

CWAC minutes September 17, 2010

Members present: Deborah Eves, Janine Tondrowski, Denise Dickerson, BJ Zarris, Jeff Felton, Allison Lowery, Kathy Froyd, Kathy Sauter, Paul McWhinney, Charlotte McNulty, Lori Battin, Melanie Galloway, Betty McCrary, JoAnn Wilson-Harfst, Melissa O'Neill, Pamela Cooper, Rita Katzman, Christie Marra, John Freeman, Jane Crawley, Hayley Cleary, Gary Cullen, Therese Wolf, Mary Dunne Stewart, Wilhelmina Davis, Wenda Singer

Paul McWhinney welcomed the group, provided a brief review of the agenda, and the group provided individual introductions. Mr. McWhinney took a few minutes to recognize how much is being asked of local departments concerning new initiatives. He, along with other divisional staff, appreciates the good work that is taking place with Virginia's children and families. Deborah Eves provided a brief update on the status of the program improvement plan (PIP). The plan has been submitted and should be approved to begin as of October 1, 2010. There is still work to be done around firming up the measurement piece of the PIP. When the PIP is officially approved, it will be posted to the VDSS website along with the most current state data profile.

There was a request from the group for an update on the Fostering Connections Act, especially work around the health plan and educational workgroups. Therese Wolf, Permanency program manager, provided an update. As part of the Fostering Connections legislation, states are required to have a comprehensive health plan for children in foster care. The division formed the Health Plan Advisory Group, which has representatives from the Dept. of Medical Assistance Services, Dept. of Health, pediatricians, dentists, local department workers, CSA coordinators and other VDSS state staff. This group has been meeting for a year and has made efforts to share data across agencies, conduct geographic comparisons of services, and try to take a comprehensive look at health – both mental and physical health. In conjunction with FACES, resource families across the state have received a survey concerning services. One area of focus for this group is global assessments; covering behavioral health, physical health, and mental health. Foster care guidance does not currently recommend a tool for assessment. The group is examining a variety of assessment tools that could be used in the future. The group is also examining how their recommendations will tie in with EPSDT and they are beginning to look at medication management.

The educational workgroup has also been meeting for about a year and is co-chaired by both DFS the Dept. of Education. Fostering Connections has allowed for some IV-E funds to be used to transport children who are in foster care to their home schools. The workgroup has created a form to help with a best interest determination for keeping a child in his/her home school after being placed in foster care. In addition, the group has worked through guidance on conflict resolution concerning children remaining in their home school if there is disagreement between directors and superintendents. The workgroup has had a difficult time gathering data from OASIS on education because it is not common practice, currently, to enter that information into OASIS. There is an effort underway to share data between VDSS and the Dept. of Education. There was a question from the group around tracking children who age out of foster care outside of the National Youth in Transition Database. The answer is there is not a focus on tracking youth who age out at this time. Some localities track their homeless populations and capture some information about former foster children. In Richmond, the non-profit organization Homeward gathers that information.

Ms. Wolf provided information on foster care and adoptive home rate structure. Rate structuring is a uniform process to establish foster care and adoption rates and consistent maintenance payments statewide. With rate structuring in place, Virginia can claim more Title IV-E funds. To help with rate structuring, VDSS has developed the Virginia Enhanced Maintenance Assessment Tool (VEMAT). Guidance is available for the VEMAT as is initial training for VEMAT raters, LDSS, foster and adoptive parents and private providers. Laser has been revamped to collect VEMAT information. Baseline data for rates should be available by October 2010. In addition, there will be a process in place for grandfathering all TFC's by October 2010.

There is still work to be done concerning the VEMAT. Originally, the term additional daily supervision was used; this will be changed to enhanced maintenance. In addition, language around "minimal, moderate, and severe" needed to be expanded. For example, issues of frequency, intensity (or severity) and duration of episodes need to be taken into consideration. The diagnosis of reactive attachment disorder has been removed from the VEMAT and replaced with "behaviors". Additionally, there has been a change to allow increased points, up to the maximum, for children with "catastrophic impairment" who score only in the physical/personal care domain. There are clarifications of expectations for foster parents receiving enhanced maintenance. Guidance will be clearer around the distinction between "caregiver involvement" and "professional intervention" and caregiver involvement in all the child's needs. The expectations are that foster parents will participate in therapy, provide transportation, and complete other activities without reliance on the social worker, as needed. To make the determination process more fair and equitable, there has been a change from 30 days to 60 days to complete the VEMAT. This additional time will allow sufficient time to gather facts as well as provide adequate notification of the meeting. If the rating meeting is not held within 60 days, all payments must shift to CSA until the VEMAT is completed. There is a debate as to whether this should shift to local only funds instead of CSA funds. Changes in payments are made the first day of the subsequent month and there will no longer be retroactive payments.

There is a need to create post finalized adoption guidance. There will be a requirement to use VEMAT if there is a request to increase the maintenance component of an adoptive assistance agreement. There will be a focus on consistency between adoption assistance guidance and VEMAT guidance. Beginning in October, staff will begin to develop VEMAT rater revised curriculum. Regional permanency consultants will be conducting this training. In addition, there will be online training for LDSS staff through the knowledge center and limited training for new workers through the new worker policy training. The online guidance will be developed in October or November. CRAFFT and LDSS resource parent training programs will provide training for foster and adoptive parents. The next steps in this process are to finish the revised guidance. The revised guidance may be preceded by a broadcast concerning the post finalized adoptive guidance. The plan is to automate the tool so it will be web based. Additionally, there is a need to create a rater handbook.

After a short break, Mr. McWhinney opened the floor to Mary Dunne Stewart with Voices for Virginia's Children and Christie Marra with the Virginia Poverty Law Center. Their organizations, along with others, are continuing the work that the former First Lady, Anne Holton, began. Specifically, they are focused on improving results for teens with "alternative" goals, or foster care goals other than return home, adoption, or placement with relative with

transfer of custody. The group is considering proposing legislation that would eliminate Independent Living (IL) as a foster care goal. This does not seek to end independent living services. There had been discussion around eliminating Permanent Foster Care as a goal, but the decision was made to not explore that option at this time. Ms. Marra and Ms. Stewart asked the group for feedback. There was a concern about increasing timeliness to permanency. Since IL is used with older teens, there is a belief that the child would not return home within a 12 month time period. Another concern is that if IL is not an option, workers will choose the goal of Another Planned Permanent Living Arrangement (APPLA).¹ There was discussion about potential fiscal impact. If workers choose Permanent Foster Care instead of IL, services to children would extend to the age of 21. This topic will be presented to the Children's Services subcommittee of the League in October.

BJ Zarris provided the group and update on the Anne E. Casey Foundation (AEC) and Casey Family Program's (CFP) engagement with the Division. CFP is providing funding for several key initiatives including SafeMeasures, redevelopment of our training program, and development of the Quality Service Review. AEC re-engaged in February and will work with Virginia through the end of 2010. Lisa Payne Wells is the team lead with the rest of the team comprised of consultants who are called in to help with specific areas. AEC is providing further support with Managing by Data, Training, Family Engagement, Resource Family Development, and capacity building within the division. Every other month the state staff and regional teams have a phone conference with AEC. On the other months, there are face to face meetings here in Virginia. There is an exchange of ideas and resources that occur during those meetings

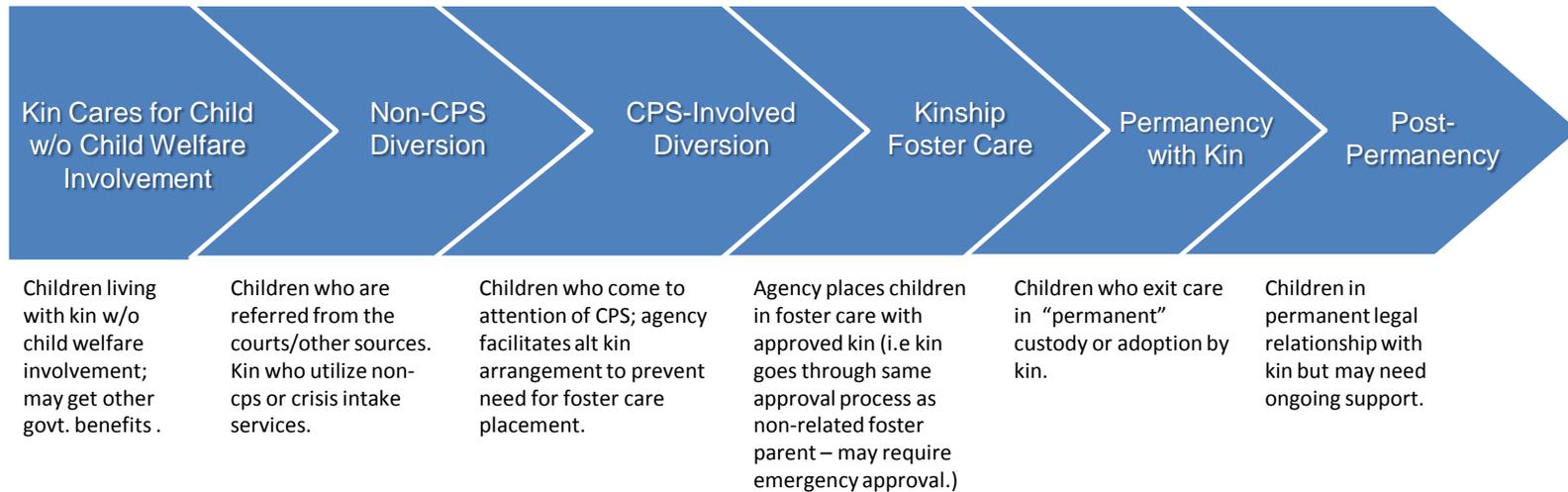
The division, along with support from AEC, has created regional family engagement teams comprised of the regional consultants for permanency, child protective services, and resource families, a CSA technical assistance person, a CRAFFT coordinator, and the regional consultant with Project Life. These teams have been meeting since April and have conducted trainings as well as roundtable events throughout their regions. The focus of the teams is on all areas of family engagement including: family search and engagement, family partnership meetings, family support, and resource family development. There have been trainings around family search and engagement and the next training will be targeted to CPS workers. AEC is going to give Virginia the curriculum for the family search and engagement class and the regional consultants will be tasked with keeping it up to date and providing training as needed.

The Child Welfare Strategy Group, part of AEC, along with Child Trends is working with the division to conduct a study that is focused on learning current practices and philosophies around using kin as a way to prevent bringing children into foster care. The following continuum explains kinship care in Virginia.

¹ The selection of "another planned permanent living arrangement" (§16.1-282.1.a) is appropriate only if the child has a severe chronic emotional, physical or neurological disabling condition for which the child requires long-term residential treatment of six months or longer. More information can be found in the Foster Care manual in Section 7.7 <http://www.dss.virginia.gov/family/fc/manual.cgi>

Understanding prevention & diversion in the context of Virginia’s kinship care continuum supports achievement of improved outcomes for children and families.

VA Kinship Care Continuum



VA can use a continuum to:

- Articulate a clear vision/philosophy for each part of the continuum.
- Lay out a set of questions that need to be answered/addressed at each stage.
- Provide tools and supports to help localities serve kinship care families better.
- Develop materials that help kin evaluate option that works best for their family.

It is AEC's belief, based on experience in many states, that diversion (foster care prevention through kinship placement) is a common practice, sometimes being implemented without sufficient attention to safety, permanency or well-being. There are several assumptions about current common "diversion" practices including: there are minimal safety assessments completed with limited follow up to ensure child safety; there is limited legal authority; services or resources offered to kin; there are not clear plans for permanency; and there is currently no data tracking around re-entry or entry into foster care. Child Trends is going to conduct research in Virginia around use of kin as a "diversion" option. The research will inform as well as help with development of a diversion practice model. Child Trends will conduct telephone interviews with experts in kinship care and conduct site visits to six local departments of social services. The site visits will include interviews with staff and focus groups with kin caregivers, staff, and community stakeholders.

Child Trends will be looking at assessing safety and stability and services and supports for youth, birth parents and kin. They will be exploring whether families are aware of options available to them in or out of the formal system and if child welfare staff has an understanding of those resources as well. They will explore the rights of the birth parents and their role in the decision to place children with kin instead of bringing them into foster care. In addition, they will examine reunification services and support provided to birth families. Child Trends will examine families' cultural beliefs about the role of family and how, or if, government should be involved. They will also examine staff belief about whether family is appropriate for placement and their beliefs about providing resources to families. Finally, they will examine data indicators used to track the outcomes of children diverted, as well as measure to determine subsequent entry into foster care. This is a first of its kind study.

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