staff and localities</p> <p>1.3.a CPS policy/guidance manual to include tools for more accurately determining response times and captured in OASIS in a uniform and consistent manner</p> <p>1.3 b. New report to track recurrence in family assessment cases to be disseminated on a monthly basis to state CPS program staff and localities</p> <p>1.3.c At risk report, disseminated monthly</p> <p>1.3. d Family Partnership</p>	<p>1.3 a. Q 3</p> <p>1.3 a. Q 4</p> <p>1.3 b. Q 5</p> <p>1.3 b Q 2</p> <p>1.3 c. Q 2</p>	<p>Matt Wade Rita Katzman CPS regional consultants</p> <p>Rita Katzman Mary Wilson</p>	

Primary Strategy 4: Managing by Data and Quality Assurance					
Goal: Create a performance management system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions.					
Objectives	Strategies	Evidence of Completion	Deadline	Responsible Person	Status
	d. Develop a report that monitors participation in Family partnership meeting e. Develop and disseminate to regional staff reports on case worker visits with children, parents, foster parents, sibling visits, and child and family visits	report 1.3.e Updated FC guidance 1.3.e Visitation reports	1.3 d. Q 2 1.3 e. Q 2		
2. Develop a comprehensive quality assurance system that measures child status and system performance indicators.	2.1 Develop and implement QSR as Virginia's quality assurance system. a. Finalize work plan for 2010 b. Communicate & educate stakeholders on the plan c. Develop and pilot instrument Fall of 2010 d. Train reviewers in January 2011 and June 2011 e. Conduct 5 reviews in 2011 beginning in February	2.1.a. Work Plan 2.1.c. QSR instrument developed and pilot completed 2.1.d. Reviewer training offered in January 2011 2.1.e. Reviews completed and baseline measurement started	2.1.a Q 1 2.1.c Q 1 2.1.d. Q 2 2.1.e. Q 4	Dorothy Hollahan	
	2.2 Implement a System Improvement Plan (SIP) to be used after the Child Welfare Quality Review (CWQR) by	2.2. Documented System Improvement Plan by Broadcast #5827		Dorothy Hollahan	

Primary Strategy 4: Managing by Data and Quality Assurance					
Goal: Create a performance management system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions.					
Objectives	Strategies	Evidence of Completion	Deadline	Responsible Person	Status
	<p>regional consultants and LDSS to track continuous progress towards performance outcomes.</p> <p>a. Regional consultants conduct feedback meeting with LDSS after a CWQR focused on outcomes.</p> <p>b. SIP developed by LDSS, distributed and monitored by regional consultants based on outcome measures.</p> <p>c. VDSS compiles semi annually SIPs and status and distributes to LDSS and stakeholders.</p> <p>d. Develop link with System Improvement Plan process in order to help inform training priorities</p>	<p>2.2.b. Developed System Improvement Plans by LDSS</p> <p>2.2.c. Report distributed by VDSS on System Improvement Plans that reports on trends and outcome measures from the SIPs.</p> <p>2.2.d Feedback protocol for System Improvement Plans</p>	<p>2.1.b. Q 1</p> <p>2.1.c. Q 2</p> <p>2.2.d Q 6</p>		
	<p>2.3 Develop a system to report on child status and system performance indicators from the QSR.</p>	<p>2.3 Database and reporting templates developed.</p>	<p>2.3 Q 2</p>	<p>Dorothy Hollahan</p>	