

**Promoting Safe and Stable Families (PSSF)  
Program Year 2009  
Service Array Survey Results and Discussion**

***Managing By Data To Improve Critical Outcomes***



**April 2009**

**Virginia Department of Social Services (VDSS)  
Division of Family Services  
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**EXECUTIVE SUMMARY**

**PURPOSE**

To prepare the statewide assessment for the 2009 Child and Family Services Review (CFSR), Virginia Department of Social Services (VDSS) requested local departments of social services and their community partners (localities) to complete two surveys for the Promoting Safe and Stable Families (PSSF) program. The surveys provide program specific data required for the CFSR and a new Child and Family Services Plan (CFSP) for the five-year period 2010-2014. In the fall of 2008, localities were requested to submit a Community Needs Assessment and an Inventory of Community Services, Gaps and Needs by September 30, 2008. The PSSF section of the CFSP is supported by these assessments. In early 2009, localities were asked to assess the Family Assessment and Planning Team (FAPT) as a practice model and two commonly used PSSF services. This document provides information about the results of these surveys.

**BACKGROUND**

The primary goals of PSSF services are to prevent the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children by reuniting them with their parents, by adoption or by another permanent living arrangement. In Virginia, the services are delivered through the Comprehensive Services Act (CSA) the statewide systems of care practice model. Services are child-centered, family-focused, and community-based. The citizens of Virginia communities receiving PSSF funding determine how best to utilize those funds on behalf of the children and families in their respective communities.

**Survey I: Inventory of Community Services, Gaps and Needs**

**GOALS AND OBJECTIVES**

The Inventory of Community Services, Gaps and Needs, was conducted over a period of months (October 2007 through July 2008) and received on September 30, 2008. The inventory included an assessment scale to assist localities in rating the availability in their jurisdiction of 31 services pre-identified by VDSS. Respondents were instructed to indicate:

- (N) Need – if service is not provided;
- (G) Gap – if the service is provided but is not available to meet the needs of all persons who need the service; and
- (M) Met – if the service is currently being provided. They were asked to list the names of the service providers (no more than three) if they indicated that the service is “Met.

SURVEY RESULTS - Overall the inventory results indicate that:

Met

- Several of the “standard” child and family welfare services (e.g., case management, assessment and referral, adoption promotion) are important to localities, and are currently met under existing programs.
- Seventy-five localities [*Rural* (63), *Urban* (7), and *Unincorporated City or Town with less than 25,000 inhabitants* (5)] identified Adoption Promotion/Support Services as the number one Met service.

Gaps

- Localities indicated gaps in the provision of several “fundamental” services (e.g., transportation, housing, substance abuse counseling) that would allow parents to be more able to partake in other parenting and family services.
- Sixty-three localities, self-identified under the category *Rural*, identified Substance Abuse as the primary gap in services.

Needs

- Localities indicated needs in the areas of fatherhood programs, family resource centers and child care/daycare programs (*financial assistance*). These priorities were consistent across regions.
- Thirty localities [*Urban* (7), *Unincorporated City or Town with less than 25,000* (5) and *Incorporated City or Town with 25,000 or more inhabitants* (18)] listed Fatherhood programs as the greatest need.

**Survey II: Assessment of Family Assessment and Planning Team (FAPT) and Frequently Used Services (Assessments and Parenting Education)**

GOALS AND OBJECTIVES

As part of Virginia’s second round (June 2009) Child and Family Services Review (CFSR), VDSS staff assessed the FAPT as systems of care practice model and examined the delivery of two most frequently used PSSF services, Assessments and Parenting Education, using the systems of care core principles as measures.

Most survey items in Survey II contained a five-point rating scale as well as open-ended questions about the FAPT practice, leadership and systemic culture. The survey was designed using an online format adapted from a version developed by the National Child Welfare Resource Center for Organizational Improvement (NRCOI), April 28, 2008. Since the PSSF program unit did not know about this model until late in the planning period, the unit’s approach was to narrow/limit the

number of questions and scope. The survey and scale addressed the following regarding the two services most often provided:

- Who makes the service available in the locality
- Accessibility
- Quantity
- Quality
- Cultural Responsiveness
- Effectiveness
- Importance

Survey respondents included local department PSSF contacts; local department of social services supervisors and directors, CSA coordinators, and private child welfare providers. Only one response was solicited from each locality. One hundred three (103) surveys were received by February 20, 2009 contributing to an 88% response rate.

## SURVEY RESULTS

### *I. Family Assessment and Planning Team (FAPT)*

**Summary** – Most survey respondents (95%) indicated that the jurisdiction uses the FAPT. Overall respondents appeared mostly satisfied with the FAPT, except in the areas of training and accountability. Regional responses followed the overall responses, (i.e., no region(s) provided consistently low or high ratings). The survey results indicated areas where the FAPT was strong or needed improvement:

- In most agencies, the FAPT scored high (“Often good” or “Always good”) in the areas of individualized service planning and provider and agency collaboration/communication;
- Respondents were more neutral regarding the FAPT’s ability for: promoting caseworker, contractor and provider flexibility, being involved in case supervision, empowering families, functioning as a learning organization, and supporting workers to “do what it takes”; and
- They were least satisfied in the areas of: workers receiving adequate training and supervision, supporting the current caseload, and accountability structures.

### *II. Assessments*

**Summary** – Client assessments are widely used in local social service agencies; 95% of the survey respondents indicated they conduct client needs assessments. The local departments that do not conduct needs assessments primarily use their PSSF funds to support sub-grantees that focus on prevention (education and recreation) programs for their communities.

The overall results for the assessment section included:

- Respondents were satisfied with the accessibility and quality of assessments in their local agencies; however, nearly half of respondents (49%) indicated that only half of the need (or less) for assessment was being met;

- Respondents felt that assessments were community-based and family-centered and were individualized to meet needs most of the time;
- They were much less satisfied with the ability of the assessment services to build parental capacity and to be culturally responsive; and
- Although nearly one-third (30%) of respondents were neutral about the service’s effectiveness, 92% indicated that the service was “very important” or “critically important.”

### *III. Parent Education*

**Summary** – As with Assessment, Parent Education services are widely available; over 95% of respondents indicated that the services were available in their locality.

Overall findings regarding Parent Education include:

- The service appears to be fairly accessible to parents – over two-thirds (66%) of respondents indicated that 75% of the need was met in their locality, and 96% of respondents felt that most of the need was met.
- Although they were somewhat neutral as to the current programs’ effectiveness, the majority (92%) felt that it was “very important” or “critically important” for the program to continue.
- The majority of respondents (80%) felt that parenting education programs were community-based and family-centered.
- Respondents were mixed in terms of rating the service’s ability to meet individual needs, be culturally responsive, and build parental capacity.

### COMMENTS/FUTURE DIRECTIONS

The Inventory of Community Services, Needs, and Gaps (Survey I) as well as the Assessment of Family Assessment and Planning Team and Frequently Used Services (Survey II) indicate that service needs are being met in many areas, but are lacking in others. Major findings from these surveys include:

- “Typical” child and family welfare services such as case management, assessment and referral, and adoption promotion are important to local departments and the needs for these services are usually met.
- Local departments indicated substantial gaps in the availability of primary services such as transportation and housing that would allow parents to more fully participate in parenting and other family services.
- Respondents indicated that fatherhood programs, family resource centers and financial assistance for childcare/daycare were unmet needs.
- The FAPT service model was rated highly in the areas of service planning and agency collaboration; however, respondents noted that it often lacks flexibility and accountability.

- Respondents indicated satisfaction with the accessibility and quality of both assessment and parent education services – but questioned the programs’ ability to build parental capacity and be culturally responsive.

Identifying needs and gaps can help local departments prioritize the services that are most appropriate for their communities. This communication facilitates VDSS collaboration with local departments across the commonwealth to identify federal and state funds to support commonly identified local needs.

The low ratings for “cultural responsiveness” and “building parental capacity” support the pending adoption of Virginia’s Family Engagement Model as a best practice for localities under Virginia Children’s Services System Transformation. As part of VA-FEM, robustly informing and encouraging families to take advantage of services to increase parenting skills creates the opportunity to improve well-being outcomes for children/youth and to decrease the return rate to foster care.

**Promoting Safe and Stable Families (PSSF)  
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**Introduction**

To prepare the statewide assessment for the 2009 Child and Family Services Review (CFSR), Virginia Department of Social Services (VDSS) requested local departments of social services and their community partners (localities) to complete two surveys for the Promoting Safe and Stable Families (PSSF) program. The surveys provide program specific data required for the CFSR and a new Child and Family Services Plan (CFSP) for the five-year period 2010-2014. In the fall of 2008, localities were requested to submit a Community Needs Assessment and an Inventory of Community Services, Gaps and Needs by September 30, 2008. The PSSF section of the CFSP is supported by these assessments. In early 2009, localities were asked to assess the Family Assessment and Planning Team (FAPT) as a practice model and two commonly used PSSF services. This document provides information about the results of these surveys.

**Program Background**

The primary goals of PSSF services are to prevent the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children by reuniting them with their parents, by adoption or by another permanent living arrangement. PSSF is authorized under Title IV-B, Subpart II of the Social Security Act, as amended, and is codified at SEC. 430 through 435 [42 U.S.C. 629a through 629e].

To receive federal funds for children and family services, States must submit to the U.S. Department of Health and Human Services, Administration for Children and Families (ACF) a plan that covers five years. This jointly planned document describes the publicly-funded State child and family services continuum. States are required to spend most of the PSSF funding for services that address: Family Support, Family Preservation, Time-limited Family Reunification and Adoption Promotion and Support.

In Virginia, the services are delivered through the Comprehensive Services Act (CSA) the statewide systems of care practice model. Services are child-centered, family-focused, and community-based. The citizens of Virginia communities receiving PSSF funding determine how best to utilize those funds on behalf of the children and families in their respective communities. Receipt of the funding is based upon approval by VDSS of individual community plans that have been developed from comprehensive community-based needs assessments. The local department of social services is the fiscal agent for funds that are approved for the locality.

## **Survey I: Inventory of Community Services, Gaps and Needs (Inventory) Results and Discussion**

### **Purpose of the Inventory**

The state CFSP five-year plan will be submitted by June 30, 2009 for the new plan period that begins in 2010. Starting in 2006, the PSSF home office staff conducted a series of meetings and trainings and posted guidance documents on the agency's Web site to assist localities in completing the new Community Needs Assessments and the Inventory of Community Services. This administrative support enabled each participating locality to systematically collect information about its needs, resources, and the multiple systems serving children and families. This information created the framework that guided communities in prioritizing the needs and assigning resources to meet those needs. The community assessment also established a system to track the effectiveness of services delivered to improve outcomes for children and families in order to meet ever-changing community needs.

VDSS is also the Lead Agency for the federal Community-Based Child Abuse Prevention Program (CBCAP) lead by the Child Protective Services Unit (CPS). The CBCAP federal report must include an inventory of services and needs. For the purpose of the CBCAP report, the PSSF Service Array was expanded to include additional services for the CBCAP inventory. However, the CPS specific services are not included as part of this report.

### **Inventory Methodology**

The Inventory of Community Services, Gaps and Needs, was conducted over a period of months (October 2007 through July 2008) and received on September 30, 2008. The wide window allowed localities to collaborate and combine with other efforts undertaken in their communities to complete needs assessments for other types of program for children and families. Many localities distributed the inventory to various stakeholder groups and held focus groups as a way to determine a rating per service. Ninety-three of the 115 participating localities responded resulting in an 81 percent response rate. The inventory included an assessment scale to assist localities in rating the availability in their jurisdiction of 31 services pre-identified by VDSS. Respondents were instructed to indicate:

- (N) Need – if service is not provided;
- (G) Gap – if the service is provided but is not available to meet the needs of all persons who need the service; and
- (M) Met – if the service is currently being provided. They were asked to list the names of the service providers (no more than three) if they indicated that the service is “Met.

Table 1 shows the array of services pre-identified by VDSS for PSSF as they appear in the funding application.

<b>Service Code</b>	<b>Service Array</b>	<b>Service Code</b>	<b>Service Array</b>
010	Adoption Promotion/Support Services	160	Juvenile Delinquency/Violence Prevention Services
020	Assessment	170	Leadership and Social Skills Training
030	Case Management	180	Mentoring
040	Community Education and Information	190	Nutrition Related Services
050	Counseling and treatment: Individual	200	Other (identify)
051	Counseling: Therapy Groups	210	Parent-Family Resource Center
060	Day Care Assistance	211	Parenting Education
061	Developmental/Child Enrichment Day Care	212	Programs for Fathers (Fatherhood)
070	Domestic Violence Prevention	213	Parenting Skills Training
080	Early Intervention (Developmental Assessments and/or Interventions)	220	Respite Care
090	Educational/ School Related Services	230	Self Help Groups (Anger Control, SA, DV)
110	Financial Management Services	235	Substance Abuse Services
120	Health Related Education & Awareness	240	Socialization and Recreation
130	Housing or Other Material Assistance	250	Teen Pregnancy Prevention
140	Information and Referral	260	Transportation
150	Intensive In-Home Services		

## **Inventory Results**

Overall the inventory results indicate that:

### Met

- Several of the “standard” child and family welfare services (e.g., case management, assessment and referral, adoption promotion) are important to localities, and are currently met under existing programs.
- Seventy-five localities [*Rural* (63), *Urban* (7), and *Unincorporated City or Town with less than 25,000 inhabitants* (5)] identified Adoption Promotion/Support Services as the number one Met service.

### Gaps

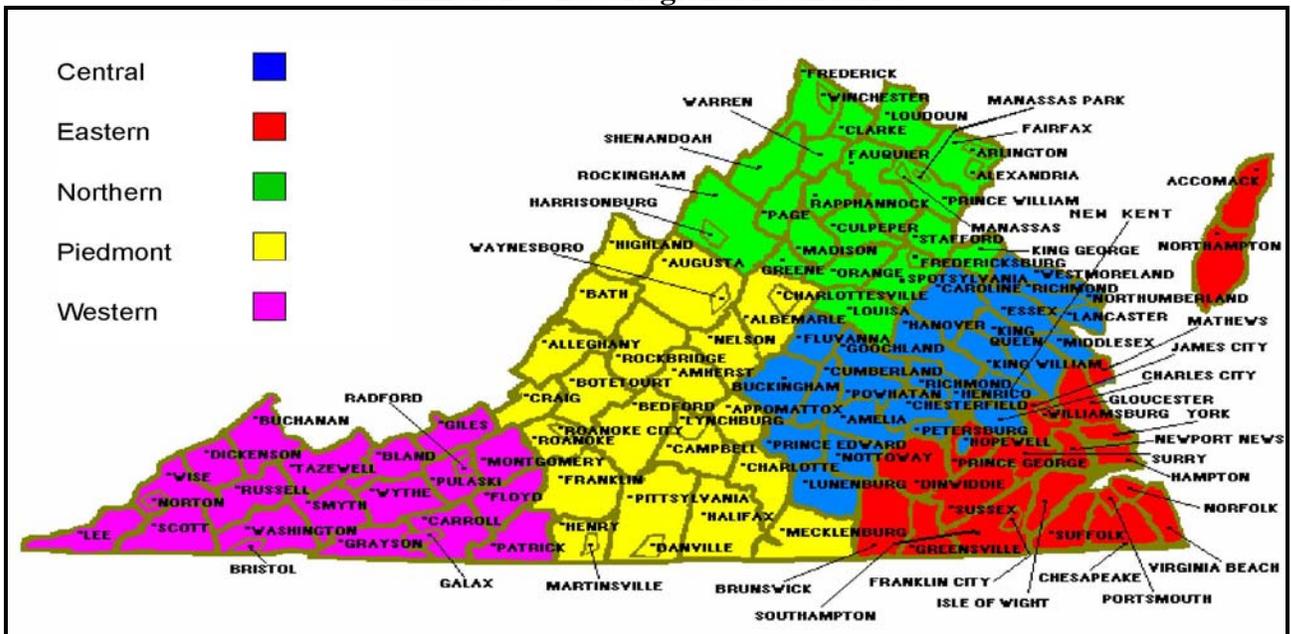
- Localities indicated gaps in the provision of several “fundamental” services (e.g., transportation, housing, substance abuse counseling) that would allow parents to be more able to partake in other parenting and family services.
- Sixty-three localities, self-identified under the category *Rural*, identified Substance Abuse as the primary gap in services.

Needs

- Localities indicated needs in the areas of fatherhood programs, family resource centers and child care/daycare programs (*financial assistance*). These priorities were consistent across regions.
- Thirty localities [*Urban (7), Unincorporated City or Town with less than 25,000 (5) and Incorporated City or Town with 25,000 or more inhabitants (18)*] listed Fatherhood programs as the greatest need.

There are five VDSS regions. The Eastern Region is comprised of large urban and suburban cities clustered in the eastern corridor along the Atlantic coastline including a large military population. The Central Region surrounds the capitol city and is comprised of large urbanized counties consisting of major private businesses and many state government offices. The Northern Region is near the federal capitol, has the fastest growing population in the state (considerable culturally diverse), and has a strong corporate and federal government presence. The Piedmont Region is located in the mountainous areas of the state and is home to some of the state’s largest universities. The Western Region is in the heart of rural Appalachia in the southwest corner of the state, creating some isolation from the rest of the state and is known to have considerable substance abuse issues among the families known to child welfare.<sup>1</sup>

**Exhibit 1: VDSS Regional Boundaries**



<sup>1</sup> Results of these surveys are provided by region; however, even with differences in geography, poverty, and unemployment, survey responses may not differ significantly by region. The surveys are qualitative data and reflect the opinions of the respondents. Other recent VDSS surveys of local departments, such as the VDSS State Operations Survey (August 2008), found few differences by region.

Table 2 provides a comparison of the state and regional populations by poverty and unemployment rates.

	Total Population 2007	Poverty Rate 2007	Population Below Poverty 2007	Unemployment Rate 2009
<b>Virginia</b>	7,712,091	9.90%	739,139	7.04%
<b>Regions:</b>				
Central	1,270,906	10.84%	132,787	7.96%
Eastern	1,822,437	11.20%	194,397	7.31%
Northern	2,906,791	5.99%	171,582	5.66%
Piedmont	1,126,620	13.01%	140,972	8.51%
Western	585,337	17.74%	99,401	9.11%

The results of the Inventory of services appear to reflect what one might expect to find relative to these economic indicators. For example, the Eastern Region identified more services that are ‘Met’ than other regions. By contrast, the Western Region identified the least number of ‘Met’ services. In the Eastern and Northern Regions, the cities are geographically close which makes services more accessible even if the provider is not in the same city as the family. The Western Region is more isolated and service providers or families may have to travel greater distances and wait longer for appointments.

Transportation was a ‘Gap’ and/or ‘Need’ for all regions. This common thread probably reflects the families served and their lack of resources.

The Eastern Region listed Adoption Promotion and Support Services as both ‘Met’ and ‘Gap.’ The VDSS Adoption Program staff was asked to comment on this seemingly paradoxical rating result. The staff response was that Eastern Region has the second highest number of children in foster care and 24.5% (point in time) have the goal of adoption. Piedmont Region has the highest percentage of children with the goal of adoption (24.6%), but it is just third in the number of children in foster care. For the recent Adoption Incentive Awards, many of the finalized adoptions that contributed to the State’s award were from the Eastern Region. At the same time that there is a large number of finalized adoptions; the gaps exist in the type of children who need adoptive families and the type of families that want to adopt. Families want to adopt children in the age range of 5-8 years and the greatest number of children that need homes are in the age range of 15-18 years. Additionally, state staff added that the number of children who enter foster care challenges the system to respond to the need for more adoptive services.

Tables 3-8 show highlights from the statewide and regional results of the inventory.

<b>Table 3: Statewide Five Top Ranked Services</b>					
<b>MET</b>		<b>GAP</b>		<b>NEED</b>	
<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>
Adoption Promotion and Support Services	69%	Substance Abuse	60%	Fatherhood	51%
Case Management	59%	Parenting Skills, Transportation	59%	Parent/Family Resource Center	47%
Early Intervention	58%	Day Care Assistance, Housing or Other Material Assistance	56%	Transportation	32%
Information & Referral	57%	Mentoring, Teen Pregnancy Prevention	55%	Developmental/Child Enrichment Day Care	27%
Assessment Services	54%	Self Help Groups, Individual Counseling and Treatment	54%	Respite	25%

<b>Table 4: Central Region Five Top Ranked Services</b>					
<b>MET</b>		<b>GAP</b>		<b>NEED</b>	
<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>
Adoption Promotion and Support	65%	Financial Management Services	65%	Parent/Family Resource Center	75%
Case Management	55%	Counseling: Therapy Groups, Information & Referral, Parenting Education, Parenting Skills Training, Transportation	60%	Fatherhood	60%
Assessment, Educational, School Related, Intensive In-Home	50%	Housing or Other Material Assistance, Juvenile Delinquency/Violence Prevention	55%	Respite	55%
Day Care Assistance, Nutrition, Socialization and Recreation	45%	Counseling and Treatment: Individual Intensive In-Home, Self Help Groups Community Education and Information	50%	Teen Pregnancy Prevention	45%
Individual Counseling and Treatment, Early Intervention	40%	Developmental/Child Enrichment Day Care, Domestic Violence Prevention, Early Intervention, Mentoring, Teen Pregnancy Substance Abuse	45%	Transportation	40%

<b>Table 5: Eastern Region Five Top Ranked Services</b>					
<b>MET</b>		<b>GAP</b>		<b>NEED</b>	
<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>
Information and Referral	79%	Health Related, Housing or Other Material Assistance, Parenting Skills Training,	64%	Parent/Family Resource Center	43%
Assessment, Early Intervention	64%	Therapy Groups, Day Care, Financial Management, Respite, Self Help Groups	54%	Transportation	36%
Adoption Promotion and Support, Case Management, Individual: Counseling and Treatment: Individual, Educational/School Related Nutrition	57%	Domestic Violence Prevention, Intensive In-Home, Juvenile Delinquency Prevention, Leadership and Social Skills Training, Transportation	50%	Fatherhood	29%
Community Education and Information, Parenting Education, Socialization and Recreation	50%	Case Management, Counseling and Treatment: Individual, Parenting Education, Fatherhood, Socialization and Recreation	43%	Developmental/Child Enrichment Day Care, Housing or Other Material Assistance	21%
Counseling: Therapy Groups, Financial Management, Intensive In-Home, Juvenile Delinquency/Violence Prevention Leadership and Social Training, Mentoring	43%	Adoption Promotion and Support Services, Early Intervention, Educational/School Related, Nutrition	36%	Domestic Violence Prevention, Parenting Skills, Teen Pregnancy Prevention	14%

<b>Table 6: Northern Region Five Top Ranked Services</b>					
<b>MET</b>		<b>GAP</b>		<b>NEED</b>	
<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>
Early Intervention –	79%	Leadership and Social Skills Training	67%	Parent-Family Resource Center, Fatherhood	46%
Assessments, Information and Referral	71%	Transportation, Mentoring, Day Care Assistance	63%	Respite Care	21%
Adoption Promotion and Support Services, Nutrition	67%	Counseling and Treatment: Individual	58%	Juvenile Delinquency/Violence Prevention	17%
Health Related	63%	Teen Pregnancy Prevention, Substance Abuse, Housing or Other Material Assistance	54%	Housing or Other Material Assistance, Financial Management, Domestic Violence Prevention, Day Care Assistance, Counseling: Therapy Groups	13%
Domestic Violence Prevention, Educational/School Related, Intensive In-Home, Self Help Groups	54%	Parenting Skills Training, Juvenile Delinquency/Violence Prevention, Developmental/Child Enrichment Day Care	50%	Community Education and Information, Counseling and Treatment: Individual, Leadership and Social Skills Training, Self Help Groups, Substance Abuse Socialization and Recreation, Teen Pregnancy Prevention	8%

<b>Table 7: Piedmont Region Five Top Ranked Services</b>					
<b>MET</b>		<b>GAP</b>		<b>NEED</b>	
<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>
Adoption Promotion and Support	86%	Respite Care, Teen Pregnancy Prevention	79%	Fatherhood	50%
Case Management	71%	Self Help Groups	71%	Developmental/Child Enrichment Day Care, Financial Management, Parent Family Resource Center	43%
Information and Referral	64%	Community Education and Information, Counseling: Therapy Groups, Health Related, Leadership and Social Skills Training, Mentoring, Nutrition Related, Parenting Skills	64%	Transportation	36%
Parenting Education	50%	Counseling and Treatment: Individual, Housing or Other Material Assistance, Intensive In-Home, Juvenile Delinquency/Violence Prevention, Socialization and Recreation	57%	Counseling: Therapy Groups, Educational/School Related, Housing or Other Material Assistance, Juvenile Delinquency/Violence Prevention	29%
Domestic Violence Prevention, Early Intervention, Socialization and Recreation	43%	Assessment, Day Care Assistance, Educational/School Related	50%	Community Education and Information, Counseling and Treatment: Individual, Day Care Assistance, Domestic Violence Prevention, Health Related	21%

<b>Table 8: Western Region Five Top Ranked Services</b>					
<b>MET</b>		<b>GAP</b>		<b>NEED</b>	
<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>
Adoption Promotion and Support Services	71%	Day Care Assistance, Health Related, Parenting Skills Training, Self Help Groups, Substance Abuse	67%	Fatherhood	62%
Early Intervention	57%	Counseling: Therapy Groups, Housing or Other Material Assistance, Parenting Education, Respite Care, Socialization and Recreation, Transportation	57%	Developmental/Child Enrichment Day Care, Leadership and Social Skills	33%
Educational/School Related, Information and Referral	52%	Counseling and Treatment: Individual	57%	Domestic Violence Prevention, Financial Management, Parenting- Family Resource Center, Substance Abuse, Transportation	29%
Nutrition Related	48%	Intensive In-Home, Juvenile Delinquency Violence Prevention –	52%	Assessments, Socialization and Recreation	24%
Mentoring	43%	Community Education and Information, Domestic Violence Prevention, Mentoring, Nutrition Related, Developmental/Child Enrichment Day Care, Teen Pregnancy Prevention	48%	Housing and Other Material Assistance, Juvenile Delinquency Violence Prevention, Respite Care	19%

## **Survey II: Assessment of Family Assessment and Planning Team (FAPT) and Frequently Used Services (Assessments and Parenting Education) Results and Discussion**

### **Purpose of the On-line Survey**

As part of Virginia's second round (June 2009) Child and Family Services Review (CFSR), VDSS staff assessed the FAPT as systems of care practice model and examined the delivery of two most frequently used PSSF services, Assessments and Parenting Education, using the systems of care core principles as measures.

*FAPT Background* – The Comprehensive Services Act (CSA), statewide systems of care service delivery model, was established in Virginia in 1993. This delivery system is comprised of several entities at the state and community levels that work collaboratively to implement the CSA. At the community level, the Community Policy and Management Team (CPMT) manage the cooperative effort in each locality to better serve the needs of the at-risk youth and their families to maximize the usage of state and community resources. The CPMT is the designated planning body for PSSF funds allocated to localities. The local Family Assessment and Planning Team (FAPT) works with families to develop the Individual Family Services Plan (IFSP). Services to families should be child-centered, family-focused, community-based and cost-effective. Not all children and families that are served by a locality must appear (or have the case presented) before a FAPT team as a pre-requisite for services. Appearance before the FAPT or a presentation of the case circumstances to the FAPT is determined by the locality based on the type of case (mandated, non-mandated) and the services that are needed.

*Assessment Background* – In the 2008 PSSF year-end reports, localities listed “Assessments” as the most frequently used service when the PSSF case type is Time-limited Family Reunification.

Assessments are often conducted in child welfare, such as assessments of safety, risk management and development. Comprehensive family assessments that recognize patterns of parental behavior over time are also included in this service category. Therefore, the assessment –

- examines the family strengths and protective factors to identify resources that can support the family's ability to meet its needs and better protect the children;
- addresses the overall needs of the child and family that affect the safety, permanency, and well-being of the child;
- considers contributing factors such as domestic violence, substance abuse, mental health, chronic health problems, and poverty; and
- incorporates information gathered through other assessments and focuses on the development of a service plan or plan for intervention with the family.

*Parenting Education Background*– In the 2008 PSSF Year-End reports, localities listed Parenting Education as the most frequently used service when the case type is Family Preservation and Family Support.

Parenting Education services includes in-home or out-of-home, provision of information and support to families to help parents with issues of child safety, parenting skills, budgeting, nutrition and school and community interaction.

### **Survey Methodology**

Most survey items in Survey II contained a five-point rating scale as well as open-ended questions about the FAPT practice, leadership and systemic culture.<sup>2</sup> The survey was designed using an online format adapted from a version developed by the National Child Welfare Resource Center for Organizational Improvement (NRCOI), April 28, 2008.<sup>3</sup> Since the PSSF program unit did not know about this model until late in the planning period, the unit's approach was to narrow/limit the number of questions and scope. The survey and scale addressed the following regarding the two services most often provided:

- Who makes the service available in the locality
- Accessibility
- Quantity
- Quality
- Cultural Responsiveness
- Effectiveness
- Importance

Survey respondents included local department PSSF contacts; local department of social services supervisors and directors, CSA coordinators, and private child welfare providers. Only one response was solicited from each locality. One hundred three (103) surveys were received by February 20, 2009 contributing to an 88% response rate. The PSSF home office staff was assisted by the Virginia Department of Social Services Office of Research staff with the design of the survey instrument and the data analysis.

### **Survey Results**

#### *I. Family Assessment and Planning Team (FAPT)*

**Summary** – Most survey respondents (95%) indicated that the jurisdiction uses the FAPT. Overall respondents appeared mostly satisfied with the FAPT, except in the areas of training and accountability. Regional responses followed the overall responses, (i.e., no region(s) provided consistently low or high ratings). The survey results indicated areas where the FAPT was strong or needed improvement:

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<sup>2</sup>In this report, responses on the positive end of the scale (“Always good” and “Often good”) were reported together as were responses on the negative end of the scale (“Occasionally good” and “Poor”). Neutral responses (“Sometimes good”) were not combined with any other category.

<sup>3</sup>See the June 17, 2008 Webinar Background Materials available from:  
[http://tatis.muskie.usm.maine.edu/pubs/pubdetailWtemp.asp?PUB\\_ID=T061708](http://tatis.muskie.usm.maine.edu/pubs/pubdetailWtemp.asp?PUB_ID=T061708)

- In most agencies, the FAPT scored high (“Often good” or “Always good”) in the areas of individualized service planning and provider and agency collaboration/communication;
- Respondents were more neutral regarding the FAPT’s ability for: promoting caseworker, contractor and provider flexibility, being involved in case supervision, empowering families, functioning as a learning organization, and supporting workers to “do what it takes”; and
- They were least satisfied in the areas of: workers receiving adequate training and supervision, supporting the current caseload, and accountability structures.<sup>4</sup>

Tables 9 and 10 provide more detail about the areas that were rated high by respondents and those areas that received less positive ratings.

<b>Table 9: Areas of the FAPT Receiving Positive Ratings</b>	
<b><i>How well does the FAPT :</i></b>	<b>Percent responding “Always good” or “Often good”</b>
Promote individualized service planning?	85%
Promote provider participation in needs assessment and individualized service planning?	82%
Allow for meeting the individualized needs of children in the home to prevent unnecessary removal?	84%
Allow for ample communication and collaboration between agencies on cases?	80%

<b>Table 10: Areas of the FAPT Receiving Less Positive Ratings</b>	
<b><i>How well does the FAPT :</i></b>	<b>Percent responding “Sometimes good” or “Poor”</b>
Promote provider flexibility to do “whatever it takes”?	51%
Promote caseworker flexibility to do “whatever it takes”?	39%
Involve case supervision using specific unit/worker data to supervise to achieve better results/outcomes?	51%
How well do workers receive proper training and ongoing supervision to hone skills on the FAPT?	61%
<b><i>Leadership/Dynamic Culture of FAPT:</i></b>	
The ability of the child and family serving agencies in the locality to function as learning organizations that have the capacity to think outside the box.	39%
The empowerment of front-line service workers and middle management supervision by leadership to do “whatever it takes” to achieve outcomes for children and families in regard to the FAPT.	46%
The current accountability structures where agencies and agency leaders are held accountable for performance outcomes in regard to the FAPT.	55%

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<sup>4</sup> Fifty percent (51%) of the respondents gave a rating of ‘Poor’ to the question “How well does the FAPT include after-hours professional response”? However, the FAPT is not set up as an emergency response type practice. In an emergency, Child Protective Services or law enforcement would be called.

Exhibit 2: Open-ended comments - related to training

*We are developing caseworker skills and practice to embrace family team decision making for cases that don't necessarily come under FAPT so the principles are embraced by the whole community.*

*Training of FAPT team function has been lacking and at the state/local level all of the players have difficulty understanding the relationships that are being addressed through the process. Neither of our localities can afford a CSA coordinator. State trainers (VISSTA) do not appear to understand the process.*

Three related questions regarding the leadership and systemic culture of the FAPT were rated on the lower end of the scale. These results indicate that FAPTs should consider how much flexibility they provide to local departments and how they track and communicate performance outcomes to local communities.

Exhibit 3: Open-ended comments about doing “whatever it takes” related to funding

*The team usually wants the plans in draft presented by case manager and provides little input. CPMT review the cases also, but they focus on cost more than outcome.*

*Out of the box language is still often restrictive in guiding how flexible FAPTs can be in providing those unique funding services.*

*As a whole, FAPT is not creative in exploring new approaches.*

*FAPT... have been creative in utilizing existing services, identifying and beginning to create new services and patch-working funding to pay for them (rural locality).*

## *II. Assessments*

**Summary** – Client assessments are widely used in local social service agencies; 95% of the survey respondents indicated they conduct client needs assessments. The local departments that do not conduct needs assessments primarily use their PSSF funds to support sub-grantees that focus on prevention (education and recreation) programs for their communities.

The overall results for the assessment section included:

- Respondents were satisfied with the accessibility and quality of assessments in their local agencies; however, nearly half of respondents (49%) indicated that only half of the need (or less) for assessment was being met;
- Respondents felt that assessments were community-based and family-centered and were individualized to meet needs most of the time;
- They were much less satisfied with the ability of the assessment services to build parental capacity and to be culturally responsive; and
- Although nearly one-third (30%) of respondents were neutral about the service’s effectiveness, 92% indicated that the service was “very important” or “critically important.”

Overall the responses by region did not differ substantially except for the Western region. Western respondents were more likely to indicate a lack of availability of assessments and were more likely to be dissatisfied with the service’s ability to be effective and to build parental capacity than respondents from other regions.

Table 11 illustrates the responses received when asked about the delivery of assessment services in the lens of the system of care principles:

<i>Are assessments:</i>	<b>Percent responding “Always good” or “Often good”</b>
community-based?	71%
family-centered?	77%
individualized to meet needs?	81%
culturally responsive?	66%
able to build parental capacity?*	53%

\*46% rated it as ‘Occasionally Good’ or ‘Poor’

**Access** to assessment services for the community had an average rating of 61% for ‘Approximately seventy-five percent of the population’ to ‘Universal.’ The highest rating for access was in Eastern (80%) and lowest ratings were from the Piedmont (53%) and Western (48%) regions. The **effectiveness** of assessments was rated highest by Northern Region at 90% and, the Northern Region gave the highest rating (76%) to Build Parental Capacity. All regions considered it ‘Very Important’ to ‘Critically Important’ to **continue assessment services** to children and families.

#### **Providers for Assessment Service**

The survey asked respondents to identify up to three providers that are used for assessment services in the community served. Respondents named 266 service providers in the survey. The categories of providers for assessment services were almost evenly split between public (44%) and private (48%) providers. Table 12 provides examples of the types of providers identified in the survey:

<b>Table 12: Who Makes Available Assessment Services in Your Locality?</b>		
<b>Category</b>	<b>Frequency Identified</b>	<b>Illustrated Examples</b>
System Provider Public (SPP)	<b>44%</b>	Community Service Boards, Comprehensive Services Act, Department of Juvenile Justice, Department of Health, Local Departments of Social Services, Court Services
Private Service Provider (PSP)	<b>48%</b>	Family Services Agencies, Psychologists, Psychiatrists, In-Home Care Agencies, Group Homes, For-Profit Mentoring Services
Local School System (LSS)	<b>3%</b>	Public Schools
Medical Care Provider (MCP)	<b>4%</b>	Public and Private Hospitals
Other	<b>1%</b>	Private Day Schools and Child Development Centers

**Exhibit 4: Open-ended Question, Who Makes Available Assessment Services in Your Locality?**

*There are no providers within the confines of this community so we purchase services from outside of the area. Family Preservation and Family Solutions are the two that we use because of the mileage issues.*

*Each team participant offers their department's systematic assessment and all information is reviewed and discussed. CSB is the only local source for comprehensive evaluation. This [situation] is problematic as there are office hours only 2 days per week with limited service provision. Need for services [is] determined on a case by case basis. There is really no commonly used provider.*

*We are a small rural community. Most of our vendors are out of the county. [One provider] is about an hour away and will travel to us to perform assessments. CSA or DSS usually pays.*

**III. Parent Education**

**Summary** – As with Assessment, Parent Education services are widely available; over 95% of respondents indicated that the services were available in their locality.

Overall findings regarding Parent Education include:

- The service appears to be fairly accessible to parents – over two-thirds (66%) of respondents indicated that 75% of the need was met in their locality, and 96% of respondents felt that most of the need was met.
- Although they were somewhat neutral as to the current programs’ effectiveness, the majority (92%) felt that it was “very important” or “critically important” for the program to continue.
- The majority of respondents (80%) felt that parenting education programs were community-based and family-centered.
- Respondents were mixed in terms of rating the service’s ability to meet individual needs, be culturally responsive, and build parental capacity.

In terms of the regional responses, the Central and Western regions indicated having less access to parent education programs than did other regions. Central region respondents were less satisfied overall with parent education programs.

Table 13 illustrates the dichotomy of views in the delivery of parent education service:

<b>Table 13: Differing Views on Parent Education</b>		
<i>Is parenting education:</i>	<b>Percent responding “Always good” or “Often good”</b>	<b>Percent responding “Occasionally good” or “Poor”</b>
individualized to meet needs?	57%	43%
culturally responsive?	63%	37%
able to build parental capacity?	53%	46%

For **cultural responsiveness** the highest positive rating was from Eastern (82%). The Northern region rated this area at 58%; however, the diversity of the region may make it challenging to meet the needs of the many cultures. In the Community Needs Assessment prepared for the planning period 2010-2014, two of the 25 agencies in the VDSS Northern Region provided these statistics on cultural diversity:

*“Fairfax-Falls Church area is one of the most culturally diverse in the nation and a community of significant contrasts. More than one out of every four residents (over 260,000 persons) are foreign born and one-third of the residents speak a language other than English at home.”*

*Arlington reported that in 2006, about 35% of Arlington residents were Hispanic/Latino, African-American, Asian, or multi-racial. Almost 23% were born outside the U.S. Arlington County public school children speak 99 languages and hail from 129 countries.*

### **Providers for Parent Education Service**

The survey asked respondents to identify up to three providers that are used for parent education services in the locality. Over half (52%) of the parent education providers indicated in the survey

were private service providers. Respondents named 250 parent education providers in the survey. Table 10 shows examples of the types of providers name in the survey:

<b>Table 14: Who Makes Available Parent Education Services in Your Locality?</b>		
<b>Category</b>	<b>Frequency Identified</b>	<b>Illustrated Examples</b>
System Provider Public (SPP)	41%	Court Appointed Special Advocate, Community Services Board, Comprehensive Services Act, Department of Juvenile Justice, Department of Health, Local Departments of Social Services, Head Start, Youth Services
Private Service Provider (PSP)	52%	Healthy Families, Family Preservation, National Counseling Center, Family Counseling Agencies
Local School System (LSS)	4%	Public Schools
Medical Care Provider (MCP)	1%	Public and Private Hospitals
Other	2%	Virginia Cooperative Extension, Stop Child Abuse Now

**Exhibit 5: Open-ended Question - Who Makes Available Parent Education Services in Your Locality?**

*These services are totally provided by social services and only because we have this grant and one other through mental health which we expect to lose. If we lose the other grant we cannot meet the even basic needs of parenting classes that are monumentally important and often ordered by the court to families who have no funds to purchase them.*

*There is a Parent Resource Center at DSS, [county] Community Services Board (CSB) office and the Health Dept. While this resource is readily accessible use is limited. This does not include formal classes or instruction.*

**Comments/Future Directions**

The Inventory of Community Services, Needs, and Gaps (Survey I) as well as the Assessment of Family Assessment and Planning Team and Frequently Used Services (Survey II) indicate that service needs are being met in many areas, but are lacking in others. Major findings from these surveys include:

- “Typical” child and family welfare services such as case management, assessment and referral, and adoption promotion are important to local departments and the needs for these services are usually met.
- Local departments indicated substantial gaps in the availability of primary services such as transportation and housing that would allow parents to more fully participate in parenting and other family services.
- Respondents indicated that fatherhood programs, family resource centers and financial assistance for childcare/daycare were unmet needs.
- The FAPT service model was rated highly in the areas of service planning and agency collaboration; however, respondents noted that it often lacks flexibility and accountability.
- Respondents indicated satisfaction with the accessibility and quality of both assessment and parent education services – but questioned the programs’ ability to build parental capacity and be culturally responsive.

Identifying needs and gaps can help local departments prioritize the services that are most appropriate for their communities. This communication facilitates VDSS collaboration with local departments across the commonwealth to identify federal and state funds to support commonly identified local needs. The following examples provide information on recent State and local department initiatives:

**Adoption Promotion and Support** – Survey I shows Adoption Promotion and Support Services was rated as the most frequently ‘Met’ service in the state (69%). This rating may be reflective of the numerous collaborative initiatives between the VDSS, public and private child placing agencies local departments, especially for special needs adoption. For example:

- Twenty-five percent (25%) of the PSSF total grant (approximately \$2M) is applied by VDSS to adoption services grants awarded to public and private agencies. In 2002, United Methodist Family Services in partnership with VDSS received a federal grant for Adoption Preservation Services.
- Federal Adoption Incentive awards for doubling the number of adoptions were received by the State in 2004, 2007 and 2008. These funds were provided to local agencies to support an array of adoption services.
- Legislation was passed 2003 to streamline the process for a Virginia court to acknowledge adoptions in a foreign country with which the U.S. has diplomatic relations. The child placing agencies indicated that families that had finalized an adoption in a foreign country were readopting in Virginia to obtain a Virginia birth certificate for the child.
- In 2009, the Virginia General Assembly passed legislation to support open adoptions. This legislation was in response to first lady, Anne Holton’s For Keeps initiative that began in 2007. The goal of For Keeps was to increase the number of older foster children who have permanent families when they exited Virginia’s child welfare system. The National Child Welfare Resource Center for Adoption reports that the percent of children who are placed for

adoption dramatically decreases as the child ages. Some times when a youth is older when placed in foster care, regardless of the circumstances of why he entered care, he may not want his parents rights terminated; he may not want to be adopted. In this scenario, open adoption provides the possibilities for the youth to be adopted without losing connections to the birth family. The open adoption model provides the opportunity for the birth parent and the adoptive parent to voluntarily remain in contact after the final order of adoption.

**Parenting Education** – Respondents were highly satisfied with Parenting Education services being family centered and individualized to meet needs. However, they were more neutral in terms of its ability to build parental capacity and be culturally responsive. This survey finding can be especially important to VDSS as work is vigorously focused on the transformation of child welfare services in Virginia. The NRCOI survey model provides the following definition and examples for “Strengthening the Capacity of Parents to Care for Their Children”:

*Definition – Working with parents no longer means that we are doing things to or for them or their children. Rather, we are supporting them in being good parents and learning to make the best short and long-term choices for their children.*

*Examples - 1) Contact between caseworkers and parents, including the frequency, quality, and substance of the contacts. 2) Engaging parents in planning, especially making decisions about goals for their children and family. Parents are far more likely to engage in and commit to services that they had a voice in developing. 3) Agencies developing systems for providing this type of support for parental involvement, including policies, practices, and strategies for communicating that this is the agency’s philosophy.*

The examples below, taken from the Community Needs Assessment 2010-2014, show the strong need for parenting classes as well as innovations in program delivery:

*[a rural locality] “At this time, while these classes are available to our citizens, there is often a long wait before they are actually given and sometimes a waiting list. Also, we are in great need of parenting for older children and teens. This is a very difficult age and requires a different technique to parent these children. ..We have lately begun using an in-home parenting skills training. However, the cost is quite high and we are not able to do this routinely.”*

*[large urban culturally diverse locality] “...Up to 20 workshops in various languages on specific parenting topics will be delivered in highly impacted neighborhoods and schools. Topics will include positive discipline, building self esteem, anger and stress management, parenting in the U.S., setting limits, understanding child development, or family communication.”*

*[large urban/suburban locality] “Nurturing Parenting Program: The target population is comprised of parents who are at-risk for child abuse and neglect or who have been identified to be abusive or neglectful towards their children. The population also includes families who*

*want to build healthy interactions and create positive change within their family structure, but who are not sure how to do so. It is designed to serve both intact families as well as those separated by foster care placement. The goal of the program is met through developing positive self-concepts and self-esteem in all family members. strengthening parent-child relationships...and increasing parents' knowledge of the appropriate developmental capabilities and needs of children."*

In addition, the low ratings for "cultural responsiveness" and "building parental capacity" support the pending adoption of Virginia's Family Engagement Model (VA-FEM) as a best practice for localities under Virginia Children's Services System Transformation.

VA-FEM involves the birth families and community members, along with resource families, service providers, and agency staff, in all the placement decisions, to ensure a network of support for the child and adults who care for them. The model focuses on treating families with respect so that they can more concretely identify their family and children's needs. Findings (Casey Foundation's "Family to Family") show that when families and extended families are part of the decision making process, they are more likely to participate in services to keep their family together or to complete tasks in order to have their children safely returned. Richmond City Department of Social Services is one example of a local department that uses a family engagement model. In a September 2008 report, Richmond City contributes the use of family engagement to a 16% decrease for kids in care since October 2007.

As part of VA-FEM, robustly informing and encouraging families to take advantage of services to increase parenting skills creates the opportunity to improve well-being outcomes for children/youth and to decrease the return rate to foster care.

Thanks to everyone who contributed to the development and completion of this report.

Virginia Department of Social Services  
Division of Family Services Foster Care Unit  
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