

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 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 “Utilize Family Partnership meetings as a way to involve families, youth, and significant others”. 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 adoption”. 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 improve. Each contract now requires contractors to increase the number of children and families served by 25% over the previous year. VDSS has generated a list of children who have a termination of parental rights on both parents and are currently not placed in a finalized adoptive home. The list is categorized into two sub-sections. The first is children who have been in care less than 24 months and the second are children who have been in care more than 24 months. The list has been separated by local department and has been shared with local departments and the adoption contractors to ensure there is not duplication of efforts.

The second strategy under this objective is to revise the quarterly reports contractors submit to VDSS. The contracts now include specific deliverables and process measures focused on facilitating these adoptions that must be indicated in the quarterly reports. VDSS will create a roles and responsibilities agreement form that will be signed by both the local department that has custody of the child and the adoption contractor that is tasked with helping the child reach permanence. The third strategy is to provide training on child specific, targeted recruitment to

local departments and adoption contractors. This training will be contracted out and will be responsive to indicated needs from both the LDSS and contractors. The last two strategies are focused on rewriting the adoption grants. Using information taken from the quarterly reports and feedback from the contractors as well as the LDSS, the RFP will be re-crafted to achieve desired outcomes for children awaiting adoptions.

The next objective highlights the partnership with the Court Improvement Project (CIP). VDSS will “Collaborate with CIP to promote child welfare outcomes.” 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. There will be a workgroup created to review the current adoption progress report and make changes if necessary. The partnership with CIP will reinforce the need for judges to critically examine these reports and hold local departments accountable for progress made.

The next objective is to “Implement Subsidized Custody as a placement option for children in foster care”. 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. Because of the positive implications, Virginia has decided to work towards implementing subsidized custody. The work group has refocused their efforts and is currently working toward implementing subsidized custody as an option for children with the goal of placement with relative. The work group is currently drafting guidance that will include a definition of relative, clarify Virginia’s application of permanency goals and certain payment issues, and will establish a post custody review procedure among other things. VDSS will explore updates to the case management system to accurately capture all aspects of subsidized custody. VDSS is committed to training staff, resource families, and judges and attorneys. Finally, working in conjunction with the VDSS research department, an evaluation plan will be developed and baseline data will be captured.

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.

Primary Strategy 2 focuses on assessment of initial safety and risk, improving local department staffs' abilities to improve response times to CPS reports, 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 to include tools to improve response time to CPS reports, to develop a policy on face to face contact with victims, and to provide safety and risk assessment tools for more accurately and consistently assessing initial child safety and risk including 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. SDM has not been implemented statewide due to resource issues. However, the Department is committed to implementing specific safety and risk assessment tools and we consider the SDM tools the best tools available in achieving a uniform statewide process for assessing 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 select and implement a tool for risk reassessment prior to reunification. There is currently no standardized tool used to enable local agencies to more accurately identify and address issues related to the risk of reunification. The second strategy addresses the needed revision of the foster care guidance manual to incorporate a risk reassessment tool. The third strategy will revise the CPS the policy/guidance manual to provide tools to support on-going assessment, risk reassessment and services planning for children and families service needs. The SDM Family Strengths and Needs Assessment Tool is being considered as the possible tool. 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. While it will not be possible to make the changes to OASIS during the two years of the PIP, it is expected that decisions around assessment tools and service plans will be made and that the requirements for the redesign of the computer system will be accomplished.

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 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, so did the training system. 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.

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, Local Department of Social Services (LDSS), the Virginia League of Social Service Executives (VLSSE), and the Virginia Alliance of Social Work Practitioners (VASWP). 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 representatives from LDSS, VLSSE, and VASWP, 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 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 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.

In addition to the Steering Committee, there are several subcommittees that have formed to address different aspects of the reengineering process. Since subcommittees are made up of various representatives outside of those who participate on the Steering Committee, there are ongoing opportunities to engage LDSS, particularly supervisors. Since getting input from LDSS is an essential step to ensuring that the training infrastructure is truly responsive to local needs, the roles of the ATCs will expand and evolve in order to better develop, deliver, and evaluate training based on input from local child welfare staff and supervisors. ATCs will meet regularly with LDSS, gather information to identify training needs, solicit information from LDSS about emerging practice needs, and work to develop transfer of learning activities to benefit LDSS staff.

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. The TOP meetings ensure DFS has internal accountability processes. TOP findings encourage formulation of Process Improvement Teams (PIT) which examines our internal processes only. In other words, the purpose is to determine what VDSS can do internally to positively affect its child welfare outcomes. Currently there is a regional representative on the workgroup.

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. DFS is encouraged about the future funding of SafeMeasures but must face the reality that funding cuts are a possibility. In the event that funding is unavailable DFS plans to continue pushing the Virginia Child Welfare Outcome Reports (VCWOR) as a tool to glean child detailed data. Trainings are currently schedule for summer 2010.

DFS routinely monitors many process and outcome measures. In its brief existence, OBRA has seen that publishing data is the quickest way toward improving performance. Processes such as TOP and Quality Service Review (QSR) coupled with routine data analysis should positively impact performance. The OBRA unit receives feedback from workers at the local level in several ways. Pre and post tests are conducted before every training, with the results used to help guide development of future trainings. The Managing by Data Workgroup serves as the local advisory

team to OBRA as well as the project management team for SafeMeasures. The workgroup has representatives from 15 LDSS from across the state and from both large and small departments.

The third strategy under this objective is to “Improve programmatic performance by monitoring process and outcome data.” The reports created by this strategy are linked to permanency and well being outcomes. 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 “at risk of aging out report” is comprised of the three populations that make up the largest percent of children who age out of foster care: those with the goal of permanent foster care, independent living or APPLA, those children with a TPR but are not in an adoptive placement, and those children who have been in a congregate care setting for more than 180 days. The Family Partnership report will monitor discharges to permanency and community placements. The report will be used to target localities that may need additional technical assistance to support family engagement practice. It is expected that technical assistance and training will be targeted at those local departments that are having challenges with implementation or identified areas such as involving both maternal and paternal relatives in Family Partnership Meetings or not engaging certain populations (i.e. mental health, substance abusers). The Regional Consultants will be highlighting information from the report in quarterly supervisor meetings. 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.

The remaining strategies address safety issues. One report to be created will be generated by locality on face to face contact with victims and disseminated on a monthly basis. Virginia will implement the SDM decision tree tools and intake document to be used for more accurately determining response times to CPS reports. Once those tools are implemented, the current report on the timeliness of initiating a response to a CPS report will be revised. The next strategy will develop a method to track recurrence in the Family Assessment Track. The CPS guidance/policy manual will be revised to include additional tools and reports. There will be trainings offered on all new reports and guidance.

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 went into 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 (HSO). 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 include child and family status issues and system performance issues in various categories. Working with HSO to develop the instrument, we will include initiatives in development including Family Partnership, risk and safety assessments and the deliver of services to children and families. The instrument will then be piloted in one local department of social services and then reviewed and revised by the stakeholder group to develop a final instrument.

QSR uses a six point scale to measures the indicators included in the protocol thus creating a numeric measurement for the qualitative review. Each indicator is scored as follows:

6	Optimal	Maintenance Zone
5	Substantially Acceptable	
4	Minimally Acceptable	Refinement Zone
3	Partially Unacceptable	
2	Substantially Unacceptable	Improvement Zone
1	Completely Unacceptable	

Each QSR will produce a numeric and qualitative report for the local department reviewed and provide a foundation for the System Improvement process for each department.

Training for Virginia professionals in the use of this instrument and the scoring matrix QSR will take place in January and June 2011. Professionals from CWPPG will be paired with Virginia professionals in review teams after the training the first two 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. Because the PIP period and full implementation of QSR may not coincide, Virginia will utilize the current cases reviewed by the Continuous Quality Improvement Unit for baseline measurement of quality for eight of the CFSR items. (Items, 3,4,7,10,17,17,19, 20). Any items that must be continually measured during the PIP will be incorporated into a mini CFSR instrument to be included with the QSR reviews. In this way we will advance our review of the quality of practice with the QSR and continue to monitor outcomes based on the CFSR instrument.

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> <ol style="list-style-type: none"> 1. Utilize Family Partnership meetings as a way to involve families, youth, and significant others 2. Increase timeliness and discharges to adoption 3. Collaborate with CIP to promote child welfare outcomes 4. Implement Subsidized Custody as a placement option for children in foster care 	<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. Utilize Family Partnership meetings as a way to involve families, youth, and significant others	1.1 Develop Family Partnership resources and tool kit for service providers, relevant family service contractors, and LDSS to share with families a. Post local and national sample documents such as brochures, forms, contact information b. Post family engagement guidance	1.1 Provide website and links for information	1.1 Q 2	Tamara Temoney	
	1.2 Train Idss workers and members of the bar on Virginia’s Family Engagement Model including Family Partnership meetings, Diligent Family Search and Engagement. a. develop curricula, in conjunction with VISSTA, based on FEM guidance b. develop training phases for Idss and determine which localities will be trained in which phase c. schedule training for	1.2 Training curriculum Number attending trainings Evaluation of training sessions	1.2 Q 5	Tamara Temoney	

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	<p>family partnership meetings</p> <p>a. Set the expectation that each locality within the state will implement Family Partnership Meetings at at least one decision point by the end of the calendar year 2010</p> <p>a. Review the Family Partnership report to inform technical assistance needs</p> <p>b. Provide technical assistance through Regional Consultants</p>	<p>Partnership report, show localities are holding meetings</p> <p>1.4 b. and c. Technical Assistance documented by Regional consultants; additional trainings scheduled</p>	ongoing	Tamara Temoney Regional Consultants	
	<p>1.5 CIP to fund facilitation of 20 of family partnership meetings at Idss</p> <p>a. RFA developed in conjunction with CIP and Family Engagement Manager and sent to all local departments</p> <p>b. Selected localities will be notified and included in a pilot project for Family Partnership training</p> <p>c. Judges from the pilot site localities will be trained on</p>	<p>1.5 a. RFA and broadcast</p> <p>1.5 b. training roster</p> <p>1.5 c. training curriculum</p>	<p>1.5 a. Q 1</p> <p>1.5 b. Q 1</p> <p>1.5c. Q 1</p>	<p>Tamara Temoney</p> <p>Lelia Hopper</p>	

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	Family Partnership meetings d. Develop a process for formally notifying the Court about the outcome of the family partnership meeting.	1.5 d Family Partnership report for courts	1.5 d. Q 3		
2. Increase timeliness and discharges to permanency	<p>2.1. Target children who have the goal of adoption, with TPR who are not in adoptive placements to achieve permanence.</p> <p>a. Generate list of children with TPR who are not in a pre-adoptive placement</p> <p>b. Send the list of children to LDSS to find out if there is any progress towards adoption</p> <p>c. Revise the list of children and share with contractors</p> <p>d. Meet with contractors to inform them about changes to the renewal process</p> <p>e. Revise current adoption contracts so that contractors will be required to increase the number of children and families served by 25% over previous</p>	<p>2.1 a list of children</p> <p>2.1 b responses from LDSS</p> <p>2.1 c revised list</p> <p>2.1 d meeting agenda</p> <p>2.1 e. revised contracts</p>	<p>2.1 a. Q 1</p> <p>2.1 b. Q 1</p> <p>2.1 c. Q 1</p> <p>2.1 d. Q 1</p> <p>2.1 e. Q 1</p>	Pamela Cooper	

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	year f. revise current adoption contracts so that contractors use child specific targeted recruitment g. Hold regional meetings to inform local departments about contract changes & negotiate agreements with contractors 2.2 Revise current contractor reports a. process measures incorporated into reports b. reformat reports to include all contacts with child and family c. create roles and responsibilities agreement form for LDSS and contractors 2.3 Provide training on child specific, targeted recruitment a. gather input from LDSS and contractors on training needs b. review quarterly reports to	2.1 f. revised contracts 2.1 g meeting agenda 2.2 a. revised quarterly reports 2.2 b. revised quarterly reports 2.2 c roles and responsibilities form Signed forms 2.3 a. and b list of training needs 2.3 c. contract for	2.1 f Q 1 2.1 g. Q 1 2.2 a. Q 1 2.2 b. Q 1, Q 2, Q 3 2.2 c. Q 1 2.3 Q 1, Q 2		

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Objective	Strategy	Evidence of Completion	Deadline	Responsible Person	Status
3. Collaborate with CIP to promote child welfare outcomes	3.1 Reevaluate the Adoption Progress Report in collaboration with CIP for LDSS to better utilize the report a. Create a collaborative work group to review the report and make any necessary changes b. incorporate revised report into guidance c. Train staff on use of the report d. Train court personnel on use of the report	3.1 a. Revised report 3.1 b revised guidance 3.1 c and d Identified trainings for foster care, adoption workers, and judges	3.1 Q 4 3.1 b Q 5 3.1 c and d Q 6	Pam Cooper Therese Wolf	
	3.2 Collaborate with CIP staff on training opportunities around notice of hearing and right to be heard a. Highlight for new Judges and new Clerk's Office staff the law and court forms regarding notice of court hearings to caregivers b. Highlight for Judges, Guardians ad litem, counsel for parents, and counsel for LDSS	3.2 a and b Training agendas and materials	3.1 e. Q 6 3.2 a and b Q 4		

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Objective	Strategy	Evidence of Completion	Deadline	Responsible Person	Status
	the importance of providing caregivers the opportunity to be heard in court hearings. c. Inform foster parents on what to expect from the court process as well as their role	3.2 c. training materials	3.2 c Q 6	Susan Taylor	
4. Implement Subsidized Custody as a permanency option for children in foster care	4.1. Develop guidance in foster care manual for subsidized custody as one of two options for the foster care permanency goal of placement with relatives a. workgroup formed b. determine what sections of foster care manual will be amended c. determine definition of relative d. clarify the process of ruling out reunification and adoption as not appropriate for the child e. clarify how the VEMAT will apply to relative subsidy payments f. develop tools for assessing families and children as	4.1 a work group roster 4.1 b Subsidized Custody Guidance developed as an appendix to the foster care manual 4.1 c definition of relative in guidance 4.1 d. guidance to include directions for ruling out reunification and adoption 4.1 e. broadcast about VEMAT 4.1 f. copy of tools	4.1 (all sections) Q 1	Therese Wolf Kim McGaughey Lyndell Lewis	

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	<p>appropriate for subsidized custody</p> <p>g. create guidance regarding all siblings qualifying for a subsidy</p> <p>h. develop post-custody review procedures</p> <p>i. Provide process for continued Medicaid eligibility when a family with custody moves to another state</p> <p>j. Collaborate with Office of Comprehensive Services to amend CSA guidance to include requirements for subsidized custody consistent with guidance in the foster care manual.</p> <p>k. PAC to review guidance</p> <p>4.2. Identify OASIS updates</p> <p>a Outcome Based Reporting and Analysis Unit (OBRA) will review what is currently in OASIS and determine if current screens can be modified or if new screens must be created</p>	<p>4.1 g. guidance in foster care manual</p> <p>4.1 h. procedures in guidance</p> <p>4.1 i. process in guidance</p> <p>4.1 j. amended OCS and foster care guidance</p> <p>4.1 k PAC agenda</p> <p>4.2 a list of OASIS modifications needed</p>	4.2 a Q 2	Therese Wolf Lyndell Lewis	

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	<p>b. meet with Family Services OASIS Operations Group to determine requirements</p> <p>4.3 Examine and amend CPS guidance to determine revisions required to support subsidized custody.</p> <p>a. With CPS policy person, draft guidance around identification and notification of relatives within 30 days of removal and the process to inform them of the right to participate in the care of the child</p> <p>b. review guidance with CPS policy advisory team</p> <p>c. disseminate guidance</p> <p>4.4 Develop training for workers on the appropriate use of Subsidized Custody as an option under the goal of Placement with Relatives Need to clarify steps</p>	<p>4.2 b. List of requirements for OASIS changes</p> <p>4.3 a. and c revised CPS guidance</p> <p>4.3 b. agenda of policy advisory meeting</p> <p>4.4 (all) Curriculum, Training schedule, and participants</p>	<p>4.2 b Q 2</p> <p>4.3 a Q 2</p> <p>4.3 b Q 2</p> <p>4.3 c Q 3</p> <p>4.4 Q 3</p>	<p>Therese Wolf Mary Wilson CPS and Permanency Regional Consultants</p> <p>Therese Wolf DFS training team Regional Permanency Consultants</p>	

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Objective	Strategy	Evidence of Completion	Deadline	Responsible Person	Status
	<p>4.5 Educate judges and attorneys on subsidized custody in collaboration with Court Improvement Office.</p> <p>a. provide Foster Care guidance on Subsidized Custody to support development by CIP of curriculum to train judges</p> <p>b. meet with CIP staff to discuss CIP training schedule and determine options for training judges</p> <p>c. provide training in conjunction with CIP</p> <p>4.6 Develop evaluation plan in conjunction with VDSS research department</p> <p>a. Identify variables to be tracked</p> <p>b. Determine methods of evaluation (i.e. surveys, interviews, etc)</p> <p>c. set baselines</p>	<p>4.5 a. notification that guidance was shared</p> <p>4.5 b. training plan for judges</p> <p>4.5 c. curriculum and training schedule</p> <p>4.6 .a Identified variables that will be measured/tracked;</p> <p>4.7 b. survey created to capture baseline information</p> <p>4.7 c. baselines</p>	<p>4.5 a. Q 2</p> <p>4.5 b Q 3</p> <p>4.5 c Q 4</p> <p>4.6 a Q 3</p> <p>4.7 b Q 4</p> <p>4.7 c Q 5</p>	<p>Therese Wolf</p> <p>Lyndell Lewis</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>reflect new CPS safety and risk assessments.</p> <p>a Outcome Based Reporting and Analysis Unit (OBRA) will review what is currently in OASIS and determine if current screens can be modified or if new screens must be created</p> <p>b. meet with Family Services OASIS Operations Group to determine requirements</p> <p>c. implement new screens</p> <p>1.5 Quality Service Review will evaluate the extent to which initial safety and risk assessments are being completed correctly and within the required timeframes</p> <p>1.6 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</p>	<p>1.4 a. and b list of requirements</p> <p>1.4 c. screen shots from OASIS</p> <p>1.5 Results of Quality Review</p> <p>1.6 Materials from resource family assessment courses</p> <p>1.6 Published tools for conducting family</p>	<p>1.4 a. Q 2</p> <p>1.4 b. Q 2</p> <p>1.4 c Q 4</p> <p>1.5 Q 7</p> <p>1.6 Q 6</p> <p>1.6 Q 4</p>	<p>Dorothy Hollahan</p> <p>Susan Taylor</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
	families.	assessments			
2. Improve local department staffs' abilities to conduct service needs assessments and develop relevant service plans.	2.1 Select and implement use of the tool for risk reassessment prior to reunification a. create workgroup to review tools b. make recommendations on risk reassessment tool	2.1 a. roster for workgroup 2.1 b. Risk reassessment tool	2.1 Q 8	Therese Wolf Kim McGaughey	
	2.2 Revise Foster Care guidance manual to provide tools to support risk reassessment of children prior to reunification. a. Obtain input from permanency advisory committee b. incorporate tools into foster care guidance c. disseminate guidance	2.2 a. recommendations from advisory groups on tools 2.3 b. revised guidance 2.3 c. transmittal broadcast on dissemination	2.2 a Q 6 2.2 b. Q 6 2.2 c Q 6	Therese Wolf	
	2.3 Revise CPS guidance manual to provide tools to support on-going assessment, risk reassessment and service			Rita Katzman Mary Wilson	

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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>planning for children and families' service needs</p> <p>a. review SDM family strengths and needs assessment tools to ensure consistency with VA regulation and policy.</p> <p>b. obtain input from the Child Protective Services Advisory Committee</p> <p>c. revise on-going services section of CPS guidance to enhance and strengthen workers ability to assess and provide services to families</p> <p>2.4 Create requirements for OASIS screens to reflect new CPS and Foster Care service needs assessment and service plans</p> <p>a Outcome Based Reporting and Analysis Unit (OBRA) will review what is currently in OASIS and determine if current screens can be modified or if new screens</p>	<p>2.3 a. recommendations on tools</p> <p>2.3 b. meeting agenda and recommendations</p> <p>2.3 c. revised on going services section of guidance</p> <p>2.4 Documentation of requirements</p>	<p>2.3 Q 7</p> <p>2.3 a Q 6</p> <p>2.3 b. Q 6</p> <p>2.3 c. Q 7</p> <p>2.4 Q 8</p>	<p>Matt Wade</p> <p>Rita Katzman</p> <p>Therese Wolf</p> <p>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
	must be created b. meet with Family Services OASIS Operations Group to determine requirements				

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. Establish sets of core competencies for child welfare supervisors a. Identify a point person(s) to lead establishment of core competencies for child welfare supervisors b. Develop a process for establishment of competencies c. Identify a group of LDSS supervisors and managers to participate in process d. Collect and summarize feedback e. Present core competencies	1.1. Core competencies are adopted for supervisors a. Person(s) identified b. Formalized process c. List of participants d. Summary of findings e. Steering Committee	1.1. Q5 (all)	Vernon Simmons Steering Committee	

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Objectives	Strategies	Evidence of Completion	Deadline	Responsible Person	Status
	<p>to Steering Committee for approval</p> <p>1.2. Establish sets of core competencies for child welfare staff</p> <p>a. Identify a point person(s) to lead establishment of core competencies for child welfare staff</p> <p>b. Develop a process for establishment of competencies</p> <p>c. Identify a group of LDSS supervisors managers to participate in process</p> <p>d. Collect and summarize feedback</p> <p>e. Present core competencies to Steering Committee for approval</p> <p>1.3. Revise child welfare competencies that operationalize the Virginia Children’s Services Practice</p>	<p>minutes</p> <p>1.2. Core competencies are adopted for</p> <p>a. Person(s) identified</p> <p>b. Formalized process</p> <p>c. List of participants</p> <p>d. Summary of findings</p> <p>e. Steering Committee minutes</p> <p>1.3. Child welfare</p>	<p>1.2. Q6 (all)</p> <p>1.3. Q6 (all)</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
	<p>Model</p> <ul style="list-style-type: none"> a. Identify a point person(s) to lead review process b. Develop a process for review of existing competencies c. Identify a group of LDSS supervisors and upper level managers to participate in review process d. Collect and summarize feedback e. Present revised competencies to Steering Committee for approval <p>1.4. Guide the revision of existing curricula to reflect core competencies.</p> <ul style="list-style-type: none"> a. Modify VCU-VISSTA contract language to include the development of curricula that will reflect core competencies b. Collaborate with VCU-VISSTA around the integration 	<p>competencies are adopted</p> <ul style="list-style-type: none"> a. Person(s) identified b. Formalized process document c. List of participants d. Summary of findings e. Steering Committee minutes <p>1.4. Core courses that reflect core competencies are developed</p> <ul style="list-style-type: none"> a. VCU-VISSTA contract language for FY2011 and FY2012 b. Curriculum development reports 	1.4. Q7 (all)		

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>of core competencies into curricula through the Steering Committee</p> <p>1.5. Establish training requirements for child welfare workers and supervisors to reflect core curriculum</p> <p>a. Develop a process to reevaluate training requirements through the Steering Committee once core curriculum is finalized</p> <p>b. Develop recommendations for new training requirements</p> <p>c. Present recommendations to Steering Committee for approval</p> <p>1.6. Establish standards for completion time frames for required initial in-service training</p> <p>a. Develop a process to reevaluate standards for</p>	<p>1.5. Recommendations for revised guidance regarding requirements</p> <p>a. Work group agendas and meeting minutes</p> <p>b. Recommendation document</p> <p>c. Steering Committee minutes</p> <p>1.6. Recommendations for revised guidance regarding completion timeframes of required initial in-service training</p> <p>a. Work group agendas and</p>	<p>1.5. Q6 (all)</p> <p>1.6. Q6 (all)</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
	<p>timeliness of completion for initial in-service training through the Steering Committee once core competencies are finalized</p> <p>b. Develop recommendations for timeframes</p> <p>c. Present recommendations for timeframes to Steering Committee for approval</p> <p>1.7. Establish annual in-service training requirements for child welfare supervisors and front-line workers</p> <p>a. Develop a process to establish annual in-service training requirement for child welfare supervisors and front-line workers through the Steering Committee once core competencies are finalized</p> <p>b. Develop recommendations for annual in-service training requirements</p> <p>c. Present recommendations</p>	<p>meeting notes</p> <p>b. Recommendations document</p> <p>c. Steering Committee minutes</p> <p>1.7. Recommendations for revised guidance regarding annual in-service training requirements</p> <p>a. Work group agendas and minutes</p> <p>b. Recommendations document</p> <p>c. Steering Committee</p>	1.7 Q 7 (all)		

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
	for annual in-service training requirements to Steering Committee for approval	minutes			
2. Ensure ongoing training opportunities for experienced staff	<p>2.1. Develop VCU-VISSTA and ATC capacity to engage, develop, and evaluate subject matter experts as both trainers and workshop curriculum developers through training and consultation with IHS</p> <p>a. Conduct assessments of each Area Training Center to evaluate strengths, knowledge and understanding of a competency based system, relationship with LDSS, and relationship with host agency</p> <p>b. Assess VCU-VISSTA capacity through consultation with IHS and ongoing collaboration with VDSS</p> <p>c. Modify VCU-VISSTA and ATC contract language to reflect expanded roles with</p>	<p>2.1. Developed recommendations for both ATC managers and staff at VCU-VISSTA</p> <p>a. Assessment findings</p> <p>b. Contract reports from IHS</p> <p>c. VCU-VISSTA and ATC contract language for FY2011</p>	2.1. Q4 (all)	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>LDSS and expectations regarding workshop development</p> <p>2.2. Establish process to provide ongoing training that is based on staff and supervisors' assessed needs</p> <p>a. Develop process through the Steering Committee for ATCs and VCU-VISSTA to work together to develop and deliver trainer-developed workshops</p> <p>b. Pilot process through the development and delivery of one trainer-developed workshop in each ATC region</p> <p>c. Evaluate pilot findings and refine process through Steering Committee if necessary</p>	<p>2.2. Provision of workshops developed by subject matter experts based on assessed needs</p> <p>a. Work group agendas</p> <p>b. Trainer-developed workshop outlines for all five pilots</p> <p>c. Summary of pilot findings</p>	2.2. Q7 (all)		
3. Assess and evaluate training system	3.1. Explore better utilization of existing participant evaluation tool through the current Learning	3.1 Formalized evaluation process	3.1. Q6 (all)	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>Management System</p> <p>a) Assess current functionality around participant evaluation through the Knowledge Center</p> <p>b) Develop a process to better utilize participant evaluation</p> <p>c) Submit recommendations for improvement of the function to the Steering Committee</p> <p>3.2. Establish evaluation process for trainers</p> <p>a) Assess existing processes for evaluating trainers</p> <p>b) Develop strategies to improve evaluation process for trainers as needed</p> <p>c) Submit recommendations for trainer evaluation process to Steering Committee</p> <p>3.3. Establish a training needs assessment process to inform training delivery and system</p>	<p>a) Steering Committee report on degree of functionality</p> <p>b) Work group agendas and minutes</p> <p>c) Final recommendations</p> <p>3.2 Evaluation tools</p> <p>a) Comparative analysis of history regarding trainer evaluation</p> <p>b) Work group agendas</p> <p>c) Final recommendations</p> <p>3.3. Data from needs assessments</p>	<p>3.2. Q6 (all)</p> <p>3.3. Q6 (all)</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
	<p>development and management</p> <p>a) develop ATC capacity to support needs assessment process and analysis</p> <p>b) develop learning management system functionality to support needs assessment information management</p> <p>c) develop needs assessment protocol</p> <p>3.4. Establish a process to promote transfer of learning for training participants</p> <p>a. Modify FY2011 contract language with VCU-VISSTA</p> <p>b. Develop a process for integration of existing curricula through the Steering Committee</p>	<p>a) Contract language assigning responsibility to ATCs</p> <p>b) LMS report of assessed needs by ATC Area and State wide</p> <p>c) Finalized protocol</p> <p>3.4. Course-specific tool for supervisors</p> <p>a. VCU-VISSTA contract language for FY2011</p> <p>b. Formalized process</p>	3.4. Q6 (all)		
4. Ensure delivery of state-approved pre-service and in-service training for resource,	4.1. Conduct annual needs assessment of current pre-service and in-service training needs	4.1. Needs assessment conducted	4.1 Q3 (all)	Susan Taylor Community Resource and Foster Family	

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
foster, and adoptive parents	a. Create work group made up of LDSS, CRAFFT, and VDSS to develop needs assessment b. CRAFFT to administer needs assessments with LDSS	a. Needs assessment document b. Published results		Training (CRAFFT) Coordinators, and Steering Committee	
	4.2. Create regional pre-service and in-service training plans for resource families based on needs assessment data	4.2. Regional training plans	4.2 Q5		
	4.3. Establish a Steering Committee subcommittee to address resource family training a. review models of resource parent competencies b. develop Virginia universe of competencies c. make recommendations to Steering Committee	4.3. Subcommittee membership list a. Comparative analysis b. List of competencies c. Recommendations around pre-service and in-service training requirements	4.3 Q6 (all)		

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 making in Virginia's child welfare system	<p>1.1 Conduct Translating Outcomes to Practice (TOP) meetings quarterly.</p> <p>a. Routinely examine data to determine both best practices and opportunities for improvement across program areas.</p> <p>b. Provide data to program staff/process improvement teams as they develop and implement process improvement plans.</p> <p>c. Monitor outcomes to determine if process improvement plans are moving the outcomes.</p>	<p>1.1 a. Process Improvement Plan Work plans.</p> <p>1.1 b. and c. TOP minutes and analysis</p>	<p>1.1.a Q 4, Q 8</p> <p>1.1 b. and c. Quarterly beginning in Q 1</p>	Matt Wade	
	<p>1.2 Utilize available reporting tools in all 120 LDSS, regional offices, and the VDSS home office.</p> <p>a. Train and monitor the use of SafeMeasures</p> <p>b. Expand the use and awareness of the Virginia Child Welfare Outcomes</p>	<p>1.2 a. Regional trainings</p> <p>1.2 a. usage reports</p> <p>1.2 b. Regional trainings</p>	<p>1.2 a Q 1 (trainings)</p> <p>1.2 a. quarterly beginning in Q 1</p>	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.					
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	Reporting Utility (VCWOR)		1.2 Q 1		
	<p>1.3 Improve programmatic performance by monitoring process and outcome data.</p> <p>a. 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>b. Develop a report that monitors participation in Family Partnership Meeting</p> <p>c. Develop and disseminate to regional staff reports on case worker visits with children, parents, foster parents, sibling visits, and child and family visits</p>	<p>1.3.a At risk report</p> <p>1.3 b Family Partnership report</p> <p>1.3 c Updated FC guidance 1.3 c Visitation report</p>	<p>1.3 a. Q 2</p> <p>1.3 b. Q 2</p> <p>1.3 c. Q 2</p>	<p>Matt Wade</p> <p>Matt Wade Tamara Temoney</p> <p>Matt Wade</p>	
	1.4 Develop a new report by locality on face to face			Matt Wade Rita Katzman	

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	<p>contact with victims to be disseminated on a monthly basis</p> <p>a. train regional consultants on face to face contact report b. introduce the report as a data management tools for state CPS staff and local departments of social services</p> <p>1.5. Develop a method to track recurrence in Family Assessment cases.</p>	<p>1.4. New report on face to face contacts</p> <p>1.4 meeting agendas for supervisors meetings</p> <p>1.5.method to track cases</p>	<p>1.4 Q 4</p> <p>1.4 Q 5</p> <p>1.5. Q 6</p>	<p>CPS regional consultants</p> <p>Matt Wade</p>	
2. Develop a comprehensive quality assurance system that measures child status and system performance indicators.	<p>2.1 Develop and implement QSR as Virginia's quality assurance system.</p> <p>a. Finalize work plan for 2010 b. Communicate & educate stakeholders on the plan c. Develop and pilot instrument Fall of 2010 d. Make modifications and finalize the instrument e. Train reviewers in January 2011 and June 2011 f. Conduct 5 reviews in 2011</p>	<p>2.1.a.Work Plan</p> <p>2.1 b. Communications plan</p> <p>2.1.c. QSR instrument developed and pilot completed</p> <p>2.1.e. Reviewer training offered in January 2011</p> <p>2.1.f. Reviews completed</p>	<p>2.1.a Q 1</p> <p>2.1.b Q 1</p> <p>2.1.c Q 1</p> <p>2.1.d Q 2</p> <p>2.1.e. Q 2</p> <p>2.1.f. Q 4</p>	Dorothy Hollahan	

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	beginning in February	and baseline measurement started			
	<p>2.2 Implement a System Improvement Plan (SIP) to be used after the Child Welfare Quality Review (CWQR) by 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. Documented System Improvement Plan by Broadcast #5827</p> <p>2.2. a and 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>2.1a. ongoing beginning in Q 1</p> <p>2.1.b. Q 1</p> <p>2.1.c. Q 2</p> <p>2.2.d Q 6</p>	Dorothy Hollahan	

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	2.3 Develop a report on child status and system performance indicators from the QSR.	2.3 Database and reporting templates developed.	2.3 Q 2	Dorothy Hollahan	

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