VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

Quality Service Review (QSR) Annual Report

July 1, 2012 through June 30, 2013

Report issued October 2013

Conducted by:

Continuous Quality Improvement Unit
Quality Assurance & Accountability
Division of Family Services
VA Department of Social Services

QSR Reviewers – Quality Service Review is conducted by trained professionals from local departments of social services and the state Department of Social Services. The contributions of these professionals are significant to the success of QSR and building the internal capacity for quality in child welfare in Virginia. We express our gratitude for their contributions.

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Agencies Reviewed –the following local departments of social services participated in a Quality Service Review and the results are represented in this report.

- Bedford Department of Social Services
- Carroll County Department of Social Services
- Fredericksburg Department of Social Services
- Galax City Department of Social Services
- Goochland Department of Social Services
- Grayson County Department of Social Services
- Hampton Department of Social Services
- James City County Department of Social Services
- King William Department of Social Services
- King and Queen Department of Social Services
- Louisa County Department of Human Services
- Shenandoah Valley Department of Social Services
- Spotsylvania Department of Social Services
- Williamsburg Department Human Services
- York-Poquoson Department of Social Services

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I. Executive Summary

This report provides results of Quality Service Reviews (QSR) conducted from July 2012 through June 2013 as part of the Division of Family Services Continuous Quality Improvement (CQI) process. During this period, the Virginia Department of Social Services has conducted eight QSRs for fifteen local departments of social services, representing each of the five regions within the state.

The QSR results are reported in two categories of indicators, Child and Family Status indicators and Practice Performance indicators. The results of the review indicate that local practice is strong in almost all child and family status indicators. The QSR found that children are safe in their home, school and community. When needed the local departments of social services took appropriate measures to ensure child safety. Children were found to be in stable home and school settings in good living arrangements in both the parental and substitute caretaker home. Children were found to be healthy, with fair emotional wellbeing and performing well in school, according to their age and ability.

There are strengths and opportunities for growth in the practice performance indicators. Results indicate that children and substitute caretakers are engaged and have an active role and voice in their service planning. There are both informal and formal assessments and adequate understandings of children and caretakers. A good and substantial array of support and services are available to children and families in order for them to make progress toward service plan goals.

Opportunities for improved practice exist when working with mothers and fathers in the areas of engagement, voice and choice, and assessment and understanding. Other opportunities noted include the areas of team formation and functioning, long-term view, planning for safe case closure, intervention adequacy and maintaining quality connections for the child in care with siblings, mothers, fathers and extended family.

After a QSR, a local agency develops a System Improvement Plan to specifically address challenges that they have identified and action plans are created and implemented in order to improve outcomes for children and families.

II. Introduction

The Virginia Department of Social Services utilizes the Quality Service Review as a system improvement tool for aligning the quality of service delivery with the Virginia Children's Service Practice Model to promote better outcomes in child welfare.

Two groups assisted in the development of the QSR process in Virginia with financial the support of Casey Family Programs. Human Systems and Outcomes, Inc. designed the QSR protocol utilizing a design meeting with Virginia professionals resulting in a protocol that is Virginia specific and operationalize the Virginia Children's Services Practice Model (**Appendix A**)**.** The Practice Model principles represented in the protocol include:

- Belief that all children and youth deserve a safe environment
- Belief in family, child and youth-driven practice
- Belief that children do best when raised in families
- Belief that all children and youth need and deserve a permanent family
- Belief in partnering with others to support child and family success in a system that is family–focused, child-centered and community based.

Beginning in October 2010 the Child Welfare Policy and Practice Group was involved in the training and development of the application and use of the QSR protocol. Training was provided for CQI Unit and local child welfare professionals as reviewers who are trained and mentored on the indicators in the QSR Protocol.

QSR OVERVIEW

The QSR is an action-oriented learning process that provides a way of recognizing what is working or not working in case practice for children and families receiving services. The protocol tool guides professional appraisal of the status of a focus child receiving services, status of the parent/caretaker, and adequacy of performance of key service system practices for the focus child and family. The protocol uses an in depth case review method to find out how children and their families are benefiting from services received and how well locally coordinated services are working for them.

The Virginia QSR Protocol assesses practice in two domains: Child and Family Status and Practice Performance. The overall well-being and functioning of the child and family is evaluated in the Child and Family Status domain. The core practice functions are appraised in the Practice Performance domain. The indicators for each domain include:

Child and Family Status

- Safety
  Risk to Self & Others
- Stability
- Living Arrangement
- Permanency
- Physical Health
- Emotional Well-Being
- Learning & Development
- Pathway to Independence
- Parent and Caretaker Functioning

Practice Performance

- Engagement and Voice & Choice
- Teaming
- Cultural Awareness & Responsiveness
- Assessment & Understanding
- Long-Term View for Safe Case Closure
- Planning for Safe Case Closure
- Transitions & Life Adjustments
- Resource Availability
- Intervention Adequacy
- Maintaining Quality Connections
- Tracking & Adjustment

The central purpose of the QSR process is to encourage and support a successful change process leading to sustained daily functioning, safety, well-being and permanency. The practice should be strength-based, outcome-focused and results-driven.

METHODOLOGY

The QSR review involves the selection of a random sample of cases from Child Protective Services (CPS) ongoing and Permanency cases in a local department of social services (LDSS) accounting for various ages, case type and permanency goals. The sample is then sorted by worker to ensure no more than one case per worker is selected.

The primary source of information for the review comes from detailed interviews by trained teams of reviewers who are Virginia professionals that have a working knowledge of Virginia's Children Services Practice Model and QSR protocol. The QSR review team conducts a series of interviews with key case contributors that are involved with the family and may include the focus child, the parents, relatives, the case worker, foster parent, Guardian ad Litem, attorneys, therapeutic supports, school personnel, service providers and other persons associated with helping the family.

Feedback from the QSR is provided in multiple ways to the local agency. The review teams provide immediate feedback to the assigned case worker and supervisor on the case identifying strengths and opportunities for practice. On the last day of the QSR, a "Grand Round" is held to present an initial results and this meeting is open to all of the local staff as well as community partners, service providers and stakeholders. After the review a written report is prepared and provided to the local department. The next step in the QSR process is the development of a System Improvement Plan (SIP) by the Agency. A SIP is comprised of a series of action plans to improve practice and outcomes for children and families.

III. CHILD & FAMILY DEMOGRAPHICS

Characteristics of Children in this Report

This report covers a random sample of 67 cases. Sample cases for a QSR are selected from CPS Ongoing and Permanency cases using five categories for age. Additional sampling methodology includes a variance of permanency goals and a variety of caseworkers.

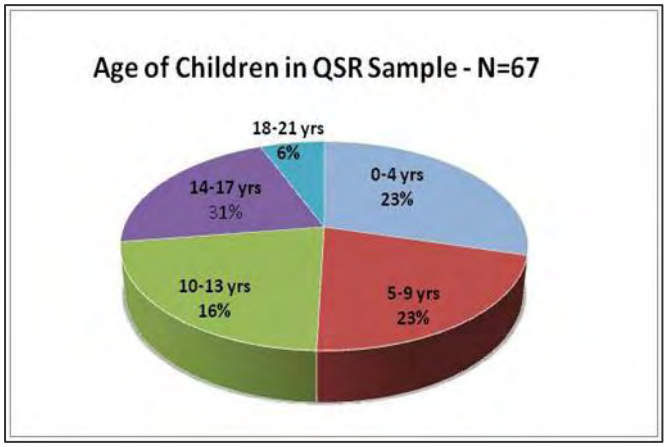

Figure 1: Age of Children

Race/Ethnicity N=67	% of children
White/Caucasian	55%
Black/African-American	35%
Asian	1%
Bi-racial (African-American/Caucasian)	6%
Multi-racial (Asian/African-American)	1%
Hispanic Ethnicity	6%
Total	100%*

Table 1: Race and Ethnicity of Children

For this reporting period, a total of 67 cases were reviewed; which included 26 CPS Ongoing cases and 41 foster care cases. Gender of children for this sample included 57% male and 43% female. This report reflects information gathered from a total of 477 interviews with an average of 7.3 interviews per case and a range of 4 to 11 interviews per case across the sample

The race of the children in the sample were 55% Caucasian, 36% African-American, 1% Asian, 6% Bi-racial, and 1% Multi-racial Reviewers were able to report more than one race for each child, as well as whether the child is of Hispanic ethnicity.

*Percentages throughout the report may not sum to 100 percent due to rounding.

Reason for Case Opening

Reason for case opening – Focus Child – n=67	Number of cases
Neglect	40
Physical Abuse	14
Other	11
Delinquency/CHINS	6
Drug Exposed Infant	4
Physical or Mental Health Issues	3
Voluntary Custody/Entrustment	5
Sexual Abuse	3
Abandonment	2
Adoption Disruption	2

Table 2: Reason for Case Opening on Child

Reason for case opening – Family Issues – n=67	Number of cases
Substance Abuse	34
Neglect	32
Domestic Violence	17
Housing	14
Mental Health Issues	13
Failure to Protect	12
Other	8
Incarceration of Parent	7
Court Imposed Services	7
Absent Parent	6

Table 3: Reason for case opening – Family Issues

Information was collected on the reason the case was opened for the focus child and the family issues and each case had multiple issues. The largest categories for children's issues included neglect, physical abuse and delinquency and Child in Need of Services (CHINS) cases. The largest category of family issues included substance abuse, neglect, domestic violence, lack of housing and mental health issues.

The "other" reasons for case opening for the child included the risk of abuse of a child, the death of a mother, traumatic car accident, and substance abuse of a child. The "other" family issues identified for case opening included problems of parenting, physical abuse, CPS history, teen parent issues and entrustments or relinquishment.

Family of Origin Challenges

Family of Origin Challenges N=67	**Number of Cases**
Substance abuse impairment/ serious addiction w/frequent relapses	35
Unlawful behavior or is incarcerated	21
Adverse effects of poverty	19
Domestic Violence	18
Serious mental illness	17
Extraordinary care burdens	10
Recent life disruption/homelessness	9
Is/was a teen parent	8
Limited cognitive abilities	7
Serious physical illness or disabling physical condition	5
Cultural/language barriers	2
Other	4

Table 4: Family of Origin Challenges

There were multiple family challenges in cases and the largest frequencies included substance abuse and addiction, incarceration or unlawful behavior, poverty, domestic violence, serious mental illness and adverse effects of poverty which includes homelessness and extraordinary care burdens. The "other" challenges identified were issues relating to the conditions of the home, sexual abuse by an adoptive parent, issues relating to blended families and complex family dynamics leading to adoption disruption.

Current Placement Type

Current Placement Types	Number of Cases	Percent
Birth Home	18	27%
Foster Family Home (Non-Relative)	12	18%
Kinship Care Home	9	13%
Treatment Foster Care	9	13%
Adoptive Home	4	6%
Foster Family Home (Relative)	4	6%
Residential Care/Treatment Center	4	6%
Group Home/Congregate Care	3	4%
Independent Living	2	3%
Detention	1	1%
Kinship Care home/Birth Home	1	1%
Total	67	100%

Table 5: Current Child Placement Types

There were 11 placement types identified in the 67 cases reviewed. In 37% of cases, children were placed in foster homes that were either treatment, non-relative or relative placements. There were 18 children who were living in the home with their birth parent(s); in one case, a child was transitioning from a kinship care home into the birth home. Children were placed in an adoptive home in four case. There were seven cases with children placed in a congregate and residential care facility. There were two cases where youth were living in an independent living arrangement and one case where a child was placed in detention.

Case Permanency Goals and Length of Time Case Open

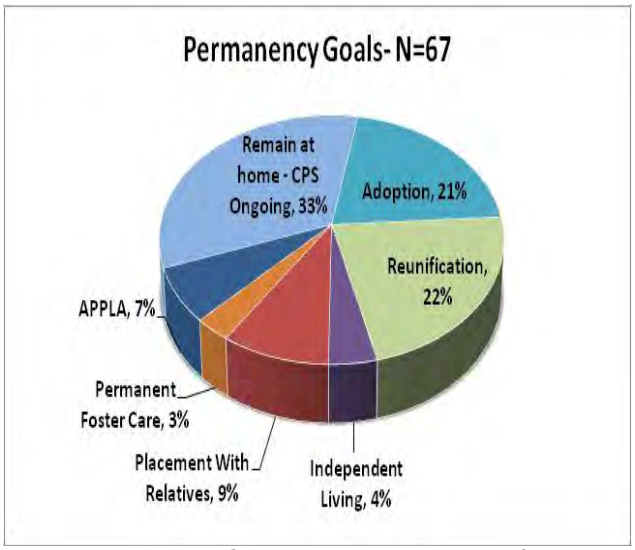

Figure 3: Permanency Goals

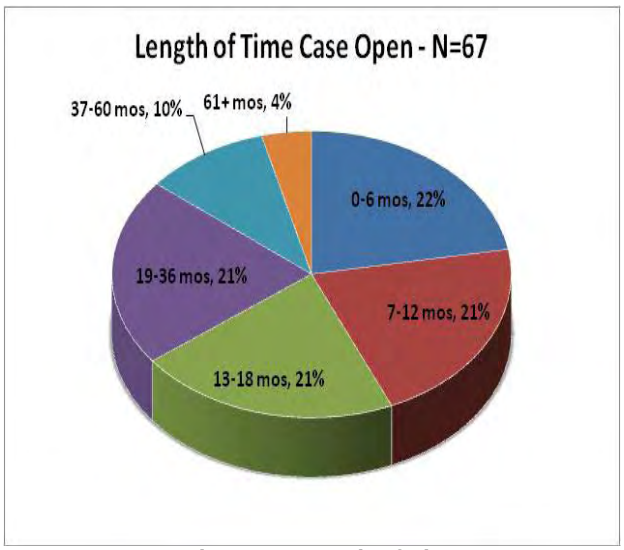

Figure 4: Length of Time Case Open

CPS ongoing was 33% of the cases and the child remained in their home. For out of home placements, 22% of the cases had the goal of reunification, 21% of the cases had the goal of Adoption. The remaining cases had goals of Placement with Relatives, Another Planned Permanent Living Arrangement, Independent Living, and Permanent Foster Care.

Of the applicable cases, there were seven (10%) cases that identified a concurrent goal of Placement with Relatives and five (7%) cases that had a concurrent goal of Adoption.

For the length of time the case was open, 43% of the cases have been open from 0 to 12 months; 42% that have been open from 1 to 3 years; and, 14% cases that have been open over 3 years.

Agencies and Service Providers Involved –

Agencies Involved with Children & Families N=67 cases	Percent
GAL/CASA	24
Mental Health	39
Special Education	20
Substance Abuse Services	15
Juvenile Justice	9
Department of Corrections, Adult Probation/Parole	8
Early Learning/Healthy Families	7
Other	7
Residential Treatment	6
State Court & JDR	6
Developmental Disabilities	3
Vocational Rehabilitation	1

Table 5: Agencies Involved in Case

The chart above lists the agencies and community partners and the number of cases in the sample that they were involved with the family. Multiple agencies were often involved in the delivery of services to one family. The other category of involved agencies included: medical, therapeutic case management and treatment foster care providers. not equal 100%.

IV. Overview of Results

The results for the twenty indicators of the QSR Protocol are organized according to the areas in which there are strengths in practice and areas in which there are opportunities to improve practice. Definitions and details on each of the QSR protocol indicators, listed below, can be found in the Detailed Results section of this report beginning on page 15.

Areas of Strength – Child and Family Status Indicators

- Safety – Exposure to Threats of Harm
- Safety – Risk to Self/Other
- Living Arrangement
- Child Emotional Well-Being
- Physical Health
- Learning/Academic Status
- Stability in Home & School

Areas of Strength – Practice Performance Indicators

- Engagement of Child & Substitute Caretakers
- Voice and Choice of Child & Substitute Caretakers
- Cultural Awareness and Responsiveness
- Assessment and Understanding of Child & Substitute Caretakers
- Resource Availability

Opportunities for Growth – Child and Family Status Indicators

- Permanency
- Pathway to Independence
- Parent and Caretaker Functioning or Mothers & Fathers

Opportunities for Growth – Practice Performance Indicators

- Engagement & Voice and Choice for Mothers, Fathers and Family Members
- Teaming – Formation and Functioning
- Assessment and Understanding for Mothers, Fathers and Family Members
- Long Term View, Planning for Transitions & Life Adjustments and Safe Case Closure
- Intervention Adequacy
- Maintaining Quality Connections
- Tracking and Adjustment

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QSR Results – Implications for Practice

This report identifies strengths for children in areas of safety, stability, academic status, and well-being. Additional strengths were indicated for children and substitute caretakers who were engaged and have a voice in the decisions being made in the case. Comprehensive assessments identify the needs of children and substitute caretakers and systems are responding to those assessments by implementing identified interventions and supports. The results indicate that resources are available to meet the needs of families and children.

Identified themes among three QSR indicators presented opportunities to improve practice. First, there is a need for engagement of mothers and fathers throughout the service planning process, including assessments and maintaining connections between siblings and parents when children are removed from their care. Second an opportunity exists to strengthen the formation and functioning of the family team. Finally effective planning for safe case closure along with a common long term view of the case was indicated as an opportunity.

- **Engagement of Mothers and Fathers**

Results indicate that, in some cases, parents have not consistently been engaged and included in case planning; they reported feeling as though they did not have a voice in the decisions made for their children and families. In some cases, fathers are noticeably absent or on the periphery of the cases reviewed and are not fully engaged. Mothers and fathers are often not fully assessed for their underlying needs which impact the delivery of services, outcomes for children, and permanency.

For children in foster care, maintaining connections with their mothers, fathers, siblings and other relatives was often not sufficient to maintain emotional support for the child. The lack of engagement with parents can negatively impact client progress and successes. When families are engaged in planning and service delivery, then child and family status outcomes can be improved and cases can progress to permanency. Engaging families is a basic factor in the Virginia Child Services Practice Model.

- **Teaming**

Teaming is about meeting on a regular basis with the identified child, family, family supports, and service providers and working towards common goals of permanency to accomplish safe case closure. With quality teamwork and good communication among the team members occurring, a clear, long term view for the child is formed and thus, the planning for safe case closure and permanency is better, faster, and more successful.

Results indicate that while some cases had Family Partnership Meetings, there is an overall lack of ongoing teaming in case planning. Results show service providers, in some cases, having different information about the case, working in silos and often working toward different case goals. Gaps in communication among team members impacted the functioning of the team and the provision of appropriate services to the children and families. When teaming occurs on a regular basis and information is shared with the appropriate service providers and family, then all parties can be fully engaged and improved outcomes will result for the child and family.

- **Planning for Safe Case Closure**

The focus of the Planning for Safe Case Closure indicator is placed on the planning process; not on any one document, since the child and family have numerous plans related to different programs and service providers. Planning is an ongoing team based process for specifying and organizing intervention strategies and directing resources toward accomplishment of defined outcomes set forth in the long term view for the child and family. Results indicated that there were some cases that had individualized plans in motion for the child and family;that included strategies and interventions specific to their needs. The review indicates that in some cases there were no plans or cases that lacked a clear plan for permanency and case closure. When families are engaged and participating in planning, then they can be successful in meeting their near-term needs and long-term goals for permanency.

SYSTEM IMPROVEMENT PLANS

A System Improvement Plan (SIP) is the next step after a QSR and is comprised of a series of action plans to improve practice and outcomes for children and families. The purpose of the local department SIP is to outline how the LDSS will adjust their services/practice in response to the QSR results in order to improve their outcomes and also to serve as a mechanism for VDSS to report on the progress made on both the local and state level to improve outcomes for children and families.

Each plan is unique to the locality and detailed strategies are implemented to facilitate improvement on two to three areas, identified by the agency. The CQI unit, along with the Regional Consultants, serves as a support to the locality as they develop specific goals and measureable action steps to improve practice performance. Localities report, on a quarterly basis, the status of their SIP to include the success and completion of the action steps chosen. Resources developed by local departments are posted to the SPARK website of VDSS so that other localities can learn from the quality improvement practices being implemented statewide.

System Improvement Plan Reporting

Currently, there are 22 local departments of social services that have completed SIPs and are reporting on their progress and tools developed. In response to the trends identified in the practice performance indicators in the QSRs, all of the SIPs are addressing issues relating to teaming and family engagement. Assessment and Understanding is also an area being addressed in some SIPs, specifically surrounding comprehensive family assessments and the development of supervisory and assessment tools to assess and monitor the provision of services.

Many of the SIPs have identified certain Critical Outcome measures to monitor for impact as a result of the plans. (**Appendix B**) Some of these measures are to: increase percentage of discharge to permanency, decrease percentage of children in foster care for 24+ months, increase percentage of kinship placements, decrease percentage of youth in congregate care placements and decrease percentage of youth entering foster care. Each locality submits quarterly progress reports to their regional consultants and the CQI Unit in order to document steps taken to address their identified issue and to update their progress of improvement in practice and outcomes. A summary of issues identified and proposed action steps are noted in the table below.

System Improvement Plan Contents July 2012 to June 2013

Identified Issue	**Identified Action Steps**
Assessment & Understanding	• Staff training on Trauma Informed Practice • Develop Assessment training on functioning of caretakers • Ensure all staff are trained using SDM Tools • Utilize Social History Templates for Children and Parents • Identify Independent Living Services per the needs of the child • Utilize Supervision Notes Templates when staffing cases • Complete Genogram for each family • Create system for documenting and using family assessment tools
Enhance Family Engagement	• Engage families in the permanency planning process • Create/refine agency internal best practices policy & procedures • Educate community (private providers, schools, etc.) on family engagement • Family Engagement Training for staff and community • Utilize Diligent Search form and Family Contact Letter • Improve meaningful monthly family contacts • Develop Visitation tool and Face-to-Face Contact sheet
Fatherhood Initiatives	• Develop fatherhood engagement initiatives • Increase fatherhood case involvement • Increase documentation of daily contacts with father • Conduct staff training on fatherhood involvement • Implement Fatherhood Initiative – Innovators For Success
Improving Team Formation & Functioning by establishing effective family team meetings	• Develop and implement FPM Policy and Performance Plan • Implement Family Partnership Meetings • Training for staff on how to conduct effective team meetings • Increase Family Partnership Team Meetings & trained facilitators • Conduct quarterly family team staffing • Educate community (private providers, schools, courts, etc.) on Family Partnership Meetings • Develop & utilize tools for team meeting attendance & information

CONTINUOUS QUALITY IMPROVEMENT – Feedback Loop

The Virginia Department of Social Services is interested in the strategies that agencies are implementing to improve child and family outcomes. The development of new tools and developmental resources to improve work processes have been shared by agencies and are available on the VDSS SPARK page. New initiatives, at the state level, have been implemented to support the work being done by local departments. Two examples of steps taken by VDSS include: 1) a curriculum on improved family engagement practice which is now mandated for new family service specialists at local department of social services; and 2) training that was developed and offered statewide introducing child and family team meetings; this training created a linkage between the current initiative of family partnership meetings and ongoing teaming (as defined in the QSR teaming indicator).

➢ Engagement Initiative – Family Engagement Training

The Division of Family Services, in collaboration with the Local Programs Family Services Training Unit, is addressing the practice improvement opportunities identified with family engagement. Training is being provided statewide on Engaging Families and Building Trust-Based Relationships (CWS 4020). This is a mandated training course for new CPS and Permanency staff. Some training objectives are:

- To explore characteristics of family culture and information in policies and practices that supports the engagement process with families.
- To practice specific engagement and trust building skills of exploring, focusing, and guiding
- To learn and practice solution-focused questions to surface family member's strengths, needs, culture, and solution patterns.
- To identify ways to formulate, evaluate and refine options with families.
- To learn to how to define and identify essential underlying needs that are often a description of the underlying conditions.
- To learn how to develop a working agreement with families and to utilize this agreement, core conditions and core helping skills to build a trusting relationship with families.

➢ Teaming Initiative – A Continuum of Practice

Program Managers in the Division of Family Services have collaborated to address the opportunities for teaming, by building on the strengths of the establishment of Family Partnership Meetings (FPM). The Family Partnership Meetings is one practice strategy to engage families; this team meeting is held at certain decision points over the course of a case. The teaming standard, for the QSR indicators, is for there to be ongoing communication and meetings with the family and service providers in order to share a commonality of purpose in the delivery of services and planning for the child and family.

The Virginia Department of Social Services is proposing the use of regular Child and Family Team meetings as a continuation of the work of FPMs. This meeting would include the youth, parents, extended family and all service providers. It would provide a mechanism by which a regular review of services and progress would be shared among all the individuals involved in the case and where the family's needs and preferences could routinely inform decision making.

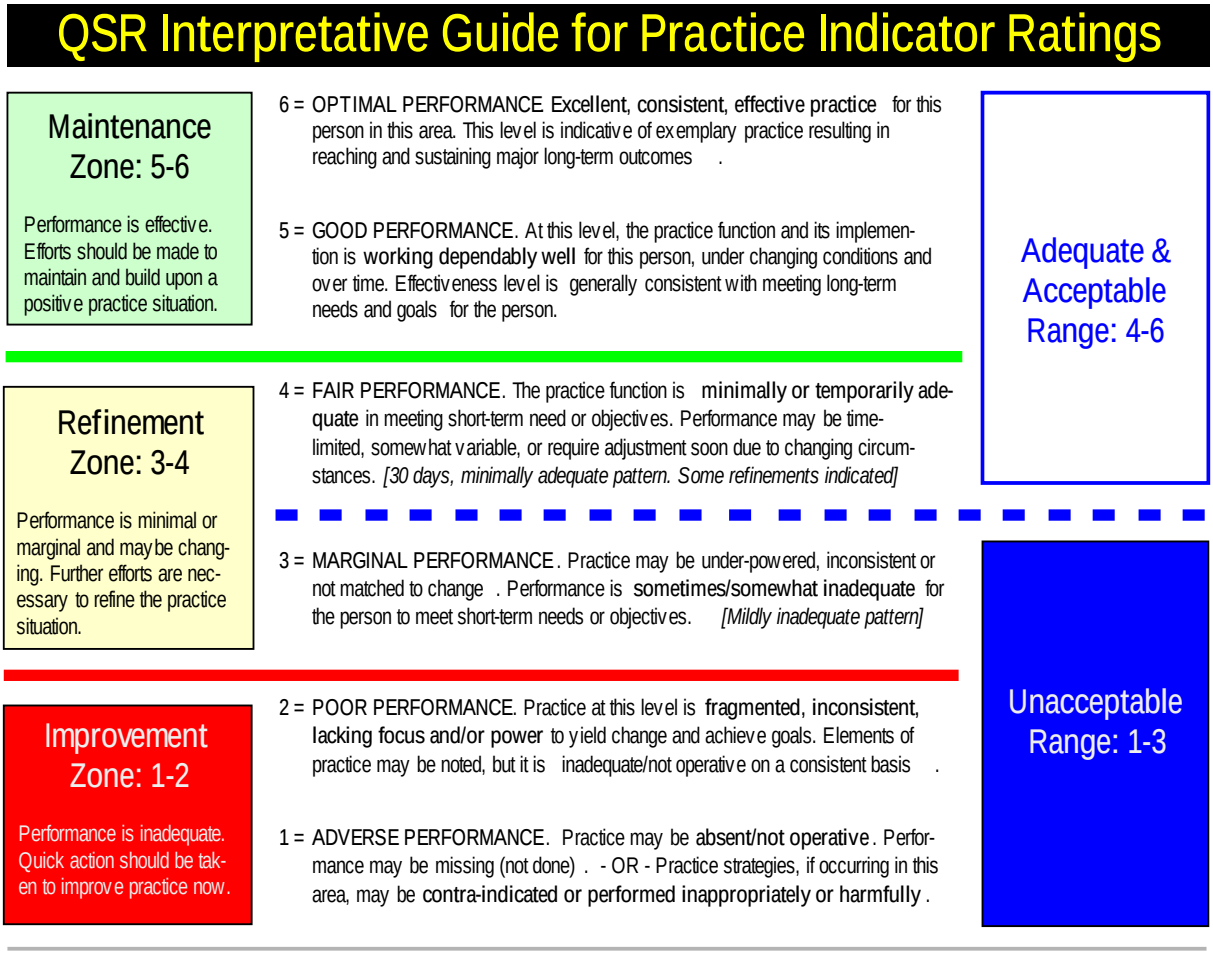
The Family Services Training Unit was able to support the offering of this child and family team training, in all five regions of the state, as a special topics training in June and July of 2013. The training was entitled Implementing & Sustaining Child & Family Teaming (SME-004) and the purpose of the training was to clarify the purpose of both types of team meetings as well as when each is meeting is appropriate to be utilized. Additional information was further discussed on how to implement and facilitate the meetings. Information distributed in the training, as well as a resources and a tool kit, will be developed and available on the agency SPARK page to support this practice improvement. Details of the comparisons of Family Partnership Meetings and Child and Family Team Meetings can be found in **Appendix C.**

V. – Detailed Results

Rating Scales

Each Child and Family Status indicator and Practice Performance indicator is scored using the 6 point scale listed below. This chart and scoring is used in two ways to report the results of a QSR. First, on the left of the chart are three zones for action and improvement. Each case is scored using the 1 to 6 scale. The maintenance zone for scores of 5 and 6 indicates that practice is where it should be for the indicator and efforts should be maintained. The refinement zone for scores of 3 and 4 indicates that practice has strengths and also opportunities for improvement. The improvement zone for scores of 1 and 2 indicates that practice is inadequate and concerted action should be taken to improve practice for the child and family.

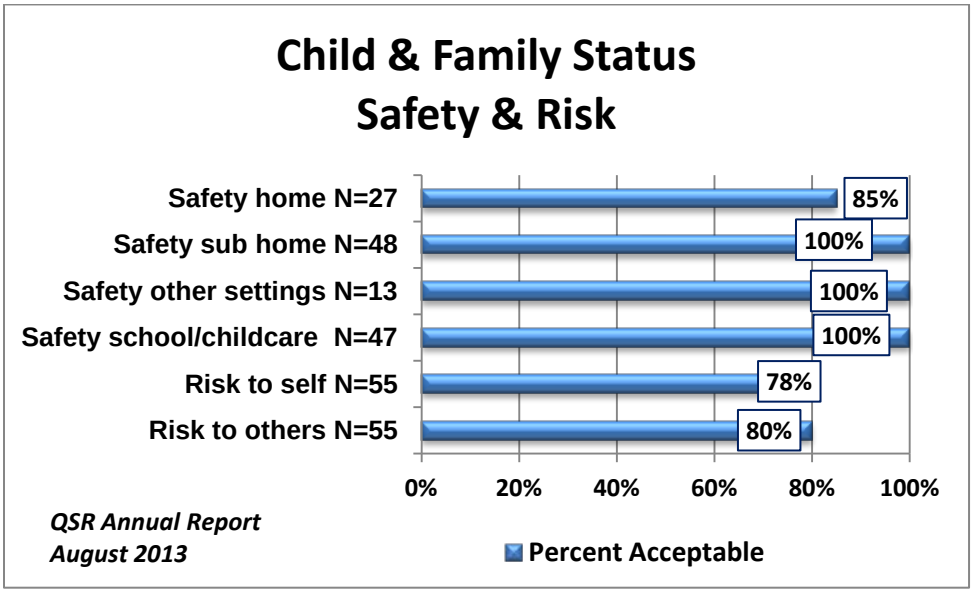
Secondly, on the right of the chart is an overall rating of acceptable which includes scores of 4, 5, and 6 and unacceptable range with scores of 1, 2, and 3. This report presents the findings in the zones presented in the two categories from the right side of this chart, acceptable range of scores and often identified as strengths are between 4 and 6 and unacceptable often described as an opportunity for improvement are in the range of scores between 1 and 3.



Detailed Results

Child and Family Status Indicators

This group of indicators measures the extent to which certain desired conditions are present in the life of the child, parents and/or substitute caretakers. Status indicators measure constructs related to well-being including safety, stability, health and academic status and caretaker functioning. The bold font identifies and defines the indicator which is followed by an explanation of the graphs and the results of the reviews.



1.a. Safety Exposure to Threats of Harm: the degree to which the child is free from abuse, neglect, and exploitation by others in his/her place of residence, school and other daily settings. The child's parents and/or caretakers provided the attention, actions, and supports necessary to protect the child from known threats of harm in the home.

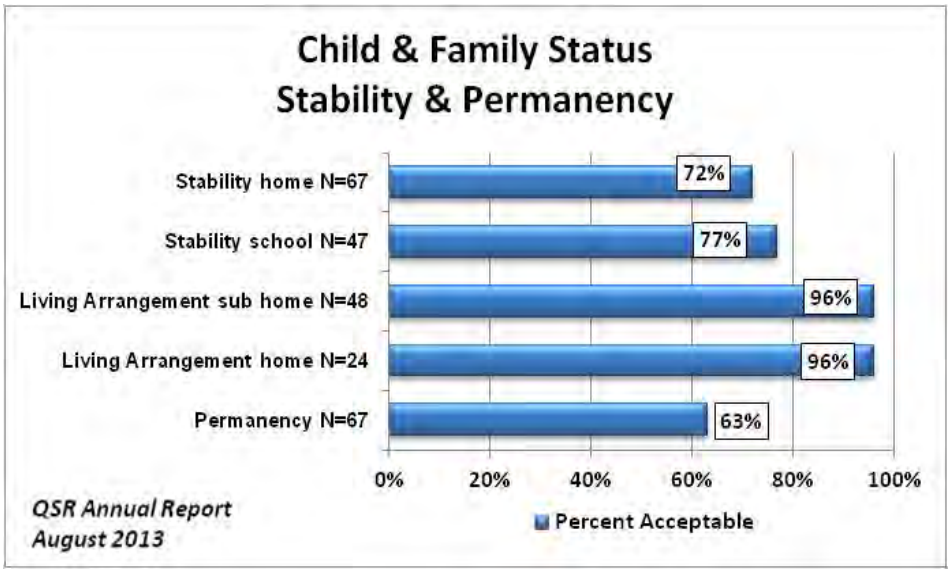
Results indicate that, overall, children are safe in their homes in 85% of the cases reviewed and safety is rated at 100% for children in substitute homes, community settings, and in school setting. Common patterns found for cases that scored as strengths include children that have proper supervision by parents, foster parents, relative caretakers, and school personnel. Safety factors in place, including following safety plans as well as parents and caretakers who have protective abilities and appropriate skills necessary to ensure safety.

The characteristics of cases with opportunities for improvement include: parental substance abuse, inadequate parenting skills of biological parents, protective orders that are not being followed and safety plans in place that are not being followed by parents or caretakers.

1.b. Risk to Self/Others: The degree to which the child is avoiding self endangerment and or refraining from using behaviors that may put others at risk of harm?

In cases reviewed for risk to self, 78% were identified as strengths. Practice strengths in these cases included children with the ability to appropriately manage their emotions and behaviors and some children through safety contracts. Some children were able to increase their coping skills, receive medication management and therapy to decrease their self-harmful behaviors. For risk to others, 80% of cases reviewed were identified as strengths. Children in these cases did not show risky behavior towards others or they were able to demonstrate the ability to reduce and minimize their anger and aggression toward others.

Some patterns present in cases with opportunities for risk behaviors included children with runaway behaviors from foster homes and group homes and aggressive bullying behaviors leading to fights in school and home settings.



2. Stability: the degree to which the child's daily living, learning, and work arrangements are stable and free from risk of disruption. The child's daily settings, routines, and relationships are consistent over recent times. Known risks are being managed to achieve stability and reduce the probability of future disruptions. (*Timeframe; past 12 months and next 6 months)*

For stability in a child's home setting, 72% of the cases were rated as strengths, and for stability in schools, 77% of the cases were rated as strengths. Practice patterns identified for these cases included children with no changes in school or placement within the past 12 months; children that had no future moves anticipated, except planned reunification, planned step-down in placement or expected grade promotion (which may change school setting).

Patterns in cases that were opportunities included parents or caretakers filing for relief of custody which resulted in a placement change and children with complex behavioral issues demonstrated by the child that caused multiple disruptions in placements. Changes in school placements sometimes were a result of the child's aggressive and/or disruptive behaviors.

Frequently when a home placement change occurs, this will also change the school placement. Efforts are often made so that the school placement can remain the same even though the home placement changed. Of the cases reviewed, in the past twelve months, 21% of children had no placement change and 65% of children had either one or two placement changes. In these cases over the life of the case, 70% of the children had two or fewer placement changes.

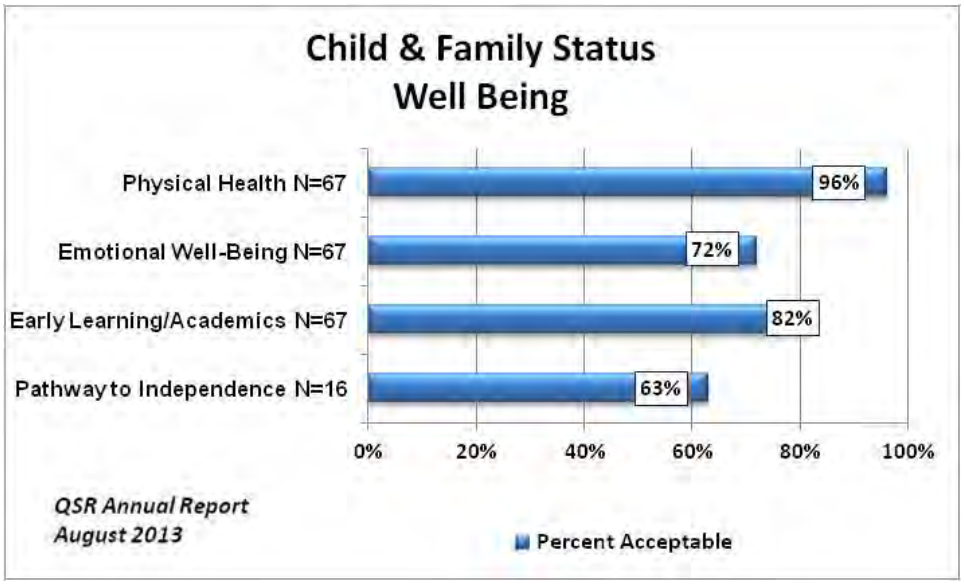
3. **Living Arrangement: the degree to which the child, consistent with age and ability, is living in the most appropriate/least restrictive living arrangement, consistent with needs of the child for family relationships, assistance with any special needs, social connections, education, and positive peer group affiliation. If the child is in temporary out-of-home care, the living arrangement meets the child's needs to be connected to his/her language and culture, community, faith, extended family, tribe, social activities, and peer group.**

For cases rated for the current living arrangement for the child in their home and in substitute caretaker homes, 96% were rated as strengths. Examples of practice strengths included children being placed with foster parents that support the ongoing relationship between the child and their child's birth family to include relatives and siblings. The practice of placing children with relative caretakers is also a notable strength because the relative placements support the child's language, culture and community. The strength of these placements meet the children's basic, special and emotional needs.

4. Permanency: the degree to which the confidence level of those involved (child, parents, caretakers, others) that the child is living with parents or caretakers who will sustain in this role until the child reaches adulthood and will continue onward to provide enduring family connections and supports in adulthood.

Permanency is indicated as a strength in 63% of cases reviewed. Practice strengths include: children residing in their birth home with plans to remain in the home; legal permanence achieved for children through adoption and/or relative custody; and all service providers working to achieve permanence for children.

Common patterns identified for cases with opportunities regarding permanency include: placement uncertainty due to inability to determine the parent's ability to provide safety and protection for a child; cases with no progress with the current permanency plan or with a concurrent plan; and permanency plans that are unclear, not appropriate or unrealistic. In some cases, the review indicated a lack of communication between service providers resulting in working towards different permanency outcomes for the child and family.



5. Physical Health: The degree to which the child is achieving and maintaining positive health status. If the child has a serious or chronic physical illness, the child is achieving his/her best attainable health status, given the disease diagnosis and prognosis.

Attention to the physical health and medical needs of children is a strength in 96% of cases reviewed. Practice strengths indicated in these cases included current physical and dental exams for children as well as up-to-date immunizations. In most cases, the child's growth and weight appear within age appropriate expectation. In some cases, the child, despite having complicated medical needs, has good health status and their medical needs are being addressed and monitored.

6. Emotional Well-Being: The degree to which consistent with age and ability, the child is displaying an adequate pattern of attachment and positive social relationships, coping and adapting skills, and appropriate self-management of emotions and behaviors.

Emotional Well-Being results indicate that 72% of the cases scored as strengths. In these cases, children demonstrate adequate emotional development consistent with their age and ability with no mental health issues or diagnosis of concern. Some children exhibit appropriate attachment, coping and adapting skills for their situation and some children are successfully addressing diagnoses with medication management and therapy.

Examples of cases that scored as opportunities included children who cannot self-regulate emotions, exhibit temper tantrums, have emotional outbursts, and regressive behaviors. Children in some of these cases have not had an adequate assessment with appropriate service delivery to address their emotional and mental health needs.

7. Learning & Development: The age of the child determines if this indicator is scored as "Early Learner", under the age of 5, or as "Academic Status", age 5 and older. The early learning indicator measures the degree to which the child's developmental status is commensurate with age and developmental capacities by assessing whether the child's developmental status in key domains is consistent with age- and ability- appropriate expectations.

The academic status indicator assesses the degree to which the child (according to age and ability) is regularly attending school; placed in a grade level consistent with age or developmental level; actively engaged in instructional activities; reading at grade level or IEP expectation level; and meeting requirements for annual promotion and course completion leading to a high school diploma or equivalent.

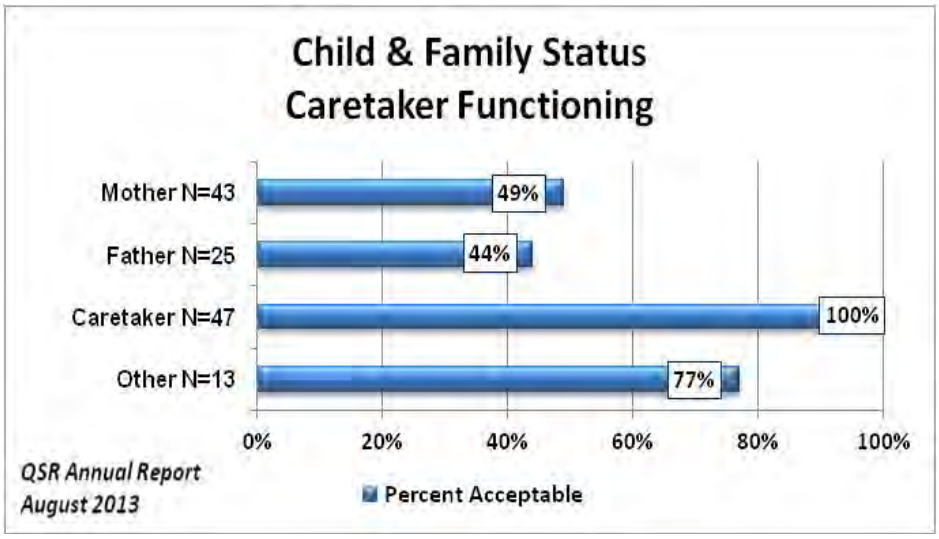
For Learning and Development, 82% of the cases scored as strengths. Strengths for children five years and younger (30% of the sample) indicated that they are developmentally on target for speech, language, motor skills, and developmental milestones. Some of these children are in daycare and/or pre-kindergarten settings. For academic status of school age children, strength characteristics include, children meeting academic targets for their grade and receiving services and supports such as tutoring to meet grade requirements. In the sample, 22% of the children were receiving special education services and had an Individualized Education Plan (IEP) and they are progressing and meeting all expectations of their IEP according to their age and ability. There were three children in the sample that were attending community college.

Common patterns for cases that are opportunities include: children that were behind a grade level due to multiple placements, and children having difficulty staying on task and focusing in school. Also contributing to academic delays are children who are not attending school regularly. The need for accommodations for these academic delays and special needs had not been addressed in these cases.

8. Pathways to Independence (14 or older and in foster care): The degree to which, according to age and ability, the youth is gaining skills, education, work experience, connections, relationships, income, housing, and necessary capacities for living safely and functioning successfully independent of agency services. It also assesses whether the youth is developing long-term connections and informal supports that will support him/her into adulthood.

There were 16 (24%) children, that were 14 and older, and 63% of these cases scored as a strength for Pathways to Independence. In these cases, transitional living plans were completed for children including goals to learn daily living skills such as household chores, budgeting, social skills, and job-skills training to obtain employment. Two children with developmental delays are obtaining skills to live independently from the agency from the Division of Rehabilitative Services and vocational training. There were three children who had the goal of Independent Living and were attending community college and two of these children are living in independent living placements.

For cases that scored as an opportunity, case practice shows that transitional living plans are not completed or the plans include unrealistic goals and life expectations for the youth. Several children were 17 years old and were just beginning to address independent living issues with few plans and no connections with informal supports when they exit care.



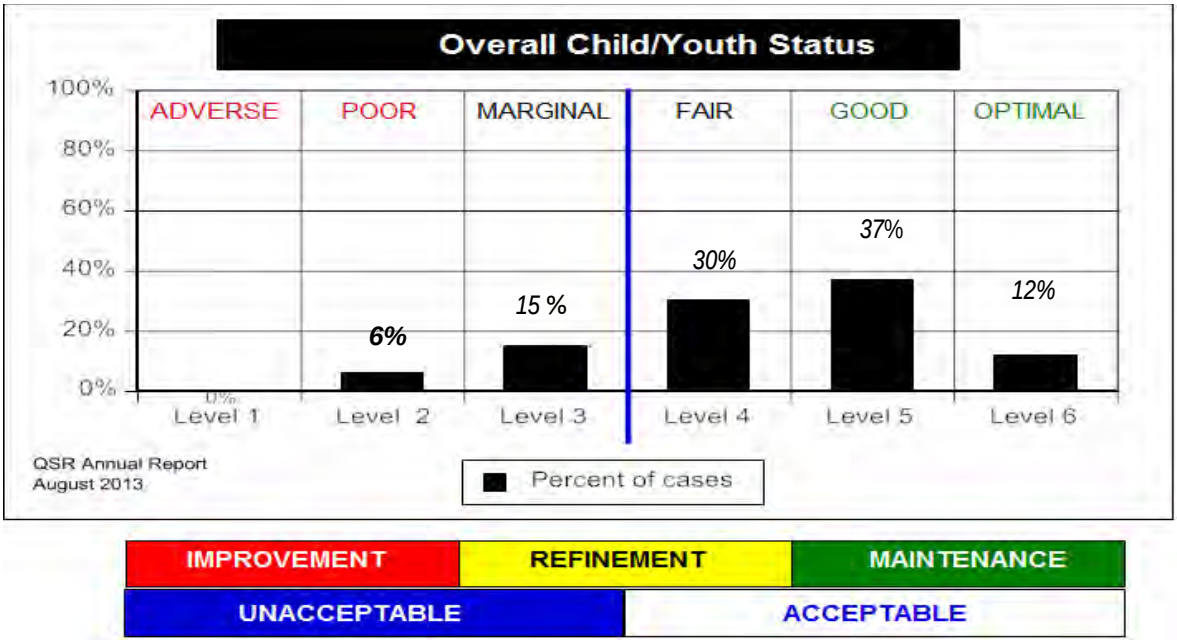
9. Parent & Caretaker Functioning: The degree to which the parent or caretaker with whom the child is currently residing and/or has a goal of permanency is/are willing and able to provide the child with the assistance, protection, supervision, and support necessary for daily living. If added supports are required in the home to meet the needs of the child and assist the parent or caretaker, the added supports are meeting the needs.

Results indicate strengths in parent and caretaker function for 49% of mothers, 44% of fathers, 100% of substitute caretakers and 77% of relative caretakers. Some patterns found for these cases include mothers and fathers that are demonstrating appropriate emotional connection and parenting skills and responding to interventions and services offered. Foster parents are providing acceptable homes and in several cases taking an active role in wrap around services for the children and parents. Grandparents have been the main category of relative caretakers; they have been able to meet the needs of the child and serve as role models and informal supports for mothers and fathers.

The characteristics of cases that scored as opportunities include: mothers and fathers with substance abuse issues, mental health problems, effects of poverty including homelessness, and criminal justice issues that compromises their ability to parent effectively for home stability. In some cases, mother and fathers are just beginning to address service plan goals*.*

When mothers and fathers receive comprehensive assessments to determine the underlying needs then they can be provided the needed supports, services and community resources that will result in their improved parental functioning.

Summary of Child and Family Status Indicators and Six Point Analysis



The chart above is a composite view of each of the nine indicators that make up the child and family status. This chart gives a visual of the three zones of scoring, Improvement, Refinement and Maintenance. The level ratings of 1 to 6 are used when scoring the case to determine if the case practice needs to be improved, refined, or maintained. Overall, child and family status indicators are strong with 79% of the cases scoring in the acceptable range as strengths. Some practice refinement for the cases scoring in the level 3 would result in a significant impact to the overall Child and Family Status scores to 94% and improve child and family outcomes.

Children are safe from abuse, neglect, and exploitation by others in their substitute homes, schools and other daily settings and they attempt to avoid using behaviors that may put themselves or others at risk. Children are relatively stable in their home, out-of-home and school settings. The children reviewed in the sample are achieving and maintaining positive health and emotional status. The children are participating in developmental, educational and/or vocational programs and are meeting educational expectations, consistent with their age and abilities.

Opportunities exist in the indicator areas of Pathways to Independence, Permanency, and Caretaker Functioning for mothers and fathers. Opportunities exist to engage youth (14 year and older) in completing transitional living plans, exploring the educational and training options of interest to the youth, establishing positive and permanent connections with informal supports that will endure to adulthood. Caretaker functioning is an opportunity for mothers and fathers with complex issues of substance abuse, mental health issues and poverty and homeliness. Services to address these complex issues will assist them in building acceptable parenting capacities so that they can do what is required to meet the needs of their child and demonstrate an adequate pattern of parent functioning. Permanency can be impacted by effective engagement, teaming and planning for safe case closure; enhancements in these areas will help establish attainable permanency goals and improve permanency outcomes.

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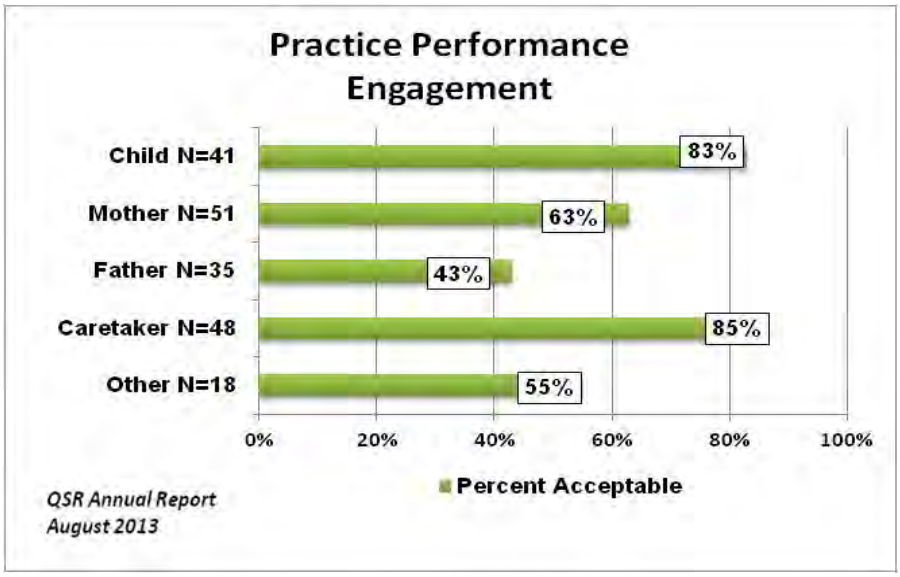
Detailed Results

Practice Performance Indicators

The following eleven indicators measures the extent to which core practice functions are applied acceptably by practitioners and others who serve as members of the child and family team. The bold font below defines the indicator which is followed by an explanation of the graphs and the results of the reviews.

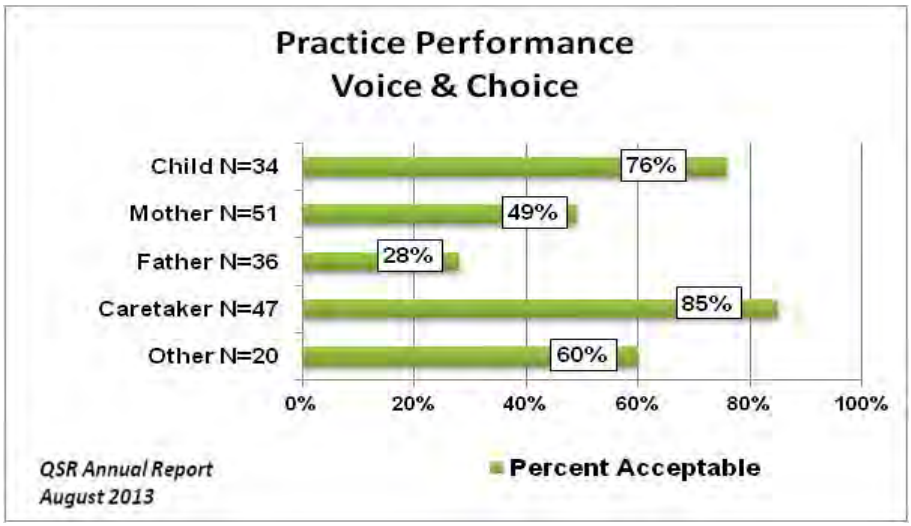


1a. **Engagement Efforts: The degree to which those working with the child and family (parents and other caretakers) are finding family members who can provide support and permanency for the child; developing and maintaining a culturally competent, mutually beneficial trust-based working relationship with the child and family; focusing on the child's and family's strengths and needs; being receptive, dynamic, and willing to make adjustments in scheduling and meeting locations to accommodate family participation in the service process, including case planning; and offering transportation and childcare supports, where necessary, to increase family participation in planning and support efforts.**

Results for Engagement Efforts indicate strengths for 83% of children, 85% of substitute caretakers, 63% of mothers, 43% of fathers and 55% of others which includes grandparents and extended family. In these cases, consistent efforts were made to engage the child and the substitute caretaker through quality visits, meetings, court hearings, and telephone contact. Efforts were made by the agency and members of the team to form a trust-based working relationship with the substitute caretakers and the child, focusing on the child's strengths and needs. Those working with the family kept the parents informed of their child's school and therapy activities, invited them to Family Partnership meetings and maintained some contact through telephone calls and letters.

The review indicated practice opportunities for improving the engagement of mothers and fathers. There is an opportunity for agencies and service providers to make concerted efforts to initially engage parents in the case and keep them involved in the case, including their participation in the creation of the service plan. In some cases, the attempts of engagement of the biological parents occurred only at court, and often there was little flexibility in the arrangement of meetings and services to accommodate the parent regarding their work schedule. Agency planning decisions were sometimes made on the past history of families without identifying their current needs and strengths.

When families are engaged for planning and service delivery, child and family status outcomes can be improved and cases can move closer to permanency and safe case closure. Engagement is a core concept of the VA Practice Model, "We engage families in a deliberate manner" and "engagement is the primary door through which we help children and families make positive changes".



1b. Voice & Choice: The degree to which the child, parents, family members, and caretakers are active ongoing participants (e.g., having a significant role, voice, choice, and influence) in shaping decisions made about child and family strengths and needs, goals, supports, and services.

For voice and choice, 85% of substitute caretakers and 76% of children were rated as strength and 49% of mothers and 28% of fathers were rated as strength. Others in these cases include grandparents and extended family and they as a group were rated as strengths in 60% of cases reviewed

Patterns of practice strengths indicate that children were engaged as active participants in their case planning by attending meetings and were able to voice their opinions regarding their services and permanency planning. Some parents felt they were part of the team planning process and trusted those proving services to their child and family. Substitute caretakers felt supported by the agency and were contributing participants in the planning for the child in their care.

Themes present in cases that scored as opportunities included children that were not participants in team meetings or were not involved in the planning and decision making process. In some cases, parents were either not contacted in order to participate in service planning or they had no voice in case planning because the case plan was developed without their input. Several grandparents and relative caretakers indicated that they had minimal to no voice regarding case decisions and their input in the case were not sought by the caseworker.

2. Teaming: The degree to which appropriate family team members have been identified and formed into a working team that shares a common "big picture" understanding and long-term view of the child and family. This indicator also assesses whether team members have sufficient craft knowledge, skills, and cultural awareness to work effectively with the child and family. Members of the family team have a pattern of working effectively together to share information, plan, provide, and evaluate services for the child and family. There is no fixed formula for team size or composition. The team should have the authority to act and ability to assemble supports and resources on behalf of the child and family.

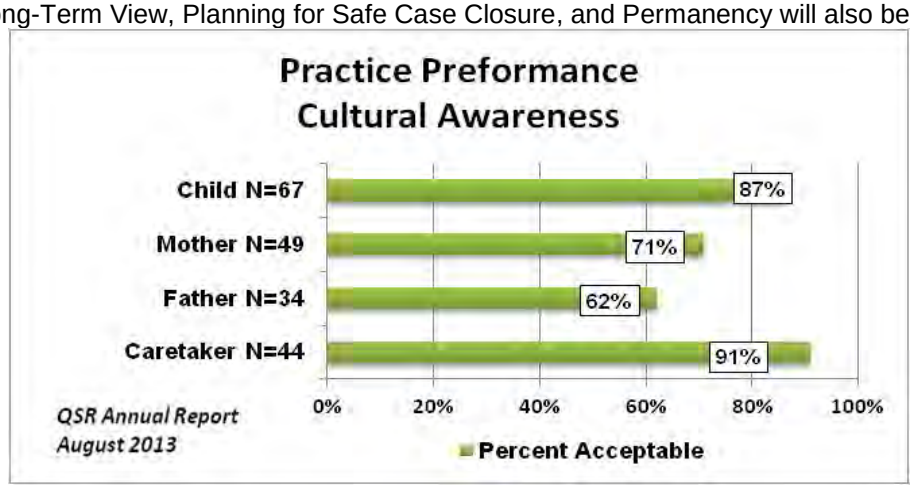
Team Formation
Results for team formation indicate that 45% of the cases reviewed were found to be a strength. In these cases team members were identified and included family members, service providers and other informal supports. Many of the members of the team had good skills, ability and family knowledge necessary to arrange effective services for the child and family. There were over 13 different agencies that were identified as active participants at many of the family team meetings.

Some patterns present in cases that scored as opportunities included cases where teams did not exist or where teams did not have service providers and family supports present that could have positively impacted the case. In some cases parents and foster parents were missing or were not included on the team; and service providers were not organized for common goals or outcomes.

Team Functioning:
Results for team functioning indicate that 37% of the cases reviewed were found to be a strength. In these cases, team members reported being kept informed of the case and met on a regular basis throughout the life of the case to work toward a common goal for the child and family.

Team functioning is an area of opportunity and results indicate that over half of the cases reviewed, case information is not being shared and service providers are working in silos independent of each other. There are some teams that lacked a shared and unified understanding of the child's long-term plan and some team members that did not have sufficient knowledge about the families' issues and underlying needs.

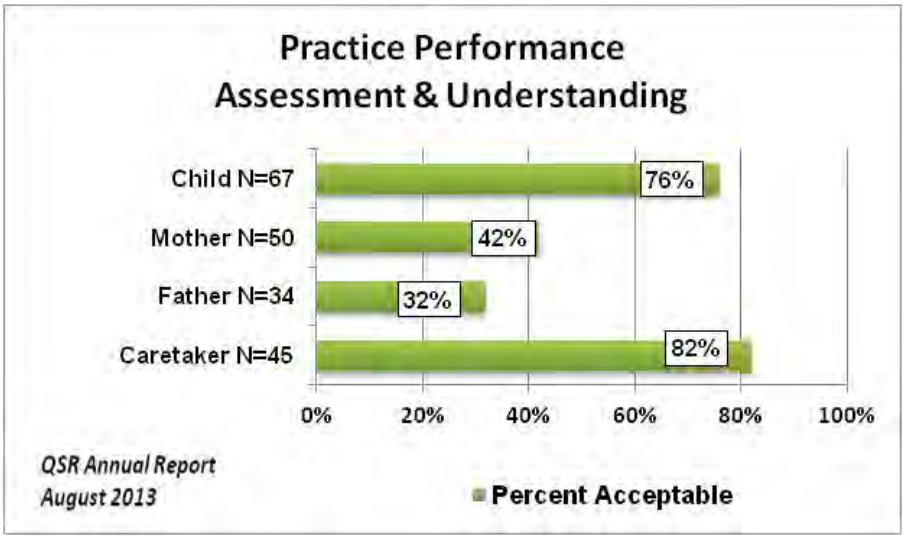
Family Partnership Meetings have been utilized in 66% of the cases reviewed for this QSR. These meetings were used at key decision points such as when the case was determined to be high or very high risk (25%), after the removal from the home (25%) or prior to change in the goal (25%). When teams work effectively together and share information then they are able to develop goals, strategies and interventions in support of a realistic permanency outcome. By enhancing the functioning of a team, the outcomes for areas such as Assessment and Understanding, Long-Term View, Planning for Safe Case Closure, and Permanency will also be impacted.



3. Cultural Awareness & Responsiveness: The degree to which any significant cultural issues, family beliefs, and customs of the child and family have been identified and addressed in practice (e.g., culture or poverty, urban and rural dynamics, faith and spirituality, child culture, etc.) and, if necessary, whether the natural, cultural, or community supports appropriate for this child and family are being provided. Necessary supports and services provided are being made culturally appropriate via special accommodations in the engagement, assessment, planning, and service delivery processes being used with this child and family. This indicator is applied to all families.

Results indicate that cultural issues are addressed and were rated as strengths for children (87%), substitute caretakers (91%), mothers (71%) and fathers (62%). Strengths in practice indicate that children were paired with therapists of the same gender and the child's family customs (and in one case a child's sexual identity) was supported by special accommodations in services. Foster parents also supported cultural, spiritual and biological family connections for the child. Service providers were found to be culturally appropriate and responsive to the cultural needs of families and children.

There are opportunities to improve training and support for foster parents caring for children of a different culture. Further opportunities exist to recognize and respect the family's cultural identity, values, and beliefs for the purpose of planning and the provision of services. In some cases, there was no evidence of any attempts to address cultural issues or the dynamics of the children and to recognize the cultural heritage of the child. In some of those same cases, children expressed not having a sense of belonging in their placements.

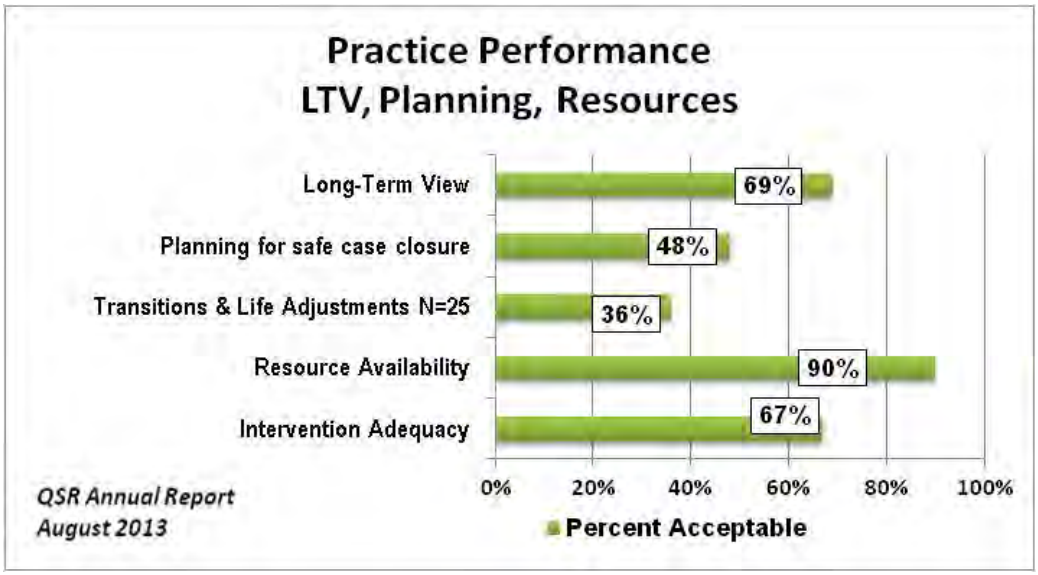


4. Assessment & Understanding: The degree to which those involved with the child and family understand: (1) their strengths, needs, preferences and underlying issues; (2) what must change for the child to function effectively in daily settings and activities and for the family to support and protect the child effectively; (3) has developed an understanding of what things must change in order for the child and family to achieve timely permanence, and improve the child/family's well-being and functioning; (4) the "big picture" situation and dynamic factors impacting the child and family sufficiently to guide intervention; (5) the outcomes desired by the child and family from their involvement with the system; and (6) the path and place by which permanency will be achieved for a child who is not living nor returning to the family of origin.

Strengths for assessment and understanding include substitute caretakers (82%) and children (76%). Strengths in practice indicate that children received both formal and informal assessments and their underlying needs were fully understood by members of the team. Also children's assessments were continuously updated and the child's developmental needs were recognized and addressed in order to move the case forward. Foster parents were assessed in order to provide any necessary interventions or supports for them to meet the needs of the child.

Some opportunities exist to strengthen practice through obtaining a clear comprehensive assessment of the child's underlying needs, including past trauma and current needs. Practice opportunities also exist around sharing appropriate information that was obtained from assessments among service providers involved in the case in order to address the child's behaviors.

Assessment and understanding for mothers and fathers is an opportunity and results indicate that for 42% of cases involving mothers and 32% of cases involving fathers were rated as strengths. The practice of these cases indicate that there have been some informal assessments of parents made through letters, telephone contacts and service provider information or home visits. In many parent cases there have been minimal to no formal assessments completed to understand parent's level of functioning, strengths, risks, and underlying needs requiring interventions or supports. Trauma informed assessments were needed for some parents as well as the delivery of trauma informed practice and services. Stronger assessment and understanding of needs of parents will lead to better interventions and services, thus affecting caretaker functioning and ultimately impacting outcomes such as permanency.



5. Long-Term View: For the child and family the degree to which there is stated, shared and understood safety, well being, and permanency outcomes and functional life goals. These outcomes and goals specify required protective capacities, desired behavior changes, sustainable supports, and other accomplishments necessary for the child and family to achieve and sustain adequate daily functioning and greater self sufficiency necessary for safe case closure.

In 69% of cases, the long- term view indicator scored as a strength. Strengths in practice included service providers and professionals sharing a big picture understanding of the child's permanency plan and the progress towards safe case closure. Child and Family Teams developed a plan to ensure all the family and those working with the family understood what goals and outcomes needed to accomplished safe case closure.

One theme present in cases with opportunities include the long term goal not clearly being defined resulting in team members with different views on permanency goals for the child and family. In some cases, gaps existed in the definition of goals and outcomes needed for the child and family to achieve adequate functioning and independence from the agency for safe case closure.

6. Planning for Safe Case Closure: The degree to which the planning process is individualized and matched to the child and family's present situation, preferences, near-term needs, and long-term view for safe case closure. It provides a combination and sequence of strategies, interventions, and supports that are organized into a holistic and coherent service process providing a mix of services that fits the child's and family's evolving situation so as to maximize potential results and minimize conflicts and inconveniences.

Of the cases reviewed, 48% of the cases scored as strengths regarding planning for safe case closure. In these cases the planning process for the families are specific and matched to the long term view that will allow the family to achieve independence and permanency. In these cases agencies have connected the family to resources and supports in the community for them to utilize after the case is closed.

Some opportunities for practice improvement relate to plans that were either limited or nonexistent to achieve permanency and case closure. Sometimes lack of communication with service providers and caseworkers resulted in various different plans and confusion in goals and permanency planning. Additionally, the safety goals and path to safe case closure are not clearly known to the family or service providers in these cases.

7. Planning for Transitions & Life Adjustments: the degree to which the current or next life change transition for the child and family is being planned, staged, and implemented to assure a timely, smooth, and successful adjustment for the child and family after the change occurs. Plans and arrangements are being made to assure a successful transition and life adjustment in daily settings. There are well-planned follow-along supports provided during the adjustment period occurring after a major change is made in a child's life to ensure success in the home or school situation.

Results indicate that in 36% of cases, Planning for Transitions and Life Adjustments are identified as strengths. In these cases teaming occurred when there was a change in the case, a change in the worker assigned to the case or when there was a placement change to facilitate a smooth transition.

Practice opportunities include minimal time given to prepare the child for change in placements and schools or prepare the child and family for a change in case permanency goal. In order for transitions to be successful, transition plans and arrangements should be well coordinated efforts assisting the child to prevent breakdowns in services and prevent any adverse effects on the child and/or family.

8. Resource Availability: the degree to which supports, services, and resources (both informal and formal) necessary to implement change strategies are available when needed for/by the child and family. Any flexible supports and unique service arrangements (both formal and informal) necessary to meet individual needs in the child's plan are available for use by the child and family on a timely, adequate, and convenient local basis. Any unit-based and placement-based resources necessary to meet goals in the child's plans are available for sure by the child and family on a timely and adequate basis.

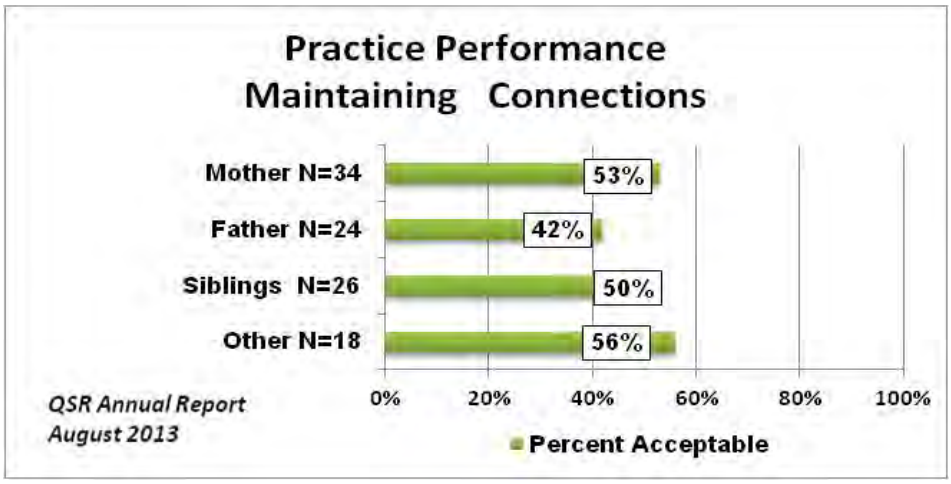
Results indicate that 90% of the cases had sufficient resources available to meet the child's and family's needs. Strengths in practice indicate that informal and formal supports are being utilized to assist the child and family in reaching acceptable levels of functioning. There were competent community service providers that were culturally responsive and appropriately matched to the needs of the child and family.

Opportunities identified the unavailability of needed services in some localities and some resources that were limited or not culturally matched to meet the needs of some families in the community. Transportation needed to access services was also a barrier.

9. Intervention Adequacy: the degree to which planned and accessible intervention strategies, services, and supports being provided to the child and family have sufficient power (precision, intensity, duration, fidelity, and consistency) and beneficial effect to produce results necessary to meet near-term needs and achieve outcomes that fulfill the long-term view for safe case closure.

Cases reviewed for intervention adequacy indicate that 67% are considered strengths. Strengths in practice included strong interventions that were helping the child and families to make good progress sufficient to meeting their needs to work toward their planned outcomes. Services were also appropriately matched for the child and family.

Opportunity for improvements in practice includes appropriately assessing the needs of the family so that interventions are adequately matched to underlying needs of the family to meet outcomes. Ensure that there is not a duplication of services by providers or that that interventions are not underpowered to meet identified needs.



10. **Maintaining Connections: The degree to which interventions are creatively building and maintaining positive interactions and providing emotional support between the child and his/her parents, siblings, relatives, and other important people in the child's life, when the child and family members are temporarily away from each other.**

Results indicate strengths for maintaining connections for mothers (53%), siblings (50%), fathers (42%), and others (56%) which include extended family including grandparents and relatives. In these cases sibling groups were placed together and visits were occurring between children and parents. Children were able to maintain relationships with extended family through participation in community events, church and holiday gatherings and school related activities.

There is an opportunity for practice improvement in maintaining connections between the child and their siblings, mothers, fathers, and other relatives to include extended family or fictive kin. In these cases, siblings were placed in separate homes and had little to no contact with their siblings, and there was minimal to no contact with parents or extended family.

For cases with siblings placed separately 16% of the children were able to visit siblings at least monthly and in 25% of the cases sibling visits occurred less than monthly. Of the 34 applicable cases for visits with mothers 28% of children were able to visit at least monthly and for 22% of the children visits with mothers was less than monthly. Of the applicable cases with fathers 19% of the children visited their father at least monthly and an additional 19% of children visited less than monthly with their father.

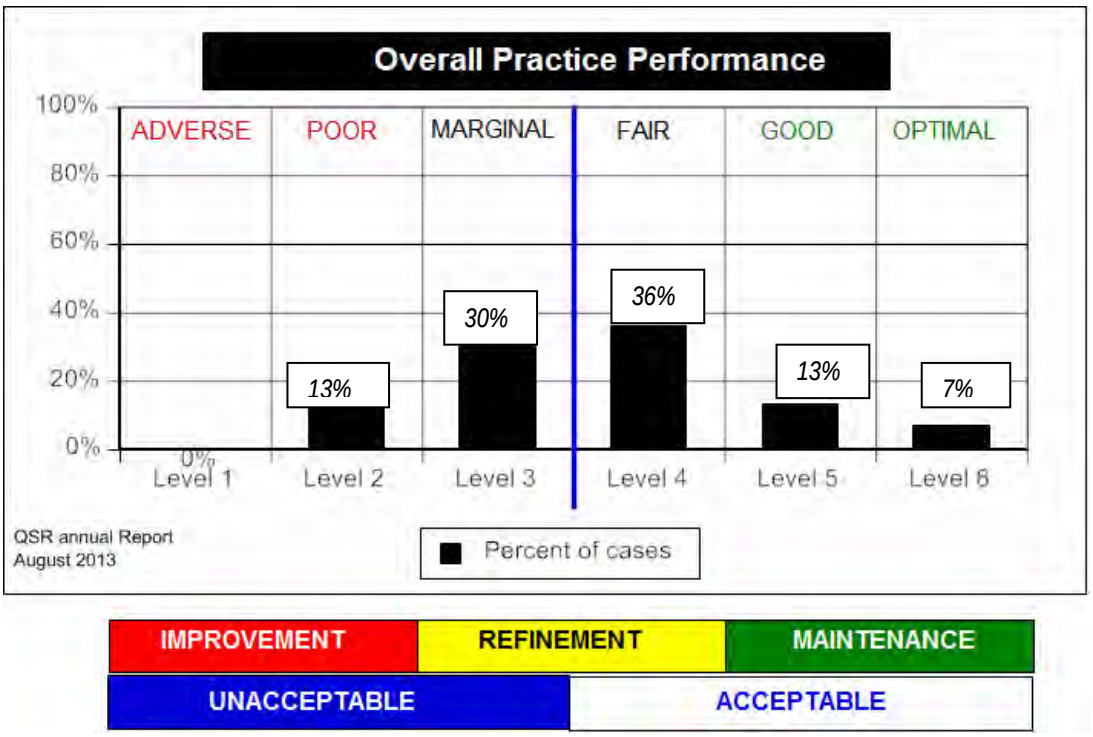
When children are living away from their parents and/or siblings, it is important to provide opportunities for frequent and appropriate contact with one another and with other important people in their life. When this occurs, it promotes the preservation of the family and successful reunification of the child and their parents and natural support.

11. Tracking & Adjustment: the degree to which the team routinely monitors the child's and family's status and progress, interventions, results and makes necessary adjustments. Strategies and services are evaluated and modified to respond to changing needs of the child and family. Constant efforts are made to gather and assess information and apply knowledge gained to update planned strategies to create a self-correcting service process that leads to finding what works for the child and family.

Results from cases reviewed, indicate that in 70% of cases regular tracking of case status is a strength and for the adjustment indicator, 58% have common patterns of strengths in practice. This includes maintaining situational awareness regarding changes of both the child and family, ongoing monitoring of services and then changing services and supports to meet the child and/or families needs. Strong child and family teams that are knowledgeable about family issues and make adjustments to interventions for the family contribute to strengths for this indicator.

Some opportunities to improve practice include case planning that did not change based on the recommendations of assessments or service providers; services that are not available or did not begin in a timely manner; and cases that were open for several years with minimal progress or where progress is hindered due to legal systemic issues. A strong team will monitor, track and adjust case progress or regression, thus affecting the adequacy of the interventions and ultimately impacting permanency and good outcomes.

Summary of Practice Performance Indicators and Six Point Analysis



The chart above is a composite view on two levels of the rating of the eleven indicators that make up the practice performance. The level ratings of 1 to 6 are used when scoring the case to determine if the case practice needs to be improved, refined, or maintained. Overall, practice performance has 57% of cases as a strength within the acceptable range. With some practice reforms, 30% of the cases at level 3, marginal, could move to the acceptable range to increase an overall practice performance rating of 87%

Results indicate strong engagement of children and substitute caretakers and allowing them to have a voice in the decision making regarding case and service planning. Families are being recognized as being unique in their belief and value systems; those working with the family have assessed and respected their culture by accommodating and providing services that meet the diverse needs of the child and family. Available resources in the community are helping children and families to access services that they need to affect change to move the case forward to permanency and case closure.

There is an opportunity in practice to fully engage mothers and fathers in multiple practice indicators. Their presence and voice is vital in forming a family team and adequate assessment of their underlying needs can impact outcomes. When mothers and fathers are active participants in their case plan and service delivery then those working with them can assess and understand their underlying needs.

Cases in this review often had a permanency plan or an identified Long Term View of a case however the cases often stalled because of a lack of a well crafted clear plan and methods to track and adjust as necessary so that the child and the family can be sustained to function independently from the agency for successful case closure.

Finally, improvement can be made to maintaining quality connections between children and their siblings as well as their parents and other significant family members. Maintaining these connections and emotional bonds is important to for family ties and relationships that will last for a child into adulthood.

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APPENDIX A
VIRGINIA CHILDREN'S SERVICES PRACTICE MODEL
Comparison to
Quality Service Review Protocol

We believe that all children and youth deserve a safe environment.	Quality Service Review Protocol Elements
1. Child safety comes first. Every child has the right to live in a safe home. Ensuring safety requires a collaborative effort among family, agency staff, and the community.	▪ Child & Family Status Indicators o 1a - Exposure of Threats to Harm o 1b - Risk to Self/Others ▪ Practice Performance Indicators o 1a - Engagement o 1b - Role and Voice o 2 - Teaming o 4 - Assessment and Understanding o 5 - Long-Term View for Safe Case Closure o 6 - Planning for Safe Case Closure
2. We value family strengths, perspectives, goals, and plans as central to creating and maintaining child safety.	
3. In our response to safety and risk concerns, we reach factually supported conclusions in a timely and thorough manner.	
4. Participation of parents, children, extended family, and community stakeholders is a necessary component in assuring safety.	
5. We separate caregivers who present a threat to safety from children in need of protection. When court action is necessary to make a child safe, we use our authority with respect and sensitivity .	
We believe in family, child, and youth-driven practice.	**Quality Service Review Protocol Elements**
1. Children and families have the right to have a say in what happens to them and will be treated with dignity and respect. The voices of children, youth and parents are heard, valued, and considered in the decision-making regarding safety, permanency, and well-being.	▪ Child & Family Status Indicators o 1a - Engagement o 1b - Role and Voice o 2 - Teaming o 3 Cultural Awareness and Responsiveness ▪ Practice Performance Indicators o 10 - Maintaining Quality Connections
2. Each individual's right to self-determination will be respected.	
3. We recognize that family members are the experts about their own families. It is our responsibility to understand children, youth, and families within the context of their own family rules, traditions, history, and culture.	
4. Children have a right to connections with their biological family and other caring adults with whom they have developed emotional ties.	
5. We engage families in a deliberate manner. Through collaboration with families, we develop and implement creative, individual solutions that build on their strengths to meet their needs. Engagement is the primary door through which we help families make positive changes.	
We believe that children do best when raised in families.	**Quality Service Review Protocol Elements**
1. Children should be reared by their families whenever possible.	▪ Child & Family Status Indicators o 2 - Stability o 3 - Living Arrangement o 4 - Permanency o 8 - Pathway to Independence
2. Keeping children and families together and preventing entry into foster care is the best possible use of resources.	

3. Children are best served when we provide their families with the supports necessary to raise them safely. Services to preserve the family unit and prevent family disruption are family-focused, child- centered, and community-based.	**o** 9 - Parent and Caretaker Functioning ▪ Practice Performance Indicators o 1a - Engagement o 1b- Role and Voice o 2 - Teaming o 3 - Cultural Awareness and Responsiveness o 4 - Assessment and Understanding o 7 - Planning for Transitions and Life Adjustments o 8 - Resource Availability o 10 - Maintaining Quality Connections
4. People can and do make positive changes. The past does not necessarily limit their potential.	
5. When children cannot live safely with their families, the first consideration for placement will be with kinship connections capable of providing a safe and nurturing home. We value the resources within extended family networks and are committed to seeking them out.	
6. When placement outside the extended family is necessary, we encourage healthy social development by supporting placements that promote family, sibling and community connections.	
7. Children's needs are best served in a family that is committed to the child.	
8. Placements in non-family settings should be temporary, should focus on individual children's needs, and should prepare them for return to family and community life.	
We believe that all children and youth need and deserve a permanent family.	Quality Service Review Protocol Elements
1. Lifelong family connections are crucial for children and adults. It is our responsibility to promote and preserve kinship, sibling and community connections for each child. We value past, present, and future relationships that consider the child's hopes and wishes.	▪Child & Family Status Indicators o 2- Stability o 3 - Living Arrangement o 4 – Permanency ▪ Practice Performance Indicators o 1a - Engagement o 4 - Assessment and Understanding o 5 - Long-Term View for Safe Case Closure o 6 - Planning for Safe Case Closure o 7 - Planning for Transitions and Life Adjustments o 11 - Tracking and Adjustment
2. Permanency is best achieved through a legal relationship such as parental custody, adoption, kinship care or guardianship. Placement stability is not permanency.	
3. All planning for children is focused on the goal of preserving their family, reunifying their family, or achieving permanency with another family.	
4. Permanency planning for children begins at the first contact with the children's services system. We proceed with a sense of urgency until permanency is achieved. We support families after permanency to ensure that family connections are stable.	
We believe in partnering with others to support child and family success in a system that is family- focused, child-centered, and community-based.	Quality Service Review Protocol Elements
1. We are committed to aligning our system with what is best for children, youth, and families.	▪Child & Family Status Indicators o 5 - Physical Health o 6 - Emotional Well-Being o 7a or 7b - Early Learning Status/Academic Status
2. Our organization, consistent with this practice model, is focused on providing supports to families in raising children. The practice model should guide all of the work that we do. In addition to practice alignment, infrastructure and resources must be aligned with the model. For example, training, policy, technical assistance and other supports must reinforce the model.	

3. We take responsibility for open communication, accountability, and transparency at all levels of our system. We share success stories and best practices to promote learning within and across communities and share challenges and lessons learned to make better decisions.	▪ Practice Performance Indicators o 1a - Engagement o 2 - Teaming o **8 -** Resource Availability o **9 –** Intervention Adequacy o 11 - Tracking and Adjusting
4. Community support is crucial for families in raising children.	
5. We are committed to working across agencies, stakeholder groups, and communities to improve outcomes for the children, youth, and families we serve.	
6. Services to families must be delivered as part of a total system with cooperation, coordination, and collaboration occurring among families, service providers and community stakeholders.	
7. All stakeholders share responsibility for child safety, permanence and well-being. As a system, we will identify and engage stakeholders and community members around our practice model to improve services and supports.	
8. We will communicate clearly and often with stakeholders and community members. Our communication must reinforce the belief that children and youth belong in family and community settings and that system resources must be allocated in a manner consistent with that belief.	
We believe that how we do our work is as Important as the work we do.	
1. The people who do this work are our most important asset. Children and families deserve trained, skillful professionals to engage and assist them. We strive to build a workforce that works in alignment with our practice model. They are supported in this effort through open dialogue, clear policy, excellent training and supervision, formal and informal performance evaluation and appropriate resource allocation.	▪ Practice Performance Indicators o 1b - Role and Voice o 4 – Teaming o **8** – Resource Availability
2. As with families, we look for strengths in our organization. We are responsible for creating and maintaining a supportive working and learning environment and for open, respectful communication, collaboration, and accountability at all levels.	
3. Our organization is focused on providing high quality, timely, efficient, and effective services.	
4. Relationships and communication among staff, children, families, foster parents, and community providers are conducted with genuineness, empathy, and respect.	
5. The practice of collecting and sharing data and information is a non-negotiable part of how we continually learn and improve. We will use data to inform management, improve practice, measure effectiveness and guide policy decisions.	
6. As we work with children, families, and their teams, we clearly share with them our purpose, role, concerns, decisions, and responsibility.	

Appendix B

CRITICAL OUTCOMES AND QSR CROSSWALK

COR Category	COR Measure	Quality Service Review Indicators	
		Child & Family Status	Practice Performance
Transformation Outcomes	% of discharges to permanency	4. Permanency	2. Teaming 5. Long Term View 6. Planning Process
	% congregate care placements	1. Safety 3. Living Arrangements	7. Planning for Transitions & Life Adjustments 8. Resource availability
	% family-based placements	2. Stability 3. Living Arrangement 4. Permanency 9. Parent & Caretaker Functioning	1. Engagement 2. Teaming 3. Cultural Awareness & Responsiveness 5. Long Term View 6. Planning Process 10. Maintaining Quality connections
	% kinship placements		
	% of foster care worker visits	1. Safety 4. Permanency	4. Assessment and Understanding 9. Intervention Adequacy 11 Tracking and Adjustment
CFSR Outcomes	% of reunifications within 12 months	1. Safety 2. Stability 3. Living Arrangement 4. Permanency 9. Parent & Caretaker Functioning	1. Engagement 2. Teaming 3. Cultural Awareness & Responsiveness 4. Assessment and Understanding 5. Long Term View 6. Planning Process 7. Planning for Transitions & Life Adjustments 8. Resource availability 9. Intervention Adequacy 10. Maintaining Quality connections 11. Tracking and Adjustment
	% re-entered within 12 months of reunification		
	% of adoptions within 24 months[3]		
	% of children in care 24+ months discharged to permanency		
	% of children in care < 12 months with 2 or fewer placements		
Safety Outcomes	% of children with founded complaints with no recurrence	1. Safety 9. Parent & Caretaker Functioning	4. Assessment and Understanding 8. Resource availability 9. Intervention Adequacy 11.Tracking and Adjustment
	% of CPS Ongoing contacts made	1. Safety	4. Assessment and Understanding 9. Intervention Adequacy 11.Tracking and Adjustment
	% of attempted/completed contacts made within response priority	1. Safety	1. Engagement

APPENDIX C

A CONTINUUM OF PRACTICE:

FAMILY PARTNERSHIP MEETINGS TO ONGOING ENGAGEMENT AND TEAMING THROUGH THE LIFE OF THE CASE

VA DEPARTMENT OF SOCIAL SERVICES – DIVISION OF FAMILY SERVICES

The goal of all the program areas of the Division of Family Services is to support local agencies to utilize the Virginia Children's Services Practice Model as the foundation of their day to day work with children and families. These principles include:

- Belief that all children and youth deserve a safe environment
- Belief in family, child and youth-driven practice
- Belief that children do best when raised in families
- Belief that all children and youth need and deserve a permanent family
- Belief in partnering with other to support child and family success in a system that is family–focused, child-centered and community based.
- Belief that how we do our work is as important as the work we do.

Building on the Virginia Practice Model, the Quality Service Review provides description and measures for the practice indicators of family engagement, voice and choice for families and team formation and functioning have been shown to improve outcomes for children and families. Below are core concepts for these three indicators.

Core Concepts for Engagement

The central focus of Engagement is on the diligence shown by the team in taking actions to find, engage, and build rapport with children and families and overcome barriers to families' participation. Emphasis is placed on direct, ongoing involvement in assessment, planning interventions, provider choice, monitoring, modifications, and evaluation. Success in the provision of services depends on the quality and durability of relationships between agency workers, service providers, and children and families. To be successful, the child and family's team must:

- Engage a child and family meaningfully and dynamically in all aspects of the service process,
- Recognize their strengths and focus on developing the positive capacities, as well as addressing the diminished capacities in order to build and maintain rapport and a trusting relationship.
- When appropriate and/or necessary, thoughtfully and respectfully conclude the relationship when the case is closed or the intervention goals are achieved.

Strategies for effective case management should reflect the family's language and cultural background and should balance family-centered and strength- based practice principles with use of protective authority. Best practice teaches that team members should:

- Approach the family from a position of respect and cooperation.
- Engage the family around strengths and utilize those strengths to address concerns for the health, safety, education, and well-being of the child.
- Engagement of child and family in case planning and monitoring process, including establishing goals in case plans and evaluating the service process.
- Help the family define what it can do for itself and where the child and family need help.
- Engage the child and family in decision making about the choice of interventions and the reasons why a particular intervention might be effective. This includes discussion of the logistics of getting to and participating in interventions in a manner that is practicable and feasible for the family.

Core Concepts for Voice & Choice

The family change process belongs to the family. The child and family should have a sense of personal ownership in the plan and decision process. Service arrangements are made to benefit children and families by helping to create conditions under which the child can succeed in school and life. Service arrangements should build on the strengths of the child and family and should reflect their strengths, views and preferences. The parent and/or caretaker (as appropriate) have a central and directive role, providing a voice that shapes decisions made by the team on behalf of the child and family. Emphasis is placed on direct and ongoing involvement in all phases of service: assessment, planning interventions, provider choice, monitoring, modification and evaluation.

The child and family should have an active role and voice in developing goals and objectives, as well as in the development and implementation of plans. This includes, but is not limited to:

- Knowing and explaining his/her strengths, needs, preferences, and challenges so that others may understand and assist.
- Understanding, accepting, and working toward any non-negotiable conditions that are essential for safety and well-being.
- Attending team meetings and shaping key decisions about goals, intervention strategies, special services, and essential supports.
- Advocating for needs, supports, and services.
- Doing any necessary follow through on interventions.
- Providing quality and frequent visits between agency worker and the child, mother and father.
- When ICWA (Indian Child Welfare Act) applies, active efforts are required to assure a role and voice for the tribe.
- Child and family satisfaction may be a useful indicator of participation and ownership.

Core Concepts for Teaming

Teaming focuses on the formation and functional performance of the family team in conducting ongoing collaborative problem solving, providing effective services, and achieving positive results with the child and family. There is no fixed formula for team size or composition. Collectively, the team should have the authority to act and ability to assemble supports and resource in behalf of child and family. Team functioning and decision making processes should be consistent with principles of family centered practice and system of care operations. Unity in effort and commonality of purpose apply to team functioning. Present child status, family participation and perceptions, and achievement of effective results are important indicators about the functionality of the team.

Unity of effort, commonality of purpose, and effectiveness in problem-solving = successful teamwork

- **Formation** - Team members should include all available family members, child welfare Family Service Specialist and supervisor, any contracted service provider, health care providers, educational partners, child and parent advocates. When applicable team members should also include mental health professionals, spiritual leaders, caretakers, Guardian ad Litem and CASA volunteers and others as identified. Collaboration among team members from different agencies is essential. Team composition should be competent and have the right balance of personal interest in the family, knowledge of the family, technical skills, cultural awareness, authority to act, flexibility to respond to specific needs, and time necessary to fulfill the commitment to the family.

- **Functioning** - Most importantly the teaming process must develop and maintain unity of effort among all team members. Team members should develop a unified vision of what would have to happen for the case to close. The team must assess, plan, implement and prepare for safe case closure.

Practice Strategies
For Engaging Families, Incorporating Voice and Choice in Decision Making and Teaming

The Family Partnership Meetings (FPM) are one practice strategy for insuring that family engagement, voice and choice and teaming are part of the agency's day to day case work practice. The FPM decision making model was adopted by the state because it incorporates these aspects of practice which have been strongly correlated with improved outcomes for children and families. However, Family Partnership Meetings are only one strategy and generally occur infrequently over the course of a case and, therefore, are not sufficient in and of themselves to insure systems change. Additional strategies are needed.

We are proposing the use of a regular Child and Family Team meeting as a continuation of the work of FPMs. This meeting would include the youth, parents, extended family and all service providers. It would provide a mechanism by which regular review of services and progress would be shared among all the individuals involved in the case and where the family's needs and preferences could routinely inform decision making. In the matrix which follows the FPM and Child and Family meeting are compared and contrasted. The opportunities for family engagement, incorporation of voice and choice and teaming are clear in both, but differences are also highlighted.

Comparison of FPM and CFTM	
Family Partnership Meetings (FPM)	**Child and Family Team Meetings (CFTM)**
Purpose: To involve birth families (parents and extended family members) in all critical case decisions and to insure a network of support for the child and the adults who cares for him/her.	**Purpose:** To involve birth families (parents and extended family members) in on-going case planning, monitoring and adjusting; to insure that all team members have access to all information about the case; to insure that all team members understand the goal(s) of service provision and the current plan to protect the child and to achieve permanency; and to insure a network of support for the child and the adults who cares for him/her.
When: At the point that a critical case decision must be made: potential child removal; potential child placement change (placement disruption or change in FC goal); or reunification.	**When**: Regularly or as often as needed, whichever is soonest. Ideally, meetings will be held at least quarterly and the next one will be scheduled at the end of the current one.
Who: family and extended family; youth; Family Service Specialist; supervisor; family supports as identified by the family; providers (maybe); attorneys (maybe); CASA (maybe); community representative; FPM facilitator.	**Who:** family and extended family; youth; Family Service Specialist; supervisor (maybe); family supports as identified by the family; resource family or placement representative; school representative; all treatment providers ; attorneys; CASA; Probation officer (if applicable), etc.
Logistics: scheduling to maximize parent and family participation; ideally held in neutral location; consider use of conference calling; and transportation and child care should be provided by LDSS.	**Logistics:** scheduling to maximize full team participation, including parents, resources parents and critical extended family members; usually held at LDSS or service provider office; consider use of alternative meeting space and/or conference calling; and transportation and child care should be addressed (meetings are scheduled in advance, so community based or natural resources can be engaged.)
Values based upon: • All families have strengths • Families are the experts on themselves • Families can make well-informed decisions about keeping their children safe when supported • Outcomes improve when families are involved in decision making • A team is more capable of creative and high quality decision making than an individual	**Values based upon:** • All families have strengths • Families are the experts on themselves • Families can make well-informed decisions about keeping their children safe when supported • Outcomes improve when families are involved in decision making • A team is more capable of creative and high quality decision making than an individual
Stages of the Meeting/ Agenda: • Introduction: purpose and goal; introduction of participants; and meeting guidelines. • Identify the situation: Define the concern/ decision to be made. • Assess the situation: safety needs; risk	**Stages of the Meeting/ Agenda**: • Introductions: names and roles • Review of progress: each team member (starting with parents) provides an update of progress made in the last month and which services have been completed and/or treatment goals have been met

concerns; strengths and supports; history of services; participants' perception of the situation; and worker recommendation(s). • Develop ideas: brainstorm in three categories, placement/custody, actions to provide safety, and services to reduce risk. • Reach a decision: consensus based decision (if possible) and addressing agency safety concerns, action plan, and linkage to services. • Recap/closing: review of decision and who will do what; any questions.	• Identification of concerns/ services needing adjustment: each member (starting with parents) addresses areas of concern and/or what is not working well or may need to be adjusted • Review of goal(s): team explores fit between progress, services and goals; team members (including family) make recommendations as to improving fit or clarifying goal(s); next steps identified • Action plan is developed • Next meeting is scheduled
Summary of Differences: • Led by a facilitator • Supervisor as well as Family Service Specialist attend • Family participation is the most critical aspect • Extensive pre-work ensures family is engaged in the meeting process • Formal and informal supports are invited and are part of the team • Agenda and meeting process are standardized and more formal (reflect importance of decision being made) • Outcome is a particular case decision required at that point in the "life of the case"	**Summary of Differences:** • Led by Family Service Specialist • Supervisor does not always attend • Parent participation is critical • Agenda is informal • Outcome is action plan for the next several months leading to permanency