CHILD WELFARE ADVISORY COMMITTEE

September 10, 2019
10:00 AM – 1:00 PM
Richmond Memorial Health Foundation
4901 Libbie Mill E Blvd, Suite 210 (Second Floor), Richmond, VA 23230

AGENDA

Welcome and Introductions

PIP Update

COMPASS Mobile App

IV-E Federal Review

Adoption Call to Action

BREAK

Family First Update

In-home Practice Workgroup

IV-E Contract Discussion
Welcome and Introductions

- NAME
- ROLE AND ORGANIZATION
Agenda

- PIP Update
- COMPASS Mobile App
- IV-E Federal Review
- Adoption Call to Action
- BREAK
- Family First Update
- In-home Practice Workgroup
- IV-E Contracting
• Accomplishments to Date

– “Royal We” (about 180 of us)
  • 20 LDSS and 6 Workgroups (as well as regional and state staff)
– Data (about 120 data pulls)
– LDSS Teams (attended 7 in-person meetings and about 10 webinars)
– Regional Teams (about 25 meetings)
– Workgroups (about 100 workgroup meetings)
  • Workgroup Gantt Chart Completed (29 strategies)
  • Full Installation Timeline Finalized
– PIP PIP HOORAY!!! (approved in June- effective 4/1/19)
– Readiness and Accountability (ongoing process)
– Installed Strategies 2.1, 2.3, and 4.1.1
– Achieved 3 out of 10 items
PIP Installation Timeline

- **June 2019**: Safety 2.1 and 2.3
- **August 2019**: Engagement 1.1.1b, Safety 2.1.2
- **December 2019**: Engagement 1.1.1, Safety 2.2.1, Diligent Recruitment 3.2.1, Training 4.1.2
- **February 2020**: DR 2.2.1, Court Community 3.3.1 and 3.3.3 and 3.4.1
- **April 2020**: Engagement 3.1.1b
- **June 2020**: Service Array Engagement 1.1.1e
- **August 2020**: Court Community 3.4.2 and 3.4.3
- **October 2020**: TBD
- **December 2021**: Engagement 3.2.2
Safety Workgroup

• **Safety Practices Strategy 2.1:**
  Ensure victims of maltreatment reports are seen within state guidance timeline requirements.

• **Safety Practices Strategy 2.3:**
  Establish case practices that ensure safety services are provided in investigations, family assessments and In-home cases, and collaborate with partners to address service needs, identify gaps, and reduce barriers.

• **Workforce Strategy 4.1:**
  Provide advanced training to support and enhance supervision skills to include coaching.
## PIP Data Measures Review (CFSR Measurement Periods)

<table>
<thead>
<tr>
<th>CFSR Items Requiring Measurement</th>
<th>Item Description</th>
<th>PIP Baseline</th>
<th>PIP Goal</th>
<th>Measurement Period 1(^8) Performance</th>
<th>Measurement Period 2(^8) Performance</th>
<th>Measurement Period 3(^9) Performance</th>
<th>Measurement Period 4(^9) Performance</th>
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</thead>
<tbody>
<tr>
<td>Item 1</td>
<td>Timeliness of Initiating Investigations of Reports of Child Maltreatment</td>
<td>76.90%</td>
<td>87.50%</td>
<td>68.00%</td>
<td>69.60%</td>
<td>73.90%</td>
<td>71.43%</td>
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<tr>
<td>Item 2</td>
<td>Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care</td>
<td>67.60%</td>
<td>77.90%</td>
<td>60.60%</td>
<td>60.00%</td>
<td>74.20%</td>
<td>71.43%</td>
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<tr>
<td>Item 3</td>
<td>Risk and Safety Assessment and Management</td>
<td>48.60%</td>
<td>56.20%</td>
<td>50.00%</td>
<td>58.60%</td>
<td>58.60%</td>
<td>58.57%</td>
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<tr>
<td>Item 4</td>
<td>Stability of Foster Care Placement</td>
<td>70.50%</td>
<td>79.30%</td>
<td>61.40%</td>
<td>72.70%</td>
<td>86.40%</td>
<td>70.45%</td>
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<tr>
<td>Item 5</td>
<td>Permanency Goal for Child</td>
<td>65.90%</td>
<td>75.10%</td>
<td>72.70%</td>
<td>72.70%</td>
<td>65.10%</td>
<td>74.42%</td>
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<tr>
<td>Item 6</td>
<td>Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement</td>
<td>38.60%</td>
<td>48.00%</td>
<td>38.60%</td>
<td>34.10%</td>
<td>30.20%</td>
<td>27.27%</td>
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<tr>
<td>Item 12</td>
<td>Needs and Services of Child, Parents, and Foster Parents</td>
<td>38.60%</td>
<td>46.00%</td>
<td>27.10%</td>
<td>30.00%</td>
<td>42.90%</td>
<td>32.86%</td>
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<tr>
<td>Item 13</td>
<td>Child and Family Involvement in Case Planning</td>
<td>35.30%</td>
<td>42.70%</td>
<td>29.90%</td>
<td>41.30%</td>
<td>43.80%</td>
<td>34.78%</td>
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<tr>
<td>Item 14</td>
<td>Caseworker Visits With Child</td>
<td>57.10%</td>
<td>64.70%</td>
<td>55.70%</td>
<td>65.70%</td>
<td>64.30%</td>
<td>61.43%</td>
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<tr>
<td>Item 15</td>
<td>Caseworker Visits With Parents</td>
<td>34.40%</td>
<td>42.00%</td>
<td>19.00%</td>
<td>22.40%</td>
<td>41.50%</td>
<td>41.54%</td>
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</tbody>
</table>
People helping people triumph over poverty, abuse and neglect to shape strong futures for themselves, their families and communities.
COMPASS mobile

- On-going User Acceptance Testing (UAT)
- Local Testers participating in on and off-site testing
- Confirmed bi-directional connections between OASIS and mobile
- Collaborated with Security to obtain access to FUSION and email on mobile
- LDSS were informed of their training dates for their sites’ workshop/lab
COMPASS mobile

● Each LDSS will receive communication about registering for their workshop/lab and prerequisites

● On-going presentations/demos at Regional Directors and Supervisors meetings

● Road Shows across the state to provide an informal presentation and demo to supervisors

● Monthly webinars to engage Family Services Specialists

● GO LIVE DATE: OCTOBER 7, 2019
COMPASS mobile

Questions?
2019 IV-E Primary Federal Review

• On-site Review – September 23rd through the 27th, 2019
• Period Under Review – October 1, 2018 through March 31, 2019
• 80 cases randomly selected (20 oversample)
• The cases that are determined for the review are selected from the Adoption and Foster Care Analysis and Reporting System (AFCARS)
• Any case that had at least one IV-E foster care maintenance payment made during the PUR is eligible to be reviewed
• During the primary review, out of the 80 cases reviewed the State is allowed up to four federal case errors
• If five or more federal case errors are found during the primary review, the State will not be in substantial compliance
• State must develop a Program Improvement Plan (PIP)
• State will undergo a secondary review following the completion of the PIP
Secondary Review

• 150 cases are pulled from a new Period Under Review

• State must not exceed the compliance threshold of more than 10 percent in both the federal case error rate and the dollar error rate

• If not in compliance with a secondary review, a disallowance is assessed on the basis of the agency’s total foster care population for the 6 month PUR
QUESTIONS?
Adoption Call to Action Initiative

Call to Action

• The Administration for Children and Families (ACF) are calling on all states to engage in the development of new strategies to achieve timely permanency for these children and youth who are waiting to be adopted.

• According to 2017 AFCARS data, the number of children and youth in foster care who are waiting to be adopted grew to more than 123,000 and of this number almost 70,000 have already had a termination of parental rights.

• Initiative ends November 2020.
Adoption Call to Action Initiative

Three activities have taken place with state leadership:

- **June 28, 2019**: Virtual Kick-off event
- **August 5, 2019**: Regional Discussion
- **August 23, 2019**: In-person summit-day long working session in Washington, D.C. Four persons from each state participated as a team at the summit - CIP representative, Jane Lissenden; Director of Virginia Fosters, Leslie J. Frazier; AD/Foster Care Manager, Em Parente; Adoption Manager, Traci B. Jones
Adoption Call to Action Initiative

Virginia’s strategies:

#1 Infuse Rapid Response Review Tool into LDSS practice (select pilot agencies) and review agency processes for finalizing adoptions

#2 Phasing in 30-60-90 day case reviews

#3 PIP/Court Community Workgroup - education/concurrent planning/use of entrustments/bench cards for judges
Adoption Call to Action Initiative

- **September 2019**: Planning meeting to be scheduled. (Utilize the Permanency sub-committee of CWAC)
- **November 2019**: Virginia Kick-off (Adoption Awareness Month) and pre-work
- **March 2020**: Begin 30-60-90 day case reviews

We need representation to be a part of the planning team: CIP, LDSS, LCPAs, VDSS, Casey Family Programs, CQI.
QUESTIONS?
BREAK – 10 Minutes
Our Vision

The Family First Prevention Services Act aims to keep children safe, strengthen families and reduce the need for foster care whenever it is safe to do so. Family First supports the overarching mission that kids should grow up in a safe, stable and secure family that supports their long-term well-being.

Familyfirstvirginia.com
<table>
<thead>
<tr>
<th>Well-Supported (1)</th>
<th>Supported (2)</th>
<th>Promising (3)</th>
<th>Does Not Meet Criteria</th>
<th>Not Yet Rated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multisystemic Therapy</td>
<td></td>
<td>Methadone Maintenance Therapy</td>
<td>Children's Home Society of New Jersey Kinship Navigator Model</td>
<td></td>
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<tr>
<td>Functional Family Therapy</td>
<td></td>
<td></td>
<td>Multisystemic Therapy for Child Abuse and Neglect</td>
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<tr>
<td>Nurse Family Partnership</td>
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<td>Parents as Teachers</td>
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<td>Healthy Families America</td>
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Source: https://preventionservices.abtsites.com/
# Title IV-E Prevention Services Under Review

## Title IV-E Prevention Services Clearinghouse

### Current List of Services Under Review

<table>
<thead>
<tr>
<th>Mental Health Prevention Treatment Services</th>
<th>Substance Abuse Prevention Treatment Services</th>
<th>In-Home Parent Skill-Based Programs</th>
<th>Kinship Navigator Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Attachment and Biobehavioral Catch-Up</td>
<td>• Brief Strategic Family Therapy</td>
<td>• Attachment and Biobehavioral Catch-Up</td>
<td>• Ohio's Kinship Supports Intervention/ProtectOHIO</td>
</tr>
<tr>
<td>• Brief Strategic Family Therapy</td>
<td>• Family Behavior Therapy</td>
<td>• Brief Strategic Family Therapy</td>
<td>• YMCA Kinship Support Services, YMCA Youth and Family Services of San Diego County</td>
</tr>
<tr>
<td>• Child Parent Psychotherapy</td>
<td>• Multidimensional Family Therapy</td>
<td>• Homebuilders</td>
<td></td>
</tr>
<tr>
<td>• Incredible Years</td>
<td>• Seeking Safety</td>
<td>• Multidimensional Family Therapy</td>
<td></td>
</tr>
<tr>
<td>• Interpersonal Psychotherapy</td>
<td>• The Seven Challenges</td>
<td>• Nurturing Parenting</td>
<td></td>
</tr>
<tr>
<td>• Multidimensional Family Therapy</td>
<td>• Motivational Interviewing</td>
<td>• SafeCare</td>
<td></td>
</tr>
<tr>
<td>• Solution Based Casework</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Triple P – Positive Parenting Program</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: [https://preventionservices.abtsites.com/](https://preventionservices.abtsites.com/)
State Contracts

Ease of Access and Payment for Services
Reduced Administrative Burden on LDSS
List of Approved Service Providers
Data and Reporting
CQI
Performance Management
Performance Measure Considerations

• 75% of clients (child and/or caregivers) will complete the service provided in its entirety
• 10% increase in clients receiving the service until capacity is reached according to fidelity of model
• 60% of clients’ served will not have a child in the family enter foster care within 2 years of completion of services
Collaborating with LDSS (referring agency) Considerations

- Participate in family partnership meetings
- Provide written monthly progress reports to include, at minimum:
  - Progress towards the identified measurable objectives listed in the treatment/service plan
  - Assessment of level of family engagement partnership, including specific strategies and activities
  - Completion date or anticipated completion of each objectives
  - Performance Measurements and target revisions.
- Participate in Court hearings as requested/necessary
- Provide discharge summary within 15 business days of termination of services to the referring LDSS. The discharge summary should include, at minimum:
  - Overall progress made toward the identified measurable objectives
  - Recommendation for continued service(s) through Offeror or other Community resource
QUESTIONS?
Aligning In-home Practice

CPS In-home practice

Prevention In-home practice

Family First Legislation
In-home Case Examples

✅ CPS Ongoing (Court-ordered or voluntary)

✅ CHINS

✅ Post-adoption cases

✅ Reunification cases

✅ Diversion cases
• Topics
  – Reviewing Diversion Study Report findings
  – Discussing what diversion will look like moving forward
  – Identifying what is needed to support children remaining with family in their communities

• Next Steps
  – Will send email invite to CWAC Members to attend an input session in Oct
DISCUSSION:
Third party entity to provide Title IV-E eligibility determination, enrollment, and oversight to reduce the administrative burden on LDSS and to maximize the use of federal funding.
Plus / Delta
Child Welfare Advisory Committee (CWAC) Meeting Minutes
September 10, 2019

**PIP Update**
- Kristin wanted to emphasize that the regional teams have been meeting to begin testing strategies; information has been shared and disseminated at regional Directors meetings to keep non-PIP agencies informed of the work being done.
- Carl emphasized the Family Service’s efforts around the Workforce strategy – as staff retention continues to be a significant challenge.
- CQI Academy processes have been employed to promote TA and learning from PIP agencies; these processed have also been incorporated in agency case reviews.
- Virginia Poverty Law Center (VPLC) – sought clarity around how Virginia intends to pass the PIP without larger system changes; Carl clarified that it is a two-fold approach to meet PIP requirements and install systematic changes to improve outcomes across the State.
- Home visits – question posed around local responsibility for compliance and accountability; Carl shared that Family Services is building in oversight capacity from both Home and Regional Office to provide support and resources to LDSS; emphasis on starting with the basics - timeliness.
- Kristin underscored the “Royal We” and group structure/teaming approach to our change management efforts; the approach focuses on shared accountability and CQI; the Division wants to be consistent in instituting this measured approach in all statewide implementation efforts.

**COMPASS Mobile App**
- Webinar for staff and supervisors – communication has been methodical; notification to LDSS will be 75 to 90 days ahead of each agency rollout.
- Update on COMPASS Case Management phase – involves a platform assessment for VDSS as a whole and prioritization as a department; child welfare continues to be a priority; Family Services expects answers from leadership in the next 3-4 months; clear communication around COMPASS mobile being a supplementary tool.
- Portal trainings for non-case carrying staff will be coming soon; feedback received thus far is that the portal is very intuitive.
- Question asked regarding text to speech options and dictation; Laura clarified that there are security limitations of storing information in a cloud environment; opportunity to fully utilize FlexDictate; recording capabilities will be made available for Investigative service workers.

**IV-E Federal Review**
- How many reviews are conducted each year; 4,000 – for each child that enters into care.
- Lack of integration with Licensing and Finance lends to higher risk errors; inherent liability and risk.
- Question asked around the estimated cost for an automated system/technology solution; Carl responded that it would likely be $10 million + one-time cost for integrated; broader question of what other options exist?
- Kristin asked if there were any “Royal We” takeaways – e.g., additional TA needs; Morgan expressed that efforts are focused on updating guidance and meeting workforce changes/training needs.
- Question asked - what has happened since the primary review in 2016?; Carl responded by mentioning efforts to pinpoint causal factors; e.g., management of homes, background checks, and workforce turnover.
Adoption Call to Action
- Nannette emphasized the importance of identifying and examining the root cause of external factors causing timeliness; e.g., Virginia is not a court of record; example of Allegany County – data analytics to get to the root cause
- Tonya shared with the group the regional partnership and collaboration with Richmond City DSS around timeliness efforts
- Connection to PIP and CFSP;
- VPLC commented on root causes and barriers to reunification; shared feedback from biological parents around some of the systematic barriers they have encountered (e.g., denial of visitation based on a positive marijuana screen, exceeding expectations, etc.); offered the suggestion that training should be offered to service workers around parental resistance, traumas associated with previous foster histories, and coping with substance use
- Carl added that this work also includes a broader cultural shift as a system focus; reemphasize the importance family engagement
- Gail commented on the paradigm shift and being reminded of the context of previous transformational efforts
- Traci encouraged committee members to consider joining the Permanency sub-committee that will be reinstituted to assist in moving this work forward

Family First Update
- Contracting for evidence-based services
- Clarifying question – a provider would be able to provide a service or services and expectation to identify the community they will seek to serve
- Nurse Family Partnership, Parents as Teachers, and Healthy Families – currently not fee for service
- How will providers be vetted? – via proposal submission and management of performance
- Carl pointed out that a centralized quality rating for child welfare does not currently exist; prospective providers will be required to provide references; committee members suggested that the Department of Health Professions and DBHDS standards should be considered
- Clarifying question – LDSS would have to apply for the RFP
- Carol mentioned the OCS workgroup – and the consideration of full/partial/separate integration with CSA/FAPT
- Clarifying question – monitoring of program fidelity will be a state responsibility
- Question – how will the reimbursement rate be determined?; Elizabeth expressed that the intention is to pay a rate that will be sustainable; DJJ/DMAS/DBHDS models are being considered
- Question – will submission of documentation be electronic and integration with COMPASS?; Carl clarified that the COMPASS Case Management will include a provider portal

Request committee feedback by September 20th
- What do you need from a provider?
- Performance measure considerations? – inclusion of fidelity measures; goal achievement; QRTP discharge and aftercare requirements; incorporate existing utilization review processes; institute a public-facing dashboard

In-home Practice Workgroup
- CPS and Prevention programs are working together through the Prevention Advisory Committee’s In-home Practice workgroup to focus on in-home practice; some in-home case examples include CPS Ongoing (voluntary/court-ordered), CHINS, post-adoption, reunification, and diversion.
• A Diversion input session to be scheduled for October 2019 – committee members were encouraged to participate; Brenda will send out an invitation.
• Kristin commented on the connection to broader strategic efforts and with goal of impact on system outcomes

**IV-E Contracting**
• System modernization effort; generate RFI to explore 3rd party options
• LDSS feedback (pros/cons) – beneficial to smaller agency who experience the infrequency of foster care entry; how does a contractor approach or improve this work with a paper based system?; contractor could have their own software
• Question – why was this work not included in the VaCMS effort?; complexity of determination processes
• Feedback and input from Information and Security – allowable and permissible; will have targeted questions for the vendor regarding capacity
• Consideration – should we work to build internal capacity to address this need?

**Plus:** followed agenda; snacks and coffee; discussion and soliciting input; meeting space

**Delta:** length of meeting does not give justice to agenda items; include timeframes for agenda items; condensing the agenda would allow for more in-depth discussion; separate updates and discussion items; explanation of acronyms